Local Health Department

Public Health Leader Orientation

A guide to the local public health system in Kansas for Public Health Leaders.

March 2021

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KALHD
KANSAS ASSOCIATION OF LOCAL HEALTH DEPARTMENTS

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Introduction

In this module:

- Statement of Purpose
- Guide Goals
- Objectives
- Mentoring

Statement of Purpose

Leaders of local public health departments work in a complex system. A solid local public health system requires strong leadership at the local level. This guide includes an orientation process and resource information that can serve as tools to help the new local public health leader get off to a good start.

Guide Goals

1. Promote the development of newly hired staff in leadership positions in local health departments
2. Assure a competent work force of public health staff at the local level.
3. Provide up to date public health resources for local public health leaders on topics pertinent to their work.

Objectives

By participating in an orientation process, new staff in leadership positions can expect to:

1. Understand the foundations of public health in Kansas, including such concepts as the public health principles, ten essential services, local public health statutes, core competencies, and much more.
2. Explore and understand the knowledge base and skill set needed to effectively direct a public health department (political, business, leadership and management).
3. Know where to get and how to use information, support, and technical assistance in order to address job challenges.

Mentoring

Even the best and brightest are better when they have a chance to work with a mentor. Directing local health departments (or even preparing for that professional endeavor) is specialized work. It is recommended, that new local public health leaders seek both formal and informal mentorship

Priority Information and Dates

Local Health Department New Director Checklist

Resources to Sign Up For

- Sign up for KS- Train Account
- Sign up for KS Han

Courses to take on KS Train

- Health in 3D: Diversity, Disparities, and Social Determinants (1063291)
- Fundamentals of Public Health Module 1: Overview of the Kansas System (1056214)
- Fundamentals of Kansas Public Health Module 2: Governance and Policy (1063682)
- Fundamentals of Kansas Public Health Module 3: Financial Management and Preparedness (1063773)
- Fundamentals of Kansas Public Health Module 4: Workforce Development (1063774)
- Introduction to Quality Improvement in Public Health (1059243)
- HIPAA Awareness - Module 1 (1047429)
- HIPAA: Allowable Disclosures and Safeguards - Module 2 (1072478)
- HIPAA: Right to Access and Documentation - Module 3 (1072486)
- Preparedness: New LHD Administrator Training - Public Health Emergency Preparedness (PHEP) Grant Overview -Module 1 (1087202)
- Preparedness: New LHD Administrator Training - Preparedness Training - Module 2 (1087203)
- Preparedness: New LHD Administrator Training - Preparedness Meetings - Module 3 (1087204)
- Preparedness: New LHD Administrator Training - Standard Operating Guides, Plans, and Annexes - Module 4 (1087205)
- Preparedness: New LHD Administrator Training - State/ Local Relationships and Preparedness IT Systems - Module 5 (1087208)

Key Timeline by Quarters

January through March	Dates
Re-organization of the County Commission	January TBD
Annual address to the Board of Health-County Commissioners	January TBD
Kansas Legislative Season begins	2nd Monday of January
Grants due in KGMS (PHEP/IAP/MCH/State Formula Etc.)	March 15
Kansas Legislative Mid-Point (Turnaround Day)	February 27
April through June	Dates
National Public Health Week	First full week of April
Proposed budget due to County Clerk's Office	May TBD
Initiate school services contract (if applicable)	June 15
July through September	Dates
WIC Application due to State	July 15
Finalization for County budget	July TBD
October through December	Dates
Participate in regional preparedness exercise	December

Statewide Local Public Health Meetings and Conferences

A calendar of regularly occurring events can be found KDHE's Local Public Health Program page.

Regular Occurring Meetings	Dates
KALHD Board Meetings	3rd Tuesdays of most months
KDHE Population Health and Preparedness Call	4th Tuesday of every month * currently this call is not happening due to COVID
KDHE Regional Meeting	Meets quarterly
Annual Meetings/Conferences	Dates
Governor's Public Health Conference	April
KALHD Mid-Year Meeting	June
Association of CMHCs of Kansas	September
Kansas Public Health Association Conference	September/October
Kansas Prevention Collaborative Conference	October
KALHD Annual Meeting Kansas Association of Counties (KAC)	October/November– part of the KAC
Kansas Hospital Association Conference	October/November
Annual Meetings/Conferences Important for LHD staff	Dates
Health Promotion Summit	January/February
School Nurse Conference	July
Immunizations Conference	September
Preparedness Calls and Regional Meetings	TBD
Healthcare Coalition Meeting	Quarterly – see regional coordinators

System Access

System	Program	Contact
Kansas Grant Management System (KGMS)	Local Public Health Program	KDHE.ATL@ks.gov
KS Train	Local Public Health Program	https://www.train.org/ks/welcome
WebIZ	Kansas Immunizations Program	kdhe.ImmunizationRegistry@ks.gov
Kansas Medical Assistance Program (KMAP)	Kansas Immunizations Program	https://www.kmap-state-ks.us/Public/homepage.asp
Kansas Health Alert Network (KS-HAN)	Preparedness	kdhe.kshanadmin@ks.gov
Inventory Management and Tracking System (IMATS)	Preparedness	http://www.kdheks.gov/it_systems/ks-cra.htm
Kansas Planner (Bold)	Preparedness	https://kansas.boldplanning.com/
KSERV	Preparedness	https://member.everbridge.net/index/892807736723931#/login
DAISEY	Maternal Child Health	https://kdhe.daiseysolutions.org/
EpiTrax	Infectious Disease	http://www.kdheks.gov/epi/disease_investigation.htm
Brushart	WIC	http://brushartwicmaterials.com/wic_users/login

Resources

- Statewide Local Health Department Directory
  http://www.kdheks.gov/olrh/download/health_directory.pdf
  http://kalhd.org/resources/

Acronyms and Terms

- Public Health Accreditation Board Acronyms and Glossary of Terms http://www.phaboard.org/wp-content/uploads/FINAL_PHAB-Acronyms-and-Glossary-of-Terms-Version-1.5.pdf

Funding

- Health Forward Foundation https://healthforward.org/
- Kansas Health Foundation www.kansashealth.org
- Partners in Information Access for Public Health Workforce
  https://www.phpartners.org/ph_public/topic/grants
- REACH HealthCare Foundation www.reachhealth.org
- Sunflower Foundation www.sunflowerfoundation.org
- United Methodist Health Ministry Fund www.healthfund.org
- Wyandotte Health Fund www.wyhealthfdn.org

Important Websites

- American Public Health Association (APHA) www.apha.org
- Association of State and Territorial Health Officials (ASTHO) http://www.astho.org/
- Center for Medicaid and Medicare Services (CMS) http://www.cms.gov/
- Centers for Disease Control (CDC) www.cdc.gov
- Kansas Association of Counties (KAC) http://www.kansascounties.org/
- Kansas Association of Local Health Departments (KALHD) www.kalhd.org
- Kansas Department of Health and Environment (KDHE) http://www.kdheks.gov/
- Kansas Environmental Health Association (KEHA) www.keha.us
- Kansas Health Foundation www.kansashealth.org
- Kansas Health Matters http://www.kansashealthmatters.org/
- Kansas Health Institute (KHI) http://www.khi.org/
- Kansas Public Health Association (KPHA) www.kpha.us
- National Association of County and City Health Officials (NACCHO) http://www.naccho.org/
- National Association of Local Boards of Health (NALBOH) http://www.nalboh.org/
- National Network of Libraries of Medicine http://nnlm.gov/hip/
- National Network of Public Health Institutes (NNPHI) http://www.nnphi.org/
- Office for State, Tribal, Local and Territorial Public Health Professionals Gateway
  https://www.cdc.gov/about/leadership/leaders/ostlts.html
- Public Health Accreditation Board (PHAB) www.phaboard.org
- Public Health Foundation (PHF) www.phf.org
- Public Health Partners https://phpartners.org/
  http://www.phf.org/programs/council/Pages/default.aspx/index.htm
- Society for Public Health Education (SOPHE) http://www.sophe.org/

KS-TRAIN

Take time to create an account on the KS-TRAIN website. Search for courses by topic, provider, or competency

LISTSERVs

- Hawver News Company http://www.hawvernews.com/ (KALHD Members receive membership through KALHD membership)
- Kansas Health Alert Network (KHAN) http://www.kdheks.gov/it_systems/ks-han.htm
- Kansas Health Institute (KHI) News and Announcements https://www.khi.org/announcements
- Partners in Information Access for Public Health Workforce https://phpartners.org/dlists.html
- Public Health Connections http://www.kdheks.gov/olrh/public_health_connections.htm
- Public Health Accreditation Board (PHAB) newsletter https://www.phaboard.org/category/enewsletters/
- KALHD Billing Listerv https://www.kalhd.org/kalhd-listserv/
- KPHC Listserv https://kphcollaborative.org/

Self-Assessment

Every local public health leader accepting a leadership position in a local public health department faces multiple opportunities and challenges. In addition, each person will have a varied background and level of knowledge regarding a range of topics important to their new leadership role. Complete this self-assessment, identifying specific questions you have about particular topic areas.

	Understanding/Comprehension			
	Competent	Enough to Get By	A little	None
Public Health Systems				
1. Public Health at the Federal Level	☐	☐	☐	☐
2. Public Health in Kansas	☐	☐	☐	☐
3. Role of Local Health Department	☐	☐	☐	☐
4. Grant Makers in Health	☐	☐	☐	☐
5. System Partners	☐	☐	☐	☐
6. Understanding the Mental Health System in Kansas	☐	☐	☐	☐
7. KANCARE	☐	☐	☐	☐
Public Health Basics				
1. Core Functions	☐	☐	☐	☐
2. Ten Essential Services	☐	☐	☐	☐
3. Core Competencies	☐	☐	☐	☐
4. Social Determinants of Health	☐	☐	☐	☐
5. Health Equity	☐	☐	☐	☐
6. Public Health Ethics	☐	☐	☐	☐
7. Health Reform at the State and Federal Level	☐	☐	☐	☐
Public Health Programs				
1. Kansas Public Health Collaborative	☐	☐	☐	☐
2. Public Health Programs at the State Level	☐	☐	☐	☐
3. Public Health Programs at the Local Level	☐	☐	☐	☐
4. Evaluation	☐	☐	☐	☐
Financial Management				
1. Fiscal Management in Local Government	☐	☐	☐	☐
2. Budgets and Expenditure Reporting	☐	☐	☐	☐
3. Working with Grants	☐	☐	☐	☐
4. Business Process	☐	☐	☐	☐
5. Billing	☐	☐	☐	☐
6. PHAST Uniform Chart of Accounts	☐	☐	☐	☐

	Competent	Enough to Get By	A Little	None
Local Health Department Governance and Policy				
1. Local Health Department Governance and Policy	☐	☐	☐	☐
2. Role of the Health Officer	☐	☐	☐	☐
3. Legislative Process/Policy at the State Level	☐	☐	☐	☐
4. Statutes and Ordnances Related to Public Health	☐	☐	☐	☐
5. Public Records and Meetings	☐	☐	☐	☐
Public Health Accreditation				
1. Background and Goal	☐	☐	☐	☐
2. Community Health Assessment	☐	☐	☐	☐
3. Community Health Improvement Plan	☐	☐	☐	☐
4. Strategic Plan	☐	☐	☐	☐
5. Workforce Development	☐	☐	☐	☐
6. Performance Management	☐	☐	☐	☐
7. Quality Improvement	☐	☐	☐	☐
8. Emergency Operations Plans	☐	☐	☐	☐
9. Organizational Branding Strategy	☐	☐	☐	☐
Public Health Data				
1. Reportable Disease	☐	☐	☐	☐
2. Public Health Informatics	☐	☐	☐	☐
3. Kansas Information for Communities	☐	☐	☐	☐
4. Behavioral Risk Factor Surveillance System	☐	☐	☐	☐
5. County Health Rankings	☐	☐	☐	☐
6. Healthy Kansans 2020	☐	☐	☐	☐
7. Scorecard	☐	☐	☐	☐
8. Kansas Rural Health Works Economic Impact Reports	☐	☐	☐	☐
9. Kansas Health Matters	☐	☐	☐	☐
10. Evidence Based Practices Resources	☐	☐	☐	☐

Preparedness

1. Federal Preparedness Funding	☐	☐	☐	☐
2. KDHE Preparedness	☐	☐	☐	☐
3. Exercise and Training Program	☐	☐	☐	☐
4. Local Health Department Resources	☐	☐	☐	☐
5. Incident Command Systems (ICS) Training	☐	☐	☐	☐
6. Preparedness IT Systems	☐	☐	☐	☐
7. Kansas Medical Reserve Corp (MRC)	☐	☐	☐	☐
8. Key County Partnerships	☐	☐	☐	☐

Promoting Public Health

1. Effective Communications	☐	☐	☐	☐
2. PHRASES	☐	☐	☐	☐
3. Branding	☐	☐	☐	☐
4. Engaging Your Board of Health	☐	☐	☐	☐
5. Media Relations	☐	☐	☐	☐
6. Social Marketing	☐	☐	☐	☐
7. Risk Communication	☐	☐	☐	☐
8. Storytelling	☐	☐	☐	☐

Organizational Workforce Development

1. Core Competencies	☐	☐	☐	☐
2. KPHDWCC	☐	☐	☐	☐
3. Kansas Public Health Workforce Assessment	☐	☐	☐	☐
4. Workforce Basics	☐	☐	☐	☐
5. KS TRAIN	☐	☐	☐	☐
6. HR and Documentation	☐	☐	☐	☐

Kansas State Formula Grants

1. Types of Funding to Local Agencies	☐	☐	☐	☐
2. Applications	☐	☐	☐	☐
3. Contracts, Financial Status Reports	☐	☐	☐	☐

Reflection:

1. Which categories are my strongest?
    a. What strengths do I have that support those areas?
    b. How do these support my role as Director?
2. Which categories have the most room for improvement?
    a. Of those, which one(s) seems the most pertinent to make progress on?
        i. What is my goal for increasing my understanding/comprehension?
        ii. What resources do I have to make progress on this?
        iii. What obstacles might keep me from reaching my goal?

Module 1: Public Health Systems

In this module:

- Public Health at Federal Level
- Public Health in Kansas
- Role of the Local Health Department
- Grant Makers in Health
- System Partners Supporting Local Health Departments
- Understanding the Mental Health System in Kansas
- KANCARE (Kansas Medicaid)
- Questions I Should Ask
- Key Resources

Kansas's public health system functions as a partnership between state and local governments. Kansas local health departments are largely independent and charged with the responsibility to protect and promote the health of their residents.

Public Health at the Federal Level

The U.S. Department of Health and Human Services (HHS) is the U.S. government's principal agency for protecting the health of all Americans and providing essential human services, especially for those who are least able to help themselves. HHS is responsible for almost a quarter of all federal outlays and administers more grant dollars than all other federal agencies combined. The Centers for Disease Control and Prevention (CDC) is one of the key public health agencies within HHS.

Public Health in Kansas

The vision of Kansas Department of Health and Environment (KDHE): Healthy Kansans living in safe and sustainable environments. The mission is to protect and improve the health and environment of all Kansans. KDHE is led by a Secretary who is an appointed member of the governor's cabinet. The agency has three divisions: Public Health, Environment and Health Care Finance. Since the organization structure evolves as all organizations do, please visit http://www.kdheks.gov/administration/index.html for the most recent organizational chart. You'll learn more about the programs of KDHE in Module 3.

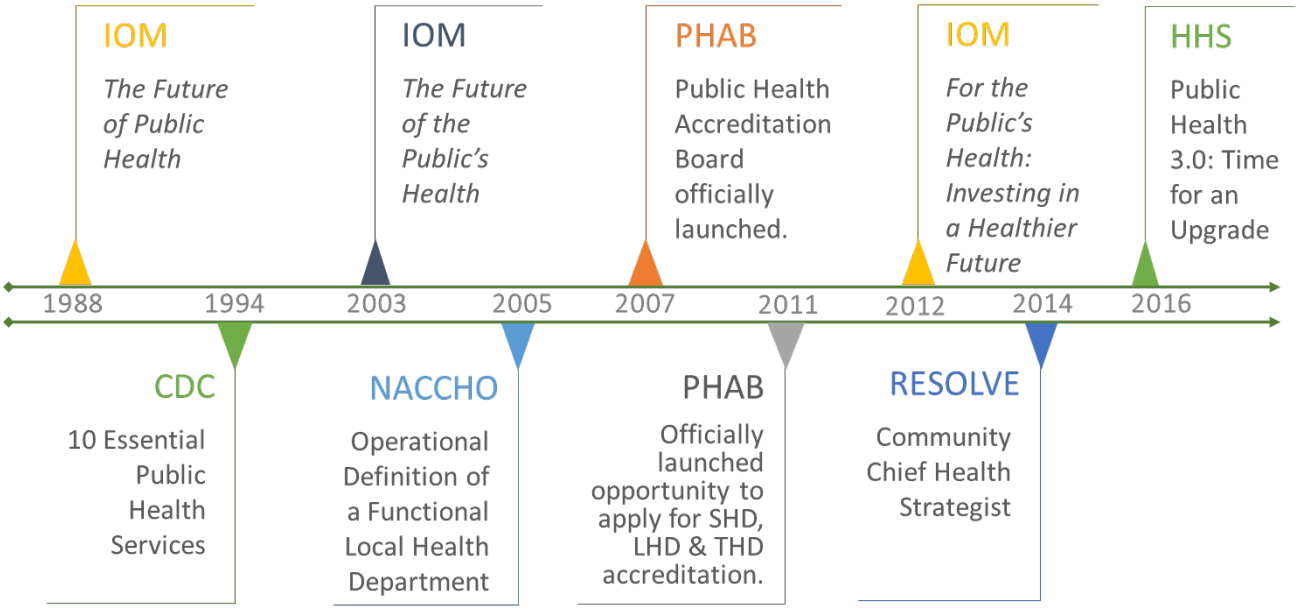
Local Authority

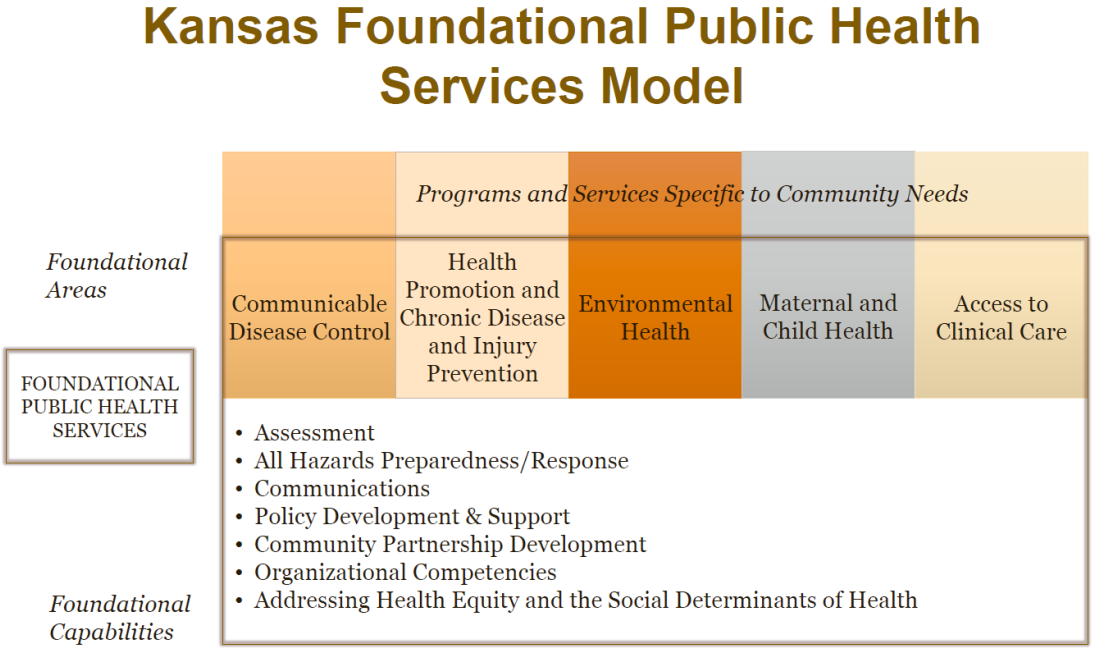
Each of the fifty states is charged with a responsibility to protect and promote the health of its residents, yet each state satisfies that responsibility in a different way. In *centralized* states, the state health agency staffs, funds and operates all of the local health departments in the state. In *decentralized* states, the local health departments are largely independent of the state health agency. The State of Kansas has a decentralized public health system consisting of the state health department (KDHE) and 100 local health departments serving all 105 counties in Kansas.

Under Kansas law, local health departments report to the local Board of Health which, in most cases, is comprised of the local Board of County Commissions.

Role of the Local Public Health Department

LHDs 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 health systems are configured. There have been many documents and tools to define the role of local public health departments.





The Kansas Association of Local Health Departments and the Public Health Systems Group in Kansas have adopted the Foundational Public Health Services model as a guiding principle for the role of local health departments working in collaboration with other systems partners.

Community Engagement

Most of the LHD roles described by NACCHO rely on community engagement as a foundation for success. "Community engagement is the process of working collaboratively with and through groups of people affiliated by geographic proximity, special interest, or similar situations to address issues affecting the well-being of those people" (Centers for Disease Control and Prevention [CDC], 1997, p 9). The goals of community engagement are to build trust, enlist new resources and allies, create better communication, and improve overall health outcomes as successful projects evolve into lasting collaborations" (CDC, 1997; Shore, 2006; Wallerstein, 2002).

Community Engagement is one of the ten essential public health services: *4. Mobilize community partnerships and action to identify and solve health problems.* Members of the community possess unique perspectives on how issues are manifested in the community, what and how community assets can be mobilized, and what interventions will be effective. Community members are important partners in identifying and defining public health issues, developing solutions or improvements, advocating for policy changes, communicating important information, and implementing public health initiatives. Public health can broaden its leverage and impact by doing things *with* the community rather than doing things *to* the community; another way to think about engagement is "nothing about us without us". Aligning and coordinating efforts towards health promotion, disease prevention, and health equity across a wide range of partners is essential to the success of health improvement. LHDs are expected to develop and maintain community partnerships and collaborations that will facilitate public health goals being accomplished, promote community resilience, and advance the improvement of the public's health.

Methods of Community Engagement

Established methods of community engagement include but are not limited to: Healthy Cities/Communities methods; Asset Based Community Development; and deliberative processes, for example, regular town forums, community advisory groups, and participatory decision processes. Tools include the National Public Health Performance Standards Program (NPHPSP), asset mapping, community indicator projects, and Mobilizing for Action through Planning and Partnership (MAPP). Other community organizing models and methods are also acceptable.

Grant Makers in Health

LHDs are funded through federal, state, and local governments as well as fees for services. Additionally, many state and local initiatives are funded through health philanthropies in Kansas. In addition to direct funds to agencies, these philanthropies support and influence efforts to support public health in Kansas.

Kansas Health Foundation

At the Kansas Health Foundation (KHF), all of our work centers on our mission: To improve the health of all Kansans. KHF envisions a culture in which every Kansas can make healthy choices where they live, work and play. KHF's program areas include Access to Care, Healthy Behaviors, Civic and Community Engagement, and Educational Attainment.

Sunflower Foundation

Since 2002, the Sunflower Foundation's mission is focused on three primary approaches: 1) Healthy Living and Active Communities, 2) Health Care, and 3) Advocacy and Policy.

REACH Healthcare Foundation

The REACH Healthcare Foundation is a charitable foundation dedicated to improving health coverage and access to quality, affordable health care for uninsured and medically underserved people. The foundation has a six-county service area that encompasses Allen, Johnson and Wyandotte counties in Kansas, and Cass, Jackson and Lafayette counties in Missouri.

United Methodist Health Ministry Fund

The United Methodist Health Ministry Fund (UMHMF) was established in 1986 by the Kansas West Conference of the United Methodist Church to advance health, healing, and wholeness throughout Kansas. The United Methodist Health Ministry Fund sparks conversation and action to improve the health and wholeness of Kansans—especially those in rural and under-served communities. Through funding programs and ideas, providing hands-on expertise, and convening influencers, we advance innovative solutions to improve Kansans' health for generations to come. The Health Fund's priority funding areas include Access to Care, Early Childhood Development and Healthy Congregations.

Wyandotte Health Foundation

The Wyandotte Health Foundation is the only foundation of its type that is totally dedicated to improving the health of Wyandotte County residents. The mission of the Wyandotte Health Foundation is to promote and improve the health of Wyandotte County residents, particularly the indigent, through grants and collaborative efforts. The Foundation fulfills its mission by making grants to organizations and agencies that provide services that improve the health of Wyandotte County residents. The Wyandotte Health Foundation funds childhood trauma and primary health care.

Health Forward Foundation

The Health Forward Foundation is dedicated to their mission of providing leadership, advocacy, and resources to eliminate barriers and promote quality health for uninsured and underserved in their service area. The Health Forward Foundation's priority funding areas include Healthy Communities, Mental Health and Safety Net Health Care.

Patterson Foundation

The mission of the Patterson Foundation is to positively impact lives through higher education scholarships to children of Patterson Companies employees and grants to nonprofit organizations in the oral health and animal health fields.

Dane G Hansen Foundation

The Dane G Hansen Foundation is committed to providing opportunities for the people of Northwest Kansas to enjoy the highest possible quality of life. Fulfillment of their mission is predicated on three specific goals: reverse the population decline, increase the economic opportunities, and strengthen critical community services. They will advance their mission by investing in the areas of: education, health care, economic development, community social services and security, conservation and environment, arts and culture, and community beautification.

System Partners Supporting Local Health Departments

In addition to the guidance and support LHDs received from governmental public health (HHS, KDHE), there are additional entities that play key roles within the system.

Collaborative Partnerships

The Kansas Association for Local Health Departments, Kansas Department of Health and Environment, KU Medical Center's Department of Preventive Medicine and Public Health and Area Health Education Centers collaborate to make available the Kansas Public Health Grand Round series.

Kansas Health Institute

The Kansas Health Institute (KHI) is an independent, nonprofit health policy and research organization that informs policymakers about important issues affecting the health of Kansans. The Kansas Health Institute was established in 1995 with a multiyear grant from the Kansas Health Foundation. The foundation made the commitment based on its conclusion that health policy decisions often were based on fragmented, anecdotal and sometimes biased information.

KHI carries out its mission of helping policymakers understand the linkages between these factors and the health of Kansans by conducting research and providing policy analysis. They convene conversations, provide technical assistance and sponsor educational forums. Notice the reference to KHI in Module 7 related to County Health Rankings.

Kansas Leadership Center

The Kansas Leadership Center (KLC) was established by the Kansas Health Foundation in 2007 as a way to add significant value to the leadership development efforts undertaken by the Foundation since its early days. To turbo-charge its existing leadership development efforts – and to reach more people, the Kansas Health Foundation created the KLC.

KLC equips people with skills to make positive change for the common good. They believe leadership is an activity, not a particular role or position. Their curriculum is grounded in this belief and their approach to training is reflective of it.

Colleges and Universities

Across the state, local health departments partner with universities and community colleges who train the majority of their workforce. Often these partnerships include providing internship opportunities for students at the local health department. Further, universities can provide technical assistance and evaluation support to LHDs.

WSU Community Engagement Institute

The Community Engagement Institute at Wichita State University has served Kansas for over 30 years. They recognize how individuals, organizations and communities are connected and contribute to health and well-being. Their interdisciplinary staff works closely with nonprofit organizations, state and local government, community coalitions, support groups, faith-based organizations and individuals.

The Institute provides technical and practical capacity building, training, coaching, evaluation, project management, and related supports. Students also work alongside staff at the Institute, providing applied learning opportunities for the students.

The Community Engagement Institute has six centers including the Center for Public Health Initiatives, which works to improve the public health system in Kansas. Center staff empower people through training, support and coaching; develop organizations through strategic planning, agency performance improvement and capacity building; and strengthen systems by facilitating statewide collaborative initiatives, providing peer learning opportunities and creating opportunities for change.

KU Area Health Education Centers

The University of Kansas Medical Center Area Health Education Centers (AHECs) were founded in 1978, through the combined efforts of the Governor, the State Legislature and the KU Medical Center, as the primary educational outreach effort of KU Medical Center and the principal means of decentralizing medical and other health professions education throughout the state. Three regional offices - in Hays, Kansas City and Pittsburg - offer programs, continuing education and services to medicine, nursing and allied health students as well as to rural providers in their part of the state.

AHEC enhances the quality and accessibility of health care services in Kansas through partnerships with communities, health care professionals and organizations, educational institutions and other interested individuals and agencies.

Their services include: promotion of careers in the health care field; continuing education programming for physician, nurses and allied health professionals; community education and health screenings; facilitating health research in the same communities confronting those issues; and development and implementation of clinical opportunities for students in the health professions programs.

KU Center for Community Health and Development

The Center for Community Health and Development (formerly the KU Work Group) has developed widely used capabilities for community-based participatory research and for building capacity for community work, including through the Community Tool Box and the Community Check Box. Recognition of these capabilities led to official designation in 2004 as a World Health Organization Collaborating Centre for Community Health and Development.

Understanding the Mental Health System in Kansas

To assess how well the mental health system in Kansas serves the population, policymakers can consider the need for mental health services as well as the capacity of the current system. The Kansas Health Institute has prepared a report that provides a brief overview of the mental health system in Kansas, including who it serves, how much it costs, where services are provided, and what barriers prevent people from accessing care. To learn more about this report click here.

KANCARE (Medicaid for Kansas)

KanCare is the program through which the State of Kansas administers Medicaid. Launched in January 2013, KanCare is delivering whole-person, integrated care to more than 415,000 people across the state. Kansas has

contracted with three health plans, or managed care organizations (MCOs), to coordinate health care for all people enrolled in Medicaid.

The following health plans or managed care organizations (MCOs) were awarded the contracts to provide KanCare services from January 1, 2019 to December 31, 2022:

- Sunflower Health Plan
- United Healthcare Community Plan of Kansas
- Aetna Better Health of Kansas

Questions I should ask

What organizations do we currently work with?
Who are our current funders and what grants do we have?
Where can I look for grants that fit into our current or needed programs?
What's the latest work with the Foundational Public Health Services Model?
Who are the academic partners that my agency has contracted with, supported or worked with?

Key Resources

- CDC Principles of Community Engagement http://www.atsdr.cdc.gov/communityengagement/
- Dane G Hansen Foundation https://danehansenfoundation.org/
- Health and Human Services http://www.hhs.gov/about/
- Health and Human Service Organizational Chart http://www.hhs.gov/about/orgchart/index.html
- Health Care Foundation of Greater Kansas City https://healthforward.org/
- KDHE Organizational Chart http://www.kdheks.gov/administration/index.html
- Kansas Grantmakers in Health https://reachhealth.org/wp-content/uploads/2015/12/About-KGIH.pdf
- Kansas Health Foundation http://kansashealth.org/
- Kansas Health Institute http://www.khi.org/
- Kansas Leadership Center http://kansasleadershipcenter.org/
- Kansas Public Health Grand Rounds
- http://www.kumc.edu/school-of-medicine/mph/kansas-public-health-grand-rounds.html
- KU Center for Community Health and Development https://communityhealth.ku.edu/about/overview
- CDC –United States Public Health 101 https://www.cdc.gov/stltpublichealth/docs/usph101.pdf
- Patterson Foundation http://pattersonfoundation.net/
- REACH Healthcare Foundation http://reachhealth.org/
- Sunflower Foundation http://www.sunflowerfoundation.org/
- United Methodist Health Ministry Fund http://www.healthfund.org/
- University of Kansas Medical Center Area Health Education Centers http://www.kumc.edu/community-engagement/ku-ahec.html
- WSU Community Engagement Institute http://communityengagementinstitute.org/
- Wyandotte Health Foundation http://www.wyhealthfdn.org/
- KHI: Mental Health Report http://www.khi.org/policy/article/17-24?utm_medium=email&utm_campaign=Report%20Understanding%20the%20Mental%20Health%20System%20in%20Kansas&utm_content=Report%20Understanding%20the%20Mental%20Health%20System%20in%20Kansas+CID_a8e900aa2bc9d4cd1acdf6a416d40698&utm_source=Email%20marketing%20software&utm_term=Read%20more

- KanCare
  https://www.kancare.ks.gov/providers/health-plan-information
  https://www.kancare.ks.gov/about-kancare/what-is-kancare

Module 2: Public Health Basics

In this module:

- Three Core Functions of Public Health
- Ten Essential Public Health Services
- Core Competencies
- Social Determinants of Health
- Health Equity
- Resources for Public Health Ethics
- Resources for Health Reform at the State and Federal Level
- Questions I Should Ask
- Key Resources

Public health connects us all. Public health is the science of protecting and improving the health of families and communities through promotion of healthy lifestyles, research for disease and injury prevention and detection and control of infectious diseases.

Public health is credited with adding 25 years to the life expectancy of people in the United States in this century. Yet, ask the average person what public health is and their reply might be limited to "healthcare for low-income families." The CDC's Ten Great U.S. Public Health Achievements of the 20th Century was created to remind us of how far we have come, how we got here, and exactly what public health is: the active protection of our nation's health and safety, credible information to enhance health decisions, and partnerships with local communities and organizations to promote good health.

Kansas Health Institute (KHI) and Kansas Legislative Research Department (KLRD) provide basic facts and information about Medicaid and CHIP in Kansas. This report, Kansas Medicaid: A Primer 2019, includes an overview of Medicaid and CHIP, analysis of recent trends in Kansas, and basic information about covered services and populations.

The Top 10 Great U.S. Public Health Achievements of the 20th Century

1. Immunizations
2. Motor-Vehicle Safety
3. Workplace Safety
4. Control of Infectious Disease
5. Declines in Deaths from Heart Disease and Stroke
6. Safer and Healthier Foods
7. Healthier Mothers and Babies
8. Family Planning
9. Fluoridation of Drinking Water
10. Tobacco as a Health Hazard

Three Core Functions of Public Health

According to the 1988 Institute of Medicine study, *The Future of Public Health*, the three core functions described below are primarily carried out by government and constitute the foundation of an effective public health system.

Assessment – Knowing what needs to be done.

This involves the assessment, monitoring, and surveillance of local health problems and needs, and of resources for dealing with them. Activities include epidemiological surveillance, data collection and analysis, monitoring and forecasting, root cause analysis, and other assessment practices. This function is used to facilitate decision making by collecting the best evidence and data to make sound evidence-based decisions. Essential service 1 fall within this core function.

Policy Development – Being part of the solution.

This involves policy development and leadership that fosters local involvement and a sense of ownership that emphasizes local needs and that advocates equitable distribution of public resources and complementary private activities commensurate with community needs.

Activities include being involved in the crafting of legislation, rules, policies, practices, and budgets. In its policy development capacity, a public health entity may plan for and set priorities, provide leadership and advocacy, convene and negotiate with stakeholders, mobilize resources, provide training, or encourage private action. Essential services 3, 4, and 5 falls within this core function.

Assurance – Making sure it happens.

This involves assurance that high-quality services, including personal health services, needed for protection of public health in the community are available and accessible to all persons; that the community receives proper consideration in the allocation of federal, state and local resources for public health; and that the community is informed about how to obtain public health, including personal health services, or how to comply with public health requirements. Activities include mandating policies, providing services directly, or incenting other sectors to take action. This often requires implementation of legislative language, regulation, reporting on progress, and holding stakeholders accountable. Essential services 6, 7, 8, and 9 falls within this core function.

Ten Essential Public Health Services

The 10 Essential Public Health Services provide a foundation for any public health activity and serve as the structure for national voluntary public health accreditation. The 10 Essential Public Health Services provide a framework for public health to protect and promote the health of all people in all communities. To achieve equity, the Essential Public Health Services actively promote policies, systems, and overall community conditions that enable optimal health for all and seek to remove systemic and structural barriers that have resulted in health inequities. Such barriers include poverty, racism, gender discrimination, ableism, and other forms of oppression. Everyone should have a fair and just opportunity to achieve optimal health and well-being. Visit the CDC's website or KDHE's website linked above to read more about the 10 Essential Public Health Services.

Core Competencies

The Core Competencies for Public Health Professionals are individual skills desirable for the delivery of 10 Essential Public Health Services. These competencies support workforce development within public health and can help public health organizations prepare for accreditation, meet training needs, and improve performance. Competencies can be integrated into public health practice to enhance workforce development planning, workforce training, and performance evaluation, among other activities.

These competencies are organized into eight domains, reflecting skill areas within public health, and three tiers, representing career stages for public health professionals.

The eight domains are:

- Analytical/Assessment Skills
- Policy Development/Program Planning Skills
- Communication Skills
- Cultural Competency Skills
- Community Dimensions of Practice Skills
- Public Health Sciences Skills
- Financial Planning and Management Skills
- Leadership & Systems Thinking Skills

The three tiers are:

Tier 1 – Front Line Staff/Entry Level. Tier 1 competencies apply to public health professionals who carry out the day-to-day tasks of public health organizations and are not in management positions. Responsibilities of these professionals may include data collection and analysis, fieldwork, program planning, outreach, communications, customer service, and program support.

Tier 2 – Program Management/Supervisory Level. Tier 2 competencies apply to public health professionals in program management or supervisory roles. Responsibilities of these professionals may include developing, implementing, and evaluating programs; supervising staff; establishing and maintaining community partnerships; managing timelines and work plans; making policy recommendations; and providing technical expertise.

Tier 3 – Senior Management/Executive Level. Tier 3 competencies apply to public health professionals at a senior management level and to leaders of public health organizations. These professionals typically have staff who report to them and may be responsible for overseeing major programs or operations of the organization, setting a strategy and vision for the organization, creating a culture of quality within the organization, and working with the community to improve health.

Take the Competency Assessment to determine training areas that would be appropriate for **your** individual training plan. You can access this on the KS-TRAIN website – the link is located across the top on the home page. You will find steps to:

- Find the competency assessment that most relates to you (Tier 1, 2, or 3)
- Download the assessment to your computer
- Upload it to your KS-TRAIN account
- It will then be available in your KS-TRAIN Learning account

Social Determinants of Health

The social determinants of health are the circumstances in which people are born, grow up, live, work, and age, as well as the systems put in place to deal with illness. The CDC has a number of resources available for better understanding this important public health concept, and additional resources are included below.

Unnatural Causes - Inequality making us sick? *Unnatural Causes* is the acclaimed documentary series broadcast by PBS and now used by thousands of organizations around the country to tackle the root causes of our alarming socio-economic and racial inequities in health.

NACCHO's Health Equity and Social Justice Toolkit is intended to help local health departments explore and tackle the root causes of inequities in the distribution of disease, illness, and death. It covers subjects ranging from social justice theory to public health practice, and includes journal articles, video clips, reports, PowerPoint presentations, book references, action guides, Web sites, and more.

[Healthy People 2020 Social Determinates of Health]

The Social Determinants of Health topic area within Healthy People 2020 is designed to identify ways to create social and physical environments that promote good health for all. Making these advances involves working together to:

- Explore how programs, practices, and policies in these areas affect the health of individuals, families, and communities.
- Establish common goals, complementary roles, and ongoing constructive relationships between the health sector and these areas.

Maximize opportunities for collaboration among Federal-, state-, and local-level partners related to social determinants of health.

[Robert Wood Johnson Foundation – A New Way to Talk about Social Determinants of Health]

Health starts where we live, work, learn and play. The RWJ Foundation has created this easy to use guide to help navigate a better way to talk about the social determinants of health.

[Local Health Departments Leading to Address Social Determinants of Health]

The purpose of this study was to learn about what Kansas health departments are doing to address the social determinants of health in their communities. Data were collected using qualitative interviews and focused on which social determinant area(s) health departments are focused on, strategies or interventions being used to address those areas, and where support or technical assistance may be needed to carry out the work.

Health Equity

The Robert Wood Johnson Foundation (RWJF) provides the following definition of health equity: "Health equity means that everyone has a fair and just opportunity to be as healthy as possible. This requires removing obstacles to health such as poverty, discrimination, and their consequences, including powerlessness and lack of access to good jobs with fair pay, quality education and housing, safe environments, and health care." All public health work should be working to address elements of health inequities that exist in our society. Equity is at the core of the 10 essential public health services. There are many examples and frameworks with which to choose from to explore this concept further. One place to start is the 2017 RWJF report that works to define health equity and explore interventions. It can be located here.

Resources for Public Health Ethics

The mandate to assure and protect the health of the public is an inherently moral one. It carries with it an obligation to care for the well-being of others and it implies the possession of an element of power in order to carry out the mandate. The need to exercise power to ensure health and at the same time to avoid the potential abuses of power are at the crux of public health ethics. Here are three resources for better understanding the code of ethics for public health professionals:

An Ethics Framework for Public Health
Principals of the Ethical Practices of Public Health

Resources for Health Insurance Reform at the State and Federal Level

Health reform is a constantly changing target and the initiatives funded at both the state and federal levels have local impacts.

Healthcare Insurance Reform at the Federal Level
Healthcare Insurance Reform in Kansas

Questions I should ask

How is my agency currently addressing the ten essential services (*See section above)*?
What is our department doing to utilize Healthy People 2020 or other national directives?
Have my staff been trained in public health ethics?
What is our policy or procedure for making ethical decisions?
How do other LHD leaders keep current about health reform?

Key Resources

- Centers for Disease Control https://www.cdc.gov/mmwr/preview/mmwrhtml/00056796.htm
- CDC Overview of Core Public Health Functions and Essential Services
  https://www.cdc.gov/publichealthgateway/publichealthservices/essentialhealthservices.html
  http://www.cdc.gov/nphpsp/essentialservices.html
  Video- http://vimeo.com/40604902
- CDC Foundation http://www.cdcfoundation.org/content/what-public-health
- Community Engagement Institute
  https://communityengagementinstitute.org/Documents/CPHI_Report_LHDs_Leading_to_Address_SDoH_2020.pdf
- Future of Public Health http://books.nap.edu/openbook.php?record_id=1091
- Health Equity https://www.rwjf.org/en/library/research/2017/05/what-is-health-equity-.html
- Healthy People 2020 Social Determinants of Health
  http://www.healthypeople.gov/2020/topics-objectives/topic/social-determinants-health
- John Snow Biography http://en.wikipedia.org/wiki/John_Snow_%28physician%29
- KDHE Essential Services http://www.kdheks.gov/olrh/ImprovingPublicHealthInKansas.htm
- Kansas Health Institute – Kansas Medicaid Primer Report
  https://www.khi.org/assets/uploads/news/14859/2019_medicaid_primer_r_web.pdf
- Kansas Public Health Association http://www.kpha.us/page-1049664
- NACCHO http://naccho.org/programs/public-health-infrastructure/health-equity
- Public Health Foundation
  http://www.phf.org/resourcestools/Pages/Core_Public_Health_Competencies.aspx
  http://www.phf.org/programs/corecompetencies/Pages/Core_Public_Health_Competencies_Tools.aspx
  http://www.phf.org/resourcestools/Documents/Core_Competencies_for_Public_Health_Professionals_2014June.pdf
- Unnatural Causes http://www.unnaturalcauses.org/

Module 3: Public Health Programs

In this module:

- Kansas Public Health Collaborative
- Public Health Programs at the State Level
- Public Health Programs at the Local Level
- Evaluation
- Questions I Should Ask
- Key Resources

Health departments provide a broad array of services to their communities that may include, but are not limited to disease surveillance and investigation, immunizations, emergency preparedness, infant and maternal health programs, health promotion and prevention programs, administration of the Women, Infants, and Children (WIC) nutrition assistance program, home health services, childcare facility inspection, and so on. Reports about the services provided by LHDs in Kansas are available at these links:
Public Health Service Delivery in Kansas

What does Public Health Look Like in Kansas?

Kansas Public Health Collaborative

The Kansas Public Health Collaborative (KPHC) was created to expand collaboration, communication and capacity development for state and local health departments and their workforce. To view current programs offered by LHDs, check out the Kansas Public Health Collaborative interactive map. To learn more about the KPHC check out the website and follow on social media:

- Twitter - @KansasPHC
- Facebook – Kansas Public Health Collaborative/ @kphcollaborative
- Sign up for Newsletter

Public Health Programs at the State Level

The Division of Public Health at the Kansas Department of Health and Environment is organized into eight Bureaus:

1. Community Health Systems
2. Disease Control and Prevention
3. Epidemiology and Public Health Informatics (BEPHI)
4. Health Promotion
5. Family Health
6. Oral Health

Bureau of Community Health Systems

The Bureau of Community Health Systems (BCHS) is a diverse set of programs that enhances the health and safety of Kansas communities by strengthening public health systems through collaboration, support and monitoring. This bureau includes:

- Community Health Access
- Health Facilities Program

- Local Public Health Program
- Preparedness
- Radiation and Right to Know
- Trauma

Bureau of Disease Control and Prevention

The Bureau of Disease Control and Prevention is working to improve the quality and longevity of life for the citizens of Kansas by reducing the incidence of death and disability from infectious diseases. The Bureau of Disease Control and Prevention work in collaboration with local health departments and other healthcare providers to intervene in the spread of infectious diseases. We are Kansans helping Kansans prevent disease that can cause disability and death, like: TB, vaccine-preventable disease, and sexually transmitted infections (including HIV)
This bureau includes:

- Immunizations
- STI/HIV Section
- The Kansas Tuberculosis Control Program

Bureau of Epidemiology and Public Health Informatics (BEPHI)

The Bureau of Epidemiology and Public Health Informatics (BEPHI) is responsible for collecting, analyzing, and interpreting data that provide information on a variety of conditions of public health importance and on the health status of the population. This bureau includes:

- Public Health Informatics
- Infectious Disease Epidemiology and Response
- Infectious Disease Surveillance
- Kansas Office of Vital Statistics
- Environmental Public Health Tracking Program

Bureau of Health Promotion

The Bureau of Health Promotion works through partnerships with the people of Kansas, promote healthy behaviors, policies and environmental changes to improve the quality of life and prevent chronic disease, injury and premature death. This bureau includes:

- Cancer
- Diabetes
- Health Risk Studies
- Heart Disease and Stroke
- Injury and Violence Prevention Programs
- Arthritis
- Community Health Promotion
- Worksite Wellness

Bureau of Family Health

The Bureau of Family Health provides leadership to enhance the health of Kansas women and children through partnerships with families and communities. This bureau includes:

- Children & Families

- Nutrition and WIC services
- Child Care Licensing
- System of Supports

Oral Health

The Bureau of Oral Health at the Kansas Department of Health and Environment is Kansas state level public health division dedicated to oral health improvement. The Bureau works to increase awareness and improve the oral health of all Kansans through:

- Community Water Fluoridation
- School Screening Program

Data Application and Integration Solutions for the Early Years (DAISEY)

DAISEY, is a shared measurement system designed to help communities see the difference they are making in the lives of at-risk children, youth and families. Implementation of a shared measurement system allows the Kansas Department of Health and Environment (KDHE) Bureau of Family Health and their grantees to improve data quality, track progress toward shared goals, and enhance communication and collaboration.

Integrated Referral and Intake System (IRIS)

IRIS is a web-based communication tool to help organizations connect the families they serve to the right resources in their community. IRIS is simple, mobile, and customizable. IRIS empowers communities to build a family-centered referral network supported by common expectations. IRIS enables service providers in a community to make, receive, and track referrals.

Public Health Programs at the Local Level

The five most common programs offered by ALL local health departments (from the LHD survey) include:

1. Communicable Disease Control Programs

Infectious Disease Epidemiology and Response conducts infectious disease surveillance and outbreak investigations, and provides subject matter expertise to local health departments, physicians, veterinarians, and the general public.

Disease Reporting Requirements:

- Health care providers and laboratories are required to notify KDHE regarding patients with suspected or confirmed reportable diseases. Reportable disease statue information can be found here: http://www.kdheks.gov/epi/regulations.htm. The list of reportable diseases is defined by Kansas statute (K.S.A. 65-118, 65-128 and 65-6001 through 65-6007; and by K.A.R. 28-1-2 and 28-1-18).
- Kansas Reportable Disease Form - Phone, fax, and mailing information are provided on this form.
- Kansas Notifiable Disease List
- EpiTrax is a comprehensive surveillance and outbreak management application designed for public health. It allows local, state and federal agencies to identify, investigate and mitigate communicable diseases, environmental hazards and bioterrorism events. Per KAR 28-1-2, certain infectious diseases must be reported to KHDE.
- Regulations related to Infectious Disease

2. Health Screenings

- KanBeHealthy
- School Physicals
- Developmental Screenings
- Hearing and Vision Screenings
- Oral health Screenings

3. Immunizations

The Kansas Immunization Program is committed to keeping Kansans free of vaccine preventable diseases. The Kansas Immunization Registry is the statewide immunization registry. It is a web-based centralized birth to death database that maintains complete, accurate, and secure immunization records for all Kansas residents. The purpose is to consolidate immunization information among health care professionals, assure adequate immunization levels, and avoid unnecessary immunizations.

4. Laboratory Services

To provide timely and accurate analytical information for public health benefit in Kansas and to assure the quality of statewide laboratory services through certification and improvement programs.

5. Women, Infants, and Children (WIC)

WIC is an income based public health program designed to influence lifetime nutrition and healthy behaviors among WIC clients. WIC's goal is to help keep pregnant and breastfeeding women, new moms, and kids under age 5 healthy.

Other Programs

- Preparedness provides leadership to protect the health of Kansans through efforts to mitigate, prepare for, respond to, and recover from disasters, infectious disease, terrorism, and mass casualty emergencies.
- Maternal Child Health (pre and post-natal services)
- Health Education - promote healthy behaviors, policies and environmental changes that improve the quality of life and prevent chronic disease, injury and premature death.
- Car Seat Safety
- Childcare Licensing
- Dental Services
- Environmental Health
- Diabetic Foot Care
- School Health
- Women's Health Care and Family Planning Services

Evaluation

Program evaluation is an essential organizational practice in public health. When programs conduct strong, practical evaluations on a routine basis, the findings are better positioned to inform their management and improve program effectiveness. Look to program officers at KDHE as well as researchers at the major universities for assistance with evaluation efforts.

Questions I should ask

What programs does our LHD currently offer? Why?
How is our local work connected to or directed by KDHE funded programs?
Do the programs we provide meet a community identified need?
Are they tied to the agency strategic plan?
What could we be offering?
Are there programs we have begun or stopped doing in the last two years? If so, what and why?
Do we perform these programs independently or in collaboration with other health departments or agencies?

Key Resources

- Bright Futures https://brightfutures.aap.org/Pages/default.aspx
- Car Seats http://www.kansasboosterseat.org//index.htm
- CDC Program Evaluation http://www.cdc.gov/eval/
- Childcare Licensing http://www.kdheks.gov/bcclr/index.html
- Data Application and Integration Solutions for the Early Years (DAISEY) https://kdhe.daiseysolutions.org/new-to-daisey/
- Environmental http://www.kdheks.gov/environment/index.html
- EpiTrax http://www.kdheks.gov/epi/disease_investigation.htm
- Health Education http://www.kdheks.gov/bhp/index.html
- Immunizations http://www.kdheks.gov/immunize/index.html
- Infectious Disease Epidemiology and Response http://www.kdheks.gov/epi/index.html
- Integrated Referral and Intake System (IRIS) http://connectwithiris.org /
- Kansas Department of Health and Environment http://www.kdheks.gov/health/index.html
- Kansas Initiative for Developmental Ongoing Screening (KIDOS) http://www.kdheks.gov/c-f/kidos.htm
- Kansas Public Health Collaborative https://kphcollaborative.org/
- Kansas Notifiable Disease List http://www.kdheks.gov/epi/download/KANSAS_NOTIFIABLE_DISEASE_LIST.pdf
- Kansas Reportable Disease Form http://www.kdheks.gov/epi/download/Kansas_Reportable_Disease_Form.pdf
- Kansas School Dental Screening Toolkit http://www.kdheks.gov/ohi/download/screening_initiative/Kansas_School_Screening_Toolkit.pdf
- Laboratory Services http://www.kdheks.gov/labs/
- Local Public Health Program http://www.kdheks.gov/olrh/local_health.html
- Maternal Child Health http://www.kdheks.gov/c-f/maternal.html
- Oral Health http://www.kdheks.gov/ohi/index.html
- Preparedness http://www.kdheks.gov/cphp/index.htm
- Regulations related to Infectious Disease http://www.kdheks.gov/epi/regulations.htm
- School Services http://www.kdheks.gov/c-f/school.html
- What Does Pubic Health Look Like http://www.kdheks.gov/olrh/download/what_does_public_health_look_like.pdf
- WIC http://www.kansaswic.org/
- WSU Community Engagement Institute http://communityengagementinstitute.org/

Module 4: Financial Management

In this module:

- Fiscal Management in Local Government
- Budgets and Expenditure Reporting
- Working with Grants
- Business Process
- Billing
- Uniform Chart of Accounts (UCoA)
- Questions I Should Ask
- Key Resources

Public health provides services not fulfilled by private markets. While fulfilling a mission to assure the health of the public, LHDs are expected to be good stewards of public investments. Most LHDs in Kansas are funded through a complex combination of local tax dollars, state general fund dollars, federal grants that pass through the state to local health departments, federal grants that LHDs have applied for on their own, private foundation grants, and user fees. The system for funding LHDs in Kansas has evolved over time. Managing and understanding the budget and budget process is a critical role for the local health department director.

Fiscal Management in Local Government

County governments rely on property taxes to support their functions and services. Some counties in Kansas have a portion of their property taxes marked specifically for funding Public Health. Other counties have funding support from the county's General Fund, which can receive money from a number of different sources. It is important that departments understand the source of their specific funding in order to understand the effects and impact of local political issues.

There are many avenues of funding for health departments and they vary from one county to the next. Some counties get a significant portion of their funding by billing for services (through private and public insurance programs) while others bill for little to no services. Grants also play a big part for health departments and how your counties handle those funds also varies. Health Department directors should spend time with the County Treasurer, finance officer or others who can help dissect their current funding base.

Budgets and Expenditure Reporting

A budget is your jurisdiction's plan for how it will spend money. In local government, budgets are legally binding. Much like funding sources, the manner in which a county creates and utilizes budgets will vary. The budget cycle gives health departments an opportunity to educate policy makers on the role and impact public health has on the community. Many times if a department wants to accomplish something, they need to tell the story through the budget.

When planning, it is important to understand how your county operates in terms of capital projects. If there is something that will take significant funds, those costs can be budgeted into cash reserves for the department. Some counties do not allow departments to have a cash reserve. Work with administration to determine options.

Working with Grants

Local Health Departments frequently seek grants to support their work. These grants frequently come from KDHE, the major health philanthropies in Kansas, the CDC, or others. Each of these grants will require both project reports and financial updates outlined in the application and grant contract. Pay close attention to these deadlines and requirements as they vary from contract to contract.

Business Process

Health Departments are a hybrid system between government and business. While LHDs are clearly government entities, they have opportunities similar to medical practices. Departments will have contracts set up with insurance providers to allow in-network billing. Your agency will have opportunities to recoup expenses from clients and insurance providers and can be part of the Kansas Health Information Network (KHIN), sharing information to community partners to aid in providing effective care.

Contracts and Credentialing

Contracting is the process of setting up agreements with an insurance company to become in-network with them. These contracts will also establish reimbursement rates, services covered, the time frame payments will be received, and other information. Departments will need a separate contract for every insurance company that will be billed. While contracts with Insurance Providers are important to maximizing reimbursements, health departments can still bill insurance as an out-of-network provider though reimbursements are minimal and not guaranteed.

Credentialing is the process for insurance companies to validate a health clinic for liability purposes. Each insurance companies will have its own requirements. Local health departments must go through the credentialing process with each private insurance company before that company will contract with a department.

Billing

There are a number of ways to define the medical billing process; however, there are nine generally accepted steps. Each step plays a vital role in discovering and recouping maximum reimbursements for a department. These steps should be documented and measured to ensure staff are being efficient with their practices. These steps include:

1. *Insurance verification* – Departments should be verifying insurance prior to appointments or consultation. Most insurance can be checked in a matter of seconds on various websites.
2. *Patient demographic entry* – Developing a quick method for capturing and verifying correct demographic information is important as insurance claims can and will be rejected for minor errors such as an incorrect birthday.
3. *Patient encounter information* (includes medical coding) – Ensuring staff are using the correct medical codes is a difficult task. Procedure and diagnosis codes change regularly, as do what codes are allowed to be billed for.
4. *Charge entry* – Fee structures should be reviewed regularly to ensure adequate charges for services. Departments should develop a system to quickly apply charges to encounters to assist in collecting any payments up front that are needed.
5. *Claim submission* - Staff should review all claims prior to submitting them to insurance companies for reimbursement. Claims can be submitted in a variety of ways. Departments should utilize systems that require little to no double entry of information.

6. *Payment entry* – Collecting cash, checks, and debit/credit card payments all carry a level of responsibility that will dictate its own processes. Departments must ensure an accurate accounting system to track received payments.
7. *Denial management* – Insurance claims can be denied for a multitude of reasons. It is important to track and follow-up on denied claims. In some cases, staff make mistakes, in others the mistake rests with the insurance company. If the mistake is on the side of the staff, there should be a follow-up process to ensure costly mistakes do not continue to occur.
8. *Accounts Receivable follow-up* – Following up with clients on account balances is vital to ensure payments are received. Not only do clients need to quickly learn how much they owe, but also for what. Client bills and statements should be easy to understand and sent out as soon as possible. Departments should have a policy of dealing with aging receivables.
9. *Reporting* – Most billing system can generate reports to monitor and measure reimbursements and efficiency of staff. Successful departments will make an expectation to receive regular updates on various financial metrics.

Kansas Local Health Department Clinical Services Coding Resource Guide

This document provides recommended policy and procedural guidance on how to bill third party payers for public health programs and services. Use: to assist state, district and county public health staff in understanding the insurance coding and billing process.

Uniform Chart of Accounts (UCoA)

Communicating how public health is funded to policymakers and the public can be challenging especially since all county budgets are slightly different. The Kansas Association of Counties has attempted on various occasions to passively collect data and compare funding across Kansas but interpreting the data is difficult. The Public Health Activities and Services Tracking project (PHAST) is a national system that relies upon individual health departments to voluntarily upload their financial data into predefined categories. The result is the ability to compare funding and financial performance against peer departments. The goal of this project is to align a uniformed chart of accounts for all health departments across the country. More information can be found here.

Questions I should ask

What are the sources and structure of my department's revenue streams?
What is the budget cycle?
Who are the important stakeholders?
How are budget expenditures tracked and reported?
What is our written billing policy?
What insurance companies do we have contracts with?
What systems do we use for billing?

Key Resources

- A Public Official's Guide to Financial Literacy http://www.governing.com/papers/A-Public-Official-s-Guide-to-Financial-Literacy.html
- Federal Poverty Guidelines https://www.medicaid.gov/medicaid/program-information/medicaid-and-chip-eligibility-levels/index.html

- Kansas Local Health Billing Resource - https://www.kalhd.org/wp-content/uploads/2020/11/KS-Billing-Resource-Guide-November-2020.pdf
- Medicaid https://www.medicaid.gov/medicaid/eligibility/index.html
- NACCHO Video on the Federal Budget Process https://www.youtube.com/watch?v=Okzq68Qg8L0
- PHAST Uniform Chart of Accounts https://phastdata.org/research/chart-of-accounts
- Public Health Finance provides content to advance the application of finance and management concepts to the practice of public health. Although the field of public health is highly diverse, it can be roughly characterized as a blend of public and private activities dedicated to improving the nation's health. To accomplish the ever-expanding number of mission-related tasks in an era of fiscal scarcity, public health managers must not only seek new revenue sources but also utilize the limited amount of financial resources available as efficiently as possible. These tasks require financial literacy within the public health workforce.
- A set of six *Public Health Finance Tutorials* that cover finance knowledge and skills vital to public health managers. These tutorials are self-contained and can be used either as the basis for professional development programs or to supplement academic healthcare finance courses.
    1. Financing Public Health Services
    2. Estimating Costs and Margins
    3. Financial Planning and Budgeting
    4. Financial Evaluation of New Program Initiatives
    5. Financial Reporting
    6. Assessing Financial Performance

Module 5: Local Health Department Governance and Policy

In this module:

- Local Health Department Governance and Policy
- Role of the Health Officer
- Legislative Process/Policy at the State Level
- Statutes and Ordinances Related to Public Health
- Public Records and Meetings
- Questions I Should Ask
- Key Resources

Governmental responsibilities for public health extend beyond voluntary activities and services to include additional authorities such as quarantine, mandatory immunizations laws, and regulatory authorities. The governing entity is the point of accountability for the health department. The governing entity is accountable for the health department achieving its mission, goals, and objectives to protect and preserve the health of the population within its jurisdiction. This module addresses the health department's role in relationship to the governing entity and the overall legal authority, obligations, and responsibilities, on the governing entity's supporting role.

Kansas' local health departments have authority and independence in making health and safety decisions that typically originate from a specific Kansas statute or regulation. KS-Train provides a short instructional module that explains the various powers that local health departments, cities, the governor, and other entities have to protect and promote the health of residents. Check out KS Train course – KDHE: Local Public Health Authority in Kansas – course number 1091336.

Local Health Department Governance and Policy

One excellent resource for better understanding the statutes that govern local public health in Kansas is "10 Things Public Health Professionals Should Know About Kansas Public Health Statutes"
Kansas State Statutes outline the responsibilities of the commissioners in K.S.A. 65-201.

Strategies for Educating County Commissioners

Engaging local elected officials in public health is an ongoing process that involves making connections among various issues within local government. In Kansas, the county commissioners act as county boards of health for their respective counties. Helping local government officials understand public health and Kansas' system will continue to foster collaboration and support for public health issues.

Key Messages for Commissioners

- Basic information about the work of the local public health department
- Clarification of roles in specific situations (i.e. preparedness events) among county public health, community health boards, boards of health and other local government officials
- Clear and concise messages about the value of public health
- Information on public health governance responsibilities and the need for a solid infrastructure
- Information on how public health works with other local government agencies
- Information that reinforces and builds on the public health governance
- Information about key public health events/issues

- Increase information on the public health role in disease prevention and health promotion
- Budget/funding sources for public health

Possible Communication Methods

- Face to face meetings so they get to know staff and build relationships with and credibility
- Invite commissioners to visit the local public health department
- Ensure new commissioners have a copy of your agency's community health assessment, community health improvement plan, annual report and/or strategic plan
- Annual budget presentations are an opportunity to highlight the work of various programs
- Develop a list of "Frequently Asked Questions" from citizens and commissioners
- Develop a timeline or calendar of important public health events
- Present agency annual reports to the commissioners
- Encourage frequent inclusion of public health issues on county board agendas
- Involve commissioners in public health program or issues discussions and decisions (work with the county board to solve problems)
- Conduct "get to know your public health agency" tours, presentations or open houses
- Develop and deliver public health quality reports (present the "results" of public health programs, policy decisions, and public health goals to the county board)

Local Policy Change

Every community's health can be influenced by public health policies. It is the role of local public health leaders to develop policies and policy recommendations to maintain and protect the public health.

Key Messages for Policy Change

- Governance responsibilities (e.g., crises and policy change will require a thorough understanding of public health statutory requirements)
- Changing policies, practices, and scope of public health
- Understanding of the local jurisdictions, staff roles, agency roles, and available resources
- If in response to a crisis, public health aspects of disaster and emergency preparedness materials (e.g., are they ready for a crisis, how would they handle a certain situation, if involved in a previous disaster/crisis, ask what worked, what did not)

Possible Communication Methods

- Use policy changes as leadership opportunities for commissioners (e.g., commissioner as spokesperson for an event)
- Use public health events taking place in other parts of the state or the nation as teachable moments (e.g., ask, "How would we deal with that here?")
- Localize statewide press releases (how does this affect my community, my commissioners?)
- Conduct strategic planning exercises to prepare for policy change
- Develop relationships or informal ties with county commissioners, to prepare for political/funding changes

Crisis Event

Times of crisis or policy change have been identified as "teachable moments," when public health will potentially be most visible and valued—and often when commissioners need additional information on public health.

Examples of changes or emergencies might include funding changes or budget decisions, policy or program changes that may be seen as controversial by the community, disease outbreaks (Ebola or Measles), and/or disasters and emergencies (natural or technological).

Role of the Health Officer

Duties and powers of local health officers are outlined in K.S.A. 65-119 and K.S.A. 65-202.

Legislative Process/Policy at the State Level

Politics of Public Health

The Public Health Law Program is part of the Office for State, Tribal, Local and Territorial Support (OSTLTS). Public health law examines the authority of the government at various jurisdictional levels to improve the health of the general population within societal limits and norms.

The Network for Public Health Law provides insightful legal assistance, helpful resources and opportunities to build connections for local, tribal, state and federal officials; public health practitioners; attorneys; policy-makers; and advocates.

The most common method of communicating with your legislators is sending a letter or an email, which remains a very important way to get your message across. A few advocates, however, may find themselves in the position of meeting with legislators or their staff. Here are some tips to help you make the most of your time.

Kansas Legislative Process

The Kansas Legislature consists of a 125-member House of Representatives and a 40-member Senate. Representatives are elected for a two-year term and Senators are elected for a four-year term. The Legislature convenes on the second Monday in January for an annual session and generally adjourns in early May. During the interim period, joint and special committees meet to discuss issues assigned to them by Legislative leadership or by statute. The Legislature is supported by five non-partisan staff agencies: Kansas Legislative Research Department, Revisor of Statutes, Legislative Administrative Services, Office of Information Services and, Legislative Division of Post Audit. In addition, the offices of the Chief Clerk of the House and the Secretary of the Senate are responsible for the operations of the respective chambers under the direction of elected leadership.

KALHD assists local health departments with testimony about matters that will affect LHDs or population health. KALHD provides access to resources to stay informed about policy changes during legislative session each year. How a bill becomes a law in Kansas

Public Health Policy

The Kansas Public Health Association (KPHA) is a professional association for Kansas' public health practitioners, professionals, and advocates. As a voice for public health, KPHA provides a forum for individuals and organizations to work collectively to assure conditions in which Kansan's lives will be healthy.

The Kansas Association of Counties is a quasi-public agency, which seeks to advance the public interest by promoting effective, responsive county government in Kansas. Founded in 1975, as an instrumentality of its member counties, the Association serves county governments through:

- Legislative representation

- Technical assistance
- Leadership
- Professional education

The Legislative Program serves to identify and communicate public policy priorities at the state and federal levels of government for member counties of the Kansas Association of Counties. Through a highly participative process open to all members, the association annually develops, and formally adopts an official Legislative Policy Statement that represents the common legislative goals of member counties.

Researchers from the Kansas Health Institute regularly provide testimony and other information to legislators.

KDHE provides a list of testimony and reports.

Public Employees and Lobbying

Kansas law recognizes that the right of organized as well as unorganized interests to influence governmental policy is an integral part of the American and Kansas political process. Such efforts are based on the constitutional guarantees of freedom of speech and association and the right to participate in one's government. The thrust of existing legislation is not to hinder such activity but rather to ensure that it is carried out in view of the public.

Kansas law prohibits any state employees of the executive branch and members of boards, commissions, or authorities of the executive branch from accepting or requesting meals, gifts, entertainment, and travel with a few exceptions (K.S.A.46-237a).

Public Officers and Lobbying

The Governmental Ethics Commission is the enforcement agency for the state level conflict of interest laws and the Campaign Finance Act. The Commission's jurisdiction under the local level conflict laws is advisory only. Violations of the local level conflict laws are handled by the appropriate County or District Attorney or the Attorney General's office by criminal complaint.

Local Conflict of Interest Statutes

Statutes and Ordinances Related to Public Health

The Kansas State Statutes outline the shared public health responsibilities of the state and local governments in Kansas in Chapter 65: Statute 65-101.

Regulations Related to Infectious Disease

Health Insurance Portability and Accountability Act (HIPAA)

The Office for Civil Rights enforces the HIPAA Privacy Rule, which protects the privacy of individually identifiable health information; the HIPAA Security Rule, which sets national standards for the security of electronic protected health information; the HIPAA Breach Notification Rule, which requires covered entities and business associates to provide notification following a breach of unsecured protected health information; and the confidentiality provisions of the Patient Safety Rule, which protect identifiable information being used to analyze patient safety events and improve patient safety.

Records Retention

Kansas State Records Board approved retention schedules establish the retention and disposition requirements for records generated by Kansas state and local government, including financial records. Compliance with these retention schedules is **mandatory** for state agencies and county governments, although not for other local government such as cities or townships. The General Schedule includes records common to all agencies, while the agency-specific schedule is a customized schedule addressing a single agency or office's records.

The legislature declares that state and local government records with enduring value should be stored in conditions, which are not adverse to their permanent preservation and should be properly arranged so that appropriate public access to such records is possible. Disposition of noncurrent records which do not merit preservation will promote economy and efficiency in the day-to-day activities of government. Cooperation among agencies at all levels of government is necessary in order to achieve proper preservation of records with enduring value. Statute 45-401.

Public Health Nuisances

The Secretary of Health and Environment or the county or joint boards of health have the authority to investigate nuisances that may be injurious to the public health. The Secretary of Health and Environment or the county or joint boards of health has the authority to order the owner or occupant of a property at his or her own expense to remove the nuisance within twenty-four (24) hours, or within such reasonable time thereafter as such secretary or such county or joint board may determine. If the owner or occupant fails to comply, they can be fined not less than ten dollars ($10) nor more than one hundred dollars ($100), for each day the nuisance is not removed. Statute 65-159.

School Inspections

K.S.A. 65-202 requires that the local health officer of each county "shall upon the opening of the fall term of school, make or have made a sanitary inspection of each school building and grounds, and shall make or have made such additional inspections thereof as are necessary to protect the public health of the students of the school." The duty of the local health officer to conduct a sanitary inspection of each school building is a clear mandate. It requires a sanitary inspection and such additional inspections of the building and grounds to protect the public health of students. K.S.A. 65-202 does not indicate what constitutes a sanitary inspection. Therefore, each local health officer has discretion to determine what specific sanitary issues the local health officer should look for during this inspection. Click here to learn more for KDHE.

Immunizations

K.A.R. 28-1-20 defines immunizations required for any individual who attends school or early childhood programs operated by a school. http://www.kdheks.gov/immunize/download/KS_Imm_Regs_for_School_and_Childcare.pdf
http://www.kdheks.gov/immunize/download/2018_2019_School_Requirement_K-12.pdf

Clean Indoor Air Act

- http://kslegislature.org/li_2012/b2011_12/statute/021_000_0000_chapter/021_061_0000_article/021_061_0009_section/021_061_0009_k/
- http://www.kdheks.gov/tobacco/download/kansas_state_statutes.pdf

Nurse Practice Act

- https://ksbn.kansas.gov/npa/

- http://www.kdheks.gov/olrh/download/PHNResourceGuidebook.pdf

Job Safety

- https://www.osha.gov/
- http://www.dol.ks.gov/Safety/Default.aspx

Public Records and Meetings

Under Kansas law, citizens have the right to access public records and observe many meetings where decisions are made that affect our state. The Kansas Open Records Act (KORA) and the Kansas Open Meetings Act (KOMA) dictate what meetings and records are open to the public. The Kansas Open Meeting Act (KOMA) applies to state and local public agencies (those related to the government). It does not apply to private entities. The KOMA also applies to any subordinate group formed by such public agencies (e.g. committees, sub-committees etc.). This means that KOMA applies to state boards, commissions, committees, city councils, county boards of commissioners, township boards, rural water district boards, public library boards, etc. and most groups formed by such entities in order to assist them with public business. The KOMA does not apply to private persons or meetings of private groups such as homeowners' associations, church groups, private clubs, private businesses, political party caucuses, etc. For resources and frequently asked questions, regarding KOMA and KORA visit the Attorney General website.

Questions I should ask

What does it mean to be a "public employee"?
What are the rules related to communication, like email and KORA?
Who is our KORA officer?
Does our county have a legislative platform? Lobbyist?
Historically, how often has the local public health leader presented to the commissioners?

Key Resources

- Communicable Disease Reporting http://www.kdheks.gov/epi/disease_reporting.html
- Ethics https://ethics.kansas.gov/
- HIPAA
  http://www.hhs.gov/ocr/privacy/
  https://www.cms.gov/Regulations-and-Guidance/Administrative-Simplification/HIPAA-ACA/
- https://www.dol.ks.gov/WC/home
- How a Bill Becomes a Law (Kansas) http://kslegislature.org/li/m/pdf/how_bill_law.pdf
- Kansas Association of Counties
  https://www.kansascounties.org/
  https://www.kansascounties.org/services/legislative
- Kansas Association of Local Health Departments
  http://kalhd.org/wp-content/uploads/2015/06/Top10PHStatutes.pdf
  http://kalhd.org/wp-content/uploads/2015/06/PHLegalDuties.pdf
- Kansas Legislature http://www.kslegislature.org/li/
- Kansas Open Government http://ag.ks.gov/legal-services/open-govt
- Kansas Public Health Association
  http://www.kpha.us/

- Kansas Statutes for Public Health
  http://www.kslegislature.org/li_2012/b2011_12/statute/065_000_0000_chapter/
- Legislative Testimony Resources
  http://www.khi.org/news/legislature/KHI-legislative-testimony/
  http://www.kdheks.gov/testimony/
- Lobbying https://ethics.kansas.gov/
- Local Level Conflict of Interest https://ethics.kansas.gov/local-level-conflict-of-interest/
- Network for Public Health Law https://www.networkforphl.org/
- Public Health Law Program http://www.cdc.gov/phlp/
- Public Health Nuisance
  http://kslegislature.org/li/b2015_16/statute/045_000_0000_chapter/045_004_0000_article/045_004_0001_section/045_004_0001_k/
  http://kalhd.org/wp-content/uploads/2015/06/Top10PHStatutes.pdf
  http://kslegislature.org/li_2012/b2011_12/statute/021_000_0000_chapter/021_062_0000_article/021_062_0004_section/021_062_0004_k/
- School Inspections https://www.kdheks.gov/olrh/school_inspections.htm
- Records Retention
  http://www.kshs.org/p/records-retention-and-disposition-schedules/11368
  http://www.kshs.org/p/state-records-retention-and-disposition-schedules/11366
- http://kslegislature.org/li/b2015_16/statute/045_000_0000_chapter/045_004_0000_article/045_004_0001_section/045_004_0001_k/
- Tips for Working With Policy Makers https://www.naccho.org/uploads/downloadable-resources/2019-gov-advocacy-toolkit.pdf

Module 6: Public Health Accreditation

In this module:

- Background and Goal
- Community Health Assessment
- Community Health Improvement Plan
- Strategic Plan
- Workforce Development
- Performance Management
- Quality Improvement
- Emergency Operations Plan
- Organizational Branding Strategy
- Questions I Should Ask
- Key Resources

Accreditation using the Public Health Accreditation Board (PHAB) standards and measures can help a health department achieve performance excellence. The standards and measures are the framework for evaluating a health department's processes and services, their outcomes, and progress toward specific goals and objectives. Even if your agency never chooses to pursue national voluntary accreditation, knowing the standards and expectations of a local health department can provide a framework for leading your agency.

Background and Goal

The mission of Public Health Accreditation Board (PHAB) is to improve and protect the health of the public by advancing and ultimately transforming the quality and performance of the nation's state, Tribal, local, and territorial public health departments.

"Improving the health of a community can't be done by any one entity. PHAB's national accreditation program fosters health departments' commitment to quality improvement, performance management, accountability, transparency, and the capacity to deliver the Ten Essential Public Health Services. Committed to achieving the highest standards of public health practice, nationally accredited health departments demonstrate a consistent and continued commitment to strengthening their community partnerships, which in turn enables them to better serve their communities."

Accreditation provides a means for a public health department to identify performance improvement opportunities, enhance management, develop leadership, and strengthen relationships with members of the community. Engaging in the accreditation process will challenge the health department to think about its roles and responsibilities and how it fulfills them. It will encourage and stimulate quality and performance improvement in the health department.

Documented benefits of PHAB accreditation to public health departments are:

- Better identify strengths and weaknesses of the health department;
- Document capacity of the health department to deliver the core functions and ten Essential Public Health Services;
- Stimulate transparency;
- Improve management processes used by the health department;

- Stimulate quality improvement and performance management;
- Improve accountability to community, stakeholders, and policy makers;
- Improve communication with the governing entity/board of health; and
- Improve competitiveness for funding.

Data from 28 health departments accredited for one year (NORC at the University of Chicago)

As of November 13, 2020, a total of 36 state, 264 local, 4 Tribal, 1 statewide integrated local public health department system (Florida), and 2 Army Installation Departments of Public Health have achieved five-year initial accreditation or reaccreditation through the Public Health Accreditation Board, bringing the benefits of PHAB accreditation to 82 percent of the U.S. population. Locally, these include the Kansas Department of Health and Environment, Johnson County Department of Health and Environment, Sedgwick County Health Department, the Lawrence Douglas County Health Department, Riley County Health Department, Unified Government Public Health Department and USA MEDDAC Fort Riley Department of Public Health (Fort Riley).

In order to apply for accreditation, health departments must complete all three of the following Prerequisites: 1) Community Health Assessment, 2) Community Health Improvement Plan, and 3) Strategic Plan. Additionally, the following five prerequisites must be completed or near completion: 1) Workforce Development Plan, 2) Emergency Operations Plan, 3) Organization Branding Strategy, 4) Quality Improvement Plan, 5) Performance Management System.

Community Health Assessment (CHA) – Prerequisite

A Community Health Assessment is a systematic examination of the health status indicators for a given population that is used to identify key problems and assets in a community. The goal of a community health assessment is to develop strategies to address the community's health needs and identified issues. A variety of tools and processes may be used to conduct a community health assessment; the essential ingredients are community engagement and collaborative participation. (Turnock, B. *Public Health: What It Is and How It Works.* Jones and Bartlett, 2009). This assessment can be used to fulfill many of the accreditation standards, but it is required for standard 1.1.

Community Health Assessments (CHAs) provide information for problem and asset identification and policy formulation, implementation, and evaluation. CHAs also help measure how well a public health system is fulfilling its assurance function.

The National Association of County and City Health Officials (NACCHO) has a number of tools to support LHDs develop their CHA. Mobilizing for Action through Planning and Partnerships (MAPP) is a community-driven strategic planning process for improving community health. Facilitated by public health leaders, this framework helps communities apply strategic thinking to prioritize public health issues and identify resources to address them. MAPP is not an agency-focused assessment process; rather, it is an interactive process that can improve the efficiency, effectiveness, and ultimately the performance of local public health systems.

More resources for Community Health Assessment development can be found in the key resources section.

Check out the Kansas Public Health Collaborative interactive map to see which counties have completed CHA.

Community Health Improvement Plan (CHIP) - Prerequisite

This plan is used by health and other governmental education and human service agencies, in collaboration with community partners, to set priorities and coordinate and target resources. A community health improvement

plan is critical for developing policies and defining actions to target efforts that promote health. It should define the vision for the health of the community through a collaborative process and should address the gamut of strengths, weaknesses, challenges, and opportunities that exist in the community to improve the health status of that community (Adapted from: United States Department of Health and Human Services, *Healthy People 2010.* Washington, DC). This plan can be used to fulfill many of the accreditation standards, but it is required for standard 5.2.

In Kansas, rural public health departments face significant challenges when pursuing national accreditation, particularly related to community health assessment and community health improvement planning. It was found that rural regions need additional funding and training, as well as external technical assistance to perform a CHA-CHIP. There are a number of organizations in Kansas with expertise to assist LHDs with completion of the CHA or CHIP.

Strategic Plan – Prerequisite

A strategic plan results from a deliberate decision-making process and defines where an organization is going. The plan sets the direction for the organization and, through a common understanding of the mission, vision, goals, and objectives, provides a template for all employees and stakeholders to make decisions that move the organization forward. (Swayne, Duncan, and Ginter. *Strategic Management of Health Care Organizations.* Jossey Bass. New Jersey. 2008). This plan can be used to fulfill many of the accreditation standards but is specifically required for standard 5.3.

PHAB defines strategic planning as "a disciplined process aimed at producing fundamental decisions and actions that will shape and guide what an organization is, what it does, and why it does what it does. The process of assessing a changing environment to create a vision of the future; determining how the organization fits into the anticipated environment, based on its mission, strengths, and weaknesses; then setting in motion a plan of action to position the organization," with the strategic plan focusing on a range of agency level organizational goals, strategies and objectives, including new initiatives.

Workforce Development Plan

A public health workforce development plan sets forth objectives and strategies that are aimed at training or educational programs to bring public health employees up to the date on the skills necessary to do their jobs better or to train the next generation of public health workers and leaders (Rowitz, L. *Public Health Leadership, 3rd Ed.* Jones and Bartlett, 2014). This plan can be used to fulfill many of the accreditation standards but is used heavily in Domain 8.

KDHE, KALHD and NACCHO all offer resources to support a competent workforce in local health departments (LHDs).. KALHD is the lead agency for a grant that supports public health workforce development. NACCHO offers a variety of workshops and trainings, supports and promotes leadership development and core competency efforts, and engages in national policy discussions to address pressing public health workforce issues.

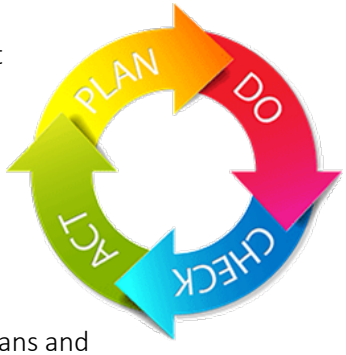
More resources for workforce development can be found in the key resources section.

Performance Management Plan

A fully functioning performance management system that is completely integrated into health department daily practice at all levels includes: 1) setting organizational objectives across all levels of the department, 2) identifying

indicators to measure progress toward achieving objectives on a regular basis, 3) identifying responsibility for monitoring progress and reporting, and 4) identifying areas where achieving objectives requires focused quality improvement processes. (Public Health Accreditation Board. *Standards and Measures Version 1.0.* Alexandria, VA, May 2011). This plan can be used to fulfill many of the accreditation standards but is required in standard 9.1 and used in 11.1. More resources for performance management can be found in the key resources section.

Quality Improvement Plan



Quality improvement in public health is the use of a deliberate and defined improvement process, such as Plan-Do-Check-Act, which is focused on activities that are responsive to community needs and improving population health. It refers to a continuous and ongoing effort to achieve measurable improvements in the efficiency, effectiveness, performance, accountability, outcomes, and other indicators of quality in services or processes which achieve equity and improve the health of the community. (Riley, Moran, Corso, Beitsch, Bialek, and Cofsky)

There are many resources in Kansas and nationally to support LHDs as they develop QI plans and projects. One resource you might consider is the January/February 2010 issue of the *Journal of Public Health Management and Practice* titled "Defining Quality Improvement in Public Health." The QI plan can be used to meet many accreditation standards but is used heavily in Domain 9. More resources for quality improvement can be found in the key resources section.

Emergency Operations Plan

The All Hazards Emergency Operations Plan (EOP) describes who will do what, and when, with what resources, and by what authority – before, during, and immediately after an emergency. Protocols for a health department to determine that they need to implement their EOP are necessary to ensure that the plan is put into action when needed and that it is not put into action with it is not needed. (Public Health Accreditation Board. *Standards and Measures Version 1.5.* Alexandria, VA, December 2013).

Organizational Branding Strategy

Branding is a standard business practice to raise the visibility, perceived value, and reputation of an organization. Branding communicates what the health department stands for and what it provides that is unique and differentiated from other agencies and organization. Branding can help to position the health department as a valued, effective, trusted leader in the community. (Public Health Accreditation Board. *Standards and Measures Version 1.5.* Alexandria, VA, December 2013).

NAACHO offers a guide: Branding Your Local Health Department: *The Process that* is a valuable resource for starting the branding process.

Questions I should ask

Does my agency have a CHA, CHIP and/or Strategic Plan?
Does my agency have a completed or near completed, WDP, EOP, Branding Strategy, and QI Plan?
Does my agency have a performance management plan, workforce development plan and/or a quality improvement plan?
Who was involved in the development of those documents?

How recently were they completed?
Who is responsible for managing the plans?
What work has my organization done to move toward accreditation?

Key Resources

Public Health Accreditation Board (PHAB)

- http://www.phaboard.org/
- http://www.phaboard.org/wp-content/uploads/Guide-to-Accreditation-final_LR2.pdf
- http://www.phaboard.org/wp-content/uploads/SM-Version-1.5-Board-adopted-FINAL-01-24-2014.docx.pdf
- https://www.phaboard.org/seven-steps-of-accreditation/

The Community Guide

- https://www.thecommunityguide.org/crosswalk

National Association of County and City Health Officials (NACCHO)

- https://www.naccho.org/programs/public-health-infrastructure/performance-improvement/community-health-assessment
- https://www.naccho.org/programs/public-health-infrastructure/performance-improvement/accreditation-preparation

Community Health Assessment

- Association for Community Health Improvement (ACHI) Community Health Assessment Toolkit http://www.healthycommunities.org/Resources/toolkit.shtml#.XIvkw-RvTIU
- Centers for Disease Control http://www.cdc.gov/stltpublichealth/cha/plan.html
- Change Tool http://www.cdc.gov/nccdphp/dch/programs/healthycommunitiesprogram/tools/change.htm
- Community Tool Box http://ctb.ku.edu/en/table-of-contents/overview/models-for-community-health-and-development/mapp/main
- Mobilizing for Action through Planning and Partnerships (MAPP) https://www.naccho.org/programs/public-health-infrastructure/performance-improvement/community-health-assessment/mapp
- NACCHO https://www.naccho.org/programs/public-health-infrastructure/performance-improvement/community-health-assessment
- Robert Wood Johnson Foundation http://www.rwjf.org/en/research-publications/find-rwjf-research/2014/01/overview-of-the-public-health-accreditation-board/voices-across-kansas.html

Strategic Planning

- PHAB http://www.phaboard.org/wp-content/uploads/PrerequisitesJuly-2012.pdf https://phaboard.org/how-to-get-started/
- Public Health Foundation (PHF) http://www.phf.org/consulting/Pages/Strategic_Planning_Technical_Assistance_and_Training.aspx

Workforce Development

- NACCHO http://naccho.org/programs/public-health-infrastructure/workforce-development

- PHF
  http://www.phf.org/resourcestools/Pages/Core_Public_Health_Competencies.aspx
  http://www.phf.org/focusareas/workforcedevelopment/pages/default.aspx

Performance Management

- PHF
  http://www.phf.org/focusareas/performancemanagement/toolkit/Pages/Performance_Management_Toolkit.aspx

Quality Improvement

- CDC http://www.cdc.gov/stltpublichealth/performance/resources.html
- Institute for Healthcare Improvement http://www.ihi.org/resources/Pages/HowtoImprove/default.aspx
- Michigan Public Health Institute https://www.mphiaccredandqi.org/wp-content/uploads/2013/12/2012_02_28_Guidebook_web_v2.pdf
- NACCHO
  http://qiroadmap.org/
  http://toolbox.naccho.org/pages/index.html
- National Network of Public Health Institutes (NNPHI)
  http://www.phf.org/consulting/Pages/Strategic_Planning_Technical_Assistance_and_Training.aspx
- PHF
  http://www.phf.org/focusareas/PMQI/Pages/default.aspx
  http://www.phf.org/quickguide/Content1Panel.aspx
- Resources for Public Health Quality Improvement
  http://www.ihi.org/resources/Pages/Tools/ResourcesforPublicHealth.aspx

Kansas TRAIN Courses

- Operationalizing QI in Public Health, 90 minutes *Course ID 1029921*
- Your Local Health Department: Introduction to QI, 30 minutes *Course ID 1034871*
- Quality Improvement Quick Guide Tutorial, 40 minutes *Course ID 1030628*

Books

- PHF Public Health QI Handbook http://www.phf.org/resourcestools/Pages/PublicHealthQIHandbook.aspx
- PHF Public Health QI Encyclopedia
  http://www.phf.org/resourcestools/Pages/Public_Health_Quality_Improvement_Encyclopedia.aspx

National Network of Public Health Institutes (NPHI)

- http://nnphi.org/program-areas/accreditation-and-performance-improvement

Module 7: Public Health Data

In this module:

- Reportable Disease
- KDHE Public Health Informatics
- Kansas Information for Communities
- Behavioral Risk Factor Surveillance System
- County Health Rankings
- Healthy Kansans 2020
- Scorecard
- Kansas Rural Health Works Economic Impact Reports
- Kansas Health Matters
- Evidence Based Practice Resources
- Questions I Should Ask
- Key Resources

Data collection is defined as "the ongoing systematic collection, analysis, and interpretation of health data necessary for designing, implementing, and evaluating public health prevention programs" by the World Health Organization (WHO). Data collection is critical for public health programs. It can be used for grant writing, public health surveillance, tracking health objectives, development and evaluation of public health programs and much more. Below are a few data resources that are beneficial to use.

Reportable Disease

The Surveillance Guidelines of Reportable Diseases in Kansas have been developed to assist communicable disease investigators and regional coordinators with public health surveillance activities at the local and regional levels. The "Surveillance Guidelines" are meant to enhance current processes, to improve the use of the Kansas Electronic Disease Surveillance System (KS-EDSS), and to strengthen public health response efforts throughout the state.

For statutes, reportable disease forms and notifiable diseases see the Public Health Programs module of this handbook. See Disease Investigation Guidelines

KDHE Public Health Informatics

Public Health Informatics collects, maintains, and analyzes a wide spectrum of information and data in order to provide reliable statistics to program managers, policy makers, health departments, and the public. These data represent the basis for agency programs to improve birth outcomes, decrease infant mortality, identify mortality trends, decrease the spread of infectious diseases, and support community health assessment.

Kansas Information for Communities

Kansas Information for Communities (KIC), is a health information portal with health data you can query and links to many other data reports and information. KIC enables you to query vital event and other health care data. The tables created will answer many health questions. KIC modules allow you to specify the fields to be included and how to tabulate the information: by year of occurrence, age, race, Hispanic ethnicity, sex, or county.

Behavioral Risk Factor Surveillance System (BRFSS)

The Behavioral Risk Factor Surveillance System (BRFSS), which is coordinated and partially funded by the Centers for Disease Control and Prevention, is the largest continuously conducted telephone survey in the world. It is conducted in every state, the District of Columbia, and several United States territories. The first BRFSS survey in Kansas was conducted as a point-in-time survey in 1990, and Kansas (KDHE) has conducted the BRFSS survey annually since 1992.

County Health Rankings

The Rankings are based on a model of population health that emphasizes the many factors that, if improved, can help make communities healthier places to live, learn, work and play. The County Health Rankings show how we're doing and where we can improve on health. The rankings are compiled nationally by the University of Wisconsin Population Health Institute, with funding from the Robert Wood Johnson Foundation. The Kansas Health Institute creates individualized data sheets for each Kansas county.

Healthy Kansans 2020

Healthy Kansans 2020 is a collaborative, strategic planning effort aimed at identifying and adopting health priorities that will improve the health of all Kansans. Healthy Kansans 2020 builds on the comprehensive, nationwide health promotion and disease prevention agenda, Healthy People 2020, to establish state-specific measures and initiatives.
KDHE and statewide partners are working on the framework for Healthy Kansans 2030. Contact KHDE local public health program staff.

Scorecard

Scorecard is maintained by the Environmental Defense Fund. It allows one to search by zip code and provides information by county on what chemicals are being released into the neighborhood environment by manufacturing plants, which of these chemicals are potentially the most harmful, and what companies are responsible. The site also provides maps of locations of pollution sources.

Kansas Rural Health Works Economic Impact Reports

The Importance of the Health Care Sector to the Economy is a series of reports that presents estimates of the economic impact and the economic potential of the health care sector on the local economy. Kansas Rural Health Works created a report for each Kansas County.

Kansas Health Matters

The Kansas Health Matters website is intended to help hospitals, health departments, community members and policy makers learn about the health of the community and ways to help improve it. It provides local health data, resources, promising best practices, news articles and information about community events related to important health issues. The site specifically aims at supporting the development of community health assessments and community health improvement plans by hospitals and local health departments, but its content also is relevant for anyone interested in how to assess and improve the health of communities.

Evidence-based Practice Resources

Evidence-based practice for public health involves using the best available evidence to make informed public health practice decisions. There are many pathways to finding the best evidence to develop and implement effective interventions, programs, and policies. Public health journals, grant guidance, the CDC and KDHE are several pathways for identifying that evidence base. The Community Guide and NACCHO's Model Practices Database are two additional important resources.

The Community Guide

The Guide to Community Preventive Services is a free resource to help you choose programs and policies to improve health and prevent disease in your community. Systematic reviews are used to answer these questions:

- Promotion of careers in the health care field;
- Which program and policy interventions have been proven effective?
- Are there effective interventions that are right for my community?
- What might effective interventions cost; what is the likely return on investment?

National Association of City and County Health Officials (NACCHO)

The Model Practices Database is an online, searchable collection of innovative best practices across public health areas. These practices allow you to benefit from your colleagues'' experiences, to learn what works, get strategies on how to re-implement effective programs with good results, and save time and resources.

Drug Overdose Data

KDHE was awarded $3.1 million in funding for a 3 year cooperative agreement with the Center for Disease Control and Prevention's (CDC) for the Overdose data to Action (OD2A) Program to support efforts to address the national opioid and drug overdose crisis.

Questions I should ask

Has anyone in my agency been trained in population health data management?
What does the County Health Rankings say about the health of my county?
Has my agency uploaded anything to Kansas Health Matters?
If I have never used these resources, who can help me get started?
Who are three "go-to" people I can turn to for help with public health data questions?

Key Resources

- Behavior Risk Factor Surveillance System http://www.kdheks.gov/brfss/index.html
- County Health Rankings http://www.countyhealthrankings.org/kansas
- Evidence Based Practice for Public Health http://library.umassmed.edu/ebpph/index.cfm
- Healthy Kansans 2020 http://healthykansans2020.org/#&panel1-1
- KDHE Reportable Diseases http://www.kdheks.gov/epi/disease_investigation_guidelines.htm
- KDHE Notifiable Disease Form http://www.kdheks.gov/epi/download/Kansas_Reportable_Disease_Form.pdf
- KDHE Public Health Informatics http://www.kdheks.gov/phi/index.htm
- Kansas Health Matters http://www.kansashealthmatters.org/index.php

- Kansas Health Matters Promising Practices http://www.kansashealthmatters.org/index.php?controller=index&module=PromisePractice&action=index
- Kansas Information for Communities http://kic.kdheks.gov
- Kansas Public Health Collaborative https://kphcollaborative.org
- Kansas Rural Health Works Economic Impact Reports https://www.kha-net.org/CriticalIssues/EconomicImpact/
- NACCHO Model Practice Database http://naccho.org/resources/model-practices/database
- Scorecard http://www.scorecard.org/
- The Community Guide https://www.thecommunityguide.org/

Module 8: Preparedness

In this module:

- Federal Preparedness Funding
- KDHE Preparedness
- Exercise and Training Program
- Local Health Department Resources
- Incident Command System (ICS) Training
- Preparedness Information Technology (IT) Systems
- Kansas Medical Reserve Corp
- Key County Partnerships
- Questions I Should Ask
- Key Resources
- Other Resources

Your agency has a significant role to save lives and safeguard communities from public health threats. This important work is conducted through a partnership of federal dollars and guidance that flow through KDHE to local health departments.

Federal Preparedness Funding

The Centers for Disease Control and Prevention play a pivotal role in ensuring that state and local public health systems are prepared for public health emergencies because of its unique abilities to respond to infectious, occupational, or environmental incidents that affect the public's health. CDC's Center for Preparedness and Response, Division of State and Local Readiness, administers funds for preparedness activities to state and local public health systems through the Public Health Emergency Preparedness (PHEP) cooperative agreement. Through PHEP, the CDC helps public health departments strengthen their abilities to respond to all types of public health incidents and build more resilient communities.

The Public Health Emergency Preparedness (PHEP) cooperative agreement is a critical source of funding for state, local, tribal, and territorial public health departments. Since 2002, the PHEP cooperative agreement has provided nearly $9 billion to public health departments across the nation to upgrade their ability to effectively respond to a range of public health threats, including infectious diseases; natural disasters; and biological, chemical, nuclear, and radiological events. Preparedness activities funded by the PHEP cooperative agreement are targeted specifically for the development of emergency-ready public health departments that are flexible and adaptable.

CDC provides annual guidance and technical assistance to assist health departments with their strategic planning to strengthen their public health preparedness capabilities. Technical assistance includes CDC public health expertise, standards for developing priority preparedness capabilities, and expertise for conducting exercises and meeting performance goals. CDC developed the Online Technical Resource and Assistance Center (On-TRAC) to provide state and local public health departments a secure, user-friendly platform for requesting technical assistance. Learn more about On-TRAC.

1	Community Preparedness
2	Community Recovery
3	Emergency Operations Coordination
4	Emergency Public Information and Warning
5	Fatality Management
6	Information Sharing
7	Mass Care
8	Medical Countermeasure Dispensing
9	Medical Material Management and Distribution
10	Medical Surge
11	Non-Pharmaceutical Interventions
12	Public Health Laboratory Testing
13	Public Health Surv and Epi Investigation
14	Responder Safety and Health
15	Volunteer Management

To help public health departments with their strategic planning, the CDC identified 15 public health preparedness capabilities to serve as national public health preparedness standards. State and local jurisdictions can use the CDC's Public Health Preparedness Capabilities: National Standards for State and Local Planning to better organize their work and identify the capabilities they have and the resources to build or sustain. These standards help ensure that federal preparedness funds are directed to priority areas within individual jurisdictions.

The CDC's Cities Readiness Initiative (CRI) is a federally funded program designed to enhance preparedness in the nation's largest cities and metropolitan statistical areas (MSA) where nearly 60 % of the U.S. population resides. Through CRI, state and large metropolitan public health departments have developed plans to respond to a large-scale bioterrorist event by dispensing antibiotics to the entire population of an identified MSA with 48 hours.

Hospital Preparedness Program (HPP) funding from Assistant Secretary Preparedness and Response (ASPR) to be used to prepare the health care system to save lives through the development of regional health care coalitions (HCC). HCCs are groups of health care and response organizations that collaborate to prepare for and respond to medical surge events. ASPR has invested over $5.9 billion in health care preparedness since 2002.

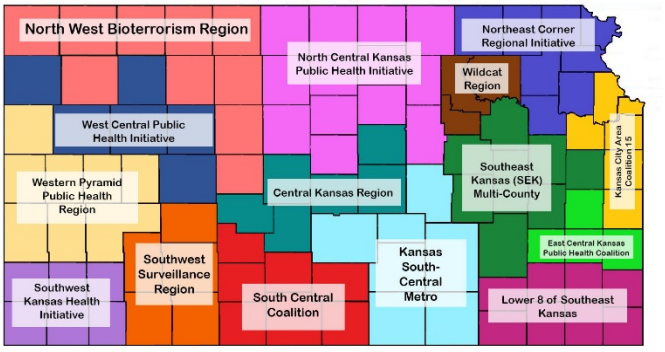
The Federal Emergency Management Agency (FEMA) provides state and local governments with preparedness program funding in the form of Non-Disaster Grants to enhance the capacity of state and local emergency responders to prevent, respond to, and recover from a weapons of mass destruction terrorism incident involving chemical, biological, radiological, nuclear, and explosive devices and cyber-attacks.

KDHE Preparedness

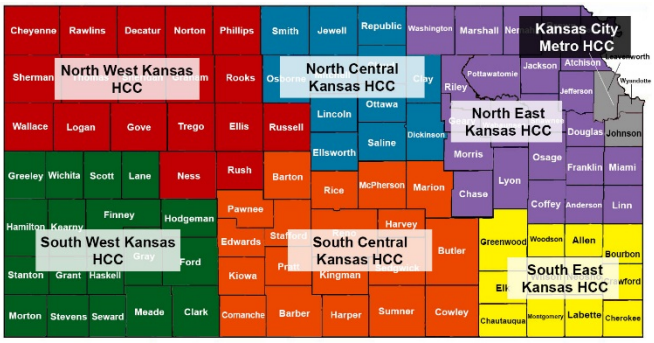
The KDHE Preparedness Program provides leadership to protect the health of Kansans through efforts to mitigate, prepare for, respond to, and recover from disasters, infectious disease, terrorism, and mass casualty emergencies. To accomplish this mission, Preparedness is responsible for the following:

- Health and medical planning and response in Kansas
- Serves as the coordinating unit for the Emergency Support Function (ESF) #8
- Maintains the Health Alert Network (KS-HAN)
- Serves as the grantee for the Centers for Disease Control and Prevention (CDC) and Health and Human Services (HHS) health preparedness cooperative agreements.

KDHE Bureau of Community Health Systems receives Public Health Emergency Program (PHEP) funding from the CDC to be used to maintain, refine, and to the extent achievable, enhance the health and medical systems in Kansas, including exercising and improving preparedness plans for all-hazards. In addition, building public health preparedness response capabilities through associated planning, personnel, equipment, training and exercise capabilities at the state and local levels remains a high priority. The PHEP supports capabilities-based planning by setting priorities that must be met by the end of the grant cycle.



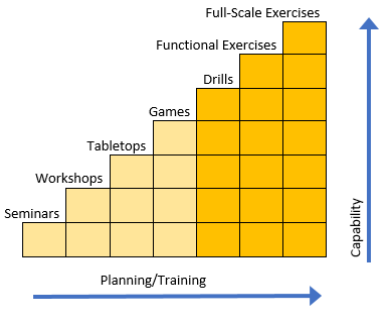
Public Health Emergency Preparedness (PHEP) Regions (2019-2020)



Health Care Coalition (HCC) Regions (2019-2020)

KDHE Bureau of Community Health Systems also receives HPP funding from ASPR to be used to help communication and coordination between HCC regions in Kansas, building partnerships and incentivizing multiple and diverse health care organizations to work together. Part of the PHEP requirement is that the Local Health Department is an active member of their regional HCC.

Exercise and Training Program



The purpose of the Exercise & Training Program is to provide program policy and guidance that is consistent with the Homeland Security Exercise & Evaluation Program (HSEEP), the National Incident Management System (NIMS), and the Public Health and Healthcare Preparedness Capabilities.

Exercises allow personnel, from first responders to senior officials, to validate training and practice strategic and tactical prevention, protection, response, and recovery capabilities in a risk-reduced environment. Exercises are the primary tool for assessing preparedness and identifying areas for improvement, while demonstrating community resolve to prepare for major incidents. Exercises aim to help entities within the community gain objective assessments of their capabilities so that gaps, deficiencies, and vulnerabilities are addressed prior to a real incident.

Training provides a knowledge base and continuing education for personnel with direct roles in emergency preparedness and response. Standardized NIMS training courses – together with courses focused on discipline-specific and agency-specific expertise – help to ensure that personnel can function together effectively during an incident.

Local Health Department Resources

Standard Operating Guides

Health and medical Standard Operating Guides (SOG), Standard Operating Procedures (SOP) and Emergency Operations Plans (EOP) are implementation documents for how an agency will respond during a time of emergency.

The purpose of the Continuity of Operations Plan (COOP) plan is to establish policy and guidance to ensure that essential functions for county health departments are continued in the event that manmade, natural, or technological emergencies disrupt or threaten to disrupt normal operations. The COOP plan enables the health department to operate with a significantly reduced workforce and diminished availability of resources, and to operate from an alternate work site should the primary facility become uninhabitable.

The Mass Dispensing standard operating guide (SOG) may be used during an emergency for management of medical materials from the state including Strategic National Stockpile (SNS) assets. This template contains all information necessary for medical materials management, including point-of-contact information, clinic maps, flow charts, and point-of-dispensing (POD) clinic management guidance.

The Public Information & Communication Standard Operating Guide (PIC-SOG) provides systematic instructions, tools and templates for planning public information and communication activities to support Mass Dispensing operations consistent with the CDC Strategic National Stockpile Technical Assistance Review (SNS-TAR), as well as all-hazards public information preparedness and response activities.

Incident Command Systems (ICS) Training

It is recommended that all LHD directors take the following FEMA courses:

- IS-100.c: Introduction to Incident Command System
- IS-200.C: Basic Incident Command System for Initial Response
- IS-700.b: National Incident Management System (NIMS): An Introduction

Preparedness Information Technology (IT) Systems

Preparedness hosts three IT systems, which can be utilized at state and local levels to assist and support preparedness efforts.

Kansas Health Alert Network (KS-HAN)

KS-HAN is an internet-based, secure, emergency alerting system that allows public health and emergency preparedness information to be shared rapidly. KS-HAN has the ability to alert registrants by organization, occupation, county, or group through email, work and cell phone, and SMS text.

Kansas System for the Early Registration of Volunteers (K-SERV)

K-SERV is a secure registration system and database for volunteers willing to respond to public health emergencies or other disasters in Kansas or other areas across the country. It can be utilized as a volunteer management system at the local and state levels, therefore avoiding duplication of information at each level. Anyone is welcome to register in K-SERV.

Inventory Management and Tracking System (IMATS)

In a large-scale public health crisis, state and local responders from state and local public health agencies will have to manage large quantities of medical countermeasures (MCMs) to help prevent or treat diseases. Responders need an effective software tool to manage the large and quick-moving MCM inventory they may receive from the Strategic National Stockpile (SNS).

The Inventory Management and Tracking System (IMATS) was created by the SNS to help state and local responders manage these MCMs during a crisis. IMATS allows responders to track MCM inventory down to local levels, monitor reorder thresholds, and support warehouse operations.

Kansas Medical Reserve Corps (MRC)

The Kansas Medical Reserve Corps is part of the federal MRC program - Office of the Civilian Volunteer Medical Reserve Corps (OCVMRC) - located within the Office of the U.S. Surgeon General.
MRC units are community-based and function as a way to locally organize and utilize volunteers -health care professionals and others - who want to contribute their skills and expertise to the community. MRC units are intended to support, assist and supplement the resources of the existing public health, medical and emergency response systems. During emergencies, MRC volunteers may provide an important "surge" capability to area hospitals and public health departments. They can also augment medical and support staff shortages at local medical or emergency facilities.

The Kansas MRC has two Medical Reserve Corps units located in Kansas, including one statewide Kansas Veterinary MRC unit. However, all units have one thing in common: a desire to work to create safe, healthy, and prepared Kansas communities.

Key County Partnerships

The local health department should develop relationships with the following individuals/groups for their preparedness plan: behavioral health, emergency management, fire, law enforcement, Area Agency on Aging, Department of Corrections, MRCs, public works, hospitals, schools, long-term care centers, etc. Many of these partnerships could be developed by attending the Local Emergency Planning Committee in your county.

Questions I should ask

Who in my agency leads our preparedness work?
Who should I go to first for questions about preparedness?
What are the recommended trainings for my staff and have they been completed?
How important is preparedness in relation to our other work?
With which organizations do we currently have MOUs and MOAs?
Who do you ask when – chain of command? Level of importance?
Does my county have a Local Emergency Planning Committee? Am I a voting member?

Key Resources

- Kansas Department of Health and Environment Preparedness Program
  http://www.kdheks.gov/cphp/index.htm
- KDHE Preparedness Grants, Guidelines, Resources
  http://www.kdheks.gov/cphp/lhd_resources.htm

- Kansas MRC http://www.kansasmrc.org
- Preparedness IT Systems
  http://www.kdheks.gov/it_systems/ks-cra.htm
  http://www.kdheks.gov/it_systems/k-serve.htm
  http://www.kdheks.gov/it_systems/ks-han.htm
- Public Health Emergency Preparedness and Response Capabilities
  https://www.cdc.gov/cpr/readiness/00_docs/CDC_PreparednesResponseCapabilities_October2018_Final_508.pdf

Additional Resources:

- CDC Emergency Preparedness & Response
- Public Health Accreditation Board Standards & Measures Version 1.5
  http://www.phaboard.org/wp-content/uploads/SM-Version-1.5-Board-adopted-FINAL-01-24-2014.docx.pdf
- NACCHO Project Public Health Ready https://www.naccho.org/programs/public-health-preparedness/pphr
- Flu.gov
- KDHE Disaster Recovery Information
- KsReady.gov
- Ready.gov
- Center for Disease Control and Prevention – Public Health Emergency Preparedness Cooperative Agreement http://www.cdc.gov/phpr/coopagreement.htm
- Cities Readiness Initiative https://www.cdc.gov/cpr/readiness/mcm/cri.html
- FEMA: Grants, Guidelines, Trainings
- https://www.fema.gov/non-disaster-grants-management-system https://training.fema.gov/nims/
- Healthcare Preparedness Capabilities
  https://www.phe.gov/Preparedness/planning/hpp/reports/Documents/2017-2022-healthcare-pr-capablities.pdf

Module 9: Promoting Public Health

In this module:

- Effective Communications
- PHRASES
- Branding
- Engaging your Board of Health
- Media Relations
- Social Marketing
- Risk Communication
- Storytelling
- Questions I Should Ask
- Key Resources

Engaging the community and elected officials is an important piece of public health. Public health means different things to different people at various times. Conveying the value, mission, roles, processes, programs, and interventions of the health department is a necessary step in building effective public health programs and ensuring sustained funding levels.

Effective Communications

Local Health Departments require effective communications to help promote healthy behavior in the community, build support for local public health efforts, demonstrate the value and cost-effectiveness of local public health programs, and increase a department's impact and influence with policymakers, the media and the public. To capture the attention of policymakers and the public, keep messages dynamic, memorable, and local. NACCHO has additional resources to support effective communications.
As the local public health leader, you are the voice of public health in your community.

PHRASES

Public Health Reaching Across Sectors (PHRASES) is a nationwide, public health communications tool. Phrases provides research-based tools and messaging to help public health leaders effectively communicate the value of public health and build stronger relationships with partners and communities. The full toolkit can be found here and an introductory training can be found here

Branding

"Branding" is a standard business practice to raise the visibility, perceived value, and reputation of an organization. Branding communicates what the health department stands for and what it provides that is unique and differentiated from other agencies and organizations. Branding can help to position the health department as a valued, effective, trusted leader in the community. Logos are useful as they help departments appear professional, stable, and credible. Logos promote visibility and awareness of public health and have the possibility to illustrate public health services. They also serve as evidence of authenticity for documents used in PHAB accreditation. A free national public health logo is available for use by all public health departments through NACCHO if your health department or county government does not have a logo. PHAB requires that LHDs adopt a branding strategy. Many Kansas health departments have adopted a branding strategy, so there are already templates in our own state.

Engaging Your Board of Health

Governing entities significantly influence the direction of health departments through policymaking and other similar activities. The governing entity, to be an effective advocate for public health and for the agency, must be aware of its responsibilities. There is a whole domain in the PHAB standards dedicated to best practices related to engagement with the governing entity.

KALHD provides a presentation as part of the Kansas Association of Counties training for new elected officials. This is a resource you might consider using to develop your own orientation packet.
In addition to County Commissioners, cultivating support from elected officials including the planning commission, zoning board, mayor, or school board will serve to greatly improve your efforts to institute overarching changes in your community.

Working effectively with your board of health does not just happen. This takes time and intentional effort. This resource, Engaging Your Board of Health, offers tools for thinking through strengthening that relationship with the board.

Media Relations

The media are an effective conduit for delivering your messages and your story to the people you want to reach, and can be vital to gaining wide public understanding of your LHD's role. Understanding the media and building relationships are key components to communicating about local public health.

Before you speak with a reporter, take the time to learn what she/he writes about and who their audience is. Many reporters are fairly well versed in many of the issues you care about, and you will be able to have a different type of conversation with these reporters than you might with someone who is likely covering several different beats. Different types of media will require slightly different messages. For example, on a TV or radio talk show, your responses will need to be much shorter "sound bites" than those you might give to a newspaper or magazine reporter. Each reporter looks for something slightly different.

If you have never had training in media relations, this would be important to seek out.

Social Marketing

Social marketing draws on the same research and planning principles that make commercial marketers successful at getting people to buy, say, a Ford rather than a Toyota, or to drink bottled water rather than tap water. However, instead of urging people to buy products, health and human service organizations use social marketing to support people in doing behaviors that will improve the quality of their lives and enhance societal well-being.

Many people think of advertisements or PSAs (public service announcements) when they think of marketing. However, both commercial marketing and social marketing are much more about removing barriers to doing a behavior, than it is about promoting demand or informing people.
Social marketing focuses on understanding the motivations, wants, fears and aspirations of our target audiences. This insight allows us to create programs and messages that both meet the wants of our audiences and achieve our public health goals.

The CDC has developed a Gateway to Communication practice and social marketing tool. Here you can access many resources to help build your health communication or social marketing campaigns and programs.

Risk Communication

Virtually every day, crisis and emergency risk communication is needed somewhere in public health. Whenever a crisis occurs, communicators must to be ready to provide information to help people make the best possible decisions for their health and well-being. This must be done in rapid timeframes and without knowing everything about the crisis. Yet often the types of disasters that public health must address can be anticipated.

Storytelling

Telling stories is a great way to show others what you are doing to promote health, reduce health disparities and improve outcomes. Storytelling has many forms including news releases, social media posts, and even can be applied to grant applications. Storytelling is a way to contextualize data, connect the numbers with people while improving health literacy.

The CDC has developed tips for writing an effective success story.

The Sunflower Foundation has brought Andy Goodman (http://www.thegoodmancenter.com) to Kansas several times to offer trainings in storytelling. You may want to check out his website for additional ideas about how to use storytelling to change the world.

Questions I should ask

How do we currently communicate with the public about important messages?
What social marketing campaigns do we currently organize?
What is our risk communications plan and how does the department balance this with the county?
What stories are people telling about our agency/county?
How do we usually provide orientation to the Board of Health or County Commission and how often?

Key Resources

- NACCHO Public Health Logo http://www.naccho.org/communications/public-health-logo

Local Health Department Communications

Local health departments often need to use communications activities to influence policymakers, engage the media, educate the public, deliver calls to action, and inspire behavioral change. An integrated communications strategy includes media outreach, branding, social media, marketing, advertising, and community engagement. NACCHO provides resources to help local health departments effectively communicate their value, promote health and wellness, and build relationships with the media, policymakers, and public. Check out NACCHOs materials in the "Communications Toolkit."

PHRASES toolkit www.phrases.org

PHRASES Introductory Toolkit https://www.r4phtc.org/an-overview-of-public-health-reaching-across-sectors/

Social Marketing

- CDC Gateway to Health Communication http://www.cdc.gov/healthcommunication/

- Social Marketing for Public Health (book): http://samples.jbpub.com/9780763757977/57977_ch01_final.pdf

Risk Communication

- CDC http://www.cdc.gov/healthcommunication/Risks/index.html

Storytelling

- CDC Tips for Writing an Effective Success Story https://www.cdc.gov/healthyschools/stories/pdf/howto_create_success_story.pdf
- National Prevention Information Network https://npin.cdc.gov/

Module 10: Organizational Workforce Development

In this module:

- Core Competencies
- Kansas Public Health Workforce Development Coordinating Council (KPHDWCC)
- Kansas Public Health Workforce Assessment
- Workforce Basics
- KS-TRAIN
- Leadership Institutes
- Human Resources and Documentation
- Questions I Should Ask
- Key Resources

Local health departments are a public health agency that is a government entity, but in many ways it operates like any business. Effective public health practice requires a well-prepared workforce. This includes hiring productive staff who value customer satisfaction, evaluating staff effectiveness, and planning to properly train staff through continuing education.

Core Competencies

The Public Health Foundation has developed Core Competencies for Public Health Professionals (Core Competencies). They represent a set of skills desirable for the broad practice of public health that professionals may want to possess as they work to protect and improve the nation's health. The Core Competencies offer a starting point for public health professionals in identifying professional development needs and developing training plans.

Kansas Public Health Workforce Development Coordinating Council (KPHDWCC)

The KPHWCC is composed of public health systems partners including the Kansas Department of Health and Environment, local health department representatives and academic partners from Wichita State university, Kansas State University and the University of Kansas Medical Center. This group meets to discuss the needs of the Kansas public health workforce and supports statewide efforts such as the Kansas Public Health Workforce Assessment executed by KDHE.

Kansas Public Health Workforce Assessment

The Kansas Department of Health and Environment conducts a periodic Kansas Public Health Workforce Assessment to understand the makeup of the current public health workforce in Kansas and to identify strengths and challenges. Assessment findings inform future training opportunities. The assessment was designed by members of the Kansas Public Health Workforce Development Coordinating Council (KPHWDCC) in consultation with other states as well as local health departments in Kansas that had recently successfully completed a workforce assessment.

Workforce Basics

Domains 8 and 11 of the Standards and Measures for Public Health Accreditation outline many of the activities a new director needs to know related to workforce development. The director must ensure a competent workforce through the assessment of staff competencies, the provision of individual training and professional development, and the provision of a supportive work environment.

Employees: Every employee needs a job description that is up-to-date and accurate. Every employee needs regular feedback about his or her performance.

Systems: Every LHD needs a process for tracking staff training, verifying qualifications and recruiting and retaining staff.

KS-TRAIN

TRAIN is the nation's premier learning resource for professionals who protect the public's health. KDHE manages the Kansas affiliate of TRAIN. All local health department professionals are able to set up a transcript of all public health trainings.

Leadership Institutes

At various times there are opportunities to train staff in leadership development. Here are two resources for consideration.

The Kansas Leadership Center equips people with the ability to make lasting change for the common good. KLC is different in the field of leadership development with its focus on leadership being an activity, not a role or position. Open to anyone seeking to move the needle of tough challenges in the civic arena, KLC envisions more Kansans sharing responsibility for acting together in pursuit of the common good.

The Community Tool Box has developed a Plan for Building Leadership. As we work to improve our communities, *leadership* is our most important resource. The complex problems we have in our communities will require many people who are willing and able to lend an active hand and work together to solve them. That is why leadership development should be a central activity for any workforce development plan.

Human Resources and Documentation

Kansas Department of Labor serves Kansas workers and businesses by providing fair and efficient administration of state labor laws.

- Personnel Safety
- Workplace Laws and Requirements

Questions I should ask

Does my agency/department have a workforce development plan?
Where are the job descriptions for every employee?
How recently were the job descriptions updated?
What is my agency's individual performance evaluation process?
What training has current staff received or need?
Who is my support person for Human Resources and Labor related issues?
What is my county's policy on volunteers?
Do we have county policies on training and conferences?
What training participation or restrictions are mandated by our grants?
What is my agency's strategy for recruiting retaining staff?

Key Resources

- American Speech Language Hearing Association http://www.asha.org/uploadedFiles/Cultural-Competence-Checklist-Personal-Reflection.pdf
- Community Toolbox
  http://ctb.ku.edu/en/table-of-contents/culture/cultural-competence/culture-and-diversity/main
  http://ctb.ku.edu/en/table-of-contents/culture/cultural-competence/culturally-competent-organizations/main
  http://ctb.ku.edu/en/table-of-contents/leadership/effective-manager/management-plan/main
  http://ctb.ku.edu/en/table-of-contents/leadership/effective-manager/internal-communication/main
- Cultural Competence Checklist:
  This tool was developed to heighten awareness of how staff view clients/patients from culturally and linguistically diverse populations.
- Generational Differences Chart http://www.wmfc.org/uploads/GenerationalDifferencesChart.pdf
- Kansas Leadership Center http://kansasleadershipcenter.org/
- KS-TRAIN https://www.train.org/ks/welcome
- Office of Minority Health
  The Office of Minority Health is dedicated to improving the health of racial and ethnic minority populations through the development of health policies and programs that will help eliminate health disparities.
- Public Health Foundation
  http://www.phf.org/resourcestools/pages/competency_assessments_for_public_health_professionals.aspx

Human Resources

- County Counselors Association of Kansas
  https://www.countycounselors.org/resolutions/human-20resources-20dept-2c-20creation-20of.pdf/view
- Free Management Help Library
  http://managementhelp.org/staffing/recruiting.htm
  http://managementhelp.org/staffing/retaining.htm
  http://managementhelp.org/personnelpolicies/policies.htm
- U.S. Department of Labor
  http://www.dol.gov/dol/topic/hiring/affirmativeact.htm
  https://www.dol.ks.gov/Safety/Default.aspx
  https://www.dol.ks.gov/laws/laws-and-requirements

Books

- First, Break All the Rules: What the World's Greatest Managers Do Differently
  The greatest managers in the world seem to have little in common. They differ in sex, age, and race. They employ vastly different styles and focus on different goals. Yet despite their differences, great managers share one common trait. *First, Break All the Rules* explains.
- The Five Dysfunctions of a Team has become the world's most definitive source on practical information for building teams. The book's impact extends beyond business schools, churches, non-profit organizations, professional sports teams and the military.
- Generational Issues in the Workplace http://www.nacada.ksu.edu/Resources/Clearinghouse/View-Articles/Generational-issues-in-the-workplace.aspx
- The Leadership Challenge: How to Make Extraordinary Things Happen in Organizations

For more than 25 years, *The Leadership Challenge* has been the most trusted source on becoming a better leader. Based on Kouzes and Posner's extensive research, this text advises how leadership is a relationship that must be nurtured, and most importantly, that it can be learned.

- Generational Differences in the Workplace
  https://www.purdueglobal.edu/education-partnerships/generational-workforce-differences-infographic/

Module 11: Kansas State Formula Grants

In this module:

- Types of Funding to Local Agencies
- Applications
- Contracts, Financial Status Reports (FSR) and Reporting
- Questions I Should Ask
- Key Resources

The State Formula "Aid-to-Local" (ATL) process was established to standardize the methodology for allocation of funds to Local Agencies. Standard management procedures reduce the possibility of error, increase efficient coordination between offices and programs, and assure adequate oversight and guidance by the Director of the Division of Health.

Types of Funding to Local Agencies

State Formula Funds – General Health Services

These funds are available to county health departments on a formula basis to support general health services. Statute KS K.S.A. 65-242 states that, "for the purpose of insuring that adequate public health services are available to all inhabitants of the state of Kansas, the state shall assist in the financing of the operation of local health departments."

Annually, the State General Fund appropriations to the Kansas Department of Health and Environment include funds for this purpose. Those dollars are distributed to all local health departments that apply, based on a funding "formula" which is specified in the statute. To be eligible for these funds, the Local Health Agency must be a county, city-county or multi-county health department supported by sufficient local tax revenues and expenditures to meet the maintenance of effort requirements. Application from the Local Agency is required to receive State Formula Funds.

Categorical Grant Funds – Specific Health Services

These funds support more specific or targeted health service needs. Continued funding is not automatic. An annual application for each type of funding must be submitted to KDHE by the deadline. (See KDHE Aid to Local webpage for details of requirements.)

Traditionally the "Categorical Grants" include all of those in the following list. This is not a complete list; additional categories are added or removed when funding sources change:

- Child Care Licensing Program
- Chronic Disease Risk Reduction
- Community-Based Primary Care Clinic Grant
- Family Planning
- Immunization Action Plan
- Maternal & Child Health
- Public Health Emergency Preparedness
- STI/HIV Prevention Program

Applications

All applications for the Aid to Local (ATL) grants are completed through the Kansas Grant Management System (KGMS) online portal and management system. All current grantees have been issued system usernames and passwords and additional access can be granted to new users at any time. (Administrators contact KDHE.ATL@ks.gov for additional usernames and passwords.)

KGMS gives the ATL process some distinct advantages that include the development of standardized fields and configuration and production of a variety of reports.

Program budgets are submitted through KGMS. Each budget application document requests for funding support as well as defines sufficient local matching funds/maintenance of effort, when applicable by each grant category. The list of ATL match requirements is available on the KGMS webpage. Once awards are determined, if the award differs from the application amount, local agencies must amend budgets to match the actual award and sufficient matching funds. Requests to purchase capital equipment and budget changes are submitted to program managers.

Training on the use of KGMS is available through Kansas Train and several helpful documents can be found on the KGMS webpage and in the "help" section of KGMS.

Schedule

The Aid to Local grant cycle begins every year on or about January 15, when applications are "open" for the new state fiscal year. The application window closes on or about March 15 and at that time all applications will begin to be reviewed by program staff. Grant decisions are made by KDHE programs by about May 15 and the proposed awards are reviewed and approved by the KDHE Secretary. Grantees are notified about awards by June 15 each year. Most of the dates are determined by the beginning of the fiscal year which starts July 1.

Contracts, Financial Status Reports (FSR), and Reporting

Contracts

- The Universal Contract is a detailed agreement between State and Local Agencies concerning the use of all contract funds. The Contract is signed by KDHE and all participating Local Agencies. It remains in effect until terminated by signing parties and should be retained indefinitely. In the case of a new grantee, the current year Universal Contract is issued and retained in the files by each party. The Local Agency signifies agreement to annual renewal by cashing the first warrant of the new grant year. Amendments to the Universal Contact are issued by letter. In subsequent years, grantees will be required to notify KDHE that they agree to the contract renewal.
- Grantees also receive annual Contract Attachments for each specific program. The Contract Attachment includes general information about individual grant programs such as program description, maintenance of effort or local matching funds requirements, program reporting requirements, programmatic restrictions and budget requirements. The first year of a grant for an agency, the attachment is signed by KDHE and the agency. In subsequent years, these are not signed by the local agencies and they signify they agree to the annual renewal by cashing the first warrant of the new grant year.
- Notice of Grant Award Amount and Summary of Program Objectives (NGA) is a document incorporated into a specific Contract Attachment. It contains the details of a program's activities, the current objectives established for the year, funding amounts, and any other time-limited details. It is for a

specific funding cycle. The Summary does not require a signature, is replaced every year, and the Local Agency signifies acceptance by cashing the first warrant of the new grant year.

- The List of Grant Awards (LGA) is a summary of the Local Agency awards and amendments for the current fiscal year. The LGA identifies the Local Agency, Contract Attachment Number, term of the award, source of funding, and the amount of the award. In the case of new awards to a current Local Agency, a new LGA is prepared and maintained by both parties. In the case of amendments, increasing or decreasing an award, a revised LGA is prepared and maintained by both parties.

Financial Status Reports (FSR)

Certified Affidavit of Expenditures (FSR) are due to Division of Management and Budget (DMB), submitted through KGMS, by the 15th of the month following the end of the quarter. No annual expenditure reports are required. See here for more details on FSRs.

Reporting

All program reporting is submitted through KGSM. All grantees are notified when the reporting forms and fields are available for the grant year; approximately September 1. Each program determines the content and frequency of reporting.

Completed grantee reports will be viewed by Program Managers in KGSM.

Grant reports and affidavits are due as follows:

First Quarter	October 15
Second Quarter	January 15
Third Quarter	April 15
Fourth Quarter/End of Year	July 15

Outstanding reports are those that are considered significantly delinquent. Division of Management and Budget (DMB) is responsible for contacting the Local Agency about outstanding affidavits. Program Managers are responsible for contacting the Local Agency about outstanding narrative or program reports. Payments to Local Agencies will not be made until reports and affidavits are received and approved.

Local Agency Match Requirements and Local Agency Indirect Rates & Costs

the indirect rate will require approval by KDHE. It will be used as a grant expense, instead of a match, for the Federal portion of the grants provided via KDHE. This is similar to how indirect rates have been handled by WIC, for those of you familiar with that program. This change applies to all KDHE grants with Federal support, not just the aid-to-local (ATL) grants.

If your department has, a federal approved indirect rate that is the rate you use. If you do not have a federal approved indirect rate, you may use either a 10% “de minimums” rate, or the rate approved by KDHE. KDHE’s approved rate is capped at KDHE’s own rate. It is okay to use the current rate on your application budgets, but you will need to submit a new indirect rate calculation (if different) with the revised budget in June once the new awards are finalized for all the ATL grants (this requirement might be different outside the ATL grants).

What this also means, you will be able to spend a portion of your Federal grant award on indirect costs (it will not produce more actual dollars in grant money for your department, however). The indirect rate will not be used at all on the State portion of such grants.

Most departments are not expected to see much difference with these changes. KDHE believes, regarding ATL grants with Federal support, twelve departments will experience an impact.

In terms of local match, KDHE has clarified that local funds can only be counted once for match purposes. For example, if $10,000 of local match was counted for MCH it cannot be re-counted for WIC. This has always been the expected approach, but language in the memo seeks to better spell out this expectation.

Questions I should ask

Who completes the FSR in my LHD?
Which programs within ATL does our agency participate?
Are there staff with my LHD who are paid through the ATL grant?
Do I need county commission approval before applying for this grant? If so, on what timeline?
Where are our past ATL reports?
What data tracking tools do we use for this reporting process?
Who is my regional KDHE coordinator?

Key Resources

- Local Agency Match Requirements - https://khap2.kdhe.state.ks.us/KGMS/KGMSContent/documents/2020%20Documents/Policy%20Match%20Requirements%20Final%204-8-19.pdf
- Local Agency Indirect Rates and Costs https://khap2.kdhe.state.ks.us/KGMS/KGMSContent/documents/2020%20Documents/Policy_Indirect_Rates_Costs_Final_4-8-19.pdf
- Kansas Grant Management System (KGMS) Webpage: https://khap2.kdhe.state.ks.us/KGMS/Default.aspx

Module 12: "Must Haves" for Every Local Public Health Leader

In this module:

- "Must Haves" for Every Local Public Health Leader
- Questions I should ask
- Key Resources

Public Health has many critical components. There are lots of moving parts. With the help of other local public health leaders below is a list of helpful items to have in your office. These are items that you should know where they are in case of emergency and for everyday use.

"Must Haves" for Every Local Public Health Leader

Technology

- Get to know Microsoft Office Outlook – It is a great tool to keep appointments and reminders organized. If you are unfamiliar with Microsoft Office find a class or a friend to learn how it can benefit you in your day-to-day operations.
- Dual computer monitors with supporting graphics card
- Adobe Reader and Writer Software
- 4G Cellphone
- High speed internet access
- Get a digital file program like OneDrive or Dropbox to keep documents in that you routinely use or work on. This way you have the most up to date copy while you are mobile.

"Important" Lists

- Develop an "Important Numbers for Reference" list – This should include your Federal Tax ID Number, Kansas Tax Exemption Number, National Provider Identifier (NPI) Number along with user id and password, Medicare number, Medicaid number, Office of Pharmacy Affairs ID and Grant numbers, Dunn & Bradstreet (DUNS) number, Central Contractor Registration number for Federal Government Grants and Bank Account and Routing numbers. Having this information all together in one secure location saves time when you need to reference a number.
- Local Health Department Phone List - You will need a phone list for everyone in your department, and it should include both desk and home/cell numbers. These are the critical people that will help you with your day-to-day operations.
- Statewide Local Health Department Directory - Your peers are always willing to listen and help. KDHE keeps a list: http://www.kdheks.gov/olrh/download/health_directory.pdf. KALHD keeps a similar list formatted differently: http://kalhd.org/resources/.
- Community Resource Contact List

Key Manuals

- Current Control of Communicable Diseases Manual
- Disease Investigation Guidelines
- Family Planning Manual
- Immunization Manual - - also called the "Pink Book", is key to LHDs who provide these services. It includes all the programmatic policies.

- Incident Command System Field Guide
- Preparedness Manual - Get to know this document so you are ready in case of a public health emergency.
- Public Health Memory Jogger II – This pocket guide provides tools for continuous quality improvement and effective planning. They are readily available from most online booksellers if you do not already have one.

Personal Organization Systems

- You will need to devise a filing system that works for you to be prepared for meetings and presentations. One example is a file folder with 1-31 (days of the month) and the months in it. You can file your meeting registrations, directions, or documents in that you can pull out on that date and grab and go.
- Develop a separate binder for all the meetings or projects you are involved with, including a spiral notepad, Action Planning sheets, and meeting sign in sheets so tasks can be easily assigned at the meeting.
- A password list
- A recycle bin next to your desk, because you just can't keep everything.

Personal Self-Care Systems

- A frayed knot (small piece of rope tied into one knot with fraying ends) so when someone asks you to do something that does not fit your personal or office strategic plan you can remember to say "Afraid Not". This will help you hold to your purpose.
- An egg timer so you can set it to remember to take breaks. It is important to move away from your desk occasionally. Do yoga, meditate, go for a walk, say "hi" to staff, or read an interesting piece of research.
- Find a mentor in public health as soon as possible to help guide you and answer questions regarding public health. Also, find a mentor in your local government to help you navigate the nuances of county government outside of and in relation to public health.
- Lots of coffee (or caffeinated beverage of choice)!

Questions I should ask

Do we have a "continuity of operations" plan?
Ask staff, what one thing did you see the previous local public health leader do that you think should keep happening?