VIEWS FROM THE FIELD
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GRANT MAKERS IN HEALTH

Collaboration Among Local Public Health Departments Preparing for Accreditation

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Accreditation has been identified as a critical tool for strengthening the public health infrastructure. Yet meeting the Public Health Accreditation Board (PHAB) Voluntary National Accreditation Standards for state and local public health agencies will be a challenge for many local public health departments. This is particularly true for small or rural jurisdictions in which the local public health agency may not have the breadth of resources to meet the full range of public health activities required by these standards.

The Kansas Health Foundation believes that all residents of Kansas deserve equal levels of public health protection and access to services regardless of where they live in the state. In partnership with the Kansas Association of Local Health Departments (KALHD), the foundation has worked to explore how regional collaboration among local health departments might strengthen these departments and support their efforts to become accredited.

The state of Kansas has a population of about 2.7 million and is a home-rule state with 105 counties that range in population from 1,500 to 500,000 people. Public health services are provided by county health departments and the Kansas Department of Health and Environment (KDHE), the state public health agency.

The range of the population size of Kansas counties has been of interest to the foundation and others working with local community health improvement initiatives. Locally based efforts have been a priority; however, effectively providing grants and technical assistance would be greatly enhanced with a regional approach among smaller communities.

There are now 15 local health department regional efforts, and all but two of the regions represent populations more than 50,000. This population threshold has proved helpful in supporting effective population health data analyses in Kansas, and it serves to justify capacity needed for the community health assessment and monitoring requirements for accreditation.

In the mid-1990s, the foundation funded two pilot regionalization efforts among local health departments in the north and south central regions of Kansas. The purpose of the two grants was to initiate dialogue among counties and health departments to explore how collaboration might improve access, services, and public health capacity in the region. These pilot projects formed the foundation for current strategies and efforts to regionalize local public health services, and the projects are being studied as a model for other county services in the state.

The early Kansas pilot projects informed the foundation of distinctions between structural and functional approaches to regionalization. One of the pilot projects chose to develop a new organization to act as a regional body. A director was hired to manage a separate organization that acted to consolidate services. Considerable effort was spent negotiating services among health departments participating in the regional entity, as well as identifying additional resources beyond and after the grant period to sustain the regional structure. Another pilot project employed a different model and contracted for facilitation and technical assistance. These efforts were focused on standardizing policies and procedures among health departments and identifying operational and service opportunities to increase regional capacity and efficiency. At the end of the grant period, the region that created the separate organization had to dissolve the regional organization, as it was unable to obtain county administrative funding to continue the effort. The region that sought to identify and standardize functions and services was able to continue the collaborative effort without additional funding.

Emphasizing the functions that health departments might share, as opposed to how the regions might be organized, has been a continuing theme of the Kansas regionalization projects. Avoiding structural issues at the outset avoids the intercounty political issues and reduces public health staff fears of job loss or loss of control. This “form-follows-function” approach has been an important guiding principle to keep health departments engaged in continuing efforts to regionalize.

In 2003 the foundation saw an opportunity to further

develop regional approaches to local public health department services in conjunction with the federal bioterrorism preparedness grant. In partnership with KALHD, whose members represent local health department administrators in the state, the foundation provided technical assistance and helped convene discussions to regionalize local activities associated with the grant. Many of the local health departments felt overwhelmed by the requirements and believed that a collaborative or regional approach would be worth pursuing. The foundation was viewed as an interested partner that could help facilitate discussions because of experience from prior regionalization projects. It was recognized that the expectations of the grant could not be met by every health department individually and that simply dividing up the grant into many small grants would not be an effective use of resources.

The foundation supported a facilitated discussion among local health departments convened by KALHD to examine the possibility of a bioterrorism preparedness grant with a regional component. It should be noted that it was extremely difficult for the state agency to initiate that sort of planning. In Kansas, the decentralized local public health structure introduces a level of tension between the state agency and local public health departments, especially when there is an element of competition over funding. Such historical competitive and contractual relationships distracted the state from being an effective convener of county regionalization efforts. State efforts are suspect and are conveniently interpreted to benefit the state's interests among those intending to resist the change. Foundations play an extremely helpful partner role in developing state and local public health systems.

The result of the bioterrorism grant discussion was a decision to segregate a portion of the local share of the funding (18 percent) to specifically organize and fund regional approaches around the grant requirements. A framework was developed by which counties would choose partners for the regional effort. The only caveat was that there must be at least three contiguous counties associated with the region. The foundation further facilitated development of a per-capita population formula heavily weighted to favor small-population counties. This regional funding could not be used directly by individual counties but would be their share to contribute to a regional effort. In essence, that made small counties very popular partners that could bring significant financial resources to the program. The regions created through this process form the current regional local public health system.

SUPPORTING ACCREDITATION AND REGIONS

The foundation, in partnership with KAHLD and the Kansas Health Institute, has partnered in the Robert Wood Johnson Foundation-supported Multi-State Learning Collaboratives and the National Association of County and City Health Officials regionalization pilot projects in Kansas and Massachusetts. The two projects in Kansas are organized to further regional approaches to quality improvement in preparation for accreditation.

To reinforce regional efforts to meet community assessment standard requirements, the foundation recently provided a grant to KDHE to increase the sample size in Kansas for the Behavioral Risk Factor Surveillance System (BRFSS). The enhancement will make it possible for the state to provide risk behavior data at a regional level, which will assist regions in meeting the community assessment accreditation standard. Current BRFSS funding and sampling provides information only at a state level and for a few large urban areas. The cost and effort associated with providing this information for all 105 Kansas counties would be very high, and the cost versus benefit would be questionable. Approaching the enhancement to support regions with populations of at least 50,000 was reasonable.

Regionalization of county services requires active support of elected county commissioners. In many instances, these commissioners are not fully aware of the breadth of public health responsibilities, as well as the move toward accreditation. Current Kansas public health regions were authorized with narrow and limited interjurisdictional agreements to support the bioterrorism preparedness grant activities. Expanding regional cooperation will require considerable local policy support.

In September 2008 the foundation funded an Accreditation and Regionalization Summit for local health departments and county commissioners. The summit was convened by the Kansas Association of Counties (KAC), an affiliate of the National Association of Counties. The summit was a success and served to educate commissioners about public health and accreditation requirements, as well as to discuss regional collaboration as an alternative to accredit their health departments. Experience gained from the various regionalization projects was a critical factor in the success of the summit, and KAC and KALHD are continuing discussions on regional opportunities identified at the summit.

The PHAB has not yet decided on if or how public health regions might be considered for accreditation. However, the smaller health departments in Kansas have realized they will not be able to individually consider accreditation without some form of regional collaboration and approach. For this reason, the Kansas Health Foundation has dedicated numerous resources to the concept of regionalization and looks forward to continuing its assistance in the accreditation of the local health departments in Kansas.

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