

KANSAS FOUNDATIONAL PUBLIC HEALTH SERVICES: AN IMPLEMENTATION ROADMAP TO MODERNIZE THE PUBLIC HEALTH SYSTEM

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Executive Summary

This report describes a roadmap for Kansas to continue efforts to modernize its public health system through the implementation of Foundational Public Health Services (FPHS). It is intended for a broad audience, including state and local public health officials, other public health system partners and policymakers at the state and local levels. Stakeholders in Kansas have been engaged in these efforts through supporting the vision of the Kansas Association of Local Health Departments (KALHD) as “A system of local health departments committed to helping all Kansans achieve optimal health by providing Foundational Public Health Services.”

Since KALHD adopted its vision in 2015, the Public Health Systems Group (PHSG) – a multi-sector coalition of public health stakeholders – has been working to support KALHD and its members in achieving their vision. As part of this work, a Kansas FPHS model has been developed that establishes a minimum package of services that should be available in every community, while giving local health departments the flexibility they need to meet the unique needs of their communities by providing additional services. The Kansas FPHS model is comprised of seven Foundational Capabilities (cross-cutting skills and abilities) and seven Foundational Areas (substantive areas of expertise or program-specific activities).

In December 2017, the PHSG identified several potential actions for specific groups of stakeholders, such as KALHD, state and local public health officials, and other public health system partners, that would help make further progress on the implementation of FPHS in Kansas. This report presents a roadmap with recommendations for strategies that build on those actions in several pathways:

- Demonstrate the role, activities and value of public health in ensuring safe and healthy communities through education and advocacy;
- Explore and implement new governance and service delivery models;
- Explore fiscal policy recommendations to ensure the costs of FPHS are covered in every community;
- Develop a legal framework to support public health modernization; and
- Implement performance measures and accountability structures.

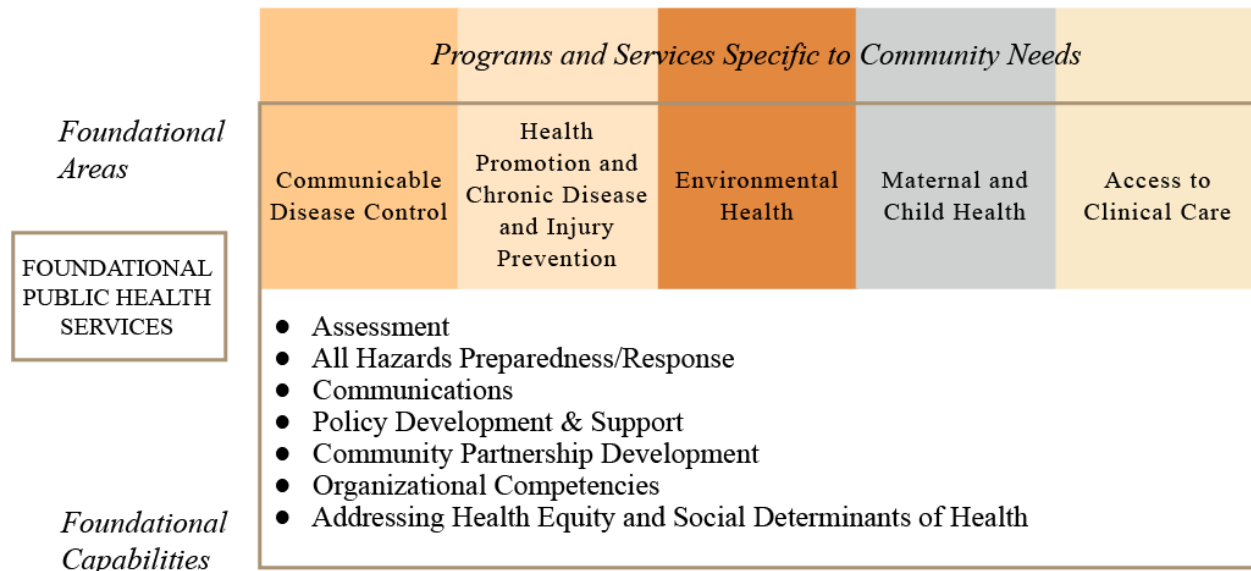
To build consensus around the implementation of FPHS in Kansas, in October 2018 the PHSG also identified strategies in pathways that will promote leadership around a shared vision, build trust among stakeholders, keep stakeholders motivated and engaged over the long-term and cultivate multi-sector partnerships to provide the resources necessary to accomplish the work ahead. The pathways and strategies in this roadmap include short-term and intermediate-term outcomes as well as the long-term outcome of statewide implementation of FPHS in Kansas.

Introduction

This report describes a roadmap for Kansas to continue efforts to modernize its public health system through the implementation of Foundational Public Health Services (FPHS). It is intended for a broad audience, including state and local public health officials, other public health system partners and policymakers at the state and local levels.

In 2015, the Kansas Association of Local Health Departments (KALHD) adopted a new vision as “A system of local health departments committed to helping all Kansans achieve optimal health by providing Foundational Public Health Services.” From this vision, the Public Health Systems Group (PHSG) – a multi-sector coalition of public health stakeholders – has been working to support KALHD and its members in achieving their vision. Through this work the Kansas FPHS model (Figure 1) was developed.¹

Figure 1. Kansas Foundational Public Health Services Model



Source: Public Health Systems Group (2016).

The Kansas FPHS model encompasses seven *Foundational Capabilities* (FCs) and five *Foundational Areas* (FAs). The FCs are cross-cutting skills and abilities, while FAs are the substantive areas of expertise or program-specific activities. Collectively, the model includes 109 components across these FCs and FAs that provide additional detail regarding the skills, abilities and activities in each capability or area. In the model, the FCs, FAs and the 109 components all should be addressed by every health department. It is important to note that the Kansas FPHS model

includes the option for additional programs and services that are responsive to specific needs of individual communities and should not be viewed as limiting any local health department from engaging in activities, programs or services that address those needs.

This roadmap builds on the work and lessons learned to date, which are summarized in *Appendix A*, page A-1. It describes recommended strategies for specific groups of stakeholders in several pathways and presents a logic model for building consensus around implementing FPHS in Kansas.

Roadmap: Where to Go from Here

In December 2017, the PHSG identified several potential actions for specific groups of stakeholders that would help make further progress on the implementation of FPHS in Kansas.² The following recommended strategies build on those potential actions in several pathways, with refinements based on discussions among PHSG partners and the experience gained through the 21st Century Public Health Innovations Project (as described in *Appendix A*, page A-1).

Pathways to Public Health Modernization

Demonstrate the Role, Activities and Value of Public Health in Ensuring Safe and Healthy Communities through Education and Advocacy

A common perception within the public health community is that the work of governmental public health is not well-understood – and therefore not valued – by the public or by policymakers. Yet public health is an essential responsibility of state and local governments, just as public safety and public works are. Public health professionals and other stakeholders of the public health system must work to clarify the role, activities and value of governmental public health and build constituencies who will advocate for better public health in Kansas.

Recommended Strategies for State Public Health Officials

- Advocate for governmental public health through multi-sector partnerships and coalitions.

Recommended Strategies for Local Public Health Officials

- Provide information to local boards of health about their responsibilities for ensuring the provision of public health services and advocate for actions to strengthen the local public health system.
- Advocate for governmental public health by cultivating and strengthening multi-sector partnerships and coalitions.

Recommended Strategies for the Kansas Association of Local Health Departments

- Engage local health departments to improve knowledge about the Kansas FPHS model and to increase support for its implementation.
- Provide technical assistance and resources for local health departments implementing FPHS.
- Demonstrate the value of the Kansas FPHS model to all stakeholders.

Recommended Strategies for Public Health System Partners

- Advocate for governmental public health across the state through multi-sector partnerships and coalitions.

Explore and Implement New Governance and Service Delivery Models

The Kansas FPHS capacity assessment demonstrated that the public health system in Kansas currently is providing many of the components in the Kansas FPHS model.³ However, substantial gaps remain. Fully implementing FPHS will not be feasible with the current paradigm of 100 independent local health departments acting alone. As population and demographic changes throughout the state lead to a more diverse and more urban Kansas with increasingly complex public health challenges, the current public health system will become unsustainable.

Lessons learned from other public service systems that have faced similar structural challenges, such as community mental health centers, Area Agencies on Aging and community developmental disability organizations, can be applied to the public health system. For example, public health departments could partner together to share functions, expertise and services through cross-jurisdictional sharing, which is “the deliberate exercise of public authority to enable collaboration across jurisdictional boundaries to deliver essential public health services.”⁴

Approximately three-fourths of local health departments in Kansas already are engaged in cross-jurisdictional sharing of services to some degree, but the use of such arrangements must be expanded to successfully implement FPHS statewide.⁵

Recommended Strategies for State Public Health Officials

- Review the 109 components of the Kansas FPHS model to identify opportunities to encourage and incentivize the utilization of cross-jurisdictional sharing arrangements among local health departments.

Recommended Strategies for Local Public Health Officials

- Review the 109 components of the Kansas FPHS model to identify and implement governance and service delivery models to improve efficiency and effectiveness.
- Expand collaboration through greater use of cross-jurisdictional sharing arrangements.

Recommended Strategies for the Kansas Association of Local Health Departments

- Provide education and technical assistance to local health departments about effective public health governance and service delivery models.

Recommended Strategies for Public Health System Partners

- Convene discussions around future scenarios for public health governance and service delivery models to explore which are practical and politically feasible for future implementation.
- Conduct public health systems research to support efforts to improve governance and service delivery models with attention to access and equity.
- Communicate the results of the local, rural pilot project component of the 21st Century Public Health Innovations Project to test implementation of the Kansas FPHS model to demonstrate its usefulness in rural Kansas.

Explore Fiscal Policy Recommendations to Ensure the Costs of FPHS are Covered in Every Community

Although accurately assessing public health funding is challenging and subject to substantial variation from state to state, Kansas has ranked poorly in public health funding for many years.⁶

Most local public health services in Kansas are funded through local revenue sources (e.g., local property taxes and fees for services), but state funding is an important component. Core state financial assistance to local health departments, through the State Formula component of the Aid to Local Grant Program administered by KDHE, has remained level since 1995. In fiscal year 2019, the total amount of State Formula funding provided to local health departments was \$2,220,250, with approximately two-thirds of the counties receiving the minimum base funding level of \$7,000 as required by K.S.A. 65-242.⁷ Many local health departments report having to reduce staffing levels due to budget cuts in recent years.⁸ While obtaining additional funding for the public health system would be difficult at any time, the current fiscal climate in Kansas presents substantial challenges as the state contends with disagreements over tax policies and school finance among other major issues. Nonetheless, public health system partners must advocate for additional funding and explore opportunities to gain efficiencies in the system to help close some of the gaps in delivery of FPHS.

Recommended Strategies for State Public Health Officials

- Review the 109 components of the Kansas FPHS model to identify opportunities to encourage and incentivize the utilization of cross-jurisdictional sharing arrangements among local health departments through funding provided by the Aid to Local Grant Program and other programs.

Recommended Strategies for 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 FPHS Capacity Assessment (as described in *Appendix A*, page A-1).
- Identify and implement funding models that will provide flexibility for newly emerging service and capacity needs.

Recommended Strategies for the Kansas Association of Local Health Departments

- Advocate for additional state funding for local health departments to support full implementation of FPHS.

- Provide education and training to local health departments about public health funding in Kansas.

Recommended Strategies for Public Health System Partners

- Conduct additional research to assess funding needed to implement the Kansas FPHS model.
- Conduct additional research to explore optimal funding mechanisms to implement the Kansas FPHS model.

Develop a Legal Framework to Support Public Health Modernization

The basic legal framework for public health in Kansas was established in the late 1800s to address public health problems that differ substantially from the complex issues of contemporary society. While public health laws in Kansas provide broad responsibility and authority for local health officers to prevent and control communicable diseases, considerable gaps exist for other services in the Kansas FPHS model. Opportunities to address these gaps should be pursued by building on the collective understanding of the members of the PHSG and other stakeholders and the knowledge gained through the comprehensive legal review conducted as part of the 21st Century Public Health Innovations Project.

Recommended Strategies for State Public Health Officials

- Collaborate with local health officials on the development of a state legislative proposal that would support the Kansas FPHS model.

Recommended Strategies for Local Public Health Officials

- Collaborate with state health officials on the development of a state legislative proposal that would support the Kansas FPHS model.
- Work with local boards of county commissioners, city commissions and other policymakers to develop local laws that support the Kansas FPHS model.

Recommended Strategies for the Kansas Association of Local Health Departments

- Advocate for laws that support the implementation of the Kansas FPHS model.

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

Recommended Strategies for Public Health System Partners

- Conduct research on and support the development of a state legislative proposal that would support the Kansas FPHS model.
- Support local boards of county commissioners, city commissions and other policymakers to develop local ordinances that support the Kansas FPHS model.
- Share the experiences and lessons learned from similar policy work in other sectors.

Implement Performance Measures and Accountability Structures

The Public Health Foundation — a private, nonprofit, 501(c)3 organization founded in 1970 that specializes in performance improvement — defines performance management as, “a systematic process which helps an organization achieve its mission and strategic goals by improving effectiveness, empowering employees, and streamlining decision making.”⁹ Although many programs and services being delivered throughout the Kansas public health system utilize some degree of performance management, there is currently no coordinated, systemwide performance management system. With the lessons learned through the 21st Century Public Health Innovations Project, members of the PHSG and other stakeholders should finalize the performance measures, identify key performance measures and establish a statewide system that will enable a coordinated approach to statewide performance management.

Recommended Strategies for State Public Health Officials

- Collaborate with local health officials to identify key performance measures for the Kansas FPHS model.
- Support the implementation of a statewide performance management system for the Kansas FPHS model.
- Appoint a statewide public health advisory board to develop and make recommendations for improvements to the public health system.

Recommended Strategies for Local Public Health Officials

- Collaborate with state health officials to identify key performance measures for the Kansas FPHS model.
- Support the implementation of a statewide performance management system that supports the Kansas FPHS model.

Recommended Strategies for the Kansas Association of Local Health Departments

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

Recommended Strategies for Public Health System Partners

- Collaborate with local and state health officials to identify key performance measures for the Kansas FPHS model.
- Support the implementation of a statewide performance management system that supports the Kansas FPHS model.

Building Consensus Around the Kansas FPHS Model

The pathways described here provide a framework for making progress on the technical aspects of public health modernization in Kansas. While many of the technical issues – such as developing effective education programs, identifying optimal service delivery models, developing legislative proposals and implementing a platform for a statewide performance management system – are complex and there is difficult work to do, the most significant challenge ahead is reaching consensus on the right public health model for the state.

This challenge is adaptive in nature, as it deals with opinions, emotions, overcoming resistance to change and other factors that are difficult to define and lack clear technical solutions. Despite the tremendous progress Kansas had made in its efforts to modernize the public health system through the adoption of FPHS, the KALHD vision has not been fully supported by all stakeholders in the system and some level of mistrust among stakeholders has persisted. In October 2018, members of the PHSG identified adaptive challenges in four pathways that must be addressed if Kansas is to make progress on implementation of FPHS.

To make progress on these challenges, members of the PHSG developed a logic model (*Figure 2*, page 10) that describes inputs, strategies and short- and intermediate-term outcomes in each pathway that will lead to the long-term outcome of full implementation of FPHS in Kansas. This logic model also consolidates the pathways and recommended actions described earlier in this report into a single pathway titled “Technical Public Health Work.”

Leadership

A strategy for modernizing the public health system in Kansas that is fully embraced and supported by all stakeholders in the system needs to be more fully cultivated. Top-level leaders from PHSG partners and other organizations need to be fully engaged and support the work through their personal commitments and allocation of resources (staff time and other).

Trust

Building trust among stakeholders will require identifying groups that have not fully supported, or have been opposed to, the KALHD vision of FPHS implementation. A valid question among members in these groups is, “What’s in it for me?” Clarifying roles among all stakeholders and demonstrating commitment through active participation and sharing in the process will lead to greater accountability and trust.

Motivation and Engagement

Keeping stakeholders motivated and engaged over the long-term also will require clarity in roles as well as recognition of the need and importance of the work. Regular discussions, information-sharing and targeted communications about progress will help to build confidence and understanding, attract new partners and keep partners involved.

Cultivating Multi-Sector Partnerships

Much of the progress on public health modernization efforts in Kansas to date has been made possible through the partnerships established in the PHSG. Continuing to cultivate multi-sector partnerships is imperative for future success. Accomplishing this will require dedicating tangible resources, such as staff time and meeting space; providing opportunities for reflection on what it means to be a stakeholder; and articulating a clear purpose and the urgency of the work.

Figure 2. Kansas Foundational Public Health Services Roadmap

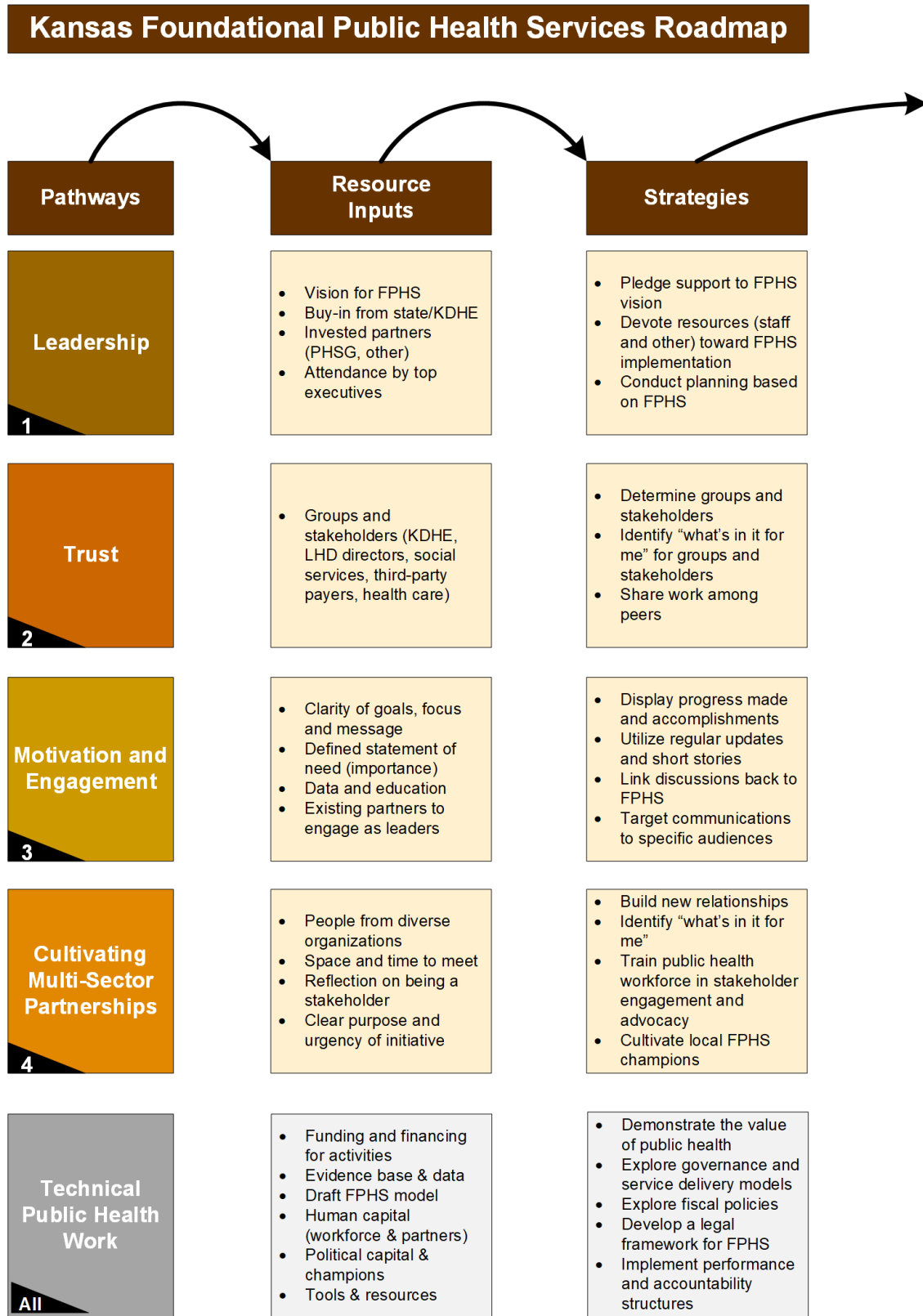
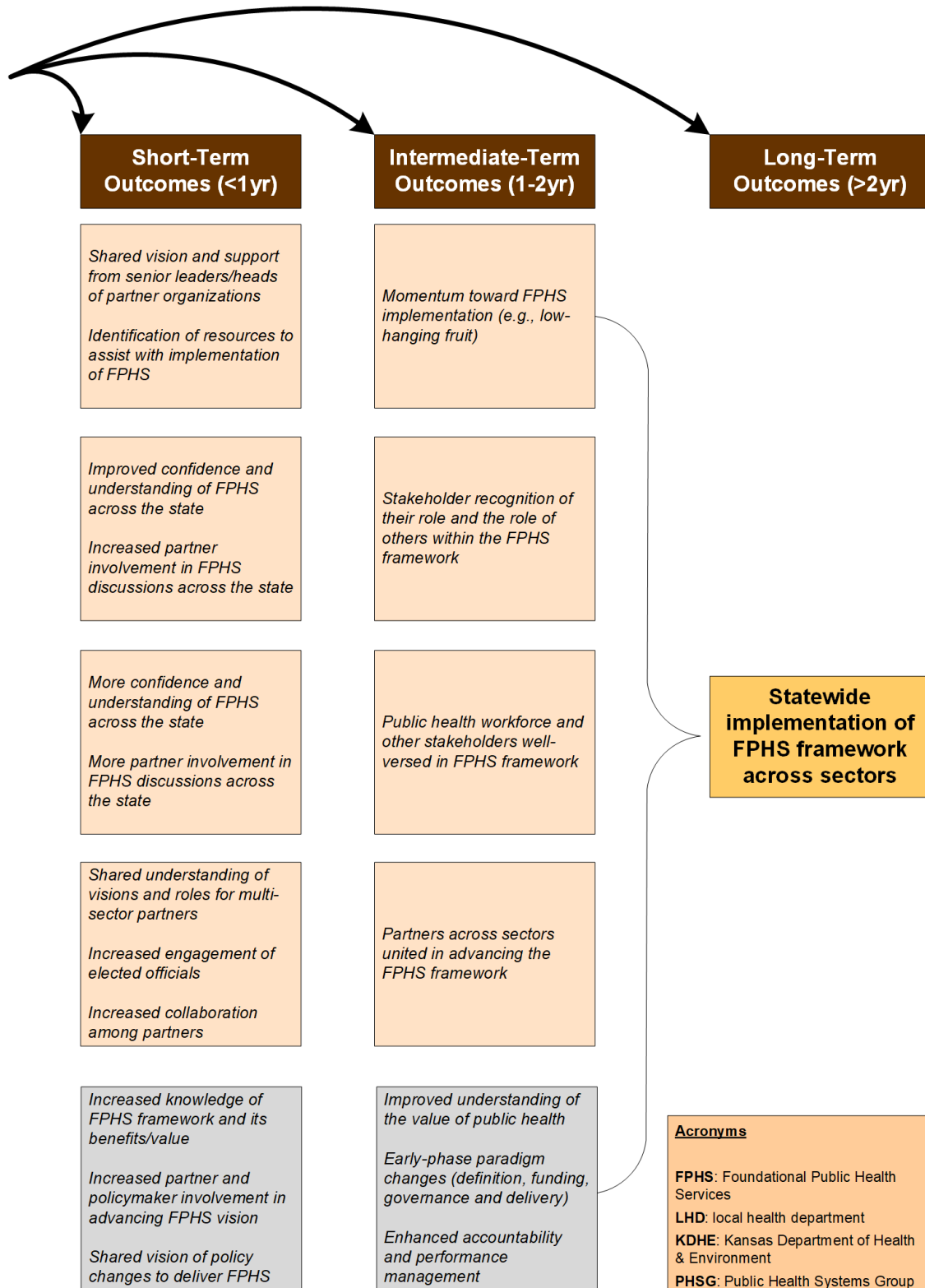


Figure 2. Kansas Foundational Public Health Services Roadmap (continued)



Conclusion

Stakeholders engaged in efforts to modernize the public health system in Kansas through implementation of FPHS have made much progress. Since KALHD adopted its vision in 2015, there is a greater understanding of the current capacity to deliver FPHS throughout the state, including a new awareness that capacity is generally higher for those *Foundational Capabilities* and *Foundational Areas* that are more closely aligned with traditional public health roles. Generally, capacity also is higher in more highly populated counties and in local health departments with higher staffing levels and operating budgets.

While the work is not complete, there is a better understanding of the fiscal issues for implementing FPHS, and of the need to consider other issues such as governance, models for service delivery, models for apportioning costs (including how to split the funding responsibility between the state and local governments) and phasing of implementation.

Through the work completed as part of the 21st Century Public Health Innovations Project, there is a better understanding of how state laws in Kansas align with the Kansas FPHS model. Generally, there is better alignment with *Foundational Areas* than with *Foundational Capabilities*. But outside of communicable disease control, most laws apply to the state level (i.e., Kansas Department of Health and Environment), leaving considerable gaps for local health departments.

The pilot project through the 21st Century Public Health Innovations Project has demonstrated that it is feasible to develop a FPHS implementation plan in small, rural communities in the state through a cross-jurisdictional sharing approach, and the lessons learned will be very valuable to other communities across the state as well as to the public health system.

Despite this tremendous progress, there remain significant challenges ahead, many that are adaptive in nature. To continue advancing the work of modernizing the public health system in Kansas, there will need to be progress in leadership to cultivate a shared vision, higher levels of trust between stakeholders, motivation and engagement, and greater appreciation for and use of multi-sector partnerships. This report offers some ideas of how to make progress in these areas.

Appendix A: Overview of Public Health Modernization Efforts in Kansas

There has been tremendous progress and improvements in the health of the population in the United States — and in Kansas — over the past century. In the year 1900, infants born in the United States had a life expectancy of 47.3 years. By 2014, life expectancy at birth had increased to 78.9 years.¹⁰ Most of the gain in life expectancy has been attributed to public health measures such as clean drinking water, improvements in sanitation, food safety and clinical preventive services such as immunizations. Many of these services have been delivered through the governmental public health system — local and state health departments — which originated in the late 1800s to address the primary threats posed by infectious diseases.

Despite these tremendous achievements, life expectancy at birth in the U.S. declined in 2015 to 78.7 years, the first decrease in more than 20 years.¹¹ In 2016, life expectancy at birth decreased for the second year in a row, to 78.6 years.¹² These declines follow a three-year plateau in life expectancy gains. In addition, substantial disparities in health status persist by race, ethnicity, socioeconomic status and neighborhood. Research has demonstrated that social circumstances and the environment — and the behaviors that are influenced by those factors — account for 60 percent of premature deaths. While genetic predisposition accounts for an additional 30 percent of premature deaths, health care factors account for only 10 percent.¹³

With the increasing recognition that effectively addressing these challenges will require community-based interventions through multi-sector approaches, the governmental public health system, with its mandate to promote and protect the health of the population, has a critical role to play in leading these efforts. The U.S. Department of Health and Human Services described the new role of public health leaders as being the “Chief Health Strategist” for their communities in their 2017 publication *Public Health 3.0: A Call to Action to Create a 21st Century Public Health Infrastructure*.¹⁴ In addition, governmental public health departments have unique responsibilities and must be prepared to respond to a wide range of threats posed by infectious disease outbreaks, emerging infectious diseases (e.g., Zika virus), environmental risks (e.g., lead in drinking water) and disasters.

The call for public health to adopt the role of Chief Health Strategist follows several efforts over the past 30 years to revitalize the public health system in the United States. In 2012, the

Institute of Medicine (now the National Academy of Medicine) outlined a framework that recommended a “minimum package of public health services” that includes foundational capabilities and basic programs that should be available in all public health departments.¹⁵ Building on those recommendations, a national Foundational Public Health Services (FPHS) model was developed in 2014, and several states, including Kansas, have worked to adapt this model.¹⁶

The Kansas Public Health System and Modernization Efforts

System Overview

Kansas Department of Health and Environment (KDHE) is a cabinet-level state agency and was accredited in 2017 through the Public Health Accreditation Board. KDHE provides leadership, funding (both state and pass-through federal funding) and technical assistance, as well as delivery of some components of the Kansas FPHS model. However, most public health services at the community level are provided through and funded by a highly decentralized public health system with 100 independent local health departments serving the 105 counties across the state. The size and scope of these departments vary substantially across the state, resulting in an inequitable distribution of the capacity, capability and resources to deliver public health services.

Vision of the Kansas Association of Local Health Departments

In 2015, the Kansas Association of Local Health Departments (KALHD) adopted a new vision as “A system of Local Health Departments committed to helping all Kansans achieve optimal health by providing Foundational Public Health Services.” From this vision, the Public Health Systems Group (PHSG) – a multi-sector coalition of public health stakeholders – has been working to support KALHD and its members in achieving their vision. Through this work the Kansas FPHS model was developed.¹⁷ See *Figure 1*, page 1.

Council on the Future of Public Health in Kansas

The PHSG convened the Council on the Future of Public Health in Kansas – a diverse group of stakeholders representing state and local elected officials, public administrators, hospitals, medical and behavioral health care providers, health insurance, philanthropy and higher education – to provide guidance to the PHSG on moving forward with its modernization efforts. The council met four times between August 2016 and December 2017.

During these meetings, the council was briefed and engaged in discussions on the current public health system in Kansas, the rationale for modernization and development of the Kansas FPHS model, and the current capacity of the system to deliver FPHS (described below). Through these discussions, several key considerations were identified. First, the council affirmed the need to assess the current capacity to deliver FPHS. Second, the council raised important questions around the costs of implementing FPHS. Third, the council questioned the feasibility of implementing FPHS under the current highly decentralized system of local health departments working independently on many important activities and encouraged the PHSG to promote more cooperation and sharing of services among local health departments. Finally, the council stressed the importance of performance management.

Kansas Foundational Public Health Services Capacity Assessment

A comprehensive assessment of current FPHS capacity in Kansas was conducted in 2017, as a preliminary step to identifying the gaps that would need to be addressed to reach full implementation of the FPHS model.¹⁸ Local health department administrators generally rated their capacity to deliver FPHS (i.e., the level of staff, time and funding) as being lower than their capability (i.e., the skills, knowledge and expertise).

Administrators felt that capacity and capability were highest in the following Foundational Capabilities (FCs):

- All Hazards Preparedness and Response (activities critical to prepare for and respond to public health emergencies);
- Organizational Competencies (activities to support the business, management and leadership functions within the public health system); and
- Communications.

Administrators felt that capacity and capability were highest in the following Foundational Areas (FAs):

- Communicable Disease Control (programs and activities to prevent and control the spread of communicable diseases); and

- Access to Clinical Care (programs and activities for assuring access to specific preventive and primary care clinical services).

Administrators felt that capacity and capability were lowest in the following FCs:

- Policy Development and Support (activities to inform, develop and implement public health policy);
- Assessment (activities for the collection and analysis of public health data); and
- Addressing Health Equity and the Social Determinants of Health (activities to identify and respond to health disparities and the needs of vulnerable populations).

Administrators felt that capacity and capability were lowest in the following FAs:

- Environmental Health (programs and activities to prevent and reduce exposure to environmental hazards); and
- Health Promotion and Chronic Disease and Injury Prevention (programs and activities for health promotion and chronic disease and injury prevention).

Generally, higher capacity and capability to deliver FPHS were reported by administrators in more densely settled counties (i.e., Semi-Urban counties with population density of 40 to 149.9 persons per square mile and Urban counties with population density of 150 or more persons per square mile).¹⁹ Higher numbers of staff and total operating budget were associated with higher overall capacity ratings.

Kansas Foundational Public Health Services Fiscal Assessment

The Public Health Systems Group engaged BERK Consulting, Inc. (BERK) to conduct a fiscal assessment of the ability of Kansas local health departments to provide FPHS in Kansas. They asked two key questions: (1) “What resources (including dollars and staff time) are local health departments currently devoting to support FPHS?” and (2) “What resources (including budget and staff time) do local health departments estimate would be necessary to implement FPHS fully?” Drawing from their experience in other states, BERK worked with the PHSG Fiscal Assessment Subcommittee to collect detailed data from a stratified sample of 18 local health departments across the state. Data from this sample is being modeled to estimate these costs statewide.

Although the final report from BERK is pending, several key considerations for implementing FPHS in Kansas that have important fiscal implications have been identified:

- Governance;
- Service delivery models, including cross-jurisdictional sharing;
- Share of funding responsibility between state and local governments;
- Models for apportioning costs, including the share of funding responsibility between state and local governments; and
- Phasing of implementation.

21st Century Public Health Innovations Project

The PHSG was awarded a grant through the 21st Century Public Health Innovations Program at the Public Health National Center for Innovations. The grant was funded by the Robert Wood Johnson Foundation and granted through the Public Health Accreditation Board.

The Kansas project, entitled *On the Cutting Edge: Testing the Implementation of a Foundational Public Health System in a Rural, Decentralized State*, had four key elements:

- Review state public health policies and laws;
- Develop a state public health modernization roadmap;
- Devise a statewide FPHS performance management system; and
- Pilot a local, rural project to develop a FPHS implementation plan.

Review of Kansas Public Health Laws

The basic framework for the Kansas public health infrastructure was established in the late 1800s, when state statutes established local boards of health comprised of county commissioners and outlined responsibilities and authorities for local health officers and the secretary of what was then the Kansas State Board of Health (now the Kansas Department of Health and Environment). While these laws provide explicit responsibility and broad authority to

protect the public against infectious disease threats, the legal framework for addressing other public health issues is less clear.

To address this gap, the Kansas Health Institute conducted a comprehensive review of Kansas state statutes to identify those that aligned with each component in the Kansas FPHS model.

This review found statutes that aligned, at least to some degree, to each of the components within the Kansas FPHS model. The statutes aligned more closely with the FAs than with the FCs, with strongest alignment being with the Communicable Disease Control FA, Environmental Health FA, Access to Care FA, Assessment FC and All Hazards Preparedness/Response FC.

It also is important to note that outside of Communicable Disease Control, for which there are broad requirements and powers for the state and local health officers, most of the statutes apply to state governmental entities without corresponding requirements or authorizations for local governments. And, in some cases, there are more barriers for local health departments. For example, in the Assessment FC there are several statutes that set requirements for disease or health condition reporting to KDHE (e.g., mandated reporting of cases of cancer or birth defects). However, these same statutes also limit access to the information that is reported, thereby creating a barrier for local health departments in engaging in activities within the Assessment FC.

Statewide FPHS Performance Management System

Recognizing the importance of accountability and of continuously improving the quality of the public health services provided, the Public Health Systems Group developed a draft list of performance measures to monitor progress towards the implementation of FPHS in Kansas.²⁰ The list was developed to include at least one performance measure and, wherever feasible, a corresponding standard for each of the 109 components in the FPHS model. Measures and standards were drawn from existing sources, such as Healthy People 2020,²¹ the Public Health Accreditation Board,²² and programs administered by KDHE.

The intent was to test the performance measures and narrow the list for eventual incorporation into a statewide performance management system. Progress toward this goal was accomplished through the local pilot component of the 21st Century Public Health Innovations Project as described below.

Local, Rural Pilot Project to Develop a FPHS Implementation Plan

Stakeholders in the PHSG who have been involved in public health modernization efforts recognize that full implementation of FPHS will not be feasible with each of the 100 local health departments in Kansas and KDHE working on their own. Successful modernization will require collaboration and partnerships, using strategies like cross-jurisdictional sharing, which is “...the deliberate exercise of public authority to enable collaboration across jurisdictional boundaries to deliver essential public health services.”²³

With a focus on cross-jurisdictional sharing, the primary objectives of the local pilot project were to:

- Test rural implementation of the Kansas FPHS model;
- Inform the development of the Kansas public health modernization roadmap;
- Inform a local FPHS implementation manual; and
- Inform the development of a FPHS performance management system.

A four-county collaborative pilot site, consisting of local health departments in Coffey, Franklin, Osage and Wabaunsee counties, was launched in December 2017. To test the Kansas FPHS model and develop a local implementation manual, staff from the four local health departments, led by Coffey County, conducted detailed assessments of their current capacity, capability, activities and gaps for each of the 109 components of the Kansas FPHS model. As each FPHS component was assessed, the pilot team identified potential activities for collaboration through cross-jurisdictional sharing and multi-sector partnerships.

Following the detailed assessments of the FPHS model and performance measure reviews the local pilot team developed a priority list of services and activities that would serve as the basis for their local FPHS implementation plan. The following services and activities were selected because they were viewed as having opportunities for improvement, being important to each of the communities, and having good potential for cross-jurisdictional sharing and multi-sector collaboration:

- Partnership development;

- Environmental nuisance response;
- Communications;
- Advocate for health equity policy;
- Data and information management;
- Communicable disease control;
- Policy development; and
- Workforce development.

It is anticipated that the pilot team will complete their local FPHS implementation plan in late 2018.

Appendix B: Endnotes

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