



# CASE STUDY: PUBLIC HEALTH SHARED SERVICES

## South Central Kansas Coalition for Public Health

### Overview

This case study features seven counties in south-central 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 March 2015.

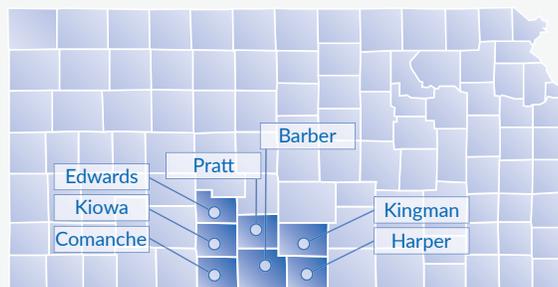
### About the Area

The south-central Kansas counties of Barber, Comanche, Edwards, Harper, Kingman, Kiowa and Pratt cover about 5,700 square miles and have a total population of approximately 36,000 people. The area is rural and mostly agricultural.

### History of Sharing

The counties have a long history of public health sharing, dating back to the formation of their health departments over 40 years ago. At that time, all of the counties had launched individual health departments, except Barber County. Officials from the other counties were concerned that Barber County residents did not have access to public health services. Their concern illustrates the sense of regional

Figure 1. South Central Kansas Coalition for Public Health



The following health departments share services through the South Central Kansas Coalition for Public Health: Barber County Health Department (Jerry McNamar, administrator), Comanche County Health Department (Nicole Jaworsky, administrator), Edwards County Health Department (Diana Rice, administrator), Harper County Health Department (Sherry Houston, administrator), Kingman County Health Department (Cindy Chrisman-Smith, administrator), Kiowa County Health Department (Mitzi Hesser, administrator) and Pratt County Health Department (Debra McGraw, administrator).

identity that exists among the counties and their long-standing dedication to helping one another. In the end, those officials came together and successfully advocated for a health department to be established in Barber County.

The counties developed their first public health shared service in 1985. Individually, the counties did not have enough residents to meet the state requirements for offering the federal Special Supplemental Nutrition Program for Women, Infants, and Children (WIC). WIC provides funding to states to offer supplemental foods, health care referrals and nutrition education for low-income pregnant and postpartum women, and to infants

### KEY POINTS

- Seven rural counties have individual public health departments that are agencies within each county's government. They collaborate to share services through a quasi-governmental entity called South Central Kansas Coalition for Public Health (SKCPH).
- The SKCPH's executive board governs and approves services for sharing. Members are appointed by county commissioners and consist of four people from each county.
- Challenges of sharing services between seven autonomous agencies include distributing funds in a fair and equitable manner and driving time between locations.
- Benefits to sharing services include efficient administration for the programs that are shared, increased comradery and moral support, efficient staff training, shared knowledge and increased collaboration between the counties.

and children up to age five who are found to be at nutritional risk. In Kansas, the state passes these dollars to county health departments that administer the program in their area. The health department administrators felt strongly that residents of their communities should have the same access to this important program as individuals living in larger counties. Therefore, the seven counties developed their first public health shared service by coming together to collectively administer the WIC program for their residents.

In the mid-1990s, the Kansas Department of Health and Environment and the Kansas Health Foundation, a philanthropic organization in Wichita, offered grant funding to health departments to explore regionalization. The seven counties saw an opportunity for enhancing the collaboration that had been successful in the WIC program, so they applied for and won a grant.

The counties used the grant to consider how further collaboration could allow them to add and expand services, improve efficiencies and lower costs. For example, they wanted to add the services of a regional health educator. They also wanted to offer family planning, a service that was available in some counties, but not all. And they wanted to explore potential administrative benefits of sharing, such as applying jointly for additional grant funding.

After considering regionalization, the health department administrators and county commissioners decided to safeguard their autonomy and local identities by keeping their health departments separate. However, they still wanted to increase their capacity to serve the public by sharing services. To meet that goal, stakeholders agreed to an alternate solution.

## Current Public Health Structure

County commissioners, health department administrators and other stakeholders decided that each of the seven individual county public health departments would remain a legal agency within each county's government. They would then set up an eighth organization through an interlocal agreement in accordance with Kansas statute (K.S.A. 12-2901). The purpose of this new legal entity would be to manage specific shared public health services. They named the new entity the South Central Kansas Coalition for Public Health (SKCPH). It is governed by an executive board appointed by county commissioners, and currently consists of four people from each county: one health care provider, one county commissioner,

one health care consumer and one member-at-large. The board has the authority to add and discontinue SKCPH programs as needed.

Within the agreement, the health department administrators decided that different health departments would have primary responsibility for different programs. Currently, the SKCPH manages three shared programs for the region—the WIC program is run by the staff in Kiowa County, family planning is coordinated by Kingman County, and emergency preparedness is administered by Barber County. Each of these programs is offered in all seven counties. The host county has primary responsibility for the program and performs all administrative functions, including managing grant applications and reporting, receiving and dispersing funds, and ordering supplies. This reduces the administrative burden on each health department and allows the staff coordinating the program to become specialists in that program area.

## Challenges

One of the original challenges the seven counties faced was opposition to regionalization from some county commissioners. Just as the administrators had been concerned with losing their department's identity and autonomy, the commissioners also worried about it. They overcame this hurdle by preserving each county's own local health department and establishing a separate legal entity for the shared services that is governed equally by all seven counties.

Some commissioners were worried about division of funds and the fairness of distributing funds between counties of different population sizes. The group worked diligently to implement an agreement that was fair to all counties involved. Commissioners are now supportive of the coalition. Regular coalition meetings have been instrumental in facilitating and maintaining that support.

Once the SKCPH was functioning, it ran into some challenges implementing planned sharing arrangements. One major challenge was the distance between sites, which resulted in long driving time. Because of this challenge, the health department administrators and SKCPH executive board decided to discontinue the regional health educator program. Driving time also played a role in the discontinuation of a shared environmental health program.

A current challenge is decreased public health funding from the state. Though it is not a unique challenge to these counties, it was highlighted by the coalition

members. While sharing services is often very efficient, those services still cost money. When the state decreases funding for public health programs, it can send a message to local policymakers that public health is not a priority. Therefore, support can lessen locally and other funding commitments at the county level can seem more important to commissioners. As a result, there is an ongoing need in the SKCPH and elsewhere to communicate the importance of public health to policymakers and the public.

## Benefits

The participants in this sharing arrangement believe the benefits far outweigh the challenges. For example, residents of these seven counties benefit from the full range of services available, particularly the shared WIC program, family planning and emergency preparedness services.

The counties' governments save money on the shared programs because there is less duplication of administrative functions.

Because the SKCPH has been in place for so long and has undergone many changes, it is difficult to find a baseline for spending against which to compare its current situation. However, public health administrators know that sharing administration of the three programs produces savings. "If you take a per-capita funding formula, it works out better to pool contributions to the coalition rather than to give that money to the individual counties," said Jerry McNamar of Barber County. That is because the coalition can benefit from economies of scale by sharing program administration and other resources across a larger population base.

Also, health department administrators don't have to be experts on every program offered in the region, they only have to be experts on the programs they run. This frees up their time to serve the community in other ways.

The arrangement has fostered comradery among the health department administrators. The moral support is helpful, and the strong relationships assist in ensuring that public health services and programs are not interrupted when a new administrator joins one of the seven health departments. Instead, administrators from the other six counties share knowledge with the incoming administrator. This knowledge transfer ensures consistent and high-quality services. It also helps new administrators to be successful.

Whenever there is a change in leadership, personality differences can cause friction. The coalition provides



Pictured in downtown Medicine Lodge, Kansas (left to right): Pam Rickard, office manager, Barber County Health Department; Joyce Bell, office assistant, Barber County Health Department; Cindy Chrisman-Smith, RN, administrator, Kingman County Health Department; Jerry McNamar, MPH, RS, administrator, Barber County Health Department; Virginia Downing, RN, regional coordinator of public health preparedness, South Central Kansas Coalition for Public Health; Anita Poland, RN, staff nurse, Barber County Health Department; Sherry Houston, LBSW, administrator, Harper County Health Department; and Mitzi Hesser, RN, administrator, Kiowa County Health Department.

an enduring structure that withstands difficulties brought by change. The SKCPH has seen many different administrators over the years. Instead of focusing on personalities, they stay focused on the ultimate goal of improving the quality of public health services in the region. That takes commitment, as explained by Sherry Houston of Harper County, "You have to be really careful that your commitment is stronger than any little quirks in personality."

The comradery does not stop with administrators—health department staff also interact. For example, they are cross-trained at other health departments. This ensures that job functions are consistently executed in each county.

Commissioners from the seven counties also get together on a regular basis, especially those that serve on the SKCPH executive board. This allows them to see the challenges that other health departments face, so that they aren't so concerned when their own health department faces similar challenges. Instead, commissioners are more likely to collaborate with those from other counties to build solutions to those shared challenges.

Meeting together regularly also allows commissioners to share ideas. For example, Kingman County implemented lactation rooms for breastfeeding mothers and babies in county buildings. The commissioners from the other counties heard about this new policy and thought it was a good idea. They asked health department administrators to develop a common policy and now there are lactation rooms in all seven counties' government buildings.

Several commissioners have become champions for public health. One is Steve Garten, D.V.M., from Barber County. He is a strong advocate for prevention, including tobacco cessation and vaccinations. He is working to build a common understanding of public health among the commissioners. “A lot of these guys turn out to be farmers,” explained Dr. Garten. “I say to them, ‘You give vaccinations to your cattle, right?’ Then I’ve got them thinking in terms of herd health... It’s the paradox of treating sick people one-on-one as opposed to doing what’s best for the whole community.”

## Put to the Test

On May 4, 2007, a tornado—ranked an EF5, which is the most destructive—ripped through Greensburg, the Kiowa County seat. Eleven people in Greensburg were killed by the storm and many more were injured. The tornado destroyed 961 homes and businesses and damaged another 523. Most of the town was leveled by the storm.

Kiowa County’s government buildings—including the public health department—were destroyed by the tornado. Therefore, many policies and procedures were not immediately available to county personnel after the tornado, including their emergency preparedness plan. Fortunately, the plan was established by the coalition, and the six other counties were able to implement it without hesitation.

“Because of the plan, I had a general idea of how my community was going to respond and who was responsible. But I couldn’t review the plan immediately following the storm because I didn’t have the book, electricity, nothing,” explained Mitzy Hesser, administrator of the Kiowa County Health Department.

Neighboring counties sent staff from their fire and police departments and other county services to offer assistance. Health department officials from the other counties set up a temporary clinic.

The emergency preparedness plan was essential in coordinating the response in the aftermath of the tornado. And, the outside help allowed health department staff and emergency responders living in Greensburg to deal with the immediate consequences of the destruction of their own homes and neighborhoods.

“I came out of the basement and saw red lights flashing with help coming in from all of the other counties as far as the eye could see,” Hesser explained.

Because of their coalition, the neighboring counties had prepared for emergencies such as this one and were able to set the plan into motion quickly and efficiently.

## Keys to Success

Sharing public health services through the South Central Kansas Coalition for Public Health has improved services for the residents of these counties. The arrangement allows them to maintain their local identity and autonomy while also enhancing their ability to share resources and collective capacity to improve the public’s health.

Among the factors that have contributed to the success of the partnership are a sense of regional identity, a strong sense of moral support and collaboration, and effective communication among the partners.

The many benefits of sharing services include more effective and efficient public health services, quality assurance across counties, efficient staff training, enhanced moral support and improved financial benefits.

The structure of the coalition was intentionally designed as a fair, strong and collaborative system that has withstood the test of time. The health department administrators share a collective sense that the coalition is “bigger than themselves” and that they trust in its ability to maintain strong public health services in the counties.

### 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\\_skcp](http://www.khi.org/policy/article/ks_cjs_skcp).

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