

EVENT RECAP

Governance and Delivery for Public Health Services: What are the options?

Kansas has a highly decentralized public health system comprised primarily of small, rural health departments, many of which are struggling to meet community needs with tight budgets. On December 13, 2017, the Kansas Health Institute (KHI) hosted a discussion about options for governance and service delivery that could help health departments meet these challenges.

Legal Framework

Eugene Lueger, chief counsel for public health at the Kansas Department of Health and Environment, explained how the state delegates much of its public health authority to local jurisdictions, although there are overlapping responsibilities and authorities, particularly for infectious disease prevention and control. Mr. Lueger highlighted that while there are few explicit requirements for local health officers, the law provides them with broad powers to act in the best interests of their communities.

Modernizing Public Health

Michelle Ponce, executive director of the Kansas Association of Local Health Departments (KALHD), made a compelling argument for modernizing the public health system, focusing not only on traditional areas such as communicable disease prevention, but also on poverty, housing, education and other social determinants of health.

“Many local health departments in Kansas are struggling to meet their public health responsibilities. And that is putting their community at risk.”

*– Michelle Ponce,
Kansas Association of Local Health Departments*

KALHD and its partners are working toward this goal by developing and implementing a Foundational Public Health Services (FPHS) model, which can be described as a suite of skills, programs and activities that should be available in every community in Kansas. This model is a fundamental shift in service delivery for many local health departments, and there is a lack of clarity in how to address these complex issues in an environment with substantial disparities in resources, staffing levels and expertise, as well as variations in programs and services offered by health departments across the state.



Dana Rickley (left), Clay County Health Department administrator, and Michelle Ponce (middle), executive director of the Kansas Association of Local Health Departments (KALHD), speak during a discussion at the KHI Learning Center on December 13, 2017.

Balancing Community Needs

County commissions across the state serve as local boards of health in most counties. Two commissioners provided their perspectives on public health.

Max Dibble, Phillips County commissioner and president of the Kansas Association of Counties, provided some historical context by describing how rural populations have experienced significant population declines over many decades, and contrasted those declines to the tremendous population growth in urban counties. Projections for Phillips County, like most rural counties, suggest the population will continue to decline, thereby shrinking the tax base and putting additional strain on the county budget.

Dibble noted that their local health department accounts for only 6 percent of the \$10 million county budget. Emergency medical services (EMS), which has been combined with public health to save costs, accounts for another 5 percent. At \$2.8 million, roads and bridges consume 23 percent of the county budget. Dibble stressed the importance of working together, and that county boundaries should not be barriers.

“It is important for you to put yourselves in the commissioner’s shoes.”

*– Bob Rein, Jr.,
Pawnee County Commissioner*

Pawnee County commissioner Bob Rein, Jr., provided some personal perspective on being a rural county commissioner. Public health is complex, he noted, and most county commissioners do not have a background in health or medicine. He encouraged public health

professionals to develop ways to demonstrate the value and performance of their programs.

National Perspective

Patrick Libbey, co-director of the Center for Sharing Public Health Services, a national initiative managed by KHI and funded by the Robert Wood Johnson Foundation, provided an overview of cross-jurisdictional sharing (CJS) as an option for delivering effective and efficient public health services.

Libbey described CJS as a continuum – from informal arrangements such as sharing equipment or expertise between jurisdictions – to merging multiple departments from different jurisdictions into a single agency. He discussed how the evidence base for improving effectiveness and efficiency through CJS is growing and noted several factors for success: clarity of objectives, mutual advantages to all jurisdictions involved, trust, positive personal relationships, and a sense of regional identity.

“We have about 2,500 local health departments in the U.S. Do we need 2,500? Can we afford 2,500? Can we imagine a day when all of them would meet accreditation standards on their own? Is it politically feasible to change the current local health department structure?”

*– Patrick Libbey,
Co-Director of the Center for Sharing Public Health Services*

Effective Services

A panel discussion facilitated by Gianfranco Pezzino, M.D., M.P.H., KHI senior fellow and strategy team leader, focused on the roles and challenges of a modern public health department. Panelist Lindsay Payer, Coffey County Health Department administrator, embraces her role as “chief health strategist.” Fern Hess, McPherson County Health Department administrator, and Dana Rickley, Clay County Health Department administrator, agreed. Hess and Rickley also stressed the importance of facilitating a “health in all policies” approach. All three administrators discussed the importance of workforce

development focused on the skills and expertise needed for meeting new challenges. They also stressed the importance of collaboration.

Governance & Delivery Options

Pezzino facilitated a second panel with local health department administrators representing several models for governance and service delivery.

Chardel Hastings discussed her role as administrator of the Southeast Kansas Multi-County Health Department, explaining that while the physical distance between county offices can present a management challenge, the structure has enabled them to offer a broad range of services and respond more effectively to “surge events” such as outbreaks.

Renee Hively, interim CEO of Flint Hills Community Health Center (a federally qualified health center that contracts with Lyon County to provide public health services) discussed the natural fit between primary care and public health. Hively noted that both groups benefit from a larger and more diverse pool of professional staff – which would not have been available to the health department alone.

Kerry McCue serves as the administrator of the Ellis County Health Department as well as the director of the county EMS department. McCue stated that combining these two roles has reduced costs, but he also noted the natural fit for the two departments.

Vada Winger, administrator of the Haskell County Health Department (which is operated by the Satanta District Hospital under a contract with the county) sees an advantage to having a combined hospital and health department, noting that their clinical services are more efficient with this arrangement.

Looking Ahead

While most of the state’s 100 local health departments are governed by county commissions as individual departments of each county, there are alternatives. As county commissions strive to meet increasingly complex public health needs with limited resources, there are several options for governance and service delivery they can consider. Public health is facing new challenges and local health departments will need to adapt by working more collaboratively with each other and with community partners.

KANSAS HEALTH INSTITUTE

The Kansas Health Institute (KHI) delivers objective information, conducts credible research, and supports civil dialogue enabling policy leaders to make informed health policy decisions that enhance their effectiveness as champions for a healthier Kansas. Established in 1995 with a multiyear grant from the Kansas Health Foundation, KHI is a nonprofit, nonpartisan educational organization based in Topeka.

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