Abstract

The Future of Public Health in Kansas Project assessed the current system of public health service delivery in Kansas, defined a basic set of public health services that should be available across the state, and identified future actions or recommendations for modernizing the Kansas public health system.
ACKNOWLEDGEMENTS

The Future of Public Health in Kansas Project would not have been possible without the leadership and participation of a variety of Kansans who are invested in public health. The stakeholder groups and individuals below made significant contributions to the Future of Public Health in Kansas Project.

THE KANSAS PUBLIC HEALTH SYSTEMS GROUP

The Public Health Systems Group is a coalition of Kansas public health, government, academic and charitable institutions that works collaboratively to strengthen and support the Kansas public health system and its workforce to protect and promote the health of Kansans. Public Health Systems Group member organizations include the Kansas Association of Local Health Departments, Kansas Department of Health and Environment, Kansas Health Institute, Kansas Public Health Association, Kansas Environmental Health Association, Kansas Hospital Association, University of Kansas, Kansas State University, and Wichita State University and the Kansas Health Foundation.

THE KANSAS ASSOCIATION OF LOCAL HEALTH DEPARTMENTS

The Kansas Association of Local Health Departments (KALHD) is the statewide association that represents 93 of the 100 local health departments in Kansas. Local health department directors from KALHD-member health departments spent significant time completing detailed assessments, participated in Public Health Systems Group meetings and led or served on Future of Public Health in Kansas Project Subcommittees to inform this project.

- Michelle Ponce, Executive Director, KALHD
- Heather Richardson, Assistant Director, KALHD
- Lougene Marsh, Johnson County Department of Health & Environment
- Dan Partridge, Lawrence-Douglas County Department of Health
- Lindsay Payer, Coffey County Health Department
- Dana Rickley, Clay County Health Department
- Fern Hess, McPherson County Health Department

FUTURE OF PUBLIC HEALTH IN KANSAS PROJECT TEAM

The KALHD Executive Director and staff from Wichita State University’s Community Engagement Institute managed this project. The Public Health Systems Group organized a variety of subcommittees to execute project research, focus groups and other forums. The assessment, fiscal, policy and legal subcommittees focused on priority topics to build the most comprehensive profile of the Kansas public health system that has been assembled to date. The project team included:

- Michelle Ponce, KALHD, Project Manager and Policy Subcommittee
- Ty Kane, Wichita State University, Center for Public Health Initiatives, Project Coordinator
- Gianfranco Pezzino, Sarah Hartsig, Charlie Hunt & Jason Orr, Kansas Health Institute, Assessment Subcommittee
- Sharla Smith, University of Kansas School of Medicine Wichita, Financial Subcommittee - with support from BERK Consulting, Inc.
- Tanya Honderick, University of Kansas Medical Center Kansas City, and Robert Moser, University of Kansas Hospital, Legal Subcommittee

COUNCIL ON THE FUTURE OF PUBLIC HEALTH IN KANSAS

The Public Health Systems Group organized the Council on the Future of Public Health in Kansas to provide advice and ideas about possible policy changes to strengthen public health in Kansas and to help the Public Health Systems Group think about its work through different lenses and in the
The Future of Public Health in Kansas Project

The Council is a diverse set of Kansans that includes state and local elected officials, public administrators, and representatives from hospitals, behavioral health, the medical community, insurance, philanthropy, and higher education. The Council convened four times between August 2016 and December 2017. A list of Kansans that participated in Council meeting includes:

- Randall Allen, Executive Director, Kansas Association of Counties
- Benjamin Anderson, CEO, Keamey County Hospital
- Virginia Barnes, Director, Blue Health Initiatives, Blue Cross & Blue Shield of Kansas
- Tom Bell, Executive Director, Kansas Hospital Association
- Barbara Bollier, State Representative, District 21, Mission Hills
- Robert Boyd, County Commissioner, District 2, Riley County
- Hugh Carter, Vice President, External Affairs, Lawrence Chamber of Commerce
- Laura Connolly, Quality Director, UnitedHealthcare, Community Plan of Kansas
- Marsha Connor, Vice President, Network Strategy, UnitedHealthcare, Community Plan of Kansas
- Guy Crabill, President Elect, Kansas Environmental Health Association
- Ashley Goss, Deputy Secretary, Kansas Department of Health & Environment
- John Esslinger, Chief Medical Officer, United Healthcare, Community Plan of Kansas
- Gina Frack, Chief Operations Officer, Norton County Hospital
- Carolyn Gaughan, Executive Director, Kansas Academy of Family Physicians
- Robert Hedberg, Program Coordinator, DCCCA
- Laura Kelly, State Senator, District 18, Topeka
- Kyle Kessler, Executive Director, Association of Community Mental Health Centers of Kansas, Inc.
- Brian McKiernan, Commissioner, District 2, Unified Government of Wyandotte County
- Kim Moore, Executive Director, United Methodist Health Ministry Fund
- William Moore, Former Vice President, Program & Evaluation, REACH Healthcare Foundation
- Robert Moser, Clinical Professor & Executive Director, Kansas Heart and Stroke Collaborative, University of Kansas Hospital
- Tim Norton, Former County Commissioner, District 2, Sedgwick County
- Sandy Praeger, Board Member, Lawrence-Douglas County Health Department
- Dana Rickley, Administrator, Clay County Health Department
- Joe Schlageck, Chief Medical Director, Amerigroup Kansas Plan
- Brenda Sharpe, Executive Director, REACH Healthcare Foundation
- Colin Thomasset, Associate Director, Association of Community Health Centers of Kansas, Inc.
- Maury Thompson, Assistant County Manager, Johnson County
- Jim Ward, State Representative, District 86, Wichita
- Sheldon Weissgrau, Director, Health Reform Resource Project, Kansas Association of the Medically Underserved
- Mark Wiebe, Mayor’s Office, Unified Government of Wyandotte County / Kansas City, Kansas
- Carolyn Williams, Senior Program Officer, Kansas Health Foundation
- Susan Wood, Director of Clinical Programs & Policy, Kansas Association of the Medically Underserved

FUNDING PARTNER

The Future of Public Health in Kansas Project was an initiative of the Public Health Practice Program, a major initiative of the Kansas Health Foundation. Thanks to Carolyn Williams, Senior Program Officer, and Bruce Miyahara, Consultant, at the Kansas Health Foundation, for investing in this project.
BACKGROUND

ABOUT THIS REPORT

This report is written for a variety of stakeholders including statewide and local policy-makers and public health officials, public health system partners, and professionals from other sectors that work to build and maintain healthy Kansas communities. The primary activities of the Future of Public Health in Kansas Project are described in this report:

- Defining a set of foundational public health services for Kansas
- Assessing local health departments to determine the system’s current capacity to implement the Foundational Public Health Services
- Examining current costs and future costs for fully implementing Foundational Public Health Services across Kansas under different operating paradigms
- Identifying potential future actions to modernize public health in Kansas

THE ROLE OF PUBLIC HEALTH IN ENSURING HEALTHY COMMUNITIES

Public health is what we do together as a society to create and maintain the conditions under which members of the community can be healthy. The responsibility for maintaining and improving the public’s health lies with all sectors of society and is accomplished through a combination of medical care and public health systems. While the personal health care system of doctors and other medical providers treat individual patients, the public health system cares for the entire community by focusing on prevention through population-based health services and interventions that protect entire populations from illness, disease, and injury—and protection. The primary providers of public health services are government public health agencies.

PUBLIC HEALTH AGENCY SERVICES AND ACTIVITIES

Health departments protect and improve community well-being by preventing disease, illness and injury and impacting social, economic and environmental factors fundamental to excellent health. Local public health departments have many complex roles. Further, these roles change over time to meet the changing needs of the population and to be responsive to changes in the way systems are configured. A number of existing models help to define the role of local public health departments. Two models, the **Three Core Functions** of assessment, policy development and assurance, and the **10 Essential Public Health Services** best describe the work of public health and the 10 Essential Public Health Services provide a foundation for all public health activities (Figure 1). The 10 Essential Public Health Services are the foundation for the national voluntary public health accreditation program. Each of these models can be applied at the Federal, state and local levels to clarify and guide the services and activities of public health.

An emerging vision for public health, referred to as “public health 3.0” describes the local public health officer as a “chief health strategist” for communities. This role emphasizes cross-sector collaboration and policy or system-level actions that directly affect primary drivers of health such as education, income and housing. Several Kansas communities are already experimenting with this approach to public health.
THE GOVERNMENTAL PUBLIC HEALTH SYSTEM IN KANSAS

Kansas has what is known as a decentralized public health system. This means that most of the State’s 105 local health departments are units of local governments. The Kansas Legislature, by authorizing local boards of health and local health officers, has delegated a significant amount of authority and responsibility to local public health officials. The state health agency, the Kansas Department of Health and Environment (KDHE), offers guidance and technical assistance to local jurisdictions, but KDHE does not have authority over the staffing, programs, or decisions of the local health departments. Currently, there are 100 local health departments in Kansas, each governed by a local board of health which is often the board of county commissioners. There are some variations from this typical model:

- There are two multicounty local health departments;
- Four local health departments are hospital-led;
- Four are managed by the county emergency medical services (EMS) agency;
- One local health department is led by a federally qualified health center; and
- There are two city-county local health departments.

The bulk of funding for Kansas local health departments comes from local sources, while dollars are also available from fees for services, the State of Kansas (State General Fund appropriations and categorical funds), Federal sources (direct or state pass-through funding) and other sources.

A CASE FOR CHANGE

For generations, KDHE and local public health departments have partnered to promote and protect the health of Kansans. Notable recent public health victories in Kansas include making significant progress on the prevalence of tobacco use among youth, increasing access to fresh fruits and vegetables, and reducing infant mortality. Meanwhile, local health departments have encountered an array of challenges, including issues with decreased funding, the role of politics, expanding responsibilities, and the public health workforce. The current situation is that many local health departments in Kansas are struggling to provide basic public health services in their community. These challenges have also widened the gap between the current public health system—the structure, funding and laws that support public health—and a strong system that will ensure basic protections critical to the health of all Kansans, no matter where they live.

A NEW VISION FOR LOCAL PUBLIC HEALTH IN KANSAS

In September 2015, the Kansas Association of Local Health Departments (KALHD) adopted a new vision that would allow for more clarity and focus for health department officials, the officials who oversee their work and the public who benefits from their services. The KALHD vision is “A system of Local Health Departments committed to helping all Kansans achieve optimal health by providing Foundational Public Health Services.” In this vision, the word “system” reflects KALHDs desire to move toward a more connected network of local health departments that collaborate in new ways to provide the right service, at the right time, at the right cost, by qualified staff. The term “Foundational Public Health Services” refers to a basic set of public health programs and services that should be available to all Kansans in every community.

MODERNIZING THE KANSAS PUBLIC HEALTH SYSTEM

In 2016, the Public Health Systems Group launched a multi-year effort to determine what would be needed to modernize the Kansas public health system. The Future of Public Health in Kansas Project aimed to assess the current system of public health service delivery in Kansas, to define a basic set of public health services that should be available everywhere and to identify future actions or recommendations for modernizing the Kansas public health system.
DEFINING THE FOUNDATIONAL PUBLIC HEALTH SERVICES FOR KANSAS

BACKGROUND

The concept of Foundational Public Health Services (FPHS) was first introduced in the Institute of Medicine 2012 publication, For the Public’s Health: Investing in a Healthier Future. The Kansas Foundational Public Health Services Model is shown in Figure 2 below.

![Figure 2 - Kansas Foundational Public Health Services Model. Source: Kansas Public Health Systems Group, 2017.](image.png)

Foundational Public Health Services are the skills, programs, and activities that should be available in every community in Kansas through state or local governmental public health agencies as basic components to keep the public safe and healthy. The Foundational Public Health Services are primarily population-based preventive health services that are best addressed by governmental public health and may be mandated by state or federal law.

The model is made up of Foundational Capabilities and Foundational Areas:

- **Foundational Capabilities** are the cross-cutting skills that need to be present for the system to work. They are the essential workforce skills and capacities needed to support the Foundational Areas.
- **Foundational Areas** are the substantive areas of expertise or program-specific activities.

Within each Foundational Capability and Foundational Area, there is a list of components that further define what it means to fully implement that capability or area. There may be additional programs and activities that are of critical significance to meet a specific community’s needs. These services are not included in the Foundational Public Health Services model because they are not present in all communities. However, they are still important services.

For example, if a Kansas local health department currently serves a critical role in the community by providing clinical services to the uninsured population, then those clinical services should continue, not because it is a “foundational service”, but because that service is considered a locally important service that is “specific to community needs”.

WHY DEVELOP A KANSAS FOUNDATIONAL PUBLIC HEALTH SERVICES MODEL?

Kansas Association of Local Health Department members adopted the Foundational Public Health Services model in 2015 to support their vision for local public health in Kansas. In ensuring that Foundational Public Health Services were being delivered, local health departments would still
have flexibility to meet community needs, as they do now, and a Kansas Foundational Public Health Services model would allow for more clarity and focus for local public health officials, as well as members of the public, who benefit from their services.

Kansas public health experts recognized that a “minimum package” of public health services can be used to guide future changes in funding, governance, capacity building, and quality improvement for the Kansas public health system.

Kansas public health practitioners and experts have known for years that significant disparities exist in the type and quality of public health services available across Kansas. In other words, critical public health programs and services may be available in one community but not another where the need is the same.

For example, a number of large urban, public health departments in Kansas have a full-time health planner to analyze health data and collaborate with partners to address priority health needs. Meanwhile, there are dozens of health departments in Kansas that lack capacity to analyze data and develop community partnerships to address priority health needs. Assessing health status and developing community partnerships are foundational capabilities to help ensure healthy communities, yet those capabilities are not available in many Kansas communities.

Kansans deserve to know what they can reasonably expect from the local health department in their community. Yet, state and local public health officials have never articulated and adopted a definition for public health in Kansas. In other words, a common set or “minimum package” of programs and services that Kansans can reasonably expect from the public health system does not currently exist.

DEVELOPING THE KANSA S FOUNDATIONAL PUBLIC HEALTH SERVICES MODEL

The Kansas model was developed with by the Public Health System Group’s Assessment and Performance Management Work Group. Staff from the Kansas Health Institute led this work group. The Institute used a two-step process to develop a definition of the Kansas Foundational Public Health Services model.

- First, they conducted a literature review of similar models from other states.
- Next, they organized a stakeholder engagement process to determine which Foundational Capabilities and Foundational Areas, and associated components, would be defined as “foundational” for Kansas.

Using the results of the key informant surveys and interviews, the team compiled a list of items to include in the Kansas Foundational Public Health Services model (Figure 2 on previous page). They shared the list with KALHD board members, local health department administrators, and other Kansas Public Health Systems Group partners for feedback. After all feedback was incorporated, the KALHD board voted on the proposed components of the Kansas Foundational Public Health Services model, and approved the definitions within the model that includes seven Foundational Capabilities and five Foundational Areas. A combined total of 109 components make up the model. More information can be found in the Kansas Foundational Public Health Services Model Development Final Report.iv

WHAT'S NEXT?

Development of the Kansas Foundational Public Health Services model and endorsement of the model by KALHD represents an important step forward in strengthening the Kansas public health system, yet additional action is required to begin implementing the model. While some of the state’s local health departments have embraced the model, others will need more assistance before adopting it. The future of the model at the state health department is also unclear.
The Kansas Foundational Public Health Services model was developed and endorsed by Kansas Association of Local Health Departments member health departments in late 2016, a year after the association adopted such a model as part of its vision for local public health in Kansas. The Kansas Foundational Public Health Services Capacity Assessment Survey was completed in March 2017. The survey was completed by 81 of 100 Kansas local health department administrators, representing 86 of the 105 Kansas counties.

The purpose of the capacity assessment was to examine local health departments' capacity and capability to deliver each of the components of the Kansas Foundational Public Health Services model.

- **Capacity** was defined as staff, time and funding.
- **Capability** was defined as skills, knowledge and expertise.

The capacity assessment survey tool also included questions about barriers to delivering the Kansas Foundational Public Health Services components and questions about budget and staffing details.

Data and analysis in this report are taken from the Kansas Foundational Public Health Services Capacity Assessment Final Report.
KEY FINDINGS

FOUNDATIONAL AREAS AND FOUNDATIONAL CAPABILITIES

The overall capability and capacity to deliver the Foundational Public Health Services across Kansas is shown in Figures 4 and 5. The assessment showed that the highest-rated Foundational Capabilities, Foundational Areas and other model components relate to traditional public health roles with funding and defined authority. The lowest rated Foundational Capabilities, Foundational Areas and other model components are in “new” public health 3.0-type roles. Capability was rated higher than capacity for all model components.

Figure 4 - Source: Kansas Foundational Public Health Services Capacity Assessment, Kansas Health Institute, 2017.

Figure 5 - Source: Kansas Foundational Public Health Services Capacity Assessment, Kansas Health Institute, 2017.
The capability and capacity by population density and Kansas region is shown below. Rural and frontier counties generally reporting lowest capacity and urban counties generally reporting highest capacity. For capability, the counties in the frontier, rural, and densely settled rural groupings generally reported lower capability than urban and semi-urban population groupings.

Local health department administrators in south central Kansas reported the highest rates for both capability (61.7 percent) and capacity (38.3 percent). Northwest and southwest Kansas local health department administrators reported the lowest rates for capability (46.5 and 44.8 percent, respectively), while local health department administrators in northwest and southeast Kansas reported the lowest rates for capacity (25.3 and 25.6 percent, respectively).
FULL-TIME EQUIVALENT STAFF AND BUDGETS

The survey found that the total operating budgets and number of staff FTEs varied greatly among health departments. The smallest budget was just over $73,000, while the largest budget was more than $15.5 million. Per capita, budgets ranged from just under $7.00 per person to more than $210 per person. In general, smaller health departments spend more per capita on public health than larger health departments. A variety of factors could contribute to this wide range, including economies of scale and the mix of current services provided. More than half of the respondents had five FTEs or fewer, and there was a wide range of FTEs (from 1 to 140).

<table>
<thead>
<tr>
<th></th>
<th>Minimum</th>
<th>Maximum</th>
<th>Median</th>
<th>Average</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Total Operating Budget</strong> (n=76)</td>
<td>$73,550</td>
<td>$15,556,177</td>
<td>$434,772</td>
<td>$1,101,293</td>
</tr>
<tr>
<td><strong>Budget Per Capita</strong> (n=76)</td>
<td>$6.78</td>
<td>$212.08</td>
<td>$52.52</td>
<td>$61.23</td>
</tr>
<tr>
<td><strong>Total FTEs</strong> (n=70)</td>
<td>1.0</td>
<td>140.0</td>
<td>5.0</td>
<td>12.8</td>
</tr>
</tbody>
</table>

Figure 8 - Summary of Budget and Staffing Questions from Kansas FPHS Capacity Assessment Survey. Source: Kansas FPHS Capacity Assessment, Kansas Health Institute, 2017.

BARRIERS TO CAPACITY AND CAPABILITY

The number of staff was the most commonly cited barrier and was included as one of the top responses for all 12 of the Foundational Capabilities and Foundational Areas. Training was included as one of the top responses for 10 of the 12 Foundational Capabilities and Foundational Areas. Time was included as one of the top responses for 10 of the 12 Foundational Capabilities and Foundational Areas.

NEXT STEPS TO BUILD ON FINDINGS FROM THE KANSAS FPHS CAPACITY ASSESSMENT

As Kansas public health stakeholders continue their work to build a high-functioning public health system for all Kansans, the results of this assessment can be used to inform focused activities and plans for capacity and capability improvements.
EXAMINING CURRENT COSTS AND FUTURE COSTS FOR FULLY IMPLEMENTING FOUNDATIONAL PUBLIC HEALTH SERVICES ACROSS KANSAS

See Appendix 1: “Future of Public Health in Kansas Fiscal Assessment Transmittal Memo”
POSSIBLE ACTIONS FOR MODERNIZING PUBLIC HEALTH IN KANSAS

The possible actions below are informed by the work of the Future of Public Health in Kansas Project. Input was gathered primarily through the Future of Public Health in Kansas subcommittees and the Council on the Future of Public Health in Kansas. The actions below are opportunities for various stakeholders to take action toward implementing the Kansas Foundational Public Health Services model, along with other actions to modernize the Kansas public health system. By focusing on these areas Kansas can make significant progress toward a stronger public health system to promote and protect the health of all Kansans.

THE ACTIONS REQUIRED TO MODERNIZE PUBLIC HEALTH IN KANSAS ARE A MARATHON, NOT A SPRINT. ONGOING COMMITMENT TO A STRONGER SYSTEM WILL BE FUNDAMENTAL TO THIS EFFORT. LEADERSHIP AT MULTIPLE LEVELS AND FROM MULTIPLE SECTORS WILL BE REQUIRED. (COUNCIL ON THE FUTURE OF PUBLIC HEALTH IN KANSAS, 2016/2017)

ACTION 1: DEMONSTRATE THE ROLE, ACTIVITIES AND VALUE OF PUBLIC HEALTH IN ENSURING SAFE AND HEALTHY COMMUNITIES THROUGH ADVOCACY EFFORTS

To truly make progress on improving the Kansas public health system, advocates must talk about public health in Kansas like it matters. Public health, like public works and public safety, is a basic responsibility of local government. A process of advocacy and engagement to educate and assist local health departments with implementation of Foundational Public Health Services is an important next step. Educating and engaging other stakeholders to clarify the role, activities and value of public health is also necessary. We must also engage patrons and leaders across the state to build constituencies who will advocate for better public health in Kansas.

POTENTIAL ACTION BY STATE HEALTH OFFICIALS

- Advocate for governmental public health statewide through multisector partnerships and through coalition work.

POTENTIAL ACTIONS BY LOCAL HEALTH OFFICIALS

- Continue providing information to local boards of health about their responsibilities for ensuring public health services and advocate for actions to strengthen the local public health system.
- Advocate for governmental public health by cultivating and strengthening multisector partnerships.

POTENTIAL ACTIONS BY THE KANSAS ASSOCIATION OF LOCAL HEALTH DEPARTMENTS

- Continue engaging local health departments to educate them about the Kansas Foundational Public Health Services model and to increase support for its implementation.
- Provide technical assistance and resources for local health departments implementing Kansas Foundational Public Health Services model.
- Continue demonstrating the value of the Kansas Foundational Public Health Services model to all stakeholders.

POTENTIAL ACTION BY PUBLIC HEALTH SYSTEM PARTNERS

- Advocate for governmental public health across the state through multisector partnerships and through coalition work.
ACTION 2: EXPLORE AND IMPLEMENT NEW GOVERNANCE AND SERVICE DELIVERY MODELS

The Kansas Foundational Public Health Services Capacity Assessment demonstrated that local health departments are able to provide some, but not all, of the minimum package of public health services needed to ensure a healthy community. The current system of 100 local health departments each providing many public health services in a decentralized manner is not working – and it’s not sustainable. The Kansas public health system must act on lessons learned from partners who have experienced similar structural challenges, such as Community Mental Health Centers, Area Agencies on Aging and Community Developmental Disability Organizations in Kansas. These organizations have, over time, implemented new governance and service delivery models. Many local health departments in Kansas are already engaged in some form of cross-jurisdictional sharing of public health services and there are further opportunities for the Kansas public health system to provide some services in a more centralized manner to allow local public health officials to leverage types of expertise that might not be available across the system.

POTENTIAL ACTIONS BY STATE AND LOCAL PUBLIC HEALTH OFFICIALS

- State and local public health officials in Kansas should participate in the development and implementation of a statewide plan (Roadmap) for assuring foundational public health services in all Kansas communities.
- State and local public health leaders should review the 109 components of the Kansas Foundational Public Health Services model to identify where centralized and decentralized service delivery makes the most sense, and where appropriate, implement new models for effective governance and service delivery strategies.
- Local public health officials should expand cross-jurisdictional sharing to increase effectiveness and efficiency, and pool resources with other jurisdictions in order to provide foundational public health services across Kansas and to make a larger impact on health.

POTENTIAL ACTION BY THE KANSAS ASSOCIATION OF LOCAL HEALTH DEPARTMENTS

- Continue advocating for additional local health department funding from the State of Kansas to support full implementation of Foundational Public Health Services in Kansas.
- Provide education and technical assistance to local health departments about effective public health governance and service delivery.

POTENTIAL ACTIONS BY PUBLIC HEALTH SYSTEM PARTNERS

- Convene discussions around the future scenarios for public health governance and service delivery to explore which are practical and politically feasible for future implementation.
- Conduct public health system research to support Kansas public health system efforts to improve governance and service delivery models with attention to access and equity.
- Support the development of a statewide Roadmap that will serve as a blueprint, including a timeline, action plans, and a budget, for statewide implementation of the Kansas Foundational Public Health Services model.
- Oversee a rural local pilot project to test implementation of the Kansas Foundational Public Health Services model to demonstrate its usefulness in rural Kansas.
- Continue advocating for implementation of the Kansas Foundational Public Health Services model.
ACTION 3: FURTHER EXPLORE FISCAL POLICY RECOMMENDATIONS TO ENSURE THAT THE COSTS OF FOUNDATIONAL PUBLIC HEALTH SERVICES ARE COVERED IN EVERY COMMUNITY

The State of Kansas ranks near the bottom nationally for state support for local public health; a 2016 study conducted by Trust for America’s Health (A State-by-State Look at Public Health Funding and Key Health Facts) ranks Kansas forty-six for state support to public health in FY 2014-2015, down from thirty-eight in FY 2007-2008. State of Kansas “Aid to Local” funding to local health departments has remained level since 1995, while the cost of providing services has increased. Aid to Local funding includes state general funds and categorical grant funds. In recent years, budget cuts have reduced the ability of Kansas local health departments to provide Foundational Public Health Services. Budgets and staffing levels are associated with capacity and capability to ensure basic public health protections. We need to close the gap between current funding levels and what’s needed to fully implement Foundational Public Health Services in Kansas. In the absence of new funding there are opportunities to explore how existing funding is used in new ways.

POTENTIAL ACTIONS BY STATE AND LOCAL PUBLIC HEALTH OFFICIALS

- Identify potential new public health funding sources and identify and implement new funding models.
- Invest funds into the public health system to address gaps identified by the Kansas Foundational Public Health Services Capacity Assessment.
- Identify and implement funding models that will provide flexibility so that local health departments can use funds to pay for newly emerging service and capacity needs.

POTENTIAL ACTION BY THE KANSAS ASSOCIATION OF LOCAL HEALTH DEPARTMENTS

- Continue advocating for additional local health department funding from the State of Kansas to support full implementation of Foundational Public Health Services in Kansas.
- Provide education and training to local health departments about public health funding in Kansas.

POTENTIAL ACTIONS BY PUBLIC HEALTH SYSTEM PARTNERS

- Conduct research to explore the appropriate amount of funding to implement Foundational Public Health Services in Kansas, with particular focus on optimal ranges of local health department budgets and staffing levels.
- Conduct research to explore the appropriate funding mechanisms for implementing the Kansas Foundational Public Health Services model.
ACTION 4: DEVELOP A LEGAL FRAMEWORK TO SUPPORT PUBLIC HEALTH MODERNIZATION IN KANSAS

Public health challenges in Kansas have changed dramatically since the first public health statutes were developed to define authority and responsibility for this work in Kansas. The Kansas public health statutes are limited in scope, particularly with respect to topics related to chronic disease and the emerging roles of public health in community planning and development. Kansas laws, policies and regulations that define public health in Kansas must speak to a modern public health system. We need a legal framework in which Foundational Public Health Services can be implemented. Additionally, future adoption and implementation of the Kansas Foundational Public Health Services model by state and local public health will be a significant change from the current system. It is time to take a look at these laws and update them to meet the needs of today – and the future.

POTENTIAL ACTIONS BY STATE AND LOCAL PUBLIC HEALTH OFFICIALS

- Propose a legal framework for the Kansas Foundational Public Health Services model.
- Update other language in statute, policies and regulations that support provision of a core package of services statewide.
- Support research and engagement efforts to update statute, policies and regulations.

POTENTIAL ACTION BY THE KANSAS ASSOCIATION OF LOCAL HEALTH DEPARTMENTS

- Provide education and training to local health departments about Kansas public health statute, policies and regulations.

POTENTIAL ACTIONS BY PUBLIC HEALTH SYSTEM PARTNERS

- Support development of a legal framework for the Kansas Foundational Public Health Services model.
- Conduct research and provide input to create laws, policies and regulations that support provision of a core package of services statewide.
- Identify possible laws, policies and regulations to support implementation of Foundational Public Health Services in Kansas.
- Support the development of draft legislation to strengthen Kansas public health laws.
- Share the experiences and lessons learned from similar policy work in other sectors.
**ACTION 5: EXPLORE AND IMPLEMENT PERFORMANCE MEASURES AND ACCOUNTABILITY STRUCTURES FOR PUBLIC HEALTH IN KANSAS**

Performance measures provide a snapshot of how well a system is working now, and set targets and goals for improving the system over time. Currently, there is broad variation in the type and quality of services offered by public health agencies in Kansas. Developing performance measures for local and state public health departments, based on the existing Kansas Foundational Public Health Services model, can lift all of these agencies to higher standards, and ensure that these agencies are providing the best services at the right cost. All Kansans deserve a high-performing and equitable public health system, and policymakers should demand one.

**POTENTIAL ACTION BY STATE HEALTH OFFICIALS**

- Appoint a statewide public health advisory board to develop and make recommendations for improvements to the public health system.

**POTENTIAL ACTIONS BY STATE AND LOCAL HEALTH OFFICIALS**

- Adopt the Kansas Foundational Public Health Services model as the standard for local and state public health in Kansas that define what every Kansan should expect from public health.
- Develop performance measures for local and state public health, based on the existing Kansas Foundational Public Health Services model, and ensure the routine review of these established measures.

**POTENTIAL ACTION BY THE KANSAS ASSOCIATION OF LOCAL HEALTH DEPARTMENTS**

- Provide education and training to local health departments about public health performance management.

**POTENTIAL ACTIONS BY PUBLIC HEALTH SYSTEM PARTNERS**

- Advocate for the adoption of the Kansas Foundational Public Health Services model as the standard for local and state public health in Kansas that define what every Kansan should expect from public health.
- Advocate for the development of performance measures for local and state public health, based on the existing Kansas Foundational Public Health Services model, and ensure the routine review of these established measures.
- Advocate for the appointment of a statewide public health advisory board to develop and make recommendations for improvements to the public health system.
MEMORANDUM

DATE: February 19, 2018

TO: Michele Ponce, Kansas Association of Local Health Departments

FROM: Annie Sieger, Jason Hennessy, and Emily Percival, BERK Consulting

RE: Future of Public Health in Kansas Fiscal Assessment Report Transmittal

We are pleased to submit the Future of Public Health in Kansas Fiscal Assessment Report, detailing the results of an ambitious yearlong effort to quantify the current spending on currently locally delivered FPHS in Kansas, the costs of full implementation of those services, and potential cost efficiencies possible to reduce the full implementation costs while increasing the efficiency and effectiveness of the system through a refined service delivery paradigm. This transmittal memo serves to provide an introduction the purpose, assumptions, limitations, and results documented in the full report.

Introduction

PURPOSE

In 2016 the Public Health Systems Group (PHSG), a coalition of Kansas public health partners representing public health practice and academic, government and charitable organizations, launched a multi-year effort to begin modernizing the Kansas public health system. The aim of The Future of Public Health in Kansas Project was to assess the current system of public health service delivery in Kansas, to define a basic set of public health services that should be available everywhere and to identify future actions or recommendations for modernizing the Kansas public health system.

The PHSG identified the Foundational Public Health Services (FPHS) model as the key framework for modernizing the public health system in Kansas. The Kansas FPHS model describes a subset of all public health services, that represents a suite of skills, programs, and activities that should be available in every community through delivery by state or local public health authorities to support population health.

Implementation of Kansas’ FPHS model would represent a significant paradigm shift for LHDs. The Future of Public Health in Kansas project was developed to further explore how best to incorporate the FPHS concept into the state’s public health system and develop an implementation strategy. This work is intended to assess the feasibility of and pathway for implementing FPHS in Kansas and meet KALHD’s vision for “[...] a system of local health departments committed to helping all Kansans achieve optimal health by providing FPHS.”

One of the key components of the effort to begin modernizing the Kansas public health system is the development of statewide cost estimates for the full implementation of FPHS in Kansas. The PHSG hired
BERK Consulting to administer a Fiscal Assessment that was intended to answer two key questions:

1. What resources are LHDs currently devoting to support FPHS, including dollars and staff time?
2. What resources (again, including budget and staff time) do LHDs estimate would be necessary to implement FPHS fully?

The Future of Public Health in Kansas Fiscal Assessment Report describes the results of this effort.

ASSUMPTIONS

The Fiscal Assessment was intended to assess the cost of implementing FPHS within the Kansas governmental public health system. However, the assessment was also specifically targeted to assessing local governmental public health authorities’ ability to implement FPHS, and did not consider the roles of KDHE in implementing FPHS.

Further, the Fiscal Assessment is based on the FPHS framework, as defined by KHI in October 2016. KHI provides a few key limitations to that FPHS framework which are considered assumptions within this Fiscal Assessment. They include:

- The components in this model constitute what SHOULD be provided by state or local public health agencies when KALHD’s vision is achieved, not what currently IS provided.
- Only services and capabilities that should be available in EVERY community in Kansas are included in this list.
- Functions are not always exclusive to an individual health department (i.e., some services may be shared between the state and local public health agencies or between local agencies in multiple jurisdictions).
- Services and capabilities that are not found on this list may still be important to individual communities and therefore be provided by some public health departments based on identified needs for their communities, but may not be available statewide. ^1^  

Based on these definitions, there may be locally-important services and capabilities outside of the FPHS framework. These services and capabilities are known as AIS and, as of this report, no significant effort has been made to define them for Kansas. As such, we make no attempt to generate the full cost of delivering all needed public health services in Kansas, focusing instead on only the full cost of implementing FPHS.

Finally, several of the components identified within the Kansas FPHS framework are “assurance” services, which means that governmental public health authorities retain responsibility for strategically working with community partners to ensure that those who need a service have access to it and that there is a sustainable and reliable plan in place to provide the service. Governmental public health authorities only provide the service as a “provider of last resort,” that is, when no other community partner or organization is available to do so. For the purposes of this Fiscal Assessment, we asked LHDs to use their best judgement in determining when they (or governmental public health more generally) would need to act as the provider of last resort for any specific assurance activity in their communities. Our guidance was that in most cases medium and large organizations would only act as the provider of last resort where direction from KDHE required them to do so. Specifically, the Women, Infant, and Children (WIC) program was one area where it was assumed all LHDs would need to act as the provider of the service.

---

^1^ Kansas Health Institute, “FPHS for Kansas,” October 2016
LIMITATIONS

It is possible, that by not considering KDHE in this Fiscal Assessment some costs related to the interdependencies between the work of state and local governmental public health authorities have not been considered. It is expected that those costs would be costs to the state for services needed to support local governmental public health authorities work, and therefore outside of the purview of this Assessment.

Data was collected from a mixed stratified, convenience sample of 18 LHDs. This limits the reliability of interference from the sample. However, the sample was used to extrapolate local data to a statewide cost estimate using an existing cost model, not as a probability sample mitigating the effect of this limitation.

However, for most statistical functions, 18 respondents would be considered a small sample (that is, a larger sample would provide a more precise estimate), but these 18 represent almost one-fifth of the total LHDs in Kansas and cover 61% of the state population. While care must be taken when extrapolating the results of this analysis, as an order of magnitude estimate, this approach is reasonable to provide decision-makers with initial information on funding and policy decisions.

Additionally, the estimates are dependent on the quality of underlying data that could be affected by a number of factors:

- As with all self-reported data, the information collected through the Assessment Process has certain inherent limitations. These include respondent biases and an uneven understanding of Kansas’ FPHS framework.
- It is possible that attitudes about FPHS, the Future of Public Health in Kansas project in general, and the Fiscal Assessment process specifically are reflected in the data collected. This is especially possible as all Fiscal Assessment respondents participated voluntarily.
- Respondents have differing levels of cost estimation backgrounds; the respondents of this Assessment are generally experts in public health. While some LHDs likely have staff with specialized expertise in cost estimation, the majority of LHD respondents were public health professionals.
- For some respondents, the Fiscal Assessment may have represented their first exposure to Kansas’ FPHS framework. Further, it is likely that some of the FPHS framework represents new activities for governmental public health or for some Kansas LHDs, so some cost estimates had to be generated by LHDs without access to comparables beyond the initial estimates provided. As these service areas are implemented and LHDs workout service provision relationships, it is expected that these estimates will be refined.
- The Assessment Tool is a complicated form, and completing the Tool was a challenge for some respondents. It was also a significant investment of resources for LHDs that already feel resource constrained.

Every effort was made to mitigate these limitations, including the following:

- **Level of Estimation.** As a planning level estimate, estimates were generated to support order of magnitude-level accuracy.
- **Generation of Statewide Estimates.** This process was designed to generate an estimate of the statewide cost of locally delivered FPHS activities, rather than LHD-specific, estimates for the cost of delivering local FPHS in Kansas. As such, minor, individual variation in individual LHD results is dampened by the overall magnitude of statewide estimates.
- Standardization. We standardized individual input using the data set as a whole and external data sources to correct individual inconsistencies.

**Key Findings**

We estimated current spending of almost $63 million on currently locally-delivered FPHS activities in Kansas as of FY 2016. The funding sources supporting this current spending were not specifically identified. The cost of full implementation of currently locally-delivered FPHS in Kansas is estimated at just over $78 million. This means there is a systemwide need for an additional $15.5 million in funding to support the additional increment of cost of FPHS in Kansas. This estimate does not represent the funding need for implementation of FPHS in Kansas— that amount would depend on the degree to which current funding is realized and whether additional funds for FPHS support current funding sources.

However, an optimized service delivery paradigm would be expected to yield savings via a cost efficiency of over $4.6 million per year. This comparison is shown in the table, following. Components appropriate for cross-jurisdictional sharing were identified qualitatively on the basis of both efficiency and effectiveness, it is expected that cross-jurisdictional sharing of some of these components may increase effectiveness, for example, by providing access to resources LHDs wouldn't have available otherwise. As such, we consider that the optimized service delivery paradigm is both more efficient and more effective than the status quo paradigm.

<table>
<thead>
<tr>
<th>Foundational Areas</th>
<th>Status Quo Service Delivery Paradigm</th>
<th>Optimized Service Delivery Paradigm</th>
<th>Cost Efficiency</th>
</tr>
</thead>
<tbody>
<tr>
<td>Maternal and Child Health</td>
<td>$48,752,000</td>
<td>$46,184,000</td>
<td>-$2,568,000</td>
</tr>
<tr>
<td>Access to Clinical Care</td>
<td>$16,093,000</td>
<td>$16,338,000</td>
<td>-$245,000</td>
</tr>
<tr>
<td>Communicable Disease Control</td>
<td>$11,373,000</td>
<td>$11,373,000</td>
<td>$0</td>
</tr>
<tr>
<td>Health Promotion and Chronic Disease and Injury Prevention</td>
<td>$8,353,000</td>
<td>$6,023,000</td>
<td>$2,330,000</td>
</tr>
<tr>
<td>Environmental Health</td>
<td>$5,652,000</td>
<td>$5,798,000</td>
<td>-$106,000</td>
</tr>
<tr>
<td>Foundational Capabilities</td>
<td>$29,499,000</td>
<td>$27,383,000</td>
<td>$2,116,000</td>
</tr>
<tr>
<td>Organizational Competencies</td>
<td>$6,654,000</td>
<td>$6,541,000</td>
<td>$113,000</td>
</tr>
<tr>
<td>All Hazards Preparedness/Response</td>
<td>$4,631,000</td>
<td>$4,357,000</td>
<td>$274,000</td>
</tr>
<tr>
<td>Community Partnerships Development</td>
<td>$3,906,000</td>
<td>$3,906,000</td>
<td>$0</td>
</tr>
<tr>
<td>Communications</td>
<td>$3,715,000</td>
<td>$3,261,000</td>
<td>$454,000</td>
</tr>
<tr>
<td>Policy Development and Support</td>
<td>$3,367,000</td>
<td>$3,991,000</td>
<td>-$624,000</td>
</tr>
<tr>
<td>Assessment</td>
<td>$4,107,000</td>
<td>$2,208,000</td>
<td>$1,899,000</td>
</tr>
<tr>
<td>Addressing Health Equity and the Social Determinants of Health</td>
<td>$3,119,000</td>
<td>$3,119,000</td>
<td>$0</td>
</tr>
<tr>
<td><strong>TOTAL</strong></td>
<td>$78,251,000</td>
<td>$79,567,000</td>
<td>$4,684,000</td>
</tr>
</tbody>
</table>


Implementation of FPHS in Kansas could occur through a universe of potential scenarios, based on:

- Service delivery paradigm.
- Sharing of funding responsibility between state and local government.
- Cross-jurisdictional sharing models.
- Models for apportioning costs.
- Phasing.

Based solely on funding sources and the level of regionalization of the service delivery model, we have
identified four scenarios that provide helpful bounds for scenarios that might be reasonably considered as part of implementation.

<table>
<thead>
<tr>
<th>Status Quo Service Delivery Model</th>
<th>Optimized Service Delivery Model</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>State Funds Additional Increment of Cost, Assuming no Supplanting of Existing Local Funding for FPShs</strong></td>
<td>$15,503,000 in state funding established through one or more legislative decision packages</td>
</tr>
<tr>
<td><strong>Locals Fund Additional Increment of Cost, Assuming no Supplanting of Existing State Funding for FPShs</strong></td>
<td>$10,819,000 in state funding established through one or more legislative decision packages</td>
</tr>
<tr>
<td><strong>Local property tax levies (in 2017, the statewide rate would be $0.47 per $1000 of Assessed Value)</strong></td>
<td>$10,819,000 in state funding established through one or more legislative decision packages</td>
</tr>
<tr>
<td><strong>State Funding for FPShs</strong></td>
<td>$10,819,000 in state funding established through one or more legislative decision packages</td>
</tr>
</tbody>
</table>


**Conclusions**

The full results of the Future of Public Health in Kansas Fiscal Assessment are available in the Report, which includes appendices describing the process, data sources, and other ancillary information used in development of these results. We have intentionally not recommended specific cross-jurisdictional sharing models, models for apportioning costs, or phasing scenarios in this report, as this Fiscal Assessment is intended as a statewide analysis. Further, the local governmental public health system will need to generate consensus in these areas before these recommendations can be developed, as local Boards of Health will ultimately wield decision making power.

There are four key areas where significant discussion is needed:

- Governance
- Service Delivery Models
- Cost Apportionment
- Phasing

The implementation scenarios included in this analysis are presented at the planning level to aid provide an order of magnitude understanding of resource needs for full implementation of FPShs in Kansas. These implementation scenarios will need to be refined based on feasibility, implementation considerations, and governmental public health system preferences. In the process of refining these scenarios, the governmental public health system will need to:

- Establish a preferred service delivery paradigm.
- Refine expectations around the share of funding responsibility between state and local governments.
- Develop cross-jurisdictional sharing models for delivering services based on the preferred service delivery paradigm.
- Establish preferred models for apportioning costs at the state and/or local level depending on the share of funding responsibility between state and local governments.
- Options and time-horizon for phasing implementation of FPFS
- Refine planning-level costs to provide a higher level of detail to support implementation, considering potential short-term or one-time costs associated with implementation itself. These costs might include things like capital equipment for new staff members and the additional costs to finance, contracting, human resources, and other staff involved in scaling up the organization through purchasing, hiring, etc.
ENDNOTES


