



**PUBLIC HEALTH SERVICE
DELIVERY IN PAWNEE COUNTY**
*A report for the
Pawnee County Board of Health*



Copyright© Kansas Health Institute 2018. Materials may be reprinted with written permission
Reference publication number KHI/18-04 or view online at khi.org/policy/article/18-04.

 212 SW 8th Avenue | Suite 300
Topeka, Kansas | 66603-3936

 785.233.5443

 khi.org

 /KHIorg

 @KHIorg

 @khiorg

PUBLIC HEALTH SERVICE DELIVERY IN PAWNEE COUNTY

*A report for the
Pawnee County Board of Health*

FEBRUARY 2018

Author

Gianfranco Pezzino, M.D., M.P.H.

Acknowledgements

KHI staff members D. Charles Hunt, M.P.H., Jason Orr, M.P.H., and Steve Corbett, Ph.D., provided extensive assistance in the preparation of this report.

The Center for Sharing Public Health Services (www.phsharing.org) contributed to this project with expert advice.

The Pawnee County Board of Commissioners devoted many hours to the facilitation of this project, and supported KHI staff with every need they had.

Table of Contents

Executive Summary	iii
Introduction.....	1
Project Activities	1
Background on Pawnee County.....	2
Demographic Information	2
Public Health in Pawnee County	2
Pawnee County Health Department.....	3
County Health Rankings	3
The Evolution of Public Health.....	4
Findings from the Stakeholders Meeting	5
General Perception of the Health Department	5
Foundational Capabilities	6
Assessment	6
All Hazards Preparedness/Response	6
Communications	6
Policy Development/Support.....	7
Community Partnership Development.....	7
Organizational Competencies	7
Addressing Health Equity and the Social Determinants of Health.....	8
Foundational Areas.....	8
Communicable Disease Control.....	8
Health Promotion and Chronic Disease and Injury Prevention	9
Environmental Health	9
Maternal and Child Health.....	9
Access to Clinical Care.....	10
Potential Pathway Forward.....	10
Action 1 – Select a public health service delivery model.....	10
The 10 Essential Public Health Services	12

Operational Definition of a Functional Local Health Department	13
Public Health Accreditation Board Measures and Standards.....	13
Foundational Public Health Services	15
Action 2 – Hire an Administrator to Fit the Model Chosen.....	17
Action 3 – Examine Current Services	17
Action 4 – Consider Additional Services.....	17
Action 5 – Revise the Community Health Improvement Plan.....	18
Action 6 – Develop a Strategic Plan for the PCHD	18
Opportunities for Collaboration and Resource Sharing	18
Administrative Services	19
Public Communications	19
Epidemiologic Support.....	20
Community Health Organizer.....	20
Individual Clinical Services	20
Additional Comments.....	21
Appendix A: Scope of Work.....	A-1
Appendix B: Public Health Service Requirements in Kansas.....	B-1
Appendix C: County Health Rankings.....	C-1
Appendix D: Kansas Foundational Public Health Services Model	D-1
Appendix E: Common Themes from Stakeholder Discussion.....	E-1
Appendix F: Stakeholder Survey Summary.....	F-1
Respondents	F-1
Survey Questions.....	F-1
Appendix G: Public Health Service Models	G-1
Appendix H: Sample Position Descriptions	H-1
Appendix I: Endnotes.....	I-1

Executive Summary

The Pawnee County Health Department is a small health department with 3.5 FTEs, located in Pawnee County (a small rural county in south-central Kansas with a population of about 6,700). The health department is currently without an administrator. The Pawnee County Board of County Commissioners (PN BOCC), which also serves as the Board of Health, engaged the Kansas Health Institute (KHI) for technical assistance regarding the current public health needs and service delivery within the county. The goals of this technical assistance were to provide the PN BOCC information regarding: (1) the current state of public health in Kansas; (2) how changing public health needs and changes in the health care system have driven efforts to modernize the public health system in the state and nationally; (3) health trends and needs in Pawnee County; and, (4) the perceived roles and responsibilities of the Pawnee County Health Department among community partners.

This report provides a summary of findings related to each of those areas and outlines a number of options for consideration by the PN BOCC. The report also includes a summary of the findings and themes that surfaced during a stakeholders meeting held in Larned, Kansas (the county seat). It also proposes for the PN BOCC a pathway to move forward, through the following steps.

1. Select a public health service delivery model.
2. Hire an administrator to fit the model chosen.
3. Examine current services.
4. Consider additional services.
5. Revise the Community Health Improvement Plan (CHIP).
6. Develop a strategic plan for the health department.

Throughout this process, special consideration should be given to opportunities for collaboration and resource-sharing with partners within and outside of Pawnee County. Other issues for the PN BOCC to consider include:

- Support staff during transition times;
- Address staffing shortage;

- Facilitate cross-training among staff;
- Encourage monitoring and evaluation of the health department activities;
- Assure that the health department can address the needs of all the county population, beyond the town of Larned; and,
- Explore options for establishing a health coalition.

Introduction

Pawnee County is a small rural county in south-central Kansas, with a population of about 6,700. The primary employers in the county include Larned State Hospital (the largest psychiatric facility in the state), the local hospital and local government. Agriculture and retail also play an important role in the local economy. Pawnee County Health Department is a small department with 3.5 FTE. The department is currently without an administrator. The Pawnee County Board of County Commissioners (PN BOCC), which also serves as the Board of Health, wishes to examine the current scope of health department services and operations and evaluate them against the needs of the community and best practices in public health. To this purpose, the PN BOCC engaged the Kansas Health Institute (KHI) for technical assistance regarding the current public health needs and service delivery within the county. KHI has extensive experience in assisting local health departments in evaluating needs and making recommendations for capacity-building for the delivery of effective public health services.

The goals of this technical assistance engagement were to build on KHI's work to provide the PN BOCC information regarding: (1) the current state of public health in Kansas; (2) how changing public health needs have driven efforts to modernize the public health system in the state and nationally; (3) health trends and needs in Pawnee County; and, (4) the perceived roles and responsibilities of the Pawnee County Health Department among community partners.

This report provides a summary of findings related to each of those areas and outlines a number of options for the PN BOCC to consider. These options can assist the PN BOCC in setting priorities and choosing delivery models for public health services in the county.

Project Activities

KHI performed work in the following areas:

- Describing the state of public health, including the current structure and environment, trends and changes to public health in both Kansas and the nation;
- Reviewing demographic information, health drivers and outcomes, and public health service delivery within Pawnee County; and

- Engaging stakeholders to understand needs of the community, perceptions of current and desired roles of the Pawnee County Health Department and other local input.

KHI staff delivered two presentations to the PN BOCC and facilitated one meeting with stakeholders.

Additional detail on project activities are provided in the following sections and in the scope of work (*Appendix A*).

Background on Pawnee County

Demographic Information

Pawnee County is designated as a rural county in Kansas and has a population of approximately 6,700 persons (according to 2016 estimates from the U.S. Census Bureau). While the total population of Pawnee County declined by approximately 6.8 percent between 2000 and 2016, it has become more diverse with respect to its racial and ethnic makeup. The population is now approximately 84.9 percent non-Hispanic White, 7.8 percent Hispanic, and 6.1 percent non-Hispanic Black. Overall, the minority population (i.e., all races and ethnicities other than non-Hispanic White), although still relatively small, increased by approximately 31.1 percent between 2000 and 2016. Additional detail on the demographic information for Pawnee County, including health risk factors, disease and disability data, may be found in KHI's *Chartbook: Racial and Ethnic Health Disparities in a Changing Kansas*.¹

Public Health in Pawnee County

The PN BOCC, which also serves as the Board of Health, is charged with delivering public health services to its citizens as outlined in statutes, regulations and, where existing, local laws. These services range from communication to the public for public health concerns, to investigating sources of disease, inspecting facilities, and communicable disease control. A listing of core public health functions required by Kansas statutes and regulations, as highlighted by the Kansas Department of Health and Environment (KDHE), is available in *Appendix B*.

Pawnee County also has a community hospital with about 25 beds, as well as several primary care clinics.

Pawnee County Health Department

Pawnee County Health Department is a small department with approximately 3.5 FTEs. The department has been without an administrator since November 2017. The yearly budget is approximately \$390,000, about 20 percent of which is funded through local taxes. Its primary activities and programs are listed below.

- Communicable disease surveillance, investigation and reporting, including (but not limited to) HIV, sexually transmitted infections, and tuberculosis.
- Emergency preparedness and response.
- Immunizations.
- Childcare licensing and inspections.
- Maternal and child health services, including breastfeeding, family planning and Special Supplemental Nutrition Program for Women, Infants and Children (WIC) nutritional program.
- Vision and hearing screening.
- Nail care clinics.
- Assistance for application for Medicaid insurance.
- Farmworker program.

The health department has conducted several Community Health Needs Assessments (CHNA), in conjunction with the local hospital and other partners, the most recent of which was in 2015. There is also a Community Health Improvement Plan (CHIP) that addresses partner initiatives through mid-2018.

County Health Rankings

In the 2016 County Health Rankings, Pawnee County ranked 86th for health outcomes and 55th for health factors. Main factors that negatively affected the ranking were a high number of sexually transmitted infections, premature deaths, and low birthweight infants. For Pawnee County's report, please see *Appendix C*.

The Evolution of Public Health

Public health functions in Kansas (like in many other states) are a responsibility of local units of government, namely counties. Each board of county commissioners also serves as the county board of health, and has the authority to hire and fire the local health officer and health department administrator. Kansas law gives local boards of health the authority to enter into agreements with each other to share resources and programs, including the option to merge their health departments. There are 100 local public health departments in the state, serving all 105 counties. A few counties are served by a multi-county health department.

The role of local health departments has evolved over time, in response to important changes in disease epidemiology. In the first part of the 20th Century, the main causes of disease and deaths were infectious, and public health agencies had a major role in containing the spread of communicable diseases. Advancement in public health interventions (e.g., the introduction of new, effective vaccines) and in the general sanitary conditions of the population, led to a decrease in instances of infectious disease. At the same time, chronic diseases, often related to lifestyles, became more common, and health departments' priorities had to address risk factors and diseases, such as tobacco use, diabetes, cardiovascular disease, healthy eating, active living, alcohol use and substance abuse (in addition to continuing to monitor infectious disease). This shift is reflected in changes in the types of services that public health agencies offer, with less emphasis on individual clinical services and more resources devoted to community-based and population-based disease control activities.

Today, health departments in Kansas offer a broad array of services. Some of these are required by state law or are a condition to receive state funding. Other services address community needs that vary from place to place. A list of core public health functions required by Kansas statutes and regulations, as described by the Kansas Department of Health and Environment (KDHE), is available in *Appendix B*. Health departments in rural counties like Pawnee County tend to be more engaged in individual clinical services than those in urban areas, as a result of a shortage of alternative resources for clinical care in rural communities.

In the past five years, there has been a growing interest among health departments in Kansas on building community partnerships to address the multiple determinants of health. The Kansas Association of Local Health Departments (KALHD) has adopted a Foundational Public Health

Services model (*Appendix D*) that is aimed at moving the public health system in that direction. This model is still aspirational, with some health departments moving more aggressively in that direction, and others adopting a more cautious approach.

Findings from the Stakeholders Meeting

The stakeholders meeting took place in Larned on December 18, 2017. Twenty-seven representatives from 12 organizations attended a four-hour work session during which participants divided into two groups to discuss the current capacity of the Pawnee County Health Department and its partners to address the needs of its community. The FPHS model was used to guide the discussion, but there was no assumption that it should be the model implemented in Pawnee County. For each Foundational Capability and Foundational Area, participants discussed the extent to which needs were met by the health department or other partners in the community, and the potential for collaboration and resource-sharing. Each participant was encouraged to participate in the discussion and to write down any pertinent comments on each Foundational Capability and Foundational Area. A summary of the stakeholders meeting, including a list of organizations present and key themes, is available in *Appendix E*.

After the meeting, participants were given the option to complete an online survey where they could add comments and recommendations. A total of seven surveys were submitted. Respondent backgrounds and survey responses are included in *Appendix F*.

The following sections describe the content of the discussion, the meeting notes and the online survey.

General Perception of the Health Department

In general, public health services in Pawnee County are valued by local partners and the community at large. The large turnout at the stakeholders meeting is testimony to the role of the health department as a key player to address public health issues in the county. Throughout that session, and during side conversations with several partners, it was clear that there was a desire in the community for a strong presence of the health department and its public health services.

While the role of the public health agency is kept in high consideration, there was also awareness that the health department has faced multiple challenges in recent years, including

changes in leadership and reductions in staffing and budget, all of which have affected its ability to meet the growing demand for services.

Additional definitions for the Foundational Capabilities and Foundational Areas in the following subsections may be found in *Appendix D*.

Foundational Capabilities

Assessment

The Assessment capability includes activities for the collection and analysis of data in support of multiple public health activities. The Pawnee County Health Department is able to manage some basic assessment functions. For more advanced or resource-intensive tasks, the health department relies heavily on KDHE. There also seems to be limited capacity to routinely analyze data of public health relevance or monitor disease trends in the community, due to factors such as a lack of skills for this work and a lack of time.

The health department has participated in multiple Community Health Needs Assessments, in which the local hospital had a leading role. A Community Health Improvement Plan was developed as a result of the health assessment.

All Hazards Preparedness/Response

The All Hazards Preparedness/Response capability includes activities critical to prepare for and respond to public health emergencies. Staff at the health department is trained to operate under an Incident Command System and has practiced their preparedness skills multiple times through exercises with its community partners. The health department has a call-down system to alert staff and partners about a possible emergency, but has no means to transmit emergency communication messages directly to the public (e.g., through a mass texting program).

Communications

The Communications capability includes activities to develop and implement a comprehensive communications strategy. Several partners commented on the difficulty of “sending the word out” in a small community like Pawnee County. The local newspaper is published a few times a week, and there are no local TV or radio stations. The Pawnee County government does not have a public information officer, and when necessary, the county attorney often fills that role.

The local newspaper reporter attends and publishes summaries of the PN BOCC meetings. The health department has access to the hospital's communication officer, and has also a working relationship with radio and TV stations in Great Bend that reach an audience in Pawnee County.

The health department has Facebook and Twitter accounts, but by their own admission, these are under-utilized. The health department also takes advantage of public gatherings such as the County Fair to spread information about its programs.

Policy Development/Support

The Policy Development/Support capability includes activities to inform, develop and implement public health policy. The health department relies on the Pawnee County commissioners to set public policies, and focuses its attention on internal policies and program implementation. The commissioners, on the other hand, have indicated that they often don't feel they have adequate knowledge of appropriate policies and strategies to address public health issues.

Community Partnership Development

The Community Partnership Development capability includes activities to improve collaboration and interdependence within the public health system. Partners and health department staff indicated that they consider their relationships good and are able to collaborate as needed. Aside from sharing a dietician with nearby Barton County for the WIC program, collaboration activities are based mostly on informal agreements. Some potential partners were mentioned that are not often involved in collaboration activities with the health department, such as 4H, the local grocery store, the extension office and United Way. The county does not have a formal health coalition.

Organizational Competencies

The Organizational Competencies include activities to support the business, management and leadership functions within the public health system. All the partners expressed their gratitude and respect for the health department staff and acknowledged that staff work very hard under difficult conditions. Somebody stated that a few years ago the health department had six or seven employees, while now (with more responsibilities assigned) staffing is limited to three and one-half FTEs (one of which is currently vacant). Staff burn-out is a serious concern. One of the effects of the staff shortage is that at times individuals are asked to perform tasks that are

beyond their skill set. Another consequence is that staff have no time to attend training sessions and improve their knowledge and skills. Some partners mentioned that it would be desirable to have someone on staff with an advanced degree in public health (for example, a Master in Public Health), but budget constraints and the difficulty to attract qualified candidates to Pawnee County for such a job make this unlikely to happen any time soon. In addition, the county government does not have information technology specialists, and each agency relies on contracts with third-party vendors.

Addressing Health Equity and the Social Determinants of Health Competencies

Health Equity and Social Determinants of Health includes activities to identify and respond to health disparities and the needs of vulnerable populations. Pawnee County has a mostly homogenous Caucasian population, with a small but growing Hispanic community. The health department prepares informational material in both Spanish and English, and has a phone translator available when needed. Some participants commented on the existence of pockets of population who live under stressful financial conditions, as demonstrated by the fact that over 55 percent of students are eligible for the free or reduced lunch program. Some programs exist that target low-income individuals; these programs are led by other partners, and the health department sometime participates in them.

Foundational Areas

Communicable Disease Control

The Communicable Disease Control area includes programs and activities to prevent and control the spread of communicable disease. This is traditionally an area to which health departments (particularly in rural areas) devote a substantial proportion of their time and resources, and Pawnee County is no exception. The health department reports to the state health department cases of reportable conditions and conducts follow-up investigations on those individuals and their contacts as necessary. Many communicable disease control activities are assigned to the administrator. The health department has no staff available to monitor trends of infectious diseases on a regular basis, and staff rely on KDHE to alert them of unusual events or changes in disease incidence that need attention. The health department staff also depend on KDHE and

the Barton County Health Department for surge capacity when disease control activities exceed its limits.

Health Promotion and Chronic Disease and Injury Prevention

The Health Promotion and Chronic Disease and Injury Prevention area includes programs and activities for health promotion and chronic disease and injury prevention, with special attention to the leading causes of death in Kansas. The health department has no health educator on staff, and conducts a limited set of activities in this area. Some health promotion activities around healthy eating target WIC and family planning clients. Outside of those programs, the health department relies primarily on partners to conduct their activities in this area. The hospital has a series of interventions aimed at preventing or mitigating the effects of chronic diseases. Absent a health coalition in the county, there is little coordination of these activities among partners.

Environmental Health

The Environmental Health area includes programs and activities to prevent and reduce exposure to environmental hazards. The health department is involved in mosquito control activities, has radon and lead testing programs, provides inspections of childcare establishments, and provides education on the risk of carbon monoxide poisoning. The health department also works with the city of Larned when there are concerns about sanitary conditions in private or public buildings. Limited attention is devoted by the health department to the built environment, although some partners have worked to increase walkability in Larned. The health department follows up on cases of elevated blood lead level, but its capacity for such activities is limited.

Maternal and Child Health

The Maternal and Child Health area includes programs and activities for the prevention of developmental impairments and life-threatening illnesses in mothers and children. The health department has a strong record in this area. Most services are accessed through the WIC program, funded by the federal government through KDHE. Services for non-WIC clients are more limited. There is also a Healthy Start program and a breastfeeding program. Despite these efforts, partners mentioned several ongoing problems in this area, such as a high number of low-birthweight newborns and pregnancies in women with substance abuse problems. Good collaboration and informal referral systems exist among partners, including those in Barton County. The absence of a local pediatrician or obstetrics-gynecology specialist was noted.

Access to Clinical Care

The Access to Clinical Care area includes programs and activities for assuring access to specific preventive and primary care clinical services. In general, for this essential public health service, the health department's role is to monitor and facilitate access to basic health care services for its citizens, not necessarily to provide those services directly. Currently, the health department provides several clinical services, including family planning, women's health, immunizations, testing for HIV and sexually transmitted infections, KANBeHealthy screening for young children, and others. It was noted that there are several options in Larned for clinical services, including the hospital and multiple clinics and dentists. Nevertheless, some problems remain unaddressed, including access to mental health and substance abuse treatments. Areas outside of Larned have even fewer options for clinical services.

Potential Pathway Forward

The technical assistance from KHI is aimed at providing the PN BOCC with information helpful in the decision-making process for which organizational and governance model to adopt and which public health services to provide. KHI is proposing the following pathway for the PN BOCC to finalize its decisions. The following steps do not need to be followed in the sequence that they are described in the document, although careful attention should be paid to the logic behind the step sequence. For example, the selection of a public health service delivery model should come before exploring any of the other steps; but the development of a Community Health Improvement Plan could take place while examining current and additional services.

Action 1 – Select a public health service delivery model

Before decisions are made regarding the services offered and the optimal structure for the health department, it is important for the PN BOCC to decide which public health model is most suitable for its vision and the needs of the community. A brief review of some models for the delivery of public health services is discussed below. While going through the deliberation process, the PN BOCC may want to take into consideration the following factors.

1. How close is the model to the history and tradition of public health services offered in the county? Is there a consensus among partners and the PN BOCC about how to balance continuity and tradition versus innovation?

2. What is the desired balance between individual clinical service and community-based activities?
3. Can the chosen model be explained easily to the community and the partners?
4. What level of resources does the model require?
5. How easily would it be to foster collaboration and resource-sharing with partners through this model?
6. How easy would it be to implement the model gradually?

The PN BOCC does not need to adopt one model in full. The board can adopt portions of different models that appear more suitable to meet its needs. The most important feature of this step is the discussion about the values and principles that should guide the decision-making process. Any future decision about what services to offer, enhance or reduce (including decisions about applying for specific grants) should be made within the framework of these discussions.

The 10 Essential Public Health Services

The Core Public Health Functions

Steering Committee developed the framework for the 10 Essential Public Health Services in 1994.² The committee included representatives from U.S. public health service agencies and other major public health organizations.

Advantages

- This model is well-known in the public health community, and there is a multitude of documents available to describe each of the components.

Challenges

- The model may be difficult to explain to governing bodies or other audiences that do not have a deep understanding of public health functions.
- The model has been criticized for being a theoretical framework, more than a practical tool for the selection and implementation of services.

A synopsis of the 10 Essential Public Health Services is presented in *Appendix G*.

ESSENTIAL PUBLIC HEALTH SERVICES

Organized according to the "three fundamental purposes of public health" – assessment, policy development and assurance – the essential services include the following:

- 1) Monitor health status to identify and solve community health problems;
- 2) Diagnose and investigate health problems and health hazards in the community;
- 3) Inform, educate and empower people about health issues;
- 4) Mobilize community partnerships and action to identify and solve health problems;
- 5) Develop policies and plans that support individual and community health efforts;
- 6) Enforce laws and regulations that protect health and ensure safety;
- 7) Link people to needed personal health services and assure the provision of health care when otherwise unavailable;
- 8) Assure competent public and personal health care workforce;
- 9) Evaluate effectiveness, accessibility and quality of personal and population-based health services; and
- 10) Research for new insights and innovative solutions to health problems.

Operational Definition of a Functional Local Health Department

The Operational Definition of a Functional Local Health Department defines what people in any community can reasonably expect from their local governmental public health presence.³ It sets forth a series of standards based on the Ten Essential Public Health Services, and matches closely the standards of the national accreditation program operated by the Public Health Accreditation Board (PHAB – described below). The model was developed in 2005 by the National Association of County and City Health Officials (NACCHO). It contains a list of specific activities aimed at implementing the 10 Essential Public Health Services. For more information, review NACCHO's *Operational Definition of a Functional Health Department*.⁴

NACCHO supports voluntary accreditation for health departments through PHAB and encourages the use of the Operational Definition as an accreditation preparation tool. Beyond the launch of the national accreditation program, NACCHO believes that the Operational Definition will continue to remain valuable in defining the work of local public health practice.

Advantages

- More detailed and operationally oriented than the 10 Essential Public Health Services documents.
- Closely aligned with the accreditation requirements established by PHAB.

Challenges

- Often used for general guidance, not as a detailed document on how to select public health programs to offer in a health department.
- There is no guidance on how to prioritize the implementation of services.
- It is based on the 10 Essential Public Health Services, a model that is considered by some as obsolete.

A synopsis of the *Operational Definition of a Functional Health Department* is presented in *Appendix G*.

Public Health Accreditation Board Measures and Standards

The Public Health Accreditation Board (PHAB) was formed as the nonprofit entity to implement and oversee national public health department accreditation, and program development began in

May 2007 with the incorporation of PHAB. The standards and measures were the products of months of development by the PHAB Standards Development Workgroup, which included state and local public health professionals, national and federal public health experts, public health researchers, and other technical experts. Version 1.0 of the PHAB Accreditation Standards and Measures and the Guide to National Public Health Department Accreditation were released to the public in July 2011. An updated version 1.5 of those documents was released in 2014. National public health department accreditation launched on September 14, 2011. The program is voluntary, and requires health departments to conduct a series of review activities and submit documentation to PHAB. If PHAB determines that the documentation is sufficient for undertaking the accreditation process, a site visit is conducted and a decision about the accreditation status of the health department is made.

PHAB standards are modeled and organized after the 10 Essential Public Health Services, and contain details about how a health department can demonstrate proficiency in each of those areas in order to be eligible for accreditation. The list of the standards can be found online on the PHAB website.⁵

Advantages

- PHAB measures and standards are recognized by most public health professionals as the gold standard for high-quality public health services.
- PHAB measures contains details to guide in the selection of public health activities consistent with the 10 essential services.

Challenges

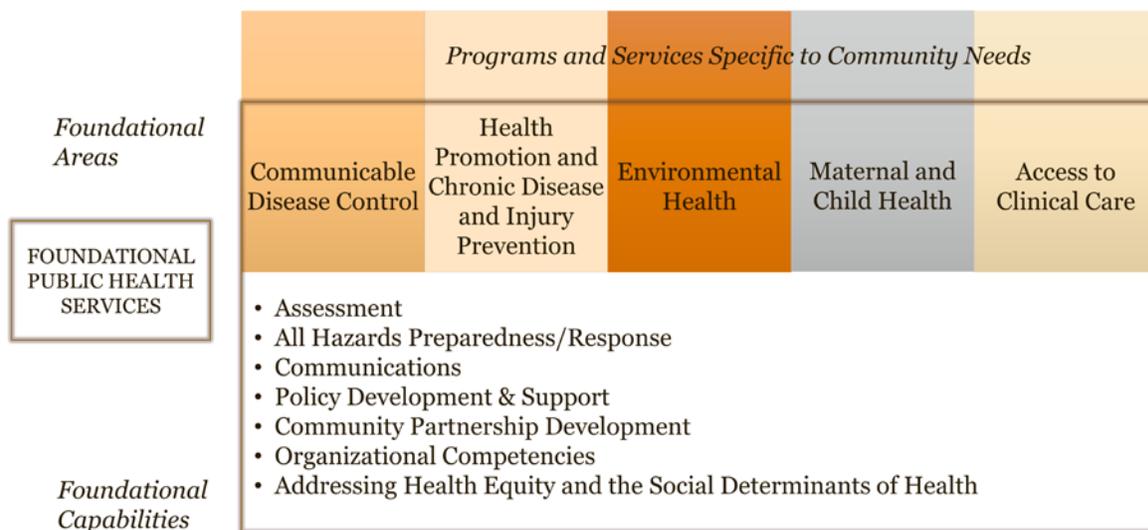
- PHAB measures and standards may be difficult to achieve for small-size health departments.
- Just like for the Operational Definition, there is no guidance on how to prioritize the implementation of services.

The current version of the PHAB Standards and Measures, Version 1.5, are included in *Appendix G*.

Foundational Public Health Services

The Foundational Public Health Services (FPHS) are the suite of skills, programs and activities that should be available in every community through state or local governmental public health agencies as basic components to keep the public safe and healthy. This model was first developed in 2013 by a workgroup funded by the Robert Wood Johnson Foundation.⁶ Since then, variants of the model have been developed in several states, including in 2017 in Kansas, detailed within a Kansas Health Institute report.⁷ The FPHS are primarily population-based preventive health services that are best addressed by governmental public health and may be mandated by state or federal law. The model consists of Foundational Capabilities and Foundational Areas. The Foundational Capabilities are cross-cutting skills and capacities that support the Foundational Areas. Foundational Areas are the substantive areas of expertise or program-specific activities. Within each Foundational Capability and Foundational Area, there is a list of components that further define what it means to fully implement that capability or area. There may be additional programs and activities that are of critical significance to meet a specific community's needs. These services, while important, are not included in the FPHS model because they are not expected to be present in all communities.

Kansas Foundational Public Health Services Model



Advantages

- Model developed by public health professionals with a focus on clearly defining which public health services should be available in each community.
- Relatively easy to understand and explain.
- Detailed enough to guide the selection of services and activities.
- Flexible enough to be adapted to meet different local needs.
- It can be implemented in a modular way.
- It is regarded in the public health field as the model best attuned to describe the roles of a modern public health system.
- In Kansas, the model has been adopted by the Kansas Association of Local Health Departments (KALHD).

Challenges

- It is a relatively new model, still in evolution, and many important details (including implementation costs) are still under development.
- Since it is a relatively new model, there are few examples of implementation from which to learn.
- While it has the support of large portions of the public health community in Kansas and elsewhere, there is still skepticism among some about its suitability and feasibility.
- The focus on population-based services could lead to a reduction in revenues from insurance and client payments for personal clinical services no longer provided by the health department. (The effects of this reduction could be mitigated by the acquisition of grants to fund the new services.)

Appendix D contains expanded definitions for the model and a synopsis of its development.

Action 2 – Hire an Administrator to Fit the Model Chosen

Since the last administrator left a few months ago, the health department has been challenged by the resulting lack of leadership and for being severely understaffed. Hiring a new administrator is a priority for the PN BOCC, but the board has been hesitant to proceed until there was more clarity on the objectives and scope of work of the agency. An agreement on the service delivery model (described in the previous section) should pave the road to hiring an administrator. The service model chosen can help select the right person for the job. If the PN BOCC decides to continue with a more traditional model based primarily on personal clinical services and individual health education, hiring someone with a health-related background (such as a nurse or other health care provider) could be helpful. If a decision is made to limit the involvement in personal clinical services and focus more on community-based activities and collaboration and coordination with partners, candidates with other backgrounds could be more appropriate; examples include individuals with a Master in Public Health degree and/or education and experience in coalition building, communication and administration. Some examples of position descriptions for health department positions with different backgrounds are presented in *Appendix H*.

Action 3 – Examine Current Services

After hiring a new administrator, the next step is conducting a thorough review of all the services currently offered by the health department, under the leadership of the administrator. During the review, some important questions to be addressed include the extent to which each service fits in the chosen model and whether there is a duplication of that service when the same service is provided (or could be provided) by other partners. At the end of this process, a decision can be made for each service on whether retaining, expanding or reducing it.

Action 4 – Consider Additional Services

Another important consideration is whether to introduce additional services currently not offered by the health department. Once again, the service model selected in the first step should provide some guidance for this decision. Other elements to consider include community needs (as identified in the Community Health Needs Assessment), whether partners are providing or could provide additional services, and the availability of the resources needed to introduce and run the service.

Action 5 – Revise the Community Health Improvement Plan

A community health improvement process uses data from the Community Health Needs Assessment to identify priority issues, develop and implement strategies for action, and establish accountability to ensure measurable health improvement, which are often outlined in the form of a Community Health Improvement Plan (CHIP). A community health improvement process describes ways in which the activities of many organizations contribute to community health improvement, beyond the performance of an individual organization. The current CHIP developed for Pawnee County covers a period ending in June 2018. The plan will need to be revised to reflect the decisions made about what services will be available at the health department and how partners will work together to meet the health needs in the community. It would be helpful if the revised CHIP included specific timelines and an indication of what areas of intervention are considered as priorities by the partners.

The Kansas Health Institute has developed a number of tools for Community Health Assessment and Community Health Improvement Planning, including the *Community Health Assessment (CHA) Handbook* and the *Community Health Improvement Planning (CHIP) Handbook*.^{8,9}

Action 6 – Develop a Strategic Plan for the Health Department

While the CHIP describes how multiple partners collaborate to address the community's health needs, the strategic plan deals only with one organization, and includes detailed activities that the organization will conduct to fulfill the commitments listed in the CHIP. For each activity, the plan includes timelines, performance measures, and individual responsibilities. The CHNA, CHIP and strategic plan together represent the three most important pillars to support the activities of a health department.

The Kansas Health Institute assisted iBossWell with the development of a resource for strategic planning, entitled *Strategic Planning in the Public Health Sector*.¹⁰

Opportunities for Collaboration and Resource-Sharing

For the health department to be able to deliver the desired services efficiently and effectively, it is imperative that the PN BOCC and the health department staff use all opportunities for collaboration and resource-sharing available to them. For the purpose of this document, *collaboration* means working together with partners to achieve common results and goals.

Resource-sharing is a particular type of collaboration that includes sharing assets and resources with other agencies or partners. *Cross-jurisdictional sharing* means sharing resources among health departments in different jurisdictions. Collaboration, resource-sharing, and cross-jurisdictional sharing are all important, related strategies to maximize the results of the resources invested, and can allow for the delivery of services that the health department may not otherwise be able to afford.

The Pawnee County Health Department has strong support from its community partners, which was clearly demonstrated during the stakeholders meeting. That has led to several instances in which the health department has successfully collaborated with other agencies. Building on this positive track record, the health department can explore additional options for collaboration and resource-sharing. Some possible areas with a good potential for collaboration and resource-sharing are listed below. This list is provided as an example and is not meant to be all-inclusive.

Administrative Services

There are multiple successful examples of collaboration and resource-sharing between a health department and other partners or with health departments in other jurisdictions to provide better, more efficient administrative services. In some cases, two health departments decide to share an administrator. This often allows for recruitment of better-qualified administrators at a smaller cost for each of the participating health departments. These arrangements require a high degree of trust and flexibility on the part of the governance bodies and the health department staff in the jurisdictions involved, since they deal with the highest position of authority in the health department. This option is easier to implement when one or more administrator positions are vacant. Other administrative and support services often shared include information technology, legal counsel and human resources. In some cases, the sharing involves not just the public health agency, but all the government agencies in two or more jurisdictions.

Public Communications

A strong public communications officer can be very helpful for a health department, allowing better communication with the general public about services and activities conducted by the health department, both routinely and during an emergency. This in turn can result in better access to public health services and increased support for the health department. This person is often also in charge of assuring a presence for the health department in the social media

environment. A public communications officer can also facilitate coordination of efforts between the health department and other partners. These functions become particularly important during acute crises or public health emergencies.

Epidemiologic Support

While the Kansas Department of Health and Environment (KDHE) provides epidemiologic support to many small health departments in the state, its resources are also limited. Health departments often benefit from having their own epidemiologist on staff to assist both during acute events (such as foodborne outbreaks) and for routine analyses of disease trends in the population. For small health departments, it is inefficient and often impossible to recruit qualified epidemiologists; that option becomes more achievable if two or more health departments join forces and share an epidemiologist.

Community Health Organizer

This professional figure leads activities in the community that promote the creation of the conditions that allow each individual to reach his or her best health potential. They usually coordinate cross-sector activities with multiple other partners. In some cases, they lead or facilitate the work of formal community health coalitions that meet regularly to organize health promotion activities.

Individual Clinical Services

The provision of individual clinical services currently consumes a large share of time and resources from the health department. During the stakeholders meeting, several partners stated that they have the capacity to absorb some of those services. While any shifting of responsibilities from the health department to other partners should be decided with caution (to avoid the risk of decreasing access to those services for the population that needs them), this is an area for which collaboration and resource-sharing could be beneficial. The extent to which the PC BOCC could use these sharing options depends in part by the public health service delivery model chosen by the board, since some models are more suitable than others to this shifting of tasks.

Additional Comments

There are a few other issues that the PN BOCC may want to address. They are listed below, in no particular order.

- The health department has gone through several changes, and there seems to be some anxiety among the staff and community partners about the implications of those changes. Change is often stressful, and people may need help to navigate successfully through the change process. Change management refers to the tools, process and techniques that can be used to assist individuals and organizations going through important changes. It would be important for the PN BOCC to become familiar with some change management principles and use some of those tools to mitigate anxiety during transition times. Without going into too many details that are beyond the scope of this document, we will only mention that good, open communication is at the base of much of the change management process. Being straightforward about what is known, what is not known, and the different steps or options being contemplated, can help the people touched by the changes feel reassured and more involved in the process.
- It appears clear that, regardless of how the health department activities will be organized, the agency is understaffed. The board may want to consider mechanisms to assure more staffing capacity, by hiring new staff and/or collaborating with partners to deliver some services (which would reduce some pressure on the health department staff).
- Many critical tasks and training opportunities seem to be concentrated on the health department administrator. This may be problematic if the administrator is not available, and may lead to confusion about roles and responsibilities for the rest of the staff. It may be helpful to review the specific position descriptions for each staff member, assuring that each has the opportunity to participate in appropriate professional development activities, and to provide some level of cross-training so that no critical activity depends on only one person's knowledge or presence.
- It appears that staff are so busy with their daily activities that they rarely have the opportunity to pause and assess if what they are doing is producing the intended results. Allocating some resources towards monitoring and evaluating program activities could

improve the effectiveness of the programs and the identification of priority areas. Periodic staff retreats could be helpful in this respect.

- Like it often happens in small communities, personal relationships play a large role in assuring coordination and information exchange among partner organizations. Despite their importance, these strong connections are not always an effective substitute for more structured collaborative mechanisms to maximize the effectiveness and efficiency of the services provided. Examples of areas that could benefit from a more structured approach are public health preparedness (including mechanisms for surge capacity) and public communications.
- Much of the discussion and information shared during this project refers to Larned, where most of the county's population resides. Since the health department serves the entire county, it is important that adequate attention be devoted also to areas outside Larned, to be sure that the needs of people living there are met and that they have access to the same services as the population living in town.
- The creation of a formal health coalition in Pawnee County, with participation from the health department and its partners, could contribute substantially to the successful implementation of the health department strategies and the support that the health department receives from the community.

Appendix A: Scope of Work

Area: State of Public Health

A key component of the project will be to review and discuss the current state of public health in Kansas, including relevant state statutes and regulations and infrastructure (e.g., staffing, funding, governance structures) of the system throughout the state. This contextual information is important for a better understanding of the role and responsibilities of a local Board of Health like the PN BOCC. While public health departments emerged with a primary responsibility for infectious disease control, their responsibilities have grown to meet the needs of the communities and in response to changing public health needs. In the early 1900s, the major causes of morbidity and premature mortality were due to infectious diseases. And while infectious disease control is still a critical component of public health, most of today's leading killers are chronic diseases and injuries. Therefore, it will also be important for the PN BOCC to understand current trends in population health and how governmental public health departments and systems must adapt to address the complex nature of public health problems.

Recognizing these challenges, in 2015, the Kansas Association of Local Health Departments (KALHD) adopted its vision, "*A system of Local Health Departments committed to helping all Kansans achieve optimal health by providing Foundational Public Health Services.*" This vision statement was adopted based on work by the Institute of Medicine, which in 2012 released *For the Public's Health: Investing in a Healthier Future*.¹¹ In this report, the IOM stressed the importance of partnerships and cross-sector collaborations to provide a *minimum package of public health services*. KALHD and its partners (organized in a coalition named the Public Health Systems Group (PHSG) (representing public health practice, academic institutions, government and charitable organizations), developed a Kansas model for a minimum package of public health services, named Foundational Public Health Services (FPHS). The PHSG is currently engaged in a variety of activities to plan and test the implementation of the Kansas FPHS model.

Activities:

- Review information regarding statutory and regulatory requirements for local health departments in Kansas;

- Review information regarding the current programs / activities, structure, staffing, and funding of local health departments in Kansas and compare to regional and national data when available; and
- Review information regarding the Kansas Foundational Public Health Services model.

Area: Understanding Pawnee County and its Public Health Services

Although Pawnee County has a relatively small population, there are several relevant sources of data that can help to describe the health of the county community. These include vital statistics, census, survey data from the U.S. Census Bureau and state-level surveys (e.g., Behavioral Risk Factor Surveillance System, or BRFSS), and other governmental administrative data. In addition, Pawnee County Health Department collaborated with Pawnee Valley Community Hospital to conduct a comprehensive community health needs assessment, which was completed in 2012. The County Health Department also performed an assessment of its current capacity to deliver FPHS. Information from Kansas Health Matters and County Health Rankings will also be utilized.

Activities:

- Review the history and current organizational structure, programs and budget of the Pawnee County Health Department;
- Review existing data on the health status of Pawnee County, utilizing secondary data and information sources, and provide appropriate comparisons (e.g., other rural communities, state, etc.); and
- Review and summarize Pawnee County data from the FPHS Capacity Assessment, conducted in March 2017.

Area: Stakeholder Engagement and Facilitation

To gain a better understanding of the needs of the community, the perceptions of the current and desired role of the Pawnee County Health Department, and how these intersect with activities and strategies from community partners, it will be important to have a meeting with a facilitated discussion with stakeholders. This meeting will include presentations and discussions about the health status trends in Pawnee County, as well as a comprehensive review of the

rationale behind efforts to modernize the public health system through the adoption of the FPHS model in Kansas.

We will also study the extent to which that model (or portions of it) is suitable to address the current community health needs in Pawnee County. Options and strategies for meeting community needs will be explored, including discussions about alternative public health department governance options, partnership development for service delivery, and cross-jurisdictional sharing arrangements.

This discussion will help the PN BOCC understand strengths and gaps of the community health landscape and make strategic decisions about how to meet those needs through programs, services, and resource deployment.

Activities:

- Facilitated stakeholder meeting.

Deliverables

1. Introductory presentation to PN BOCC

KHI staff will make an opening presentation to the PN BOCC at the beginning of the project to provide a general overview of the project, the planned activities, timelines, and get feedback from Commissioners regarding any questions they have or information in which they are interested. This presentation will include some brief background information regarding the community health status of Pawnee County, modernization of the public health system and development of the foundational public health services model in Kansas, and a high-level overview of potential public health governance models and alternative strategies to deliver public health services.

Timeline: The target date for the introductory presentation is **December 4, 2017**

(Duration: One – two hours).

2. Facilitated stakeholders meeting and Preliminary Meeting Summary Report

KHI staff will facilitate a stakeholder meeting as described in the scope of work above. At this meeting, KHI staff will provide detailed information about the health status of

Pawnee County, efforts to modernize the public health system in Kansas and other states, and the results of the Kansas Foundational Public Health Services capacity assessment, including detailed results from Pawnee County. KHI will then facilitate discussion to gather input from stakeholders on the needs of the community, their perceptions of the role of the Pawnee County Health Department, and how that role intersects with the strategies and activities of community partners.

Planning for this meeting assumes that PN BOCC or Pawnee County Health Department staff will identify and secure a suitable meeting space, lead the communication about the meeting, handle meeting invitations to stakeholders, and manage other logistical aspects of the meeting. The detailed agenda will be jointly developed by PN BOCC and KHI staff.

Timeline: The target date for this meeting is **December 18, 2017** (*Duration: four to six hours*). NOTE: A preliminary meeting summary report will be delivered within three working weeks after the meeting (*estimated submission date of 1/15/18*).

3. Final presentation to PN BOCC

KHI will deliver a final presentation to the PN BOCC after the stakeholders meeting. This presentation will provide a summary of the project activities and accomplishments as well as a detailed summary of the stakeholders meeting. This presentation will include discussion of a range of options for the PN BOCC to consider for improving its public health services.

Timeline: The target date for this final presentation is **January 29, 2018**.

4. Final report

KHI will prepare a final report that summarizes information collected, presented and discussed during the project. Components include:

- Pertinent statistics on the health status trends in Pawnee County;
- Efforts to transform and modernize the public health system in Kansas and other states;
- Results from the Kansas Foundational Public Health Services capacity assessment, including detailed data for Pawnee County;

- Summary and outcomes from the facilitated stakeholder meeting; and
- Range of options for PN BOCC to consider for improving its public health services, including strategic partnerships with community entities, cross-jurisdictional sharing arrangements, and governance options.

Timeline: The target date for submission of the final report is **February 29, 2018**.

Appendix B: Public Health Service Requirements in Kansas



Public Health Service Requirements in Kansas

The Kansas Department of Health and Environment (KDHE) would like to ensure that each Kansan has access to all core public health functions as prescribed by state and federal laws/regulations. Public health focuses on improving the overall health of the population through a variety of mechanisms including disease investigation, enforcement of public health laws, and inspections of child care facilities and schools to ensure compliance with state regulations and licensure requirements. There are also the important responsibilities of communicating critical information with the public (such as in the case of a public health emergency or outbreak), serving as a liaison between local and state governments, and linking people to needed resources and services.

The following are core public health functions required by Kansas statutes (http://kslegislature.org/li/b2017_18/statute/):

- ***Disease investigation*** (65-202)—The requirements vary depending on the disease. Disease investigation guidelines that inform local health department case investigations are available at http://www.kdheks.gov/epi/disease_investigation_guidelines.htm. There are currently over 77 reportable diseases.

Requirements include:

- Reporting confirmed (and in some cases suspected or probable) cases to KDHE's Bureau of Epidemiology and Public Health Informatics (and in the case of national notifiable conditions, to the Centers for Disease Control and Prevention through the ArboNet Surveillance System) within a set time period dependent on disease.
- Conduct case investigations to determine the individual's at-risk activities and potential site of exposure; evaluate the possibility of additional cases.

- Contact the medical provider to collect additional information and confirm diagnosis using the current case definition.
- Conduct contact investigation to identify additional cases.
- Identify whether the source of infection is major public health concern
 - Patient provides history of donating or receiving blood or organ
 - Patient has had no travel to an area where the disease is endemic
 - A larger than expected incidence of cases or the first incidence of the disease in Kansas has occurred
 - There has been a death associated to the disease.
- Conduct case management as needed.
- Conduct contact management as needed.
- Increase surveillance for cases if an outbreak is suspected or anticipated.
- Initiate control and prevention measures to prevent further spread of disease.
- Record data, collected during the investigation, in the KS EpiTrax system under the data's associated in the case morbidity report (CMR).
- As appropriate, use the notification letter(s) and the disease fact sheet to notify the case, contacts and other individuals or groups.
- Extensive training is required for those conducting disease investigations—a total of 27 classes; more than 17 hours total). Links to the required Communicable Disease Investigator Training modules are available at http://www.kdheks.gov/epi/disease_training.htm.

In order for an organization to meet the requirements to report diseases in KDHE's online system, EpiTrax, extensive training must be successfully completed. For more information about EpiTrax training for local health department case investigation, go to http://www.kdheks.gov/epi/electronic_surveillance_training.htm.

- ***Isolation and quarantine*** (65-119--65-129)—Another key function of governmental public health is to prevent the spread of any infectious or contagious disease. When a Board of Health or local health officer becomes aware of any infectious or contagious disease or of a death from such disease, within their jurisdiction, they are required to act as follows:
 - Immediately exercise and maintain supervision over such case or cases during their continuance.
 - See that all such cases are properly cared for.
 - Ensure the provisions related to isolation, restriction of communication, quarantine and disinfection are duly enforced.
 - Communicate all information as to existing conditions to the Secretary of Health and Environment.
 - Establish a plan for future management and control of cases.

Additionally, local health officers are empowered and authorized to:

- Prohibit public gatherings when necessary for the control of any and all infectious or contagious disease.
- Issue an order requiring an individual to seek appropriate and necessary evaluation and treatment.
- Order an individual or group of individuals to go to and remain in places of isolation or quarantine until he or she determines the individual no longer poses a substantial risk of transmitting the disease or condition to the public.

For more information about the requirements for isolation and quarantine, go to http://www.kdheks.gov/epi/download/KAR_28.1.6.pdf.

In the case of tuberculosis (TB) cases, the health officer must:

- Be available to place order for evaluation of tuberculosis suspects.
- Provide public health nursing to persons who have TB disease including Directly Observed Therapy to avoid spread of disease.

- Conduct contact investigations associated with active TB disease.
- ***Rabies control*** (28-1-13)--The local health officer is responsible for rabies control which includes isolation of mammals causing exposure to rabies for observation and examination and quarantine of mammals exposed to rabies. For more information about rabies control, go to http://www.kdheks.gov/epi/download/KAR_28.1.13.pdf.
- ***Sexually transmitted infections/HIV***--Only local health departments are able to send chlamydia and gonorrhea specimens to the Kansas Health and Environmental Laboratories for specimen processing at no cost. Per federal guidelines, only agencies that are registered as a 340B entity (not for profit entity) are eligible to receive STI medications for the treatment of chlamydia, gonorrhea, and syphilis from the state. All providers in the county currently report STIs, HIV, and other reportable diseases to the local health department. Information about where to report diseases will need to be relayed to all providers in the area.
- ***School inspections*** (65-202)—Each year, a sanitary inspection of all schools located in a county (both public and private) must be conducted to protect the public health of the students.
- ***Immunizations*** (72-5210)--The health department is required to provide school required vaccines for any child who does not have another payer source. There are extensive requirements for the administration of this program (http://www.kdheks.gov/immunize/vfc_program.html).
- ***Environmental health functions***--There are environmental health regulations that must be enforced (K.A.R. 28-5-1 – 28-5-9). In statute, this is a function of the local health department. KDHE has established minimum standards (Bulletin 4-2) to ensure domestic wastewater is managed so that:
 - Quality of surface and groundwater is protected for drinking water, recreation, aquatic life support, irrigation, and industrial uses
 - A breeding place or habitat will not be created for insects, rodents and other vectors that may later contact food, people, pets or drinking water

- Wastewater will not be exposed on the ground surface where it can be contacted by children and/or pets, creating a significant health hazard
- State and federal laws and local regulations governing water pollution or wastewater disposal will be met
- Nuisance conditions or obnoxious odors and unsightliness will be avoided

Local health departments contract with the Kansas Department of Health and Environment to perform core functions as part of the Aid to Local program. Each of the programmatic areas are either state or federally funded and have specific requirements that must be met. For more information about Aid to Local grants, please go to

http://www.kdheks.gov/doc_lib/2018_ATL_Reporting.htm.

Local health departments provide many additional services including immunizations, Becoming a Mom program, breastfeeding support, car seat safety checks/assistance, case management, childcare provider licensing, dental education, dental preventive/restorative services, family planning/women's health, foot care, health education, health screening, Health Start Home Visitation (for families with newborns), home health, Kan Be Healthy screenings, laboratory services, patient navigator services, pre/post-natal services, preparedness, school health services (contracts with schools districts), senior services, testing and counseling for sexually transmitted infections (a nutrition program for young children and families), and contracts to serve families through the Kansas Statewide Farmworker Health Program. It is important that each Kansas community has the capacity to provide the services which have been determined to address community needs.

One strategy that many local governments are considering implementing is that of sharing services with other jurisdictions known as cross jurisdictional sharing (CJS). Using CJS, as allowed by Kansas law, may provide benefits to your county as well as other counties through cost savings and increased effectiveness of services. For more information, contact Kansas Health Institute at (855) 476-3671 or PHSharing@khi.org.

For any county considering making significant changes related to public health services, the Kansas Department of Health and Environment requests that a plan be developed to ensure continuation of the core public health functions required by Kansas statutes and a copy be provided to the Department prior to making changes to services. The plan should include how

you will meet all of the state and federal statutes/regulations as well as all of the Aid to Local grant requirements.

If you have questions, please contact Cristi Cain, director of KDHE's Local Public Health Program at 785-296-6549 or cristi.cain@ks.gov.

Appendix C: County Health Rankings

Pawnee (PN)

	Pawnee County	Error Margin	Top U.S. Performers [^]	Kansas	Rank (of 102)
Health Outcomes					86
Length of Life					83
Premature death	9,400	6,700-12,100	5,200	6,800	
Quality of Life					75
Poor or fair health **	15%	14-15%	12%	15%	
Poor physical health days **	3.4	3.2-3.6	3.0	3.1	
Poor mental health days **	3.2	3.0-3.3	3.0	3.2	
Low birthweight	8%	6-10%	6%	7%	
Additional Health Outcomes (not included in overall ranking)					
Premature age-adjusted mortality	440	360-530	270	340	
Child mortality			40	60	
Infant mortality			5	7	
Frequent physical distress	10%	10-10%	9%	10%	
Frequent mental distress	10%	9-10%	9%	10%	
Diabetes prevalence	13%	10-16%	8%	10%	
HIV prevalence			42	118	
Health Factors					55
Health Behaviors					61
Adult smoking **	17%	17-18%	14%	18%	
Adult obesity	30%	24-37%	26%	31%	
Food environment index	7.8		8.4	7.2	
Physical inactivity	23%	18-29%	19%	23%	
Access to exercise opportunities	58%		91%	76%	
Excessive drinking **	16%	15-16%	12%	17%	
Alcohol-impaired driving deaths	38%	23-52%	13%	27%	
Sexually transmitted infections	502.1		145-5	384.1	
Teen births	38	28-50	17	36	
Additional Health Behaviors (not included in overall ranking)					
Food insecurity	13%		10%	14%	
Limited access to healthy foods	5%		2%	8%	
Drug overdose deaths			9	11	
Motor vehicle crash deaths			8	14	
Insufficient sleep	32%	31-33%	28%	31%	
Clinical Care					29
Uninsured	11%	9-12%	8%	12%	
Primary care physicians	860:1		1,040:1	1,330:1	
Dentists	3,420:1		1,320:1	1,800:1	
Mental health providers	160:1		360:1	580:1	
Preventable hospital stays	63	48-77	36	52	
Diabetes monitoring	72%	58-85%	91%	86%	
Mammography screening	55%	39-71%	71%	63%	
Additional Clinical Care (not included in overall ranking)					
Uninsured adults	13%	11-15%	10%	14%	
Uninsured children	5%	4-7%	4%	6%	
Health care costs	\$12,234			\$9,518	
Other primary care providers	684:1		853:1	1,088:1	

Social & Economic Factors					60
High school graduation			95%	86%	
Some college	59%	45-73%	72%	69%	
Unemployment	3.7%		3.3%	4.2%	
Children in poverty	17%	13-22%	12%	17%	
Income inequality	3.7	2.9-4.6	3.7	4.4	
Children in single-parent households	30%	18-42%	21%	29%	
Social associations	20.2		22.1	13.9	
Violent crime	268		62	348	
Injury deaths	101	70-140	53	69	
Additional Social & Economic Factors (not included in overall ranking)					
Disconnected youth			9%	9%	
Median household income	\$47,400	\$41,700-53,000	\$63,300	\$53,800	
Children eligible for free or reduced price lunch	60%		33%	50%	
Residential segregation - black/white			22	58	
Residential segregation - non-white/white	17		14	42	
Homicides			2	4	
Firearm fatalities			7	12	
Physical Environment					61
Air pollution - particulate matter **	7.9		6.7	8.5	
Drinking water violations	Yes				
Severe housing problems	8%	4-11%	9%	14%	
Driving alone to work	84%	79-88%	72%	82%	
Long commute - driving alone	16%	9-22%	15%	20%	

Areas to Explore Areas of Strength

^ 10th/90th percentile, i.e., only 10% are better.
 Note: Blank values reflect unreliable or missing data
 ** Data should not be compared with prior years

County Health Rankings & Roadmaps

Building a Culture of Health, County by County

A Robert Wood Johnson Foundation program

2017

Pawnee County

PAWNEE COUNTY, KANSAS | Pop. 6,838

	2013	2014	2015	2016	2017	Kansas 2017
Number of Counties Ranked	102	98	101	101	102	102
Health Outcomes- Rank	83	81	73	56	86	n/a
Length of life- Rank	83	79	68	44	83	n/a
Premature death (Years of Potential Life Lost)	8553	8553	8162	7602	9397	6757
Quality of life- Rank	84	79	78	65	75	n/a
% Reporting poor or fair health*	13	14	14	14	15	15
# Poor physical health days*	2.7	2.5	2.5	3.2	3.4	3.1
# Poor mental health days*	2.9	3	3	2.9	3.2	3.2
% Low birthweight	8.7	8.8	8.7	8.4	8	7.1
Health Factors- Rank	66	38	44	51	55	n/a
Health Behaviors- Rank	86	63	52	41	61	n/a
% Adult smokers*	21	22	22	17	17	18
% Obese adults	34	35	33	31	30	31
Food environment index		8.5	8	7.9	7.8	7.2
% Physically inactive adults	30	29	27	25	23	23
% Access to exercise opportunities		62	61	58	58	76
% Excessive drinking*	11	11	11	16	16	17
% Driving deaths with alcohol impairment		31	27	43	38	27
Motor vehicle crash death rate						
Sexually transmitted infection rate	186	200	202	202	502	384
Teen birth rate	38	40	40	39	38	36
Clinical Care- Rank	39	20	25	20	29	n/a
% Uninsured	16	14	13	12	11	12
Primary care physicians rate	72	114	87	115	116	75
Dentist rate	25	29	29	29	29	55
Mental health provider rate		635	674	665	643	173
Preventable hospital stays	76	76	61	58	63	52
% Diabetes monitoring	80	81	83	78	72	86
% Mammography screening	66	61	48	52	55	63
Social & Economic Factors- Rank	62	49	63	67	60	n/a
% High school graduation*	80	83	83	75		86
% Population with some college	64	64	63	59	59	69
% Unemployed	4.6	4.2	4.4	3.8	3.7	4.2
% Children in poverty	18	18	19	17	17	17
Income inequality			4	3.7	3.7	4.4
% No social-emotional support	20	20				
% Children in single-parent households	33	22	22	28	30	29
Membership associations rate			20.2	20.1	20.2	13.9
Violent crime rate	359	312	295	295	268	348
Injury death rate		95	104	98	101	69
Physical Environment- Rank	80	9	75	78	61	n/a
Daily fine particulate matter*	10.5	11.8	11.8	11.8	7.9	8.5
% Exposed to unsafe drinking water	0	0	14			
Drinking water violations? yes/no				Yes	Yes	
% Severe housing problems		7	10	7	8	14
% Limited access to healthy foods	5					
% Driving alone to work		74	80	81	84	82
% Long commute - driving alone		12	13	16	16	20
Access to recreational facilities rate	0					
% Restaurants that are fast food	50					

Empty cells: Shaded = Item was not used to calculate rankings that year; White = Data unavailable. NR: Health outcomes (e.g., length of life) or health factors (e.g., health behaviors) were not ranked that year. N/A: State is not ranked against counties.

* Represent substantial changes in data sources or calculation of the measure that would affect year-to-year comparisons. Please refer to the County Health Rankings & Roadmaps to find out more about the indicator changes.

This document was prepared by the staff at the Kansas Health Institute. If you would like more information about County Health Rankings & Roadmaps, please contact Tabiana Lin at (785) 233-5443 or email at tlin@khi.org.



<http://www.countyhealthrankings.org>

KHI.ORG

Health Factors Rank: 55
Health Outcomes Rank: 86



The annual *County Health Rankings* provide a snapshot of the health of Kansas counties. The *Rankings* are made up of two summary scores: **Health Factors** (which measure issues that can shape the health outcomes) and **Health Outcomes** (which measure disease and deaths). The following tables illustrate this county's "drivers," or measures with the greatest impact on a county's ranking position.

What do these drivers mean?

The drivers indicate the measures with the greatest impact on a county's ranking position. Drivers labeled with a green plus sign are measures on which the county performed particularly well. Drivers labeled with a red minus sign indicate priority areas which, if improved, could have the greatest impact on improving the county's rankings.

Health Factors: Drivers with greatest impact on ranking, Pawnee County, KS – 2017

	Measure	Description	Factor Category	County Value	State Value	Impact on Ranking
1	Diabetes monitoring	Percentage of diabetic Medicare enrollees ages 65-75 that receive HbA1c monitoring	Clinical Care	72%	86%	—
2	Primary care physicians	Ratio of population to primary care physicians	Clinical Care	116	75	+
3	Sexually transmitted infections	Number of newly diagnosed chlamydia cases per 100,000 population	Health Behaviors	502	384	—
4	Uninsured	Percentage of population under age 65 without health insurance	Clinical Care	11%	12%	+
5	Adult obesity	Percentage of adults that report a BMI of 30 or more	Health Behaviors	30%	31%	+

Health Outcomes: Drivers with greatest impact on ranking, Pawnee County, KS – 2017

	Measure	Description	Factor Category	County Value	State Value	Impact on Ranking
1	Premature death	Years of potential life lost before age 75 per 100,000 population (age-adjusted)	Length of Life	9397	6757	—
2	Low birthweight	Percentage of live births with low birthweight (< 2500 grams)	Quality of Life	8%	7.1%	—
3	Poor physical health days	Average number of physically unhealthy days reported in past 30 days (age-adjusted)	Quality of Life	3.4	3.1	—
4	Poor or fair health	Percentage of adults reporting fair or poor health (age-adjusted)	Quality of Life	15%	15%	+
5	Poor mental health days	Average number of mentally unhealthy days reported in past 30 days (age-adjusted)	Quality of Life	3.2	3.2	—

NR: Measure (e.g., premature death) was not ranked this year.

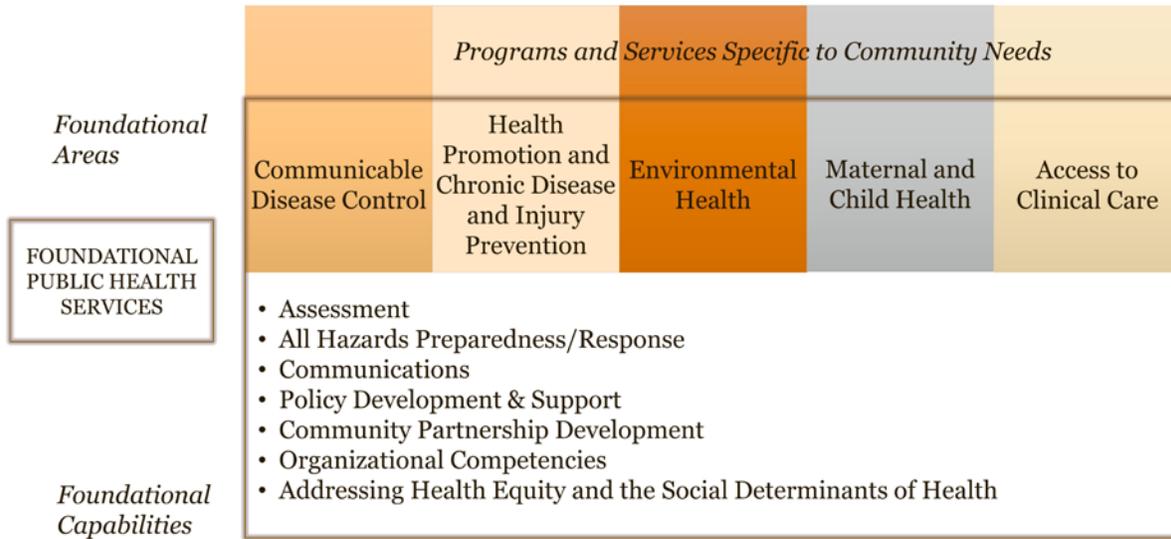
Green Plus: + Measure with a positive impact on a county's ranking position.

Red Minus: — Measure with a negative impact on a county's ranking position.

**Technical Note: The state values are only provided as a point of reference. They have not been used in the determination of counties' rankings or top drivers for health outcomes and health factors. For more information on the calculation of score and rankings please visit: <http://bit.ly/CHRzscores>.*

Appendix D: Kansas Foundational Public Health Services Model

Kansas Foundational Public Health Services Model



Background

In September 2015, a portion of the KALHD membership met to set a vision for local public health in the state. Their vision was defined as:

“KALHD’s vision is a system of local health departments committed to helping all Kansans achieve optimal health by providing Foundational Public Health Services (FPHS).”

This vision statement was adopted by the KALHD Board, and a list of next steps was identified. Shortly after the adoption of this vision statement by KALHD, the Public Health Systems Group (PHSG) organized its work to support the exploration and implementation of the FPHS. As part of these efforts, the Kansas Health Institute (KHI), in partnership with KALHD and the PHSG led a process that resulted in the development of a list of FPHS for Kansas. This list was shared with stakeholders for feedback, and further edits were made.

About the FPHS

The FPHS are the suite of skills, programs, and activities that should be available in every community in Kansas through state or local governmental public health agencies as basic components to keep the public safe and healthy. The FPHS are primarily population-based preventive health services that are best addressed by governmental public health and may be mandated by state or federal law. The model consists of Foundational Capabilities and Foundational Areas. The Foundational Capabilities are the cross-cutting skills that need to be present to support all the public health activities. They are the essential skills and capacities tended to support the Foundational Areas. Foundational Areas are the substantive areas of expertise or program-specific activities. Within each Foundational Capability and Foundational Area, there is a list of components that further define what it means to fully implement that capability or area.

There may be additional programs and activities that are of critical significance to meet a specific community's needs. These services are not included in the FPHS model because they are not present in all communities. However, they are still important services.

Criteria

When identifying what should be provided by state or local public health agencies in the FPHS for Kansas model, the components were evaluated against the following criteria:

1. *Population-based* preventive health services that target specific communities defined by geography, race, ethnicity, gender, illness, or other health conditions (e.g., water fluoridation, creation of walkable communities)
2. *Governmental public health* is the only or best potential provider of service (e.g., disease surveillance and epidemiology)
3. *Mandated service* provided by the public health authority (e.g., communicating reportable disease cases to the state health department)

The criteria are adapted from a similar process conducted in Washington State (see **Figure 1**, below). Priority is given to the services that fall in the far right column.

FPHS Decision Matrix

<p>Population-based To what extent is this a population-based service without individually identifiable beneficiaries?</p>	Mainly provides individual benefits	Partially population based, such as an individual health care service the absence of which would pose a significant community health threat	A population-based preventive health service addressing an important health problem, using methods that are evidence-based or best-practices
<p>Governmental public health To what extent is governmental public health the only or primary provider of this service?</p>	<i>Never</i> – many other entities provide this service and they are the most appropriate provider	Sometimes	<i>Often</i> – it has to be addressed by governmental public health to be effectively addressed at all
<p>Mandatory Is it mandated by law or contingent on legal powers granted only to the local health officer/ board of health?</p>	Not mandated	Partially or sometimes	Definitely mandated

www.doh.wa.gov/fphs | 7

Figure 1. Washington State FPHS Decision Matrix

Please Note

As you become familiar with this list, please keep in mind the following:

- The components in this model constitute what SHOULD be provided by state or local public health agencies when KALHD’s vision is achieved, not what currently IS provided.
- Only services and capabilities that should be available in EVERY community in Kansas are included in this list. Additional services may be offered by the health department, depending upon local needs. Services and capabilities that are not found on this list may still be important to individual communities (and therefore be provided by some public health departments) based on identified needs for their communities, but may not be available statewide.
- To ‘assure’ means that state or local public health agencies have the primary responsibility to strategically work with community partners to ensure that those who

need the service have access to it and that there is a plan in place to provide the service. Components that begin with 'assure' should be provided by the state or local public health agencies if no other organizations are willing or able to provide the service in the community. In all other cases (when the term "assure" is not present) the state or local health agencies should be directly responsible for providing the service listed. **This may be achieved through a contract for services, as long as the contract doesn't remove the responsibility from the health department.**

- Functions are not always exclusive to an individual health department (i.e., some services may be shared between the state and local public health agencies or between local agencies in multiple jurisdictions).

Foundational Capabilities

The Foundational Capabilities are the cross-cutting skills and capacities needed to support the Foundational Areas and other programs and activities. Presence of these capabilities is key to protecting the community's health and achieving equitable health outcomes. Each Foundational Capability has components that further define the Capability. The following components should be present in state or local public health agencies in Kansas.

Assessment

The Assessment capability includes activities for the collection and analysis of public health data.

- Ability to participate in the collection of primary public health data.
- Ability to access and utilize secondary data from key sources, including U.S. Census data, vital statistics, Behavioral Risk Factor Surveillance Survey (BRFSS), etc.
- Ability to interpret, display, and communicate public health data and its analysis.
- Ability to identify patterns, causes, and effects of chronic and communicable diseases (epidemiology).
- Ability to lead or participate in a community health assessment, including health disparity analysis and identification of health priorities.

- Ability to respond to data requests with meaningful reports (valid, statistically accurate, and readable by intended audiences).
- Ability to evaluate efficiency and effectiveness of public health programs.
- Ability to access and utilize electronic health information systems.

All Hazards Preparedness/Response

The All Hazards Preparedness/Response capability includes activities critical to prepare for and respond to public health emergencies.

- Ability to develop and rehearse emergency response strategies and plans.
- Ability to coordinate with emergency response partners from both private and governmental sectors.
- Ability to serve as the local primary or coordinating agency for Emergency Support Function 8 – Public Health and Medical.
- Ability to operate within the National Incident Management System as well as within any local emergency response processes.
- Ability to promote community preparedness and resilience by communicating with the public, in advance of an emergency, preparedness actions that may be taken before, during, or after a public health emergency.
- Ability to maintain a continuity of operations plan (COOP) that includes access to financial resources to execute emergency responses.
- Ability to conduct investigations of threats to public health.
- Ability to issue emergency health orders via statutory authority (community disease containment, mandated treatment, boil water orders, etc.).
- Ability to identify, prioritize, and address the needs of vulnerable populations in advance of a public health emergency.
- Ability to be notified of public health emergencies on a 24/7 basis.

- Ability to respond to public health emergencies on a 24/7 basis.
- Ability to notify the public of a public health emergency on a 24/7 basis
- Ability to package and ship clinical specimens to the state reference laboratory (Kansas Health and Environmental Laboratory, or KHEL) for identification of threats.

Communications

The Communications capability includes activities that ensure a comprehensive communications strategy is developed and implemented.

- Ability to maintain ongoing relationships with local media outlets.
- Ability to develop and implement a strategic communications plan to articulate the agency's mission, vision, values, roles, and responsibilities to the community.
- Ability to communicate the role of public health to the public and to policymakers.
- Ability to communicate specific health or public health issues through written and verbal communication tools.
- Ability to develop a communication strategy to identify a specific public health issue and/or to communicate risk (e.g., providing information on health risks, healthy behaviors, and disease prevention).
- Ability to communicate in culturally and linguistically appropriate and accessible formats for various communities served, in accordance with State and Federal guidelines, such as compliance with Section 508 of the Rehabilitation Act of 1973.
- Ability to facilitate two-way communications (transmit and receive) with the public via social media and other tools.
- Ability to develop and implement a proactive health education strategy to support good population health.

Policy Development & Support

The Policy Development/Support capability includes activities to inform, develop, and implement public health policy.

- Ability to identify evidence-based public health policy recommendations.
- Ability to work with partners and policymakers to develop and enact public health policies.
- Ability to work with partners and policymakers to support the development of public health administrative rules, regulations, and ordinances.
- Ability to utilize health in all policies (HiAP) approaches for all policy development.
- Ability to enforce public health mandates (e.g., policies, statutes, regulations, ordinances).

Community Partnership Development

The Community Partnership Development capability includes activities to improve collaboration and interdependence within the public health system.

- Ability to create and maintain relationships with key partners, including health care and other health-related organizations, organizations representing populations experiencing health disparities, governmental agencies, and public health champions.
- Ability to strategically select and articulate governmental public health roles in programmatic and policy activities.
- Ability to coordinate with governmental public health partners to support programmatic and policy activities.
- Ability to work with community members and organizational partners to identify community assets and resources.
- Ability to engage community members (including those who experience health disparities) to develop and implement community health improvement plans to address priorities identified in health assessments.
- Ability to convene a broad, multi-sector assembly of public health and medical stakeholders to promote health, prevent disease, and protect residents within the community.

Organizational Competencies

The Organizational Competencies include activities to support the business, management, and leadership functions within the public health system.

- Ability to serve as the public face of governmental public health in the community.
- Ability to define and communicate strategic direction for public health initiatives through agency strategic planning processes.
- Ability to uphold business practices in accordance with local, state, and federal laws, and professional standards.
- Ability to develop and maintain a performance management system to monitor achievement of organizational and programmatic objectives.
- Ability to continuously evaluate and improve organizational processes, including using planning tools such as Plan-Do-Study-Act (PDSA) cycles.
- Ability to systematically apply computer literacy skills and information technology to public health practice and learning.
- Ability to have proper systems in place to keep protected health information (PHI) and confidential organizational data restricted.
- Ability to recruit and retain a competent public health workforce with considerations for succession planning.
- Ability to develop and maintain a competent public health workforce through workforce development and training, performance review, and staff accountability.
- Ability to comply with federal, state, and local standards and policies for fiscal management, including within budgeting, auditing, billing, and charts of accounts (revenue and expense) processes.
- Ability to comply with federal, state, and local standards and policies for contracting.
- Ability to procure, maintain, and manage resources to support agency operations (e.g. funding, assets, supplies, and hardware/software).

- Ability to procure, maintain, and manage safe facilities to support agency operations.
- Ability to access appropriate governmental legal services to support agency operations.
- Ability to engage with the public health governing entity to advocate for public health funding & initiatives.
- Ability to coordinate and integrate categorically funded programs and services.

Addressing Health Equity and the Social Determinants of Health

Health Equity and Social Determinants of Health includes activities to identify and respond to health disparities and the needs of vulnerable populations.

- Ability to recognize and understand the determinants of health disparities within the community.
- Ability to coordinate programming to improve health disparities within the community.
- Ability to develop and advocate for policies that will promote health for all, particularly the most vulnerable
- Ability to provide services in culturally and linguistically appropriate and accessible formats for various communities served, in accordance with State and Federal guidelines, such as compliance with Section 508 of the Rehabilitation Act of 1973.
- Ability to provide public health information for the community that is stratified by demographic characteristics.

Foundational Areas

The Foundational Areas are the substantive areas of expertise and program-specific activities that are provided by state or local public health agencies. Each Foundational Area has components that further define the activities within that area. The following components should be available in every community in Kansas. In some cases, the role of the public health agencies is to assure that people have reasonable access to certain services.

To ‘assure’ means that state or local public health agencies have the primary responsibility to strategically work with community partners to ensure that those who need the service have

access to it and that there is a plan in place to provide the service. Components that begin with 'assure' should be provided by the state or local public health agencies if no other organizations are willing or able to provide the service in the community. In all other cases (when the term "assure" is not present) the state or local health agencies should be directly responsible for providing the service listed.

Communicable Disease Control

The Communicable Disease Control area includes programs and activities to prevent and control the spread of communicable disease.

- Provide timely, accurate, and locally relevant information on communicable diseases and their control, including strategies to increase local immunization rates.
- Identify assets for communicable disease control.
- Develop and implement a communicable disease control plan prioritizing important communicable diseases.
- Advocate and seek funding for communicable disease control policies and initiatives.
- Assure availability of public health laboratory services for reference and confirmatory testing related to communicable diseases.
- Receive and promptly process laboratory and clinical reports of communicable diseases.
- Conduct disease investigations, including contact tracing and notification, in accordance with national, state, and local mandates and guidelines.
- Identify and respond to communicable disease outbreaks in accordance with national, state, and local mandates and guidelines.
- Support local screening/testing of reportable diseases, based on national and state recommendations and guidelines.
- In conjunction with appropriate partners, enforce emergency health orders via statutory authority (community disease containment, mandated treatment, boil water orders, etc.).

- Assure availability of childhood, adolescent and adult immunization services, including the Vaccines for Children (VFC) program, for all vaccines recommended by the Advisory Council on Immunization Practices (ACIP).
- Assure proper diagnosis and treatment for individuals with latent or active tuberculosis in accordance with national, state, and local mandates and guidelines.
- Educate providers in national, state, and local communicable disease control mandates and guidelines.

Health Promotion and Chronic Disease and Injury Prevention

The Health Promotion and Disease Prevention area includes programs and activities for health promotion and chronic disease and injury prevention. Special attention should be paid to the leading causes of death in Kansas. (Current Vital Statistics Report from KDHE:

<http://www.kdheks.gov/hci/annsumm.html>)

- Provide timely, accurate, and locally relevant information on health promotion and chronic disease and injury prevention.
- Identify assets for health promotion and chronic disease and injury prevention.
- Develop and implement a health promotion and chronic disease and injury prevention plan.
- Advocate and seek funding for health promotion and chronic disease and injury prevention policies and initiatives.
- Work with partners to identify evidence-based, population-based interventions that utilize valid evaluation studies.
- Work to reduce rates of tobacco use through policies and programs that conform with local, state, and Federal laws and recommendations.
- Work to increase statewide and community rates of healthy eating and active living that utilize evidence-based practices that are aligned with local, state and national guidelines.
- Develop and implement comprehensive community-based health promotion strategies to address common risk factors and chronic diseases.

- Promote community mental health and well-being.
- Work to reduce rates of substance abuse in the community.

Environmental Health

The Environmental Health area includes programs and activities to prevent and reduce exposure to environmental hazards.

- Provide timely, accurate, and locally relevant information on environmental public health issues and health impacts from both common and toxic exposure sources.
- Identify assets for environmental public health.
- Advocate and seek funding for environmental public health policies and initiatives.
- Develop and implement an environmental public health plan to prevent and reduce exposures to health hazards in the environment.
- Assure availability of public health laboratory services for reference and confirmatory testing related to environmental public health threats.
- Assure implementation of environmental public health inspections (e.g., inspection of child care facilities) in accordance with federal, state, and local laws and regulations.
- Coordinate and communicate with agencies that carry out environmental public health functions at the local level (e.g., inspections of food service facilities, drinking water, and liquid and solid waste streams).
- Identify and address notifiable conditions and environmental hazards.
- Assure access to elevated blood lead screenings.
- Support adult and child blood lead case management.
- Prevent or reduce environmental public health hazards and assure abatement of nuisances.
- Participate in land use planning and sustainable development (e.g., consideration of housing, urban development, recreational facilities, and transportation).

- Provide the community with information on reducing unnecessary radiation exposure (e.g. radon in the home).

Maternal and Child Health

The Maternal and Child Health area includes programs and activities for the prevention of developmental impairments and life-threatening illnesses in mothers and children.

- Provide timely, accurate, and locally relevant information on emerging and ongoing maternal and child health trends, including the importance of Adverse Childhood Experiences (ACEs) and health disparities.
- Identify assets for maternal and child health.
- Develop and implement a prioritized maternal and child health prevention plan using life course approaches and an understanding of health priorities.
- Advocate and seek funding for maternal and child health policies and initiatives.
- Identify, disseminate, and promote evidence-based information about early interventions in the prenatal and early childhood period that optimize lifelong health and social-emotional development.
- Identify, disseminate, and promote evidence-based information about early interventions in the prenatal period to lower infant mortality and pre-term birth outcomes.

Access to Clinical Care

The Access to Clinical Care area includes programs and activities for assuring access to specific preventive and primary care clinical services.

- Provide timely, accurate, and locally relevant information on how to access and navigate the health care system.
- Assure access to family planning services.
- Assure access to maternal and infant services (e.g., maternity support, WIC)
- Assure access to STD and HIV testing and treatment.

- Link community members to existing clinical services (including oral health services) and health insurance resources in the community.
- Link community members to existing behavioral health services in the community.

Appendix E – Common Themes from Stakeholder Discussion

Participants

Participants were evenly divided into two groups and every attempt was made to distribute representatives across the two groups by jurisdiction, agency, and background. A total of **twenty-seven** (27) participants attended from a variety of home jurisdictions, twelve (12) organizations and members of the general public. Participant backgrounds were varied and included policymakers, lawyers, physicians, social workers, administrators, nurses, program specialists, financial officers, farmers and other interested members of the general public.

- Barton County Health Department (3)
- Center for Counseling (1)
- City of Larned (1)
- Edwards County Health Department (1)
- Healthy Choice Clinic (1)
- Heart of Kansas Family Healthcare, Inc (1)
- Kansas Department of Health and Environment (1)
- Larned State Hospital (2)
- Pawnee County (3)
- Pawnee County Health Department (4)
- Pawnee Valley Community Hospital (2)
- USD 495 (1)
- Members of the public (6)

Facilitation - Kansas Health Institute (3)

Common Themes

Activities and Strengths

Pawnee County Health Department (PCHD)

- Board of County Commissioners are dedicated to making PCHD into a high-performing health department.
- Multiple public health programs being delivered: WIC, childcare licensing (CCL), immunizations, public health emergency preparedness (PHEP), Chronic Disease Risk Reduction (CDRR), primary care (family planning, STI/HIV, fluoride varnish, etc.), and other services
- All staff have completed PHEP trainings.
- Decent visibility of PCHD within county.
- Active engagement on policy development and enforcement; some activity with Health in All Policies (HiAP).
- Strong belief in capability to provide communicable disease control.

Community Partners

- Excellent showing of community partners in stakeholder discussion.
- Pawnee and Barton counties have a great extent of sharing: CDRR funding, WIC program.
- Great partner participation in regional preparedness exercises; some local collaborations on regular preparedness discussions (anti-microbial stewardship, etc.).
- There are a number of programs to support health equity and the social determinants of health (HE&SDoH): Meals on Wheels, summer food and backpack programs, community garden (via Larned Civic Pride), commodities food supplemental program, Larned ADA Committee (walkability, etc.), and other support services.
- Pawnee Valley Community Hospital (PVCH) has extensive clinical and educational services, including tobacco use prevention, diabetes prevention, etc. Multiple providers give immunizations and other services.

- Some activity with local providers and schools to deliver environmental services.

Challenges or Gaps

- The small size and limited budget of PCHD places significant limitations on impact (economy of scale argument).
 - The PCHD public health nurse, also health officer, seems to be the point person for the vast majority of public health services but there are minimal considerations for continuity of services when she is not present.
 - Having only a few staff lowers the available capability (fewer skillsets, less opportunities to train) and capacity (inability to adapt to an increased load beyond daily tasks) within PCHD.
 - Inability to attain certain staff (especially highly-skilled), equipment, software, etc. due to resource constraints.
 - Unrealized revenue from insurance reimbursement due to lack of specific providers.
- Most discussions were centered around delivering services within Larned with few mentions about making services accessible to Rozel, Burdett, Garfield, or other municipalities and unincorporated areas. Transportation is an issue.
 - Only one grocery store in county (food deserts).
 - No OB/GYN or pediatrics providers in county; only two dentists in county.
- Limited activities related to health promotion and chronic disease and injury prevention (wellness programs), environmental public health, and other population health activities. Healthy eating activities limited to WIC participants (mothers and infants, primarily).
 - No environmentalist or sanitarian to inspect water quality, new well digs, etc.
 - Concern raised related to communicating exposure risks from pesticides and other agricultural toxins.
- Limited activities related to policy development and support.

- No community health improvement plan (or other programmatic plans) noted.
- Inability to identify and communicate with populations having non-English primary languages or special needs.
- Few community-wide networks exist to support population health activities (communicable disease control, environmental health, etc.). It is difficult for public health messages to permeate across the county; social media also under-utilized with no mass-texting capabilities.
- Larned State Hospital (LSH) and Larned Correctional Mental Health Facility (LCMHF) may disadvantage county by data including disease rates for patients and inmates, listing medical and behavioral health providers not available to community, etc.

Opportunities for Collaboration

- Increased partnerships and engagement over social media to support message permeation.
- Participation in coalitions and with other organizations across sectors to accomplish specific goals.
 - Circles USA was raised as an option to support impoverished families.
 - Making healthy eating more affordable (e.g., Prairie Land Foods) was also raised.
- Collaborate with nearby counties (e.g., Barton, Edwards) and KDHE for additional surge capacity.
- Promotion of available opportunities:
 - PVCH has meeting rooms that could be used for education, coalition work, etc.
 - Fitness Center has low-cost memberships.
 - Larned Recreation Commission has purchased buildings and supported the built environment.
 - Local Extension district may be a beneficial partner.

Wrap-Up Discussion

- Additional mental health services was a key discussion point.
 - Concerns that mental health crises are common-place (e.g., farm crisis) but there are few providers or locations for in-patient care. Recent losses of services and facilities has worsened concerns.
 - LSH and LCMHF futures are also concerns for the community, separate from other mental health concerns.
- PCHD has basics for Foundational Public Health Services but needs to build upon them to better deliver population health services.
 - Public health used to be focal point for linking to clinical care.
 - Need to have strong vision for the future of public health in the county.
- Changes have been occurring and will continue to occur for some time (e.g., exporting jobs to cities; loss of “career ladder”).
 - Succession and continuity plans needed for PCHD.

Appendix F – Stakeholder Survey Summary

Respondents

A total of seven (7) individuals responded to the survey and all but one respondent indicated that they participated in the stakeholder meeting. Respondents indicated the following relationships to the stakeholder discussion:

- Center for Counseling & Consultation
- City of Rozel (*not present in meeting and no responses offered in the survey*)
- Heart of Kansas Family Health Care, Inc
- Pawnee County
- three persons with unidentifiable organization (one person indicated being a tax payer within Pawnee County and two responses were anonymous)

Survey Questions

In relation to the Foundational Public Health Services, what are the current strengths of the Pawnee County Health Department?

- good caring people who want to serve the residents needs
- maternal and child health
- We have very caring and knowledgeable staff.
- PCHD (Pawnee County Health Department) has strong staff that keep on pushing through the most difficult times. There has been lots of lows for the Health Dept. These include watching their department head dying, change of leadership, termination of an office employee, termination of a department head. The current staff at PCHD has been at the agency total for 40 years. They continue to advocate for the county in the need of the health department. The staff understand the importance and the urgency in keeping the health department operating fluently. The health department provides many services, making it a one- stop shop. The current employees understand their client base and the struggles the clients incur daily. PCHD is there for the residents of Pawnee

County, even though staff is tired and limited. Staff work outside of the office, not counting the hours on the time clock.

- Health Promotion, Maternal and Child Health, Access to Clinical Care
- Very dedicated staff and all of the foundational principles are being supplied currently in one way or another just no like the ideal model is but there is no funding for the optimal foundational PH model.

In relation to the Foundational Public Health Services, what are the current challenges of the Pawnee County Health Department?

- Getting the commissioners to understand what public health is and the need for public health. I don't totally buy in to KHI's fundamental public health opinions. Where does KDHE fall in as they are the grantors of many public health programs, if you reduce services you are taking away funding for the health dept. the private sector is not going to take care of all the residents just those who can pay. If the 2 clinics do immunizations, who provides this for the PN Co residents whose kids go to the pediatrician in GB who does not provide VFC vaccinations.
- Communication, Organizational Competencies, Policy Development and Support
- Under-staffing
- Unfortunately, there are many current challenges at PCHD. PCHD is operating without an administrator, a nurse, and an office assistant. All these positions were fully staffed 3 years ago. Another challenge is the sad reality that Pawnee County commissioners do not understand public health. They do not understand the importance nor the urgency of public health. Pawnee County operates on a partisan politics- there is only black/white. There is no grey area of understanding Pawnee County's community issues. There are the evil forces in which you are in poverty, you choose to ignore poverty, or you are dealing with the poverty issue. Pawnee County commissioners do not have the best interest at stake for ALL citizens, especially the people who are in poverty. PC (Pawnee County) commissioners need to visit with school administrators, hospitals, clinics, business owners (stores, landlords, coffee shops) to get an idea of how impoverished Pawnee County is in. The health department is the portal for the poor. The poor drive,

walk, or bike by the Pawnee Valley Hospital and recognize that they are too poor to obtain services. "Contempt for the poor, Compassion for the rich." is what is happening at PC. We are ALL connected in the community. PC commissioners need to widen their scope to see the true happenings of Pawnee County. People who are in poverty are tired, exhausted, and feel hopeless. They rely on people like you and I to help make the right decision for them. People in poverty have experienced a great deal of trauma. They don't need another traumatic event as losing one of the services they rely so heavily on. PCHD needs to grow, they are a vital part of the community. The department staff are needing leadership in the agency and at the commissioners' level. Staff at PCHD see the significance and the need. They are the ones who work with people who are in poverty.

- Communications, Policy Development & Support
- Very severely understaffed

Are there services that the Health Department is offering and could possibly be downsized or eliminated (because they are either unnecessary or somebody else is providing or could provide the same services)?

- Do not recommend downsizing. The public health dept. serves a specific need not met by the private sector.
- Unknown to me at this time.
- Daycare provider supervision. We don't have enough staff to adequately meet the responsibilities.
- Downsizing is a scary word in rural America. If PCHD downsizes and loses services, that means the people who already have transportation issues have to drive that much further to obtain services. People who have transportation issues and cannot receive services will go unvaccinated, have unexpected pregnancies, won't have the education or tools they need to obtain a healthy lifestyle. Downsizing shows the citizens of PC that they are no longer embraced by the leadership in Pawnee County. They have no one to turn to, to advocate for their wellbeing. People who are in need of services from the health department come from all walks of life. They are all incomes, all genders, all ages, all cultures, and religion. All of these people rely on health department services. The health

department is not a burden on the county's budget. In a rural community what is needed is more services, more grants, more education, and more tools to not fall into lower rates. The health department should not be ran as a business, but business principles should be used. Just because we have a customer or a service that is no good for the business, doesn't mean that we should get rid of it. Public Health according to the CDC-Public health is the science of protecting and improving the health of people and their communities. This work is achieved by promoting healthy lifestyles, researching disease and injury prevention, and detecting, preventing and responding to infectious diseases. The greatest thing we can do for PC and for the children of PC is to pass on the significance of equal opportunity. the PC commissioners need to recreate Pawnee County by adding more services not downsizing. What is the reason for this question of downsizing when I was told by a PC commissioner that money is not an issue. In PCHD case, it is feasible to provide all the services and to add more services. There is no reason why PC can't grow. Just because a service is not a priority to PC leadership, doesn't mean it isn't a priority to the citizens of PC. Every service PCHD provides is vital and crucial to the citizens of PC.

- Probably most if not all of the direct patient care activities.
- they need to provide same services this is a very rural community not like Topeka, Ks and services are not available on every street corner. Failure to do so will be a spiral down for the whole community.

Are there services that the Health Department could deliver in collaboration with partners from either within or outside Pawnee County?

- Yes but will Pawnee County pay their share of do the commissioners want this provided by other entities for free
- Addressing mental health issues collaboratively including SU, they're part of strategic intercept team, more on planning and proactive approach vs responsive
- The breast-feeding support could be done in conjunction with another Health Department

- PC needs to take the lead providing services within PC. We can't always rely on other counties or even the state. PC needs to care for our own because PC citizens have a significant interest in the community. When it comes down to other counties or the state partnering with PC, the counties or state are first off worried for their own. PC will come second. It is PCHD main goal of ensuring all services are provided in the community, therefore, how can PCHD rely on others for assurance. PCHD department has the advantage of keeping services within their agency.
- Probably all of the higher level, non-direct patient care activities.
- Could expand Maternal Child Health with other Health dept. support

Appendix G – Public Health Service Models



Public Health Accreditation Board

STANDARDS: AN OVERVIEW

VERSION 1.5
Adopted December 2013

STANDARDS: AN OVERVIEW

ASSESS

DOMAIN 1: Conduct and disseminate assessments focused on population health status and public health issues facing the community

- Standard 1.1:** Participate in or Lead a Collaborative Process Resulting in a Comprehensive Community Health Assessment
- Standard 1.2:** Collect and Maintain Reliable, Comparable, and Valid Data that Provide Information on Conditions of Public Health Importance and On the Health Status of the Population
- Standard 1.3:** Analyze Public Health Data to Identify Trends in Health Problems, Environmental Public Health Hazards, and Social and Economic Factors that Affect the Public's Health
- Standard 1.4:** Provide and Use the Results of Health Data Analysis to Develop Recommendations Regarding Public Health Policy, Processes, Programs, or Interventions

INVESTIGATE

DOMAIN 2: Investigate health problems and environmental public health hazards to protect the community

- Standard 2.1:** Conduct Timely Investigations of Health Problems and Environmental Public Health Hazards
- Standard 2.2:** Contain/Mitigate Health Problems and Environmental Public Health Hazards
- Standard 2.3:** Ensure Access to Laboratory and Epidemiologic/Environmental Public Health Expertise and Capacity to Investigate and Contain/Mitigate Public Health Problems and Environmental Public Health Hazards
- Standard 2.4:** Maintain a Plan with Policies and Procedures for Urgent and Non-Urgent Communications

INFORM & EDUCATE

DOMAIN 3: Inform and educate about public health issues and functions

- Standard 3.1:** Provide Health Education and Health Promotion Policies, Programs, Processes, and Interventions to Support Prevention and Wellness
- Standard 3.2:** Provide Information on Public Health Issues and Public Health Functions Through Multiple Methods to a Variety of Audiences

COMMUNITY ENGAGEMENT

DOMAIN 4: Engage with the community to identify and address health problems

- Standard 4.1:** Engage with the Public Health System and the Community in Identifying and Addressing Health Problems through Collaborative Processes
- Standard 4.2:** Promote the Community's Understanding of and Support for Policies and Strategies that will Improve the Public's Health

POLICIES & PLANS

DOMAIN 5: Develop public health policies and plans

- Standard 5.1:** Serve as a Primary and Expert Resource for Establishing and Maintaining Public Health Policies, Practices, and Capacity
- Standard 5.2:** Conduct a Comprehensive Planning Process Resulting in a Tribal/State/Community Health Improvement Plan
- Standard 5.3:** Develop and Implement a Health Department Organizational Strategic Plan
- Standard 5.4:** Maintain an All Hazards Emergency Operations Plan

PUBLIC HEALTH LAWS

DOMAIN 6: Enforce public health laws

- Standard 6.1:** Review Existing Laws and Work with Governing Entities and Elected/Appointed Officials to Update as Needed
- Standard 6.2:** Educate Individuals and Organizations on the Meaning, Purpose, and Benefit of Public Health Laws and How to Comply
- Standard 6.3:** Conduct and Monitor Public Health Enforcement Activities and Coordinate Notification of Violations among Appropriate Agencies

ACCESS TO CARE

DOMAIN 7: Promote strategies to improve access to health care

- Standard 7.1:** Assess Health Care Service Capacity and Access to Health Care Services
- Standard 7.2:** Identify and Implement Strategies to Improve Access to Health Care Services

WORKFORCE

DOMAIN 8: Maintain a competent public health workforce

- Standard 8.1:** Encourage the Development of a Sufficient Number of Qualified Public Health Workers
- Standard 8.2:** Ensure a Competent Workforce through Assessment of Staff Competencies, the Provision of Individual Training and Professional Development, and the Provision of a Supportive Work Environment

QUALITY IMPROVEMENT

DOMAIN 9: Evaluate and continuously improve processes, programs, and interventions

- Standard 9.1:** Use a Performance Management System to Monitor Achievement of Organizational Objectives
- Standard 9.2:** Develop and Implement Quality Improvement Processes Integrated Into Organizational Practice, Programs, Processes, and Interventions

EVIDENCE-BASED PRACTICES

DOMAIN 10: Contribute to and apply the evidence base of public health

- Standard 10.1:** Identify and Use the Best Available Evidence for Making Informed Public Health Practice Decisions
- Standard 10.2:** Promote Understanding and Use of the Current Body of Research Results, Evaluations, and Evidence-Based Practices with Appropriate Audiences

ADMINISTRATION & MANAGEMENT

DOMAIN 11: Maintain administrative and management capacity

- Standard 11.1:** Develop and Maintain an Operational Infrastructure to Support the Performance of Public Health Functions
- Standard 11.2:** Establish Effective Financial Management Systems

GOVERNANCE

DOMAIN 12: Maintain capacity to engage the public health governing entity

- Standard 12.1:** Maintain Current Operational Definitions and Statements of the Public Health Roles, Responsibilities, and Authorities
- Standard 12.2:** Provide Information to the Governing Entity Regarding Public Health and the Official Responsibilities of the Health Department and of the Governing Entity
- Standard 12.3:** Encourage the Governing Entity's Engagement In the Public Health Department's Overall Obligations and Responsibilities



The **PHAB STANDARDS** apply to all health departments—Tribal, state, local, and territorial. Standards are the required level of achievement that a health department is expected to meet. Domains are groups of standards that pertain to a broad group of public health services. The focus of the PHAB standards is “what” the health department provides in services and activities, irrespective of “how” they are provided or through what organizational structure. Please refer to the **PHAB Standards and Measures** Version 1.5 document, available at www.phaboard.org, for the full official standards, measures, required documentation, and guidance.

VERSION 1.5



PUBLIC HEALTH ACCREDITATION BOARD

1600 Duke Street, Suite 200

Alexandria, VA 22314

T: 703.778.4549

F: 703.778.4556

www.phaboard.org

This publication was supported through grant funding from the Robert Wood Johnson Foundation (RWJF) and Cooperative Agreement #1U900T000228-01 from the Centers for Disease Control and Prevention (CDC). Its contents are solely the responsibility of the authors and do not necessarily represent the official views of the CDC or RWJF.

Copyright © 2014 Public Health Accreditation Board. All rights reserved.

Operational Definition

of a
functional
local health
department



NATIONAL
ASSOCIATION OF
COUNTY & CITY
HEALTH OFFICIALS

NACCHO



Public Health
Prevent. Promote. Protect.

November 2005

operational definition of a functional local health department

Governmental public health departments are responsible for creating and maintaining conditions that keep people healthy. At the local level, the governmental public health presence, or “local health department,” can take many forms.¹ Furthermore, each community has a unique “public health system” comprising individuals and public and private entities that are engaged in activities that affect the public’s health.

Regardless of its governance or structure, regardless of where specific authorities are vested or where particular services are delivered, everyone, no matter where they live, should reasonably expect the local health department to meet certain standards.²

A FUNCTIONAL LOCAL HEALTH DEPARTMENT:

- Understands the specific health issues confronting the community, and how physical, behavioral, environmental, social, and economic conditions affect them.
- Investigates health problems and health threats.
- Prevents, minimizes, and contains adverse health effects from communicable diseases, disease outbreaks from unsafe food and water, chronic diseases, environmental hazards, injuries, and risky health behaviors.
- Leads planning and response activities for public health emergencies.
- Collaborates with other local responders and with state and federal agencies to intervene in other emergencies with public health significance (e.g., natural disasters).
- Implements health promotion programs.
- Engages the community to address public health issues.
- Develops partnerships with public and private healthcare providers and institutions, community-based organizations, and other government agencies (e.g., housing authority, criminal justice, education) engaged in services that affect health to collectively identify, alleviate, and act on the sources of public health problems.
- Coordinates the public health system’s efforts in an intentional, non-competitive, and non-duplicative manner.



NATIONAL
ASSOCIATION OF
COUNTY & CITY
HEALTH OFFICIALS

2

NACCHO

- Addresses health disparities.
- Serves as an essential resource for local governing bodies and policymakers on up-to-date public health laws and policies.
- Provides science-based, timely, and culturally competent health information and health alerts to the media and to the community.
- Provides its expertise to others who treat or address issues of public health significance.
- Ensures compliance with public health laws and ordinances, using enforcement authority when appropriate.
- Employs well-trained staff members who have the necessary resources to implement best practices and evidence-based programs and interventions.
- Facilitates research efforts, when approached by researchers, that benefit the community.
- Uses and contributes to the evidence base of public health.
- Strategically plans its services and activities, evaluates performance and outcomes, and makes adjustments as needed to continually improve its effectiveness, enhance the community's health status, and meet the community's expectations.



NOTES

¹ For the purposes of this definition, a local health department may be locally governed, part of a region or district, be an office or an administrative unit of the state health department, or a hybrid of these.

² See "Local Health Department Standards," Pages 4 through 9, for further description of the functions captured in this definition.

local health department standards

All local health departments (LHDs),¹ as governmental entities, derive their authority and responsibility from the state and local laws that govern them. Accordingly, all LHDs exist for the common good and are responsible for demonstrating strong leadership in the promotion of physical, behavioral, environmental, social, and economic conditions that improve health and well-being; prevent illness, disease, injury, and premature death; and eliminate health disparities.² However, in the absence of specific, consistent standards regarding how LHDs fulfill this responsibility, the degree to which the public's health is protected and improved varies widely from community to community.

These standards describe the responsibilities that every person, regardless of where they live, should reasonably expect their LHD to fulfill. They have been developed within nationally recognized frameworks³ and with input from public health professionals and elected officials⁴ from across the country. The standards provide a framework by which LHDs are accountable to the state health department, the public they serve, and the governing bodies (e.g., local boards of health, county commissioners, and mayors) to which they report. In meeting the

standards, LHDs employ strategies that are evidence-based and informed by best practices, and they operate according to the highest level of professionalism and ethics to inspire public confidence and trust.

A number of factors contribute to the variability of how LHDs operate; specifically capacity, authority, resources, and composition of the local public health system:

- The LHD may have the capacity to perform all of the functions on its own; it may call upon the state to provide assistance for some functions; it may develop arrangements with other organizations in the community or with neighboring LHDs to perform some functions; or it may control the means by which other entities perform some functions.
- Government agencies other than the LHD may have the authority to perform services that affect public health.
- Resources for public health may be housed in a different agency.
- Each LHD jurisdiction is served by its own unique public health system: public and private health care providers, businesses, community organizations, academic institutions, and media outlets that all contribute to the public's health.



NATIONAL
ASSOCIATION OF
COUNTY & CITY
HEALTH OFFICIALS

As a result of these differences, how LHDs meet the standards—whether they directly provide a service, broker particular capacities, or otherwise ensure that the necessary work is being done—will vary. Regardless of its specific capacity, authority, and resources, and regardless of the particular local public health system, the LHD has a consistent responsibility to intentionally coordinate all public health activities and lead efforts to meet the standards.

The standards are a guide to the fundamental responsibilities of LHDs, allowing for varied structural characteristics of LHDs (e.g., governance, staffing patterns, size of the population served, etc.), and recognizing that each LHD may have other duties unique to meeting the public health needs of the community it serves. Several states have developed, or are in the process of developing, state-specific standards for LHDs, and the National Public Health Performance Standards Program (NPHPSP) includes standards for local public health systems. NACCHO analyses of several state initiatives and the NPHPSP have shown a high level of consistency between these efforts and NACCHO's nationally-developed standards.

Currently, not all LHDs have the capacity to meet the standards. Many concerns have been raised regarding the costs of developing the capacity, and the implications for LHDs that do not meet the standards. It is difficult to anticipate costs, and it is equally important to understand that improvements in capacity can be made in the absence of new resources. NACCHO is committed to collecting and sharing models of LHDs and LHD arrangements to demonstrate various means to enhance local governmental public health capacity. Furthermore, NACCHO is currently participating in a national dialogue on whether to establish a voluntary national accreditation system for state and local health departments,⁵ and is supportive of such an effort.⁶ The results of this dialogue may generate implications for LHDs not meeting the standards.

NACCHO urges LHDs to embrace these standards both as a means of working with their state health departments, communities, and governing bodies to develop a more robust governmental public health capacity, and as a means of holding themselves uniformly accountable to the public they serve.

local health department standards

1 Monitor health status and understand health issues facing the community.

- a. Obtain and maintain data that provide information on the community's health (e.g., provider immunization rates; hospital discharge data; environmental health hazard, risk, and exposure data; community-specific data; number of uninsured; and indicators of health disparities such as high levels of poverty, lack of affordable housing, limited or no access to transportation, etc.).
- b. Develop relationships with local providers and others in the community who have information on reportable diseases and other conditions of public health interest and facilitate information exchange.
- c. Conduct or contribute expertise to periodic community health assessments.
- d. Integrate data with health assessment and data collection efforts conducted by others in the public health system.
- e. Analyze data to identify trends, health problems, environmental health hazards, and social and economic conditions that adversely affect the public's health.

2 Protect people from health problems and health hazards.

- a. Investigate health problems and environmental health hazards.
- b. Prevent, minimize, and contain adverse health events and conditions resulting from communicable diseases; food-, water-, and vector-borne outbreaks; chronic diseases; environmental hazards; injuries; and health disparities.
- c. Coordinate with other governmental agencies that investigate and respond to health problems, health disparities, or environmental health hazards.
- d. Lead public health emergency planning, exercises, and response activities in the community in accordance with the National Incident Management System, and coordinate with other local, state, and federal agencies.
- e. Fully participate in planning, exercises, and response activities for other emergencies in the community that have public health implications, within the context of state and regional plans and in a manner consistent with the community's best public health interest.
- f. Maintain access to laboratory and biostatistical expertise and capacity to help monitor community health status and diagnose and investigate public health problems and hazards.
- g. Maintain policies and technology required for urgent communications and electronic data exchange.



6

3 Give people information they need to make healthy choices.

- a. Develop relationships with the media to convey information of public health significance, correct misinformation about public health issues, and serve as an essential resource.
- b. Exchange information and data with individuals, community groups, other agencies, and the general public about physical, behavioral, environmental, social, economic, and other issues affecting the public's health.
- c. Provide targeted, culturally-appropriate information to help individuals understand what decisions they can make to be healthy.
- d. Provide health promotion programs to address identified health problems.

4 Engage the community to identify and solve health problems.

- a. Engage the local public health system in an ongoing, strategic, community-driven, comprehensive planning process to identify, prioritize, and solve public health problems; establish public health goals; and evaluate success in meeting the goals.
- b. Promote the community's understanding of, and advocacy for, policies and activities that will improve the public's health.
- c. Support, implement, and evaluate strategies that address public

health goals in partnership with public and private organizations.

- d. Develop partnerships to generate interest in and support for improved community health status, including new and emerging public health issues.
- e. Inform the community, governing bodies, and elected officials about governmental public health services that are being provided, improvements being made in those services, and priority health issues not yet being adequately addressed.

5 Develop public health policies and plans.

- a. Serve as a primary resource to governing bodies and policymakers to establish and maintain public health policies, practices, and capacity based on current science and best practices.
- b. Advocate for policies that lessen health disparities and improve physical, behavioral, environmental, social, and economic conditions in the community that affect the public's health.
- c. Engage in LHD strategic planning to develop a vision, mission, and guiding principles that reflect the community's public health needs, and to prioritize services and programs.

6 Enforce public health laws and regulations.

- a. Review existing laws and regulations and work with governing bodies and policy-makers to update them as needed.
- b. Understand existing laws, ordinances, and regulations that protect the public's health.
- c. Educate individuals and organizations on the meaning, purpose, and benefit of public health laws, regulations, and ordinances and how to comply.
- d. Monitor, and analyze over time, the compliance of regulated organizations, entities, and individuals.
- e. Conduct enforcement activities.
- f. Coordinate notification of violations among other governmental agencies that enforce laws and regulations that protect the public's health.

7 Help people receive health services.

- a. Engage the community to identify gaps in culturally-competent, appropriate, and equitable personal health services, including preventive and health promotion services, and develop strategies to close the gaps.
- b. Support and implement strategies to increase access to care and establish systems of personal health

- c. Link individuals to available, accessible personal healthcare providers (i.e., a medical home).

8 Maintain a competent public health workforce.

- a. Recruit, train, develop, and retain a diverse staff.
- b. Evaluate LHD staff members' public health competencies,⁷ and address deficiencies through continuing education, training, and leadership development activities.
- c. Provide practice- and competency-based educational experiences for the future public health workforce, and provide expertise in developing and teaching public health curricula, through partnerships with academia.
- d. Promote the use of effective public health practices among other practitioners and agencies engaged in public health interventions.
- e. Provide the public health workforce with adequate resources to do their jobs.

9 Evaluate and Improve programs and Interventions.

- a. Develop evaluation efforts to assess health outcomes to the extent possible.
- b. Apply evidence-based criteria to evaluation activities where possible.
- c. Evaluate the effectiveness and quality of all LHD programs and



activities and use the information to improve LHD performance and community health outcomes.

- d. Review the effectiveness of public health interventions provided by other practitioners and agencies for prevention, containment, and/or remediation of problems affecting the public's health, and provide expertise to those interventions that need improvement.

10 **Contribute to and apply the evidence base of public health.**

- a. When researchers approach the LHD to engage in research activities that benefit the health of the community,
 - i. Identify appropriate populations, geographic areas, and partners;
 - ii. Work with them to actively involve the community in all phases of research;
 - iii. Provide data and expertise to support research; and,
 - iv. Facilitate their efforts to share research findings with the community, governing bodies, and policymakers.
- b. Share results of research, program evaluations, and best practices with other public health practitioners and academics.
- c. Apply evidence-based programs and best practices where possible.

NOTES

¹ For the purposes of these standards, an LHD is defined as the governmental public health presence at the local level. It may be a locally governed health department, a branch of the state health department, a state-created district or region, a department governed by and serving a multi-county area, or any other arrangement that has governmental authority and is responsible for public health functions at the local level.

² For the purposes of this document, "health disparities" refer to differences in populations' health status that are avoidable and can be changed. These differences can result from social and/or economic conditions, as well as public policy. Examples include situations whereby hazardous waste sites are located in poor communities, there is a lack of affordable housing, and there is limited or no access to transportation. These and other factors adversely affect population health.

³ The standards are framed around the Ten Essential Public Health Services, which have been reworded to more accurately reflect the specific LHD roles and responsibilities related to each category. In addition, these standards are consistent with the National Public Health Performance Standards Program (NPHPSP), serving to specify the role of governmental LHDs while the NPHPSP addresses the public health system as a whole.

⁴ This includes those from local health departments, local boards of health, state health departments, and federal public health agencies; as well as county commissioners, mayors, state legislators, and gubernatorial health advisors.

⁵ www.exploringaccreditation.org

⁶ NACCHO Resolution 04-06 further describes NACCHO's stance on accreditation.

⁷ As defined by the Core Public Health Competencies developed by the Council on Linkages between Academia and Public Health Practice.

operational definition of a functional local health department

Public health professionals and the communities they serve deserve a common set of expectations about local health departments (LHDs). More than 600 governmental public health professionals and local and state officials representing 30 different states contributed to this definition, which will be a living document.

By describing the functions of LHDs, the definition will help citizens and residents understand what they can reasonably expect from governmental public health in their communities. The definition also will be useful to elected officials, who need to understand what LHDs do and how to hold them accountable. And, the definition will aid LHDs in obtaining their fair share of resources.



10

WHAT ARE NACCHO'S NEXT STEPS?

NACCHO's first step is education and communication about the definition with LHDs, local boards of health, state health departments, federal public health agencies, and local and state elected officials. Metrics will be developed to allow LHDs to measure their progress in achieving the standards.

NACCHO will also gather examples of how LHDs use the definition. The *Exploring Accreditation* project will examine the use of the standards as the basis for a voluntary national accreditation system for LHDs of all sizes and structures.

WHAT ACTION STEPS CAN YOU TAKE?

LHDs can use the definition and standards to assess local efforts, measure performance, expand functions, enhance activities, and communicate about the role of local public health to their governing bodies, elected officials, and community.

NACCHO has developed a set of three fact sheets describing the role of local public health and a communications toolkit as part of this project. Both the toolkit and the fact sheets are available on NACCHO's Web site (see the following column). We encourage LHDs to download the fact sheets and communications toolkit.

NACCHO

Finally, your experiences with the definition will inform and help shape the implementation phase of this effort. Please submit examples of how LHDs have met the definition (particularly those involving the development of shared capacity and/or resources), applied the tools in the communications toolkit, or otherwise used the definition or related materials.



You can find additional materials and submit examples online at:

www.naccho.org/topics/infrastructure/operationaldefinition.cfm

For more information about this project, please contact NACCHO at (202) 783-5550 and ask to speak with the Operational Definition program manager, or e-mail operationaldefinition@naccho.org.

NACCHO thanks the following organizations for their contributions to the development of the operational definition: the Association of State and Territorial Health Officials, the Association of State and Territorial Local Health Liaison Officials, the Centers for Disease Control and Prevention, the Health Resources and Services Administration, the National Association of Counties, the National Association of Local Boards of Health, the National Conference of State Legislatures, the National Governors Association, the National League of Cities, and the U.S. Conference of Mayors.

Funding for this project was provided by the Robert Wood Johnson Foundation and the Centers for Disease Control and Prevention (under cooperative agreement U50/CCU302718). The contents of this document are solely the responsibility of the authors and do not necessarily represent the official views of the sponsors.



National Association of
County and City
Health Officials
1100 17th Street, NW
Second Floor
Washington, DC 20036
(202) 783-5550 Phone
(202) 783-1583 Fax
www.naccho.org

Public Health Core Functions and 10 Essential Services

Core Function 1 – Assessment

Collecting and analyzing information about health problems.

Essential Service #1: Monitor health status to identify community health problems.

Essential Service #2: Diagnose and investigate health problems and health hazards in the community.

Core Function 2 – Policy Development

Broad-based consultations with stakeholders to weigh available information and decide which interventions are most appropriate and ensure that the public interest is served by measures that are adopted.

Essential Service #3: Inform, educate, and empower people about health issues.

Essential Service #4: Mobilize community partnerships to identify and solve health problems.

Essential Service #5: Develop policies and plans that support individual and community health efforts.

Core Function 3 – Assurance

Promoting and protecting public interests through programs, events, campaigns, regulations and other strategies, and making sure that necessary services are provided to reach agreed upon goals.

Essential Service #6: Enforce laws and regulations that protect health and ensure safety.

Essential Service #7: Link people to needed personal health services and assure the provision of health care when otherwise unavailable.

Essential Service #8: Assure a competent public health and personal healthcare workforce.

Essential Service #9: Evaluate effectiveness, accessibility, and quality of personal and population-based health services.

Essential Service #10: Research for new insights and innovative solutions to health problems.



Sources: The Future of Public Health, Institute of Medicine, 1988.

10 Essential Public Health Services, Core Public Health Functions Steering Committee, 1994.

Appendix H: Sample Position Descriptions

SHAWNEE COUNTY, KANSAS Position Description Health Promotion Coordinator

POSITION NUMBER: HA1078C

FLSA STATUS: N

DEFINITION:

Under general supervision, this position, in cooperation with Health Department personnel, volunteers and grant subcontractors; builds relationships and implements grant strategies with community-based organizations, worksites, healthcare providers and policy makers. This position plans, organizes and develops effective health promotion and education programs through a variety of grant initiatives by providing education, leadership and direction to related staff and partners and working cooperatively with management staff and state and federal officials. Performs other duties as required. This position supervises the Health Promotion Specialist. This position is supervised by the Community Health Outreach and Planning Division Manager.

WORK PERFORMED

- 25% Program Coordination.** Provides coordination with all agencies and subcontractors involved in select grant programs. Develops and implements work plans. Plans and develops health and wellness presentations, educational displays and workshops for audiences of varied ages, education and professional backgrounds. Ensures communication channels with grant partners. Presents information and reports to community partners as required. Collaborates with other health and social service agencies in the community in an effort to improve health and nutrition status in the community.
- 25% Program Management.** Develops, implements, coordinates and evaluates the work of subcontractors in implementing grant work plans. Leads the collaborative team, working closely with staff and subcontractors, to implement and apply various key measures. Collects, maintains and manages data related to health education activities. Researches and promotes best practices related to health promotion activities. Works with policy makers to adopt policies that promote healthy choices. Performs assessments to determine the effectiveness of health policy strategies.
- 20% Outreach Activities.** Conducts presentations and workshops for the community to educate and inform on public health-related issues and agency services. Includes traveling to offsite locations to conduct presentations, staff health fairs and workshops, as well as flexible scheduling of events to accommodate requests from the public. Serves as liaison to outreach area providers and partner organizations to ensure increased program participation.
- 10% Program Analysis And Reporting.** Ensures monthly and quarterly program and financial reports are received from all subcontractors. Analyzes these reports for accuracy and adherence to grant standards. Compiles and analyzes program and financial information and submits grant reports according to agreed upon schedules. Establishes outcome measures and monitors compliance.
- 10% Program Support.** Assists with the maintenance and distribution of Health Department materials and health information materials in the community. Assists in the preparation and editing of health information materials. Assists with maintaining library of printed and audiovisual materials. Assists with grant preparation and reporting as applicable.

- 10% Supervision.** Supervises the Health Promotion Specialist with respect to accountability for performance and behavior including approval of absences to conform with personnel needs, discipline of employees, staff development and training, completion of performance evaluations and other personnel related functions. Participates in the hiring and promotional process. Instructs staff on proper completion of tasks. Inspects and reviews work of staff to ensure that projects are complete. Establishes work schedules and assigns work. Checks work procedures and products.

KNOWLEDGE, ABILITIES AND SKILLS

Knowledge of:

- Public health theory, practice and administration.
- Science-based public health practices.
- Principles of social/policy change or community change.

Ability to:

- Establish, develop and maintain working relationships with clients, co-workers, community agencies, professional groups and the general public.
- Ensure successful implementation of the Health Promotion program of work including early detection, quality of life, prevention strategies and worksite wellness.
- Work a flexible schedule to accommodate requests for presentations from the public and be willing to travel as needed to accommodate the requests.
- Communicate effectively, both orally and in writing, using the English language.
- Present information clearly and accurately before small and large audiences.
- Demonstrate basic computer skills and have the ability to learn and utilize updated computer applications.
- Demonstrate initiative in planning, conducting and promoting Health Department programs and services.

PHYSICAL REQUIREMENTS

N-Never O-Occasional (1%-33%) F-Frequent (34%-66%) C-Continuous (67%-100%)

	N	O	F	C		N	O	F	C		N	O	F
HANDS					BODY/TRUNK					OTHER			
Reaching		X			Sitting				X	Driving		X	
Pushing/Pulling		X			Bending		X			High Elevation	X		
Climbing	X				Reaching		X			Unprotected Heights	X		
Throwing	X				Lifting		X			Around Moving Machinery	X		
ARMS					Carrying		X			Driving Automotive Equipment	X		
Reaching		X			Jumping	X				Exposure to Dust, Gases and Fumes	X		
Lifting		X			Twisting		X			Cramped Body Position	X		
Pushing/Pulling		X			Squatting		X			Sustained Positions	X		
Carrying		X			Turning		X			Noise Levels (Excessive)	X		
Throwing	X				LEGS/FEET					Electrical Hazards	X		
EYES					Walking			X		Slippery Surfaces	X		
Near Vision			X		Standing			X		Work Above Ground	X		
Far Vision		X			Sitting				X	Work Below Ground	X		
Color Vision				X	Carrying		X			Irregular Surfaces	X		

EQUIPMENT USED

Personal Computers
Printers

Fax Machine
Projectors

Photocopiers
Telephone

Scales
Blood Pressure Cuff

MINIMUM QUALIFICATIONS

Bachelor’s Degree from an accredited college or university in Health Promotion, Health Education, Public Health, Community Health, Health Science or related field.

Two (2) years experience in education, program planning and promotion.

Required to submit two (2) writing samples (which may include but not limited to brochures, flyers, training programs, grant narratives).

Valid Driver’s License.

SPECIAL REQUIREMENTS

After a conditional offer of employment, the applicant must pass a pre-employment physical and drug screen.

This Position Description is not designed to list all tasks and responsibilities of this position. Shawnee County reserves the right to revise or change job duties as the need may arise. This Position Description does not constitute a written or implied contract of employment.

I have read and understand the duties and requirements for this position.

Employee’s Signature / Printed Name

Date

Administering Supervisor’s Signature / Printed Name

Date

Appointing Authority’s Signature / Printed Name

Date

Created: 12/2012
Revision History:

SHAWNEE COUNTY, KANSAS

Position Description

Community Health Planner

POSITION NUMBER: HA1078

FLSA STATUS: N

POSITION DESCRIPTION

Under general supervision, this position, in cooperation with Health Department personnel, volunteers and grant subcontractors; builds relationships and implements strategies with community-based organizations, worksites, healthcare providers and policy makers to impact the health of Shawnee County. This position leads efforts to assess the health status of the community and to develop improvement plans for the health of the community. Mobilizes community partnerships to implement evidence-based public health interventions. Also plans, organizes and develops effective health promotion and education programs. Works cooperatively with the Leadership Team, community partners and state and federal officials. Performs other duties as required. This position is supervised by the Community Health Outreach and Planning Division Manager.

WORK PERFORMED

- 30% Program Coordination.** Provides coordination and technical assistance for all agencies and community partners working on the Community Health Needs Assessment (CHNA) and the Community Health Improvement Plan (CHIP). Develops and implements a work plan to address goals, objectives and strategies for improving health priorities identified through the CHNA. Collaborates with other health and social service agencies in the community on health improvement activities. Plans and develops community outreach specific to CHNA and CHIP. Presents educational opportunities and reports for Shawnee County employees and other audiences. Develops and implements health and wellness programs and activities in the community, Department and Shawnee County. Serves as event coordinator for Department events.
- 30% Program Management.** Evaluates the work of CHNA/CHIP in Shawnee County. Provides technical assistance to the collaborative team in the development of CHNA/CHIP measures. Assists in efforts to collect and disseminate accurate, reliable information about factors that impact population health. Researches and promotes best practices for community health behavior change. Identifies and promotes policies that make the healthy choice the default choice.
- 25% Program Analysis And Reporting.** Ensures monthly and quarterly program reports are submitted as required. Analyzes reports for accuracy and adherence to project standards. Ensures outcome measures from the CHIP are being collected and monitored. Participates in quality improvement and accreditation activities.
- 10% Outreach Activities.** Informs and educates partners, government, organizations, and the public regarding community health issues and agency services. Includes traveling to offsite locations to conduct presentations and workshops, as well as flexible scheduling of events to accommodate requests from the public. Serves as liaison to partners, government, organizations, and the public on Department matters involving population-based health issues. Serves as the back-up Public Information Officer in the absence of the Community Health Outreach and Planning Division Manager.

development and training, completion of performance evaluations and other personnel related functions. Participates in the hiring and promotional process. Inspects and reviews work of staff to ensure that projects are complete. Checks work procedures and products.

KNOWLEDGE, ABILITIES AND SKILLS

Knowledge of:

- Public health theory, practice and administration.
- Science-based public health practices.
- Principles of social/policy change or community change.

Ability to:

- Establish, develop and maintain working relationships with co-workers, community agencies, professional groups and the general public.
- Implementation of population-based work that uses policies, systems, and environmental changes to make health improvements.
- Work a flexible schedule to accommodate requests for presentations from the public and be willing to travel as needed to accommodate the requests.
- Communicate effectively, both orally and in writing, using the English language.
- Present information clearly and accurately before small and large audiences.
- Demonstrate basic computer skills and have the ability to learn and utilize updated computer applications.
- Demonstrate initiative in planning, conducting and promoting Health Agency programs and services.

PHYSICAL REQUIREMENTS

N-Never O-Occasional (1%-33%) F-Frequent (34%-66%) C-Continuous (67%-100%)

	N	O	F	C		N	O	F	C		N	O	F
HANDS					BODY/TRUNK					OTHER			
Reaching		X			Sitting				X	Driving		X	
Pushing/Pulling		X			Bending		X			High Elevation	X		
Climbing	X				Reaching		X			Unprotected Heights	X		
Throwing	X				Lifting		X			Around Moving Machinery	X		
ARMS					Carrying		X			Driving Automotive Equipment	X		
Reaching		X			Jumping	X				Exposure to Dust, Gases and Fumes	X		
Lifting		X			Twisting		X			Cramped Body Position	X		
Pushing/Pulling		X			Squatting		X			Sustained Positions	X		
Carrying		X			Turning		X			Noise Levels (Excessive)	X		
Throwing	X				LEGS/FEET					Electrical Hazards	X		
EYES					Walking			X		Slippery Surfaces	X		
Near Vision			X		Standing			X		Work Above Ground	X		
Far Vision		X			Sitting				X	Work Below Ground	X		
Color Vision				X	Carrying		X			Irregular Surfaces	X		
VOICE					Climbing	X				Moving Objects	X		
Talking			X		Jumping	X				In High Volume Traffic		X	
EARS					Turning		X			Exposure to Marked Changes in Temperature and Humidity			
Hearing			X		Lifting		X				X		

EQUIPMENT USED

Personal Computers
Printers

Fax Machine
Projectors

Photocopiers
Telephone

Scales

MINIMUM QUALIFICATIONS

Bachelor's Degree from an accredited college or university in Health Promotion, Health Education, Public Health, Community Health, Health Science or related field.

Four (4) years experience in education, program planning and promotion.

Valid Driver's License.

SPECIAL REQUIREMENTS

Required to lift thirty (30) pounds.

Required to complete Federal Emergency Management Agency (FEMA) Basic Public Information Officer (PIO) training within six (6) months of employment.

Required to complete Federal Emergency Management Agency (FEMA) Basic Public Information Officer (PIO) training within six (6) months of employment.

Required to complete National Incident Management System (NIMS) 700 and Incident Command System (ICS) 100-200 within six (6) months of employment.

After a conditional offer of employment, the applicant must pass a pre-employment physical and drug screen.

This Position Description is not designed to list all tasks and responsibilities of this position. Shawnee County reserves the right to revise or change job duties as the need may arise. This Position Description does not constitute a written or implied contract of employment.

I have read and understand the duties and requirements for this position.

Employee's Signature / Printed Name

Date

Administering Supervisor's Signature / Printed Name

Date

Appointing Authority's Signature / Printed Name

Date

Created: 01/17
Revision History:

SHAWNEE COUNTY, KANSAS
Position Description
Community Health Outreach and Planning Division Manager

**POSITION
NUMBER:**

XXXXXX

FLSA STATUS: N

POSITION DESCRIPTION

Under general supervision, this position is responsible for oversight of the Community Health Outreach and Planning Division. This position also establishes and maintains community relations and communication between the public and the Shawnee County Health Department (SCHD). Periodically may work outside of typical business hours. Serves as primary contact for media and as spokesperson for SCHD. This position exercises a considerable amount of independent judgment within Department standard operating procedures and other local, state and federal contracts for the provision of services. Performs other duties as required including but not limited to serving as a member of the Health Department Leadership Team and participating in community collaborations. This position is supervised by the Health Department Director.

EXAMPLE OF DUTIES:

20% Division Program Oversight. Oversees and manages the operation of Community Health Outreach and Planning programs and activities that are provided in the clinic and community by oral and written directives to division staff. Works cooperatively with the Director, Division Managers, Team Leaders and department staff to ensure the Community Health Outreach and Planning Division operates efficiently and cohesively with a high quality of service standards and in accomplishing the vision and mission of the Department. Assesses SCHD capacity to plan, coordinate and improve in the areas of need identified within the Community Health Needs Assessment, Community Health Improvement Plan, public health accreditation and other public health areas.

10% Supervisory Duties. Supervises staff with respect to accountability for performance and behavior including approval of absences to conform to personnel needs, discipline of employees, staff development and training, completion of performance evaluations and other personnel related functions. Participates in the hiring and promotional process. Instructs staff on proper completion of tasks. Inspects and reviews work of staff to ensure that projects are complete. Establishes work schedules and assigns work. Checks work procedures and products.

20% Media Relations and Public Information. Produces multimedia presentations and prepares news releases, brochures, and annual reports. Prepares and presents public information programs on services provided by the Department. Serves as the media coordinator and presents informational programs on public health, clinical and environmental health programs. Serves as a liaison and spokesperson between the Department and community agencies, organizations and the media. May serve as the Shawnee County Public Information Officer during emergency response.

5% Social Media. Responsible for updating and maintaining various electronic communications including but not limited to website and various social media resources to ensure timely communication to the public.

15% Community Relations/Partnerships. Develops strategies for working successfully in multi-agency and intra-agency collaborations. Maintains community relations with other agencies, departments and organizations. Performs related duties as required in the completion of projects that are related to the public health of the community and organizational and program effectiveness. Provides technical assistance and support for the local healthcare coalition.

15% Planning. Develops and implements annual budget. Develops and implements annual public relations plan in collaboration with other divisions in the Department. Develops appropriate policies and procedures and ensures their enforcement including but not limited to marketing plan and Risk Communication Plan and Response for the Department. Participates in emergency preparedness activities for Department.

15% Reporting. Provides statistical data and analysis concerning Community Outreach and Planning programs and activities. Manages the Division's budget in coordination with the Director and Finance Officer. Oversees and assures compliance with federal, state and local statutes, as well as grant requirements.

KNOWLEDGE, ABILITIES AND SKILLS

Knowledge of:

- Desktop publishing in preparing promotional brochures and other informational pieces.
- The principles and methods of planning and conducting a public information and relations program.
- Developing and implementing marketing plans and techniques to promote the Agency's programs and services.
- Social media utilization for conveying of public information.
- Human resource management including hiring practices, disciplinary procedures, terminations, etc.
- Supervisory responsibilities and effective leadership skills.

Ability to:

- Understand Public Health operations, promotion and strategies.
- Be creative and present information clearly and accurately, in English, orally and written before staff, the public and media.
- Multitask and work with a wide variety of personalities, issues, programs and ideas.
- Establish and maintain effective working relationships with other employees, the public and other County departments while maintaining deadlines and prioritizing projects.
- Write and edit various forms of promotional and informational material and develop and/or utilize other forms of media such as films and exhibits.
- Document events and programs through picture taking.
- Show initiative in planning, conducting and promoting Health Department programs and services and overall Department public relations program.
- Promote agency events and activities both internally and externally to ensure maximum participation.
- Plan, organize, assign, supervise, evaluate, and direct work of staff.

Skill in:

- The use of a Personal Computer and design software and applications for the purpose of creating promotional materials.
- Providing leadership and direction to employees.
- Social media technologies and website maintenance.

PHYSICAL REQUIREMENTS

N-Never O-Occasional (1%-33%) F-Frequent (34%-66%) C-Continuous (67%-100%)

	N	O	F	C		N	O	F	C		N	O	F	C
HANDS					BODY/TRUNK					OTHER				
Reaching	X				Sitting			X		Driving				
Pushing/Pulling	X				Bending	X				High Elevation		X		
Climbing	X				Reaching			X		Unprotected Heights	X			
Throwing	X				Lifting-30 lbs.	X				Around Moving Machinery	X			
ARMS					Carrying	X				Driving Automotive Equipment		X		
Reaching	X				Jumping	X				Exposure to Dust, Gases and Fumes	X			
Lifting-30 lbs.	X				Twisting	X				Cramped Body Position	X			
Pushing/Pulling	X				Squatting	X				Sustained Positions	X			
Carrying		X			Turning	X				Noise Levels (Excessive)	X			
Throwing	X				LEGS/FEET					Electrical Hazards	X			
EYES					Walking	X				Slippery Surfaces	X			
Near Vision		X			Standing	X				Work Above Ground		X		
Far Vision		X			Sitting	X				Work Below Ground		X		
Color Vision	X				Carrying	X				Irregular Surfaces		X		
VOICE					Climbing	X				Moving Objects		X		
Talking		X			Jumping	X				In High Volume Traffic	X			
EARS					Turning	X				Exposure to Marked Changes in				
Hearing		X			Lifting-30 lbs.			X		Temperature and Humidity	X			

EQUIPMENT USED

Personal Computer Telephone Photocopier Digital Camera
 Fax Machine Cell Phone Printer LCD Projector
 Calculator Office Furniture

MINIMUM QUALIFICATIONS

Degree from an accredited college or university in Communications, Journalism, Public Relations, Public Health, Health Promotion, Community, Health Science, Health Education or related field.

Required to submit three (3) writing samples (which may include samples of press releases, brochures, advertising copy, training programs).

Three (3) public health experience plus three (3) years supervisory experience.

Valid Driver’s License.

SPECIAL REQUIREMENTS

Required to pass a pre-employment physical and drug screen.

Required to complete Federal Emergency Management Agency (FEMA) Basic Public Information Officer (PIO) training within six (6) months of employment.

Required to complete National Incident Management System (NIMS) 700 and Incident Command System (ICS) 100-200 within six (6) months of employment.

Required to complete Incident Command System (ICS) 300-400 within twelve (12) months of employment.

Required to lift thirty (30) pounds.

PREFERRED SKILLS

Experience interacting with media or in a communication

This Position Description is not designed to list all tasks and responsibilities of this position. Shawnee County reserves the right to revise or change job duties as the need may arise. This Position Description does not constitute a written or implied contract of employment.

I have read and understand the duties and requirements for this position.

_____ Employee's Signature / Printed Name	_____ Date
_____ Administering Supervisor's Signature / Printed Name	_____ Date
_____ Appointing Authority's Signature / Printed Name	_____ Date

Created: 04/05
Revision History: 1/17

Appendix I: Endnotes

- 1 Panas, L. (2017). *Chartbook: racial and ethnic health disparities in a changing Kansas*. Topeka, KS: Kansas Health Institute. Available at: <http://www.khi.org/policy/article/17-39>.
- 2 Office for State, Tribal, Local and Territorial Support. (2017). *The public health system & the 10 essential public Health Services*. Atlanta, GA: Centers for Disease Control and Prevention. Available at: <https://www.cdc.gov/stltpublichealth/publichealthservices/essentialhealthservices.html>
- 3 Fisher, J. (2016). *Operational definition of a functional local health department*. Washington, D.C.: National Association of County and City Health Officials. Available at: <http://archived.naccho.org/topics/infrastructure/accreditation/OpDef.cfm>.
- 4 Operational Definition Program. (2005). *Operational definition of a functional health department*. Washington, D.C.: National Association of County and City Health Officials. Available at: <http://archived.naccho.org/topics/infrastructure/accreditation/upload/OperationalDefinitionBrochure-2.pdf>.
- 5 Public Health Accreditation Board. (2014). *Public health accreditation board standards and measures*. Version 1.5. Alexandria, VA: Public Health Accreditation Board. Available at: http://www.phaboard.org/wp-content/uploads/PHABSM_WEB_LR1.pdf.
- 6 RESOLVE. (2014). *Defining and Constituting Foundational Capabilities and Areas – Version 1*. Washington, DC: RESOLVE. Available at: <http://www.resolve.org/site-foundational-ph-services/>.
- 7 Hartsig, S. (2017). *Kansas foundational public health services model development*. Topeka, KS: Kansas Health Institute. Available at: <http://www.khi.org/policy/article/17-16>.
- 8 Pezzino, G. and Hartsig, S. (2015). *Community health assessment (CHA) handbook*. Topeka, KS: Kansas Health Institute. Available at: http://www.khi.org/assets/uploads/news/13621/cha_handbook_2015_final.pdf.
- 9 Pezzino, G. and Hartsig, S. (2015). *Community health improvement planning (CHIP) handbook*. Topeka, KS: Kansas Health Institute. Available at: http://www.khi.org/assets/uploads/news/13621/chip_handbook_2015_final.pdf.
- 10 McNerney, Denise. (2015). *Strategic planning in the public health sector*. Topeka, KS: Kansas Health Institute. Available at: http://www.khi.org/assets/uploads/news/13621/sp_project_handbook_2015_final.pdf.
- 11 The Institute of Medicine. (2012). *For the public's health: Investing in a healthier future*. Washington, DC: The National Academies Press.

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.



KANSAS
HEALTH
INSTITUTE

Informing Policy. Improving Health.