



CASE STUDY: PUBLIC HEALTH SHARED SERVICES

Southeast Kansas (SEK) Multi-County Health Department

Overview

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

About the Area

The Southeast Kansas counties of Allen, Anderson, Bourbon and Woodson cover about 2,200 square miles and have a population of approximately 39,000 people. All four counties are primarily rural and agricultural.

History of Sharing

The Southeast Kansas (SEK) Multi-County Health Department is the oldest multi-county health department in the state. It originated in the early 1970s when Anderson and Linn counties banded together to increase local immunization rates as part of a statewide initiative. Around the same time, a federal law required development of local health planning organizations. Dr. Edwin Lyman,

Figure 1. Southeast Kansas (SEK) Multi-County Health Department



Allen, Anderson, Bourbon, and Woodson Counties share the Southeast Kansas Multi-County Health Department (Chardel Hastings, Administrator).

who was state health officer at the time, encouraged the health departments in Allen, Anderson, Bourbon, Linn and Woodson Counties to collectively serve as a health planning organization. As a result of their work in the region, an inter-local agreement was signed November 15, 1971, which formed the SEK Multi-County Health Department as a quasi-governmental, five-county health department in accordance with Kansas statute (K.S.A. 12-2901).

Ernie Davidson was the first administrator of the SEK Multi-County Health Department. He was a dedicated and strong leader and he helped overcome some of the health department's early obstacles, including opposition from local hospitals and physicians who were concerned the health department might take away some of their business.

KEY POINTS

- Four rural counties share a public health agency called the Southeast Kansas (SEK) Multi-County Health Department, with locations in each county. It is the oldest multi-county health department in Kansas.
- It is governed by a board of health, which consists of three individuals from each county, appointed by county commissioners—one health care professional, one county commissioner and one health care consumer.
- Challenges of operating as a multi-county health department include communication, building relationships in multiple communities, and travel time between locations.
- Benefits of operating as a multi-county health department include increased effectiveness and efficiency of public health services, increased flexibility for staff members, and cooperation and moral support between counties.

He was a public health leader in the state and served as the second president of the Kansas Association of Local Health Departments. He retired in 2002 after working at the health department for more than 30 years. Current health department staff credit Davidson as one of the main drivers of their success.

The original funding formula for the SEK Multi-County Health Department required each of the five counties to contribute a set amount of money. However, opposition soon arose to that funding formula because the fixed amount represented different proportions of each county's budget. Therefore, in order to account for variations in county population sizes, they decided that some counties would contribute more than others. The inter-local agreement called for a 0.5 mill levy from each county. However, because of its previous contributions to the group through the bi-county health department, Linn County was exempted from contributing at the same 0.5 mill rate and contributed less. In 2006, the counties decided to raise the mill levy contribution from 0.5 to 1.0 mills but did not allow any exemptions. Linn County commissioners did not want to increase the county's contribution and left the multi-county health department, which resulted in the current four-county configuration.

Current Public Health Structure

The health department is governed by a multi-county board of health, appointed by county commissioners, as established in the inter-local agreement. The board consists of three individuals from each county: one county commissioner, one health care professional and one health care consumer. This governance board is in charge of approving budgets and overseeing the operations of the health department.

County commissioners support the health department and board of health structure because it saves money for their counties and also allows for a balance of perspectives from policymakers, medical professionals and the public. The staff believe that this diversity of perspectives has benefited the health department.

The four counties share one administrator, one accountant and one medical director. The medical director is in charge of approving policies and procedures, writing standing orders for the provision of certain medications and vaccines, and accepting referrals as needed.

While the multi-county health department operates as a single agency, there is a separate public health office in each county. This enables health department

personnel to respond to the distinct needs of each individual community. Though there is a strong sense of regional identity, each county is unique and not every site offers the same public health services. For example, all counties offer immunization services. However, only two of the four counties—Anderson and Woodson—offer the Special Supplemental Nutrition Program for Women, Infants, and Children (WIC) through the health department. WIC services for the other two counties—Allen and Bourbon—are provided through Crawford County's WIC program. The WIC sharing between Crawford, Allen and Bourbon Counties has been in place since before the SEK Multi-County Health Department was formed. Because the staff believe that public health's role is to fill the needs that are not already filled in the community, they feel confident that the WIC services provided by Crawford County are serving their population well.

The health department strives to build relationships outside of the four counties. Recently, sharing resources and training with counties beyond the SEK Multi-County Health Department has become more common. For example, staff from the SEK Multi-County Health Department and staff from the Neosho County Health Department are working to jointly apply for a March of Dimes grant called "Becoming a Mom," which is a prenatal curriculum in a group setting for women to learn about ways to stay healthy during pregnancy.

Challenges

There are challenges to working as a multi-county health department; however, staff believe the benefits far outweigh them.

For example, county commissioners and community members have, at times, raised concerns about losing local identity or autonomy. Since each county is different and has unique needs, there can be differences in perspectives and opinions. The board of health and administrators take these things into consideration when making decisions and try to remain flexible.

The health department buildings are separated by large geographic distances that can require a lot of travel time. As a result, communication can be challenging. To encourage good communication, the staff meet in-person monthly. In addition, the administrator tries to connect with each location on a more regular basis. "Sometimes I lose track and have to remind myself to reach out if they don't reach out to me first," said Chardel Hastings, the newly

appointed administrator of the SEK Multi-County Health Department.

While staff conduct evaluations of individual programs in order to satisfy program requirements or for internal quality improvement purposes, there has been no formal evaluation of the effectiveness of the multi-county structure itself. They believe it would be difficult to evaluate the financial and programmatic success of the multi-county model because the arrangement has been in place so long. Therefore, there is no baseline against which to compare their current state.

This health department has been sharing resources between counties for more than 40 years. It is a way of doing business that has become embedded in their culture. Therefore, staff anticipate that it might be difficult for existing single-county agencies to replicate this model of shared services in their communities.

Benefits

Even though they can't easily quantify it, the staff know the region's public health system is more effective and efficient because of the multi-county structure. One example of the efficiencies created by a multi-county health department structure is that fewer people need to handle grants and paperwork, freeing up nurse supervisors to focus on their work with clients and the community.

County budgets benefit from the sharing arrangement. In addition to other cost efficiencies, having just one administrator, one accountant and one medical director across the four counties reduces costs. According to the staff, "We have one administrator instead of four and that is a big cost saver."

Additionally, they are able to share all types of resources. For example, they are able to share stores of vaccines and other supplies more easily than counties without formal sharing arrangements, and this reduces the potential waste of these supplies.

Staff are able to collaborate more easily with their peers in other counties than they could in a single county structure. For example, they are able to fill in for one another across counties when someone is ill or needs to take time off. Additionally, they can easily share ideas and solutions to problems. "The most important thing for me are the ideas that other people bring," said one staff member.

The staff indicated that the SEK Multi-County Health Department would probably pursue accreditation through the Public Health Accreditation Board (PHAB)



Pictured in downtown Yates Center, Kansas (left to right): Traci Ridge, bookkeeper, SEK Multi-County Health Department; Terry Tucker, administrative assistant, Bourbon County; Joni Diver, administrative assistant, Woodson County; Christi Joyce, RN, public health nurse, Allen County; Ruby Gulick, administrative assistant, Allen County; Samantha Mason, RN, public health nurse, Anderson County; Chardel Hastings, RN, administrator, SEK Multi-County Health Department; Gayle Green, Healthy Start home visitor, Woodson and Bourbon Counties; Alice Maffett, RN, public health nurse, Bourbon County. Not pictured- Cara Walden, RN, Woodson County; Cheri Jensen, administrative assistant, Anderson County; Vicki Howard, Healthy Start home visitor, Allen and Anderson Counties.

sometime in the next two to five years. They have already completed two prerequisites: the community health assessment (CHA) was completed as a region, and each county has a community health improvement plan (CHIP), which is a set of strategies to address its identified needs. There was uncertainty about whether being a multi-county health department would be advantageous to achieving accreditation; however, they noted they would be able to pool staff to do the necessary work.

Healthy Start Home Visitor

Individual programs also are able to share personnel across counties. One of the most successful shared services at the health department is the Healthy Start Home Visitor program. Two staff members conduct home visits for the program, with each responsible for two counties. In addition to providing services for pregnant women and families with infants, the two staff members serve as ambassadors in the community by getting to know the residents, and also serve as the faces of the health department. Those residents then become more familiar with the health department and its programs. According to Gayle Green, Healthy Start home visitor, "We are a face in the community, and they know who we are. They know we are with the health department and I get all kinds of questions about the health department. That is another thing that is good for each county is you are the face of your health department and people like it."

The staff refer the clients to the services they need, both to the health department and to other community providers. This benefits the health department by increasing the number of clients they see. By sharing this service among counties, the

health department saves money and can offer better pay and benefits for the program's two staff members. Ensuring a strong Healthy Start Home Visitor program benefits the health department as well as potential clients by increasing community awareness of the services they offer.

While this is beneficial to the health department and the community, it can be challenging for the Healthy Start Home Visitor staff to serve two counties, since they must build relationships and get to know the families and culture of communities other than their own.

In addition, the Healthy Start Home Visitors are sometimes approached by residents of Vernon County, Missouri, just across the border from Bourbon County in Kansas. While the staff of the SEK Multi-County Health Department can't set up appointments with the Missouri residents, they provide pamphlets and information about public health.

Looking Forward

The health department staff have seen a decline in patients recently due to implementation of the Affordable Care Act. As more people gain health insurance coverage through the law, they are able to use that insurance to visit local doctors and clinics instead of seeking free or reduced-cost care through the health department. While the health department currently bills Medicaid, Medicare, and Blue Cross and Blue Shield of Kansas, they are exploring the possibility of billing more private insurance providers in order to better serve the people in their communities.

They also are strategically reconsidering the mix of services they offer. For example, they want to focus on services and programs that fill needs in the community that no other providers are currently filling—like WIC and the Healthy Start Home Visitor program. And, they want the public to know about the extra value they provide in all of their services. For example, people who come in for vaccines or



school physicals do not have to share space with sick individuals waiting for care, and usually are provided with a quick service experience.

Keys to Success

It is critically important to maintain good communication between locations. Monthly staff meetings help to overcome communication challenges brought about by the large geographical distances that separate health department locations. The monthly meetings also provide a venue for staff to interact with peers from other locations. All parties benefit when ideas and solutions are shared between counties, instead of kept within county offices.

Staff emphasized that counties do not have to give up their identity to be part of a multi-county agency. Instead, each county can have flexibility depending on the unique needs of its residents.

Sharing resources requires give-and-take. This benefits all counties in a sharing arrangement, and is part of what makes the multi-county structure stable.

As the oldest operating multi-county health department in Kansas, the SEK Multi-County Health Department plans to continue to grow to meet the needs of the community it serves.

ABOUT THE ISSUE BRIEF

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

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