

Accreditation Preparations in Kansas

Edie Snethen MS

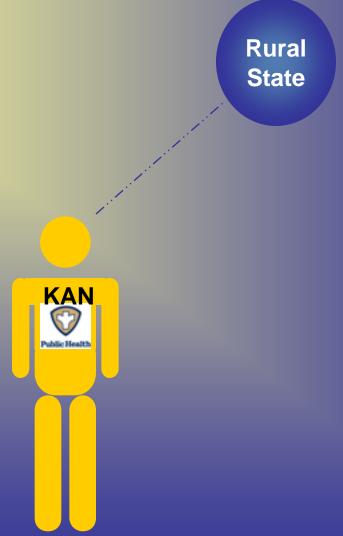
Kansas Association of Local Health Departments

American Public Health Association Annual Conference

November 7, 2007

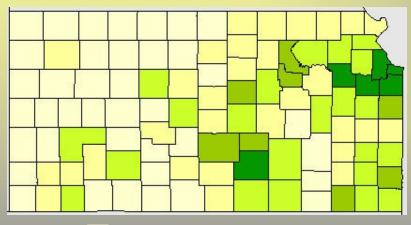


The Challenges Preparing for Accreditation





Rural State Challenge



- Frontier
- Rural
- Densely Settled
- Semi-urban
- Urban

Population Density
105 Counties
2.7 million people

Public Health Structure

100 local health departments 10 serve populations>50,000 64 serve populations<10,000

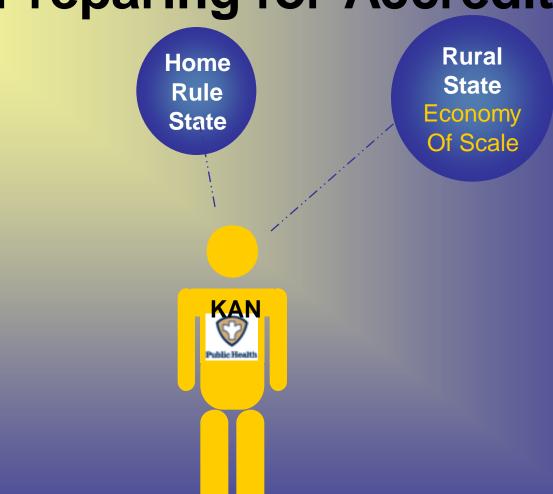


Rural State Challenge

Economy of scale



The Challenges Preparing for Accreditation





Home Rule State Challenge

Self Government by Localities

- government more responsive
- allows for flexible and innovative approaches to local problems
- relieves state legislatures of parochial issues
- 46 states allow municipal home rule
- 37 states allow some form of county home rule

Kansas Home Rule

- Strong component of political climate
- Poor/unpopular experience with recent state-led consolidation of other services

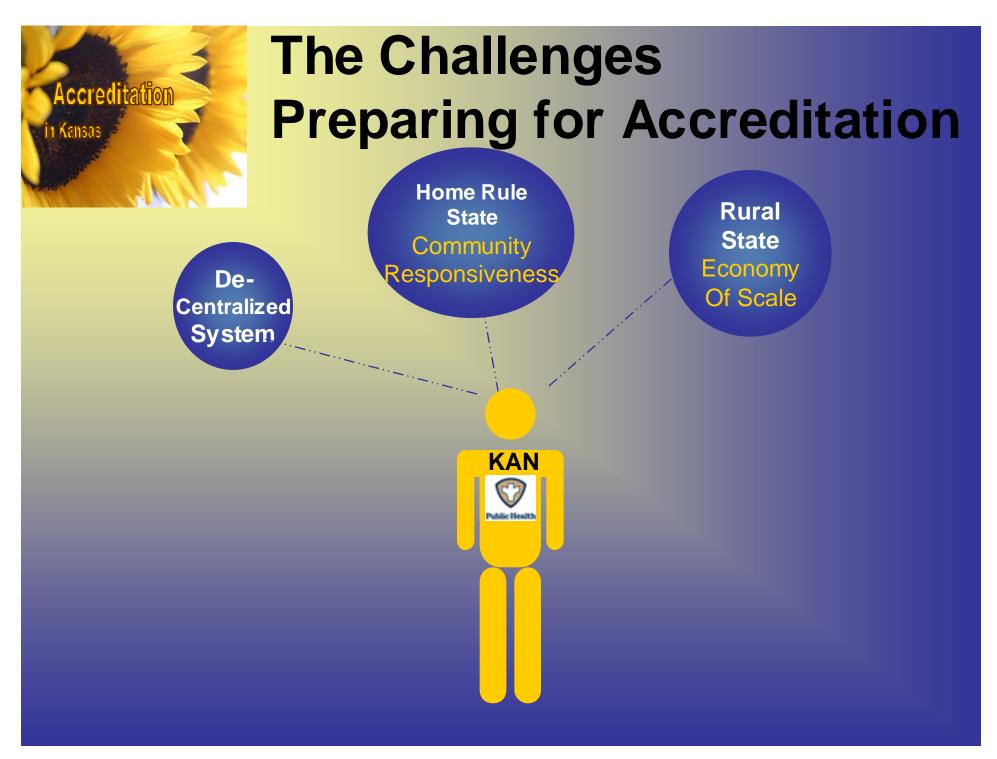


Home Rule State Challenge

Maintaining

Community Connection

& Responsiveness

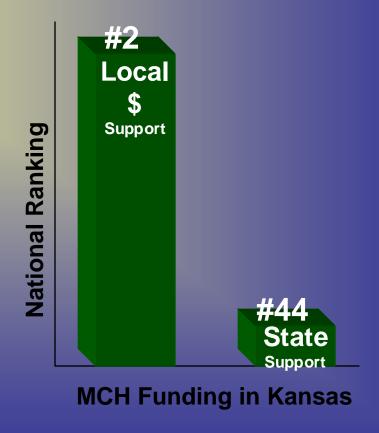




Decentralized State Challenge

Decentralized Public Health Services

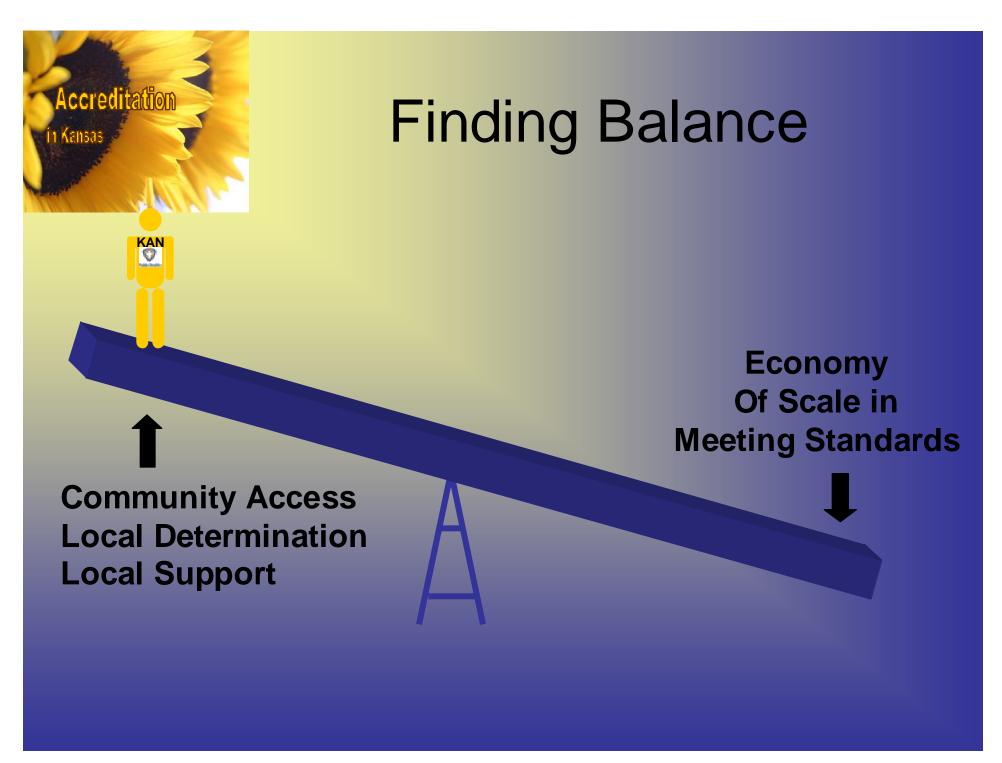
- 32 states have decentralized system
- Local determination
 enhances local financial
 support

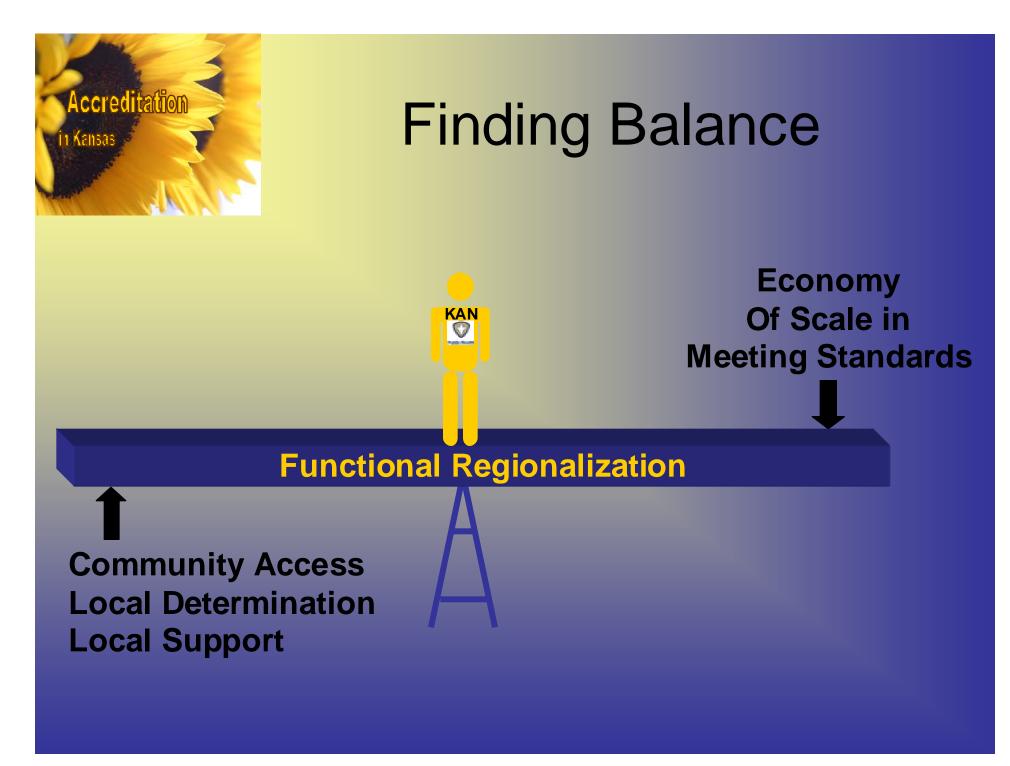




Decentralized State Challenge

Maintaining Local Support
Strengthening State Support







Finding Balance Functional Regionalization

Group of local health departments working together to ensure all residents of Kansas are provided basic public health services

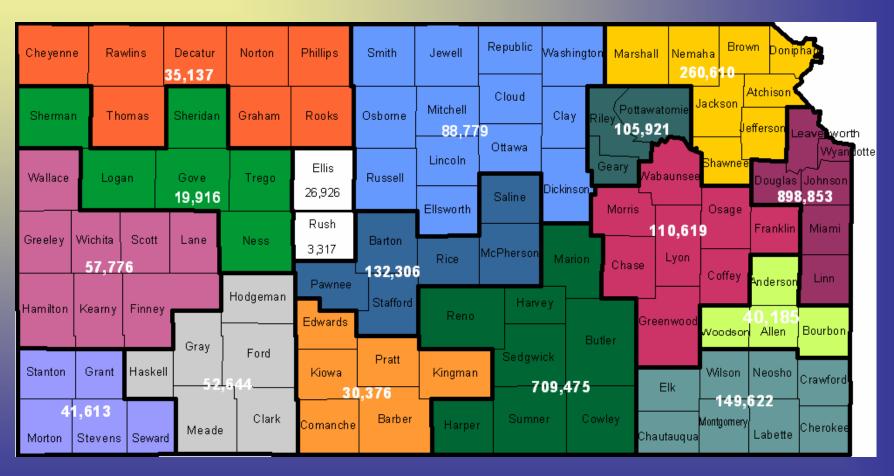


Functional Regionalization in a Home Rule State

- Bottom Up Regionalization
 - Rules of engagement
 - Pick your partners
 - At least 3 contiguous counties
 - Governance structure-each member dept. represented
 - Formal signed inter-local agreements
- Specific FUNCTIONS are targeted for addressing through regional approach while other services remain a function of the member departments
- Voluntary
- Established within preparedness program with financial incentive from local portion of funds



Functional Regionalization





Strategies for Building Functional Regionalization

NACCHO Regionalization Project

Quality Improvement Initiative MLC-2 Expanding
Regional
Performance
Management
System

Robert Wood Johnson

Preparation for Accreditation

Expansion Beyond Preparedness

Standardized Protocols Processes

Increase
Use of
Technology

Alignment of IT Systems w/ Local Business Practices

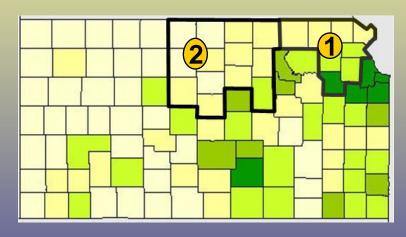
Preparedness
\$
Mitigation of
Size & Distance
Challenges



1 Northeast Corner Region

8 County health departments
260,000 population
Urban presence- Topeka
4,700 square miles
54 people per square mile

2 Regional Pilots



2 North Central Region

13 County health departments 89,000 population No urban presence 10,300 square miles

9 people per square mile



PHASE I

- Regional Application of Operational Definition of a Functioning Local Health Department
- Individual Health Department Assessments
- Regional Analysis of Assessment Results
- Technical Assistance with Assessment Consultant

Group of local health departments
working together to ensure
all residents of Kansas
are provided basic
public health services





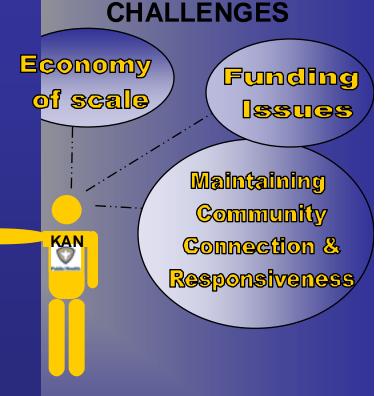
NACCHO V





PHASE II

- Regional Selection of Capacity Gap to Address Based on Assessments Compiled in Phase I
- Planning to Address Gap
- Engage Kansas Association of Counties and Local County Commissioners
- Technical Assistance
 - Planning Consultant
 - Legal Consultant
 - Economic Consultant
 - Communications Consultant



BALANCING



KAN

PHASE III EVALUATION

- Develop Case Studies
- Share Lessons Learned
- Create Awareness and Support for Functional Regionalization
- Position a rural state with a decentralized public health system for accreditation

Target

Audiences

Public Health Community

Other Kansas PH Regions

Kansas Policy Makers

Kansas Communities





Accreditation Approaches

- 1. Full Functionality within a Local Health Department
- 2. Consolidation of Departments to Achieve Full Functionality
- 3. Functional RegionalizationGroup of Local Health Departments
 Working Collaboratively
 to Achieve Full Functionality that is
 Economically Sustainable
 Politically Viable