FPHS Capacity Assessment: 
Results and Discussion

June 21, 2017
Today’s Agenda

1. Background
2. Capacity Assessment Methods
3. Capacity Assessment Results
4. Discussion
Background and Overview: “The big picture”
“KALHD’s vision is a system of local health departments committed to helping all Kansans achieve optimal health by providing Foundational Public Health Services (FPHS).”
Foundational Public Health Services

• The suite of skills, programs and activities that should be available in every community in Kansas through state or local public health agencies as basic components to keep the public safe and healthy.
Foundational Public Health Services

- **Foundational Capabilities**: the cross-cutting skills that need to be present everywhere for the system to work anywhere. These are the essential skills and capacities needed to support the Foundational Areas.

- **Foundational Areas**: the substantive areas of expertise or program-specific activities.
# Kansas Foundational Public Health Services Model

## Foundational Areas

- Communicable Disease Control
- Health Promotion and Chronic Disease and Injury Prevention
- Environmental Health
- Maternal and Child Health
- Access to Clinical Care

## Foundational Capabilities

- Assessment
- All Hazards Preparedness/Response
- Communications
- Policy Development & Support
- Community Partnership Development
- Organizational Competencies
- Addressing Health Equity and the Social Determinants of Health

Source: Wichita State University Center for Public Health Initiatives, 2016
FPHS Assessment Process

- Literature review
- Key Informant Feedback
- FPHS List for KS
- Capacity Assessment
Capacity Assessment Methods
Assessment Questions

• By component, self-rated measure of capacity and capability for implementation of the FPHS model
  – **Capability:** whether or how well something can be done. In other words, are the *skills, knowledge, and expertise* in place that are needed to perform the task?
  – **Capacity:** how much of something can be done. In other words, does the health department have the appropriate *amount* of *staff, time, and funding* to fulfill the level of need for this service in the community?

• Rated on a 0-4 scale:
  – 0-None, 1-Minimal, 2-Some, 3-Sufficient, 4-Full
• For each FC or FA, identification of barriers to capacity and capability (other than funding)
• Budget/resource questions (added by BERK)
  – Total operating budget
  – Number of FTEs
Survey Distribution & Response

- Standalone survey distributed via Qualtrics link
- Distributed March 3-March 24
- E-mail and phone follow up through March 31
Survey Analysis

- Summary of the percent of respondents indicating “Full” or “Sufficient” capacity/capability
- Statistical analysis of differences between regional and population density groups
- Linear regressions for relationship between capacity/capability and total budget, FTE, and per-capita budget
Assessment Results
Survey Response

- 81 of 100 (81%) health departments responded to survey
- Respondents had an average population of ~31,000, non-respondents had an average population of ~19,000

<table>
<thead>
<tr>
<th>Population Density</th>
<th>Number in Group</th>
<th>Number Completed</th>
<th>Percent Completed</th>
</tr>
</thead>
<tbody>
<tr>
<td>Frontier</td>
<td>36</td>
<td>27</td>
<td>75.0%</td>
</tr>
<tr>
<td>Rural</td>
<td>30</td>
<td>27</td>
<td>90.0%</td>
</tr>
<tr>
<td>Densely-Settled Rural</td>
<td>18</td>
<td>12</td>
<td>66.7%</td>
</tr>
<tr>
<td>Semi-Urban</td>
<td>10</td>
<td>10</td>
<td>100.0%</td>
</tr>
<tr>
<td>Urban</td>
<td>6</td>
<td>5</td>
<td>83.3%</td>
</tr>
<tr>
<td>Total</td>
<td>100</td>
<td>81</td>
<td>81.0%</td>
</tr>
</tbody>
</table>
Capacity and Capability

- **Capability** was rated “full” or “sufficient” by 53.4% of respondents,
- **Capacity** was rated “full” or “sufficient” by 33.2%.
- Capability was rated higher than capacity for **ALL components** of the model.
Highest and Lowest FAs

Capacity and Capability
By Foundational Area

- Environmental Health
- Health Promotion and Chronic Disease & Injury Prevention
- Maternal and Child Health
- Communicable Disease Control
- Access to Clinical Care

Kansas Health Institute
**Highest Components**

*Top Five Components:*

<table>
<thead>
<tr>
<th>Foundational Area/Foundational Capability</th>
<th>Component</th>
<th>Capability*</th>
<th>Capacity*</th>
</tr>
</thead>
<tbody>
<tr>
<td>FA: Communicable Disease Control</td>
<td>Assure availability of childhood, adolescent and adult immunization services, including the Vaccines for Children (VFC) program, for all vaccines recommended by the Advisory Council on Immunization Practices (ACIP).</td>
<td>92.6%</td>
<td>72.8%</td>
</tr>
<tr>
<td>FA: Access to and Linkages With Clinical Care</td>
<td>Assure access to maternal and infant services (e.g., maternity support, WIC)</td>
<td>87.7%</td>
<td>69.1%</td>
</tr>
<tr>
<td>FA: Communicable Disease Control</td>
<td>Assure proper diagnosis and treatment for individuals with latent or active tuberculosis in accordance with national, state, and local mandates and guidelines.</td>
<td>84.0%</td>
<td>69.1%</td>
</tr>
<tr>
<td>FC: All Hazards Preparedness and Response</td>
<td>Ability to be notified of public health emergencies on a 24/7 basis.</td>
<td>90.1%</td>
<td>59.3%</td>
</tr>
<tr>
<td>FC: Organizational Competencies</td>
<td>Ability to uphold business practices in accordance with local, state, and federal laws, and professional standards.</td>
<td>80.2%</td>
<td>56.8%</td>
</tr>
</tbody>
</table>

*Percent “Full” or “Sufficient”*
Lowest **Components**

- **Bottom five components:**

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<th>Component</th>
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<th>Capacity*</th>
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<tr>
<td>FA: Environmental Health</td>
<td>Participate in land use planning and sustainable development (e.g., consideration of housing, urban development, recreational facilities and transportation).</td>
<td>16.0%</td>
<td>6.3%</td>
</tr>
<tr>
<td>FA: Environmental Health</td>
<td>Advocate and seek funding for environmental public health policies and initiatives.</td>
<td>13.6%</td>
<td>11.3%</td>
</tr>
<tr>
<td>FA: Environmental Health</td>
<td>Develop and implement an environmental public health plan to prevent and reduce exposures to health hazards in the environment.</td>
<td>13.6%</td>
<td>12.3%</td>
</tr>
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<td>FC: Policy Development and Support</td>
<td>Ability to utilize health in all policies (HiAP) approaches for all policy development.</td>
<td>17.3%</td>
<td>9.9%</td>
</tr>
<tr>
<td>FA: Environmental Health</td>
<td>Prevent or reduce environmental public health hazards and assure abatement of nuisances.</td>
<td>23.5%</td>
<td>11.1%</td>
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</tbody>
</table>

*Percent “Full” or “Sufficient”*
Barriers to Capacity/Capability

• Commonly listed barriers include:
  – Number of staff (listed as top response in all 12 FCs and FAs)
  – Training
  – Time
  – Funding

• Additional barriers varied by FC/FA. For example:
  – Assessment: Type of staff (e.g. trained epidemiologists)
  – Policy Development and Support: Board of Health support
  – Maternal and Child Health: Reporting requirements
Summary of **Budget Questions**
Summary of **Budget Questions**

- Very wide range of spending

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<th>Maximum</th>
<th>Median</th>
<th>Average</th>
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<tr>
<td>Total Operating Budget</td>
<td>$73,550</td>
<td>$15,556,177</td>
<td>$434,772</td>
<td>$1,101,293</td>
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Summary of **Budget Questions**

- Very wide range of per-capita spending

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<td>Budget Per Capita</td>
<td>$6.78</td>
<td>$212.08</td>
<td>$52.52</td>
<td>$61.23</td>
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### Summary of Budget Questions

- More than half of respondents had 5.0 FTEs or fewer

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<td>$52.52</td>
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</tr>
<tr>
<td>Total FTEs</td>
<td>1.0</td>
<td>140.0</td>
<td>5.0</td>
<td>12.8</td>
</tr>
</tbody>
</table>
Are Budget and Staffing Associated with Higher **Capacity/Capability**?

- Greater operating budget and FTEs are associated with greater capacity
- Per capita spending was not associated with capacity or capability:
  - It is the *cumulative amount* of resources available that makes a difference, not a *per capita* level
Capacity and Capability by FTEs

Capacity and Capability by FTE Size

Percent "Full" or "Sufficient"

Capacity

Capability

<=5FTE

>5FTE
Results by **Population Density**
Population Density Differences

- Urban and semi-urban counties rated capability and capacity higher

Percent of Respondents Indicating 'Full' or 'Sufficient' Capability and Capacity by Population Density
## Average Budget by Population Density

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<th>Population Density</th>
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<td>$230,604</td>
</tr>
<tr>
<td>Rural</td>
<td>$447,979</td>
</tr>
<tr>
<td>Densely-Settled Rural</td>
<td>$917,782</td>
</tr>
<tr>
<td>Semi-Urban</td>
<td>$1,683,639</td>
</tr>
<tr>
<td>Urban</td>
<td>$8,070,039</td>
</tr>
</tbody>
</table>
Average Number of FTEs by Population Density

Frontier: 3
Rural: 6
Densely-Settled Rural: 13
Semi-Urban: 20
Urban: 85
Per Capita Budget by Population Density

Kansas Health Institute
Average and Per Capita Budgets
by Population Density

Chart Title
4.

Discussion
• Capability rated higher than capacity for all model components.
• Highest rated FCs, FAs, and components relate to traditional public health roles with funding and defined authority.
• Lowest rated FCs, FAs, and components are in “new” Public Health 3.0-type roles.
• Wide ranges of FTEs and budgets across the system.
• Budgets and FTEs (but not per capita spending) are associated with capacity.
What Is Next?

• Work is needed to explore:
  – Appropriate amount of funding to implement FPHS
    • Important drivers seem to be total budget and total FTEs
  – Appropriate governance system
    • How do we overcome the “per capita” fallacy?
  – Appropriate funding mechanisms for implementation
Thank you.

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