



CASE STUDY: PUBLIC HEALTH SHARED SERVICES

Northeast Kansas (NEK) Multi-County Health Department

Overview

This case study features three counties in Northeast Kansas that are engaged in cross-jurisdictional sharing (CJS) to deliver essential public health services. CJS is the deliberate exercise of public authority to enable collaboration across jurisdictional (such as county) boundaries. CJS can increase effectiveness and efficiency by allowing public health officials and policymakers to pool resources with other jurisdictions in order to make a larger impact. This case study is based on interviews of local health department personnel in April 2015.

About the Area

The Northeast Kansas counties of Atchison, Brown and Jackson cover about 1,600 square miles and have a population of approximately 40,000 people. The largest city—Atchison—has about 11,000 residents. The rest of the area is characterized by small towns surrounded by rural, agricultural land.

History of Sharing

In the late 1960s, the three counties participated in regional health council meetings with a fourth county, Doniphan. At the meetings, community members provided input about the types of health services they needed in the area. The council determined that public health programs were lacking. At the time,

Figure 1. Northeast Kansas (NEK) Multi-County Health Department



Atchison, Brown and Jackson Counties share the Northeast Kansas Multi-County Health Department (Kristin Watkins, CEO).

Atchison had a city-county health department and Jackson County had a health department with only one nurse. The other two counties—Brown and Doniphan—didn't have health departments at all.

A federal grant provided funds to plan and develop a multi-county health department through an interlocal agreement in accordance with Kansas statute (K.S.A. 12-2901). As part of the planning process, a consultant from New York was brought in to help set up the department's structure. The result was the four-county Northeast Kansas (NEK) Multi-County Health Department, which was established on July 1, 1972.

There were two main goals for the combined health department. First, the health council wanted to provide the public health services the community needed. Second, they wanted

KEY POINTS

- Three rural counties share a public health agency called the Northeast Kansas (NEK) Multi-County Health Department, with locations in each county plus a home health agency that serves all three counties.
- A board of directors, appointed by county commissioners, provides governance. The CEO serves on the board, along with three people from each county—one health care provider, one county commissioner and one health care consumer.
- Challenges of operating as a multi-county health department include turnover in the CEO position, variations in funding for state-funded programs, and communication between sites.
- Benefits of operating as a multi-county health department include efficiencies which contribute to financial stability, moral support among peers, and diversity of perspectives on the board of health.

to pool populations and resources in order to compete with larger counties for grants.

One year after the formation of the NEK Multi-County Health Department, Doniphan County left the agreement due to political pressures in that county and a reluctance to contribute the funding required to stay.

Over the years, the NEK Multi-County Health Department has responded to a variety of changes. For example, it formed a home health agency in the mid-1970s because no other entity was filling that need at the time. In the late 1990s, the health department changed its legal status from a quasi-governmental entity to a private nonprofit 501(c)(3) organization.

Current Public Health Structure

A board of directors provides governance for the NEK Multi-County Health Department. The board is in charge of the budget, programs and personnel decisions. The board is appointed by county commissioners and consists of the chief executive officer (CEO) and three people from each county—one health care provider, one county commissioner and one health care consumer.

The NEK Multi-County Health Department currently has four sites. There is one site located in each of the three counties plus the home health agency, which is located in the city of Hiawatha in Brown County. The CEO is in charge of all four sites. There also is a chief financial officer (CFO) who serves as the accountant and human resources specialist. Despite being a single multi-county health department, each county has its own medical consultant. The medical consultant is in charge of writing standing orders for the provision of certain medications and accepting referrals as needed.

The Affordable Care Act has brought about changes in demand. The number of patients requiring free or reduced-cost services has declined as more people obtain health insurance coverage because of the law. As part of the effort to stay relevant, the NEK Multi-County Health Department is currently working toward billing private insurance for the services it offers. This will help bring more insured people into the health department, which will help to keep it financially stable. It also will help to reduce the perception that public health is only for low-income residents.

The NEK Multi-County Health Department is working to communicate that public health is for everyone,

and that the health department offers quality services at affordable prices. To increase the visibility of the health department, community clinics are being held at locations other than health department buildings. This offers community members the opportunity to become more familiar with the health department and its staff.

Challenges

There have been challenges over the years, but the organization has adapted to them.

For example, community members were initially concerned about the cost of developing a multi-county health department. Commissioners in each county made the case that it would be financially advantageous to pool resources and, eventually, community members saw the benefit and were supportive of the idea. Once the department was operational, staff further solidified community support by offering various outreach clinics.

Another challenge has been variations in funding for state-funded programs. In some cases, increases in funding resulted in new services. Shortly after becoming a multi-county health department, for example, additional funds became available that allowed the agency to offer maternal and child health services and family planning services. In other cases, decreased funding has driven a change in how services are delivered. The health department recently dropped its family planning grant from the state because it concluded that the funds did not cover the cost to provide the service. They designed and now run their own family planning service which operates on a sliding-scale fee basis.

At times, balancing flexibility with consistent services is challenging for the CEO. Flexibility is necessary due to differences in personalities and county demographics, but providing that flexibility creates additional work when ensuring that each community has access to the high-quality services that the health department provides.

Over the past several years, the CEO position has seen a high amount of turnover. The current CEO has been in her position for just over one year. It takes a special kind of person to be successful in the CEO role, because that person must spend a great deal of time in each community and must build relationships with each community's members and leaders. Therefore, CEO turnover can be challenging because relationships must be rebuilt each time a new person fills the role.

An ongoing challenge is communication between the four service sites. Because they operate in separate communities, it is hard to step back from the day-to-day work and share ideas. Communication is key to the success of the organization; therefore, public health staff continually work to improve it.

Outside pressures also affect health department programs. For example, demand for immunizations at the health department has decreased because other immunization providers have moved into the communities.

Benefits

Despite the challenges, the arrangement works for these communities. It has brought financial stability to the area's public health system. Home health services are profitable and provide operating income for the multi-county health department. Its nonprofit status has allowed it to re-invest profits within itself rather than depositing them into each county's general fund.

The sharing arrangement also helps the department to be more competitive for grants. Their nonprofit status allows them to apply for more grants and their combined size makes them more likely to receive grant funding.

They found efficiencies in the administrative structure by having just one CEO and one CFO provide administration and accounting services for all four sites. As a result, these three counties contribute fewer tax dollars per capita to public health than some of their peers in the region while also offering a full range of high-quality services.

While functioning as one multi-county health department, they are still able to be flexible within each county. According to one staff member, "One of the selling points of being a multi-county agency is that each county does not have to lose its identity. That is not what this is about. We are not cookie-cutter counties. A smart CEO figures out very quickly that each site must have a little flexibility in how they deliver their programs. Otherwise, it isn't going to work."

They are able to send fewer people to training events because just one employee from the department needs to attend instead of one from each county. This actually allows them to offer employees more diverse training opportunities and helps them to provide continuity of services to the community during training events.



Pictured in front of the Atchison County, Kansas office of the NEK Multi-County Health Department (left to right): Kristin Watkins, MBA, CEO; Kari Neill, RN, home health nurse supervisor; Connie Zeit, RN, Atchison County nurse supervisor; Cindy Cluck, CFO; Karla Harter, RN, Brown County nurse supervisor; Angie Reith, RN, Jackson County nurse supervisor.



Pictured in front of the Brown County, Kansas office of the NEK Multi-County Health Department (left to right): Cindy Cluck, CFO; Karla Harter, RN, Brown County nurse supervisor; Pat Scott, RN, former NEK Multi-County Health Department administrator; Kristin Watkins, MBA, CEO.

The arrangement helps them to assure adequate staff coverage. Since they all work for the same employer, it's no problem for a nurse from one county to fill in for a nurse from another county when that nurse must be out of the office.

Staff members enjoy the support of having regular contact with peers from other counties. They can share ideas and problem-solve together. They have also successfully managed themselves during times when the CEO position was vacant.

Having a diverse board of directors—as opposed to one that is made up entirely of county commissioners—benefits the health department because of the diverse perspectives represented. The board of directors is supportive of what's going on at the health department. One commissioner serving on the board noted that he wouldn't let another commissioner take his place because he valued being on the board and cared about what was happening at the health department.

Working with Tribes

One unique aspect of the counties involved with the NEK Multi-County Health Department is that they are home to all four of Kansas' sovereign nation tribes. There are three reservations in Brown County (Kickapoo Tribe of Indians, Sac and Fox Nation, and the Iowa tribe of Kansas and Nebraska) and one in Jackson County (Prairie Band Pottawatomi Nation). Relationships between the health department and each of the tribal nations are different, but one thing they all have in common is that personal relationships are the primary way they work together.

Some programs, such as the Head Start program on the Kickapoo reservation, have relationships that have lasted many years and work well. However, collaboration is more challenging for other programs due to the structure and funding of tribal health care systems.

Ultimately, the staff expressed that the tribe members are community members and, like all community groups, it takes hard work to gain their trust. "It is important to remember that they are part of the community... so our nurses work hard to establish good working relationships with them," said Angie Reith, nurse supervisor in Jackson County.

Home Health and Hospice

The home health program was established in 1975 to fill a need in the community. Twenty years later, in 1995, the county accepted its first hospice patient, a young community member who had breast cancer. As nurses, the health department employees were able to help her fulfill her wish of dying at home.

Memorial contributions for that first patient allowed the health department to serve other hospice patients. They purchased hospice supplies, funded a volunteer training class, and sent staff to a week-long training on the regulations, paperwork, and charts for hospice care.

Today, the home health and hospice program is able to bill Medicare, Medicaid and private insurance, which

helps to keep the entire health department financially stable.

Staff are happy that they were able to fill home health and hospice needs in the community. Sometimes public health must provide services that are not provided elsewhere. "That's public health!" noted Kari Neill, home health and hospice nurse supervisor.

Keys to Success

The dedicated and positive staff members are important contributors to the success of the department. CEO Kristin Watkins, who arrived at the agency just a year ago, noted, "I came into a fantastic team who could self-manage and only wanted to grow and develop as a combined unit and serve the public."

Communicating with stakeholders also plays an important role in the success of this shared service arrangement. Building on existing relationships is key to gaining political and community support.

The NEK Multi-County Health Department gathers feedback in order to stay informed about the communities' needs. This strategy has served the organization well. In order to stay relevant, the public health department must continue to evolve with the environment and the public's needs. When faced with changes, the health department leadership focuses on identifying the role of public health in the communities. "With health care changing and evolving over time, I see our role as filling in the niches," one health department staff member said.

The structure of the NEK Multi-County Health Department has endured for more than 40 years and has allowed public health to thrive in an ever-changing environment. Focusing on the future and ensuring financial stability and quality services are the hallmarks of this organization.

ABOUT THE ISSUE BRIEF

This brief is based on work done by Sarah M. Hartsig, M.S., Shawna Chapman, Ph.D., M.P.H., M.A., and Jennifer Boden, M.A. It is available online at www.khi.org/policy/article/ks_cjs_nek.

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