Pioneering the New Frontier in Public Health

Iowa Public Health Learning Congress April 4th, 2011

Presenter: Gina Frack, RN, B.S.

Administrator of Norton County Health Department, Norton KS
Norton County Health Department

• “Who” we are and “where” we are
• Why we applied to be a Beta Site
  • Challenges for small LHDs
  • Thoughts on thriving!!
Where in the world is Norton Kansas?
Kansas Public Health System

• Decentralized Governance = “home rule”
• LHD jurisdiction is most often by county
• County Commissioners (a.k.a. Board of Supervisors) are also often the Board of Health
• 105 counties with a LHD in nearly every county
Norton Co. Health Dept. (est. in 1975)

- WIC
- Family Planning
- KS Breast & Cervical Cancer Program
- Immunizations
- Maternal & Infant Program
- Healthy Start Home Visitor
- Certified Breastfeeding Educators and breast pumps
- Disease Surveillance & Epi (dog bites, head lice, “housing authority”)
- Health lifestyle promotion
- Public health response for disasters

PRN Home Health Agency (est. in 1977)

- Only Medicare certified home health agency in county
- Nurse level care – wounds, IV therapy, teaching of new disease/conditions
- Physical Therapy
- Home health aide care – housekeeping, personal care, food prep and errands
- Newborn teaching and assessment for high risk infants
- Serve Norton and surrounding Kansas Counties
- CARE assessments
- Medication management

Two agencies = one department w/ 8.2 FTE
Local tax support ($68,413) comprises 13%-15% of our total annual revenue.

Of the grants, only $7,000 of the total funds came from state funding (KDHE).

The majority of our revenue comes from direct client services as seen in the fee for service & PRN HH.
Norton County’s Past……

• Soil was rich with capacity to resist drought; scarcity of timber and absence of stone-coal, but plenty of fine building stone - magnesian limestone
  • By 1880 there was 84 school districts
  • Population peaked in 1930 reaching 11,701
Norton County In The Present......

• County population of 5,953 (2000 US Census Bureau)
  • Nearly 20% of the population is > 65 y/o
    • 93.3% white
    • 3.3% are non-English speaking
  • 2 School Districts
• Economic base is 47% agriculture with remaining coming from KDOC, KDOT, private business’ corporate offices and manufacturing
Norton County Health Department

2010
Why Be A Beta Site?

**Reactive = Fear**

- How would a “one size fits all” approach affect truly small LHDs?
- Would accreditation really improve what we do or just “thin the herd”? 
- Will we be forced to all do the same programs and services?
- Will funding be affected?

**Proactive = Control**

- Be a “vocal local”
- We had been asked to be a alpha site so it was logical to then apply to be a beta
- Addressing challenges of providing public health in rural America may provide infrastructure model for other services/programs
Beta Lessons Learned

- Meeting standards is doable and reasonable
- It will take our LHD a few years before applying
- Accreditation is an ongoing process to improve public health. It is NOT just attaining a certificate.
- QI can become a part of our day-to-day existence
- Depending on your SHD to LHD relationships, there can be varying gaps that will need to be met before either can achieve accreditation
- Document, document, document!!
- Focus is on what is being done to meet a standard/measure, NOT how or by whom.
Accreditation Benefits to “Smalls”

• Public Health FINALLY has a definition as to “who” we are and “what” we do (10 Essential Services and Public Health Standards) = consistency and clarity of our messaging to public, peers and board of health

• The basic framework of accreditation allows LHDs the ability to figure out “where” they are (CHA), “where” the need to be (CHIP), and “how” to get there (Strategic Plan)

• Start pursuing funding off of proven needs rather than just pursuing funding to help our strained finances
Challenges to “Smalls”

- Lack of time, skills, training and resources (people and/or things)
- Sustainability
- Money = how much is this going to cost to prepare/apply for, achieve and maintain???
- Level of understanding and/or support of accreditation varies greatly
- Small LHDs wear so many, many hats……
Accreditation Coordinator (AC)

- You will need to designate one person to oversee the overall process
- For our LHD, the AC was the Administrator who is also the
  - Chief Financial Officer
  - Public Information Officer
  - Human Resources Director
  - RN
  - Disease Investigator
  - “Float Nurse” and resident expert for those questions and situations no one else knows the answer or wants to deal with 😊
Effects of Accreditation

Due to the continual depopulation of rural America, accreditation may also be the catalyst for the rural public health infrastructure to be recreated.

- Provides potential to improve public health
- May inadvertently create wider gaps between LHDs that can from those that cannot
- Key is to NOT focus on accreditation, but rather on the “baby steps” to get there
Due to many factors in rural/frontier LHDs these jurisdictions are at risk to exist in a state of “surviving” rather than “thriving”.

When your focus is just to get through today, it’s nearly impossible to prioritize something as long-term, time intensive and broad spectrum as accreditation.
NCHD and PRN Home Health Agency Crew

March 2011
Accreditation Is A Journey......

National accreditation is new to us all, both big and small.

Regardless of actually attaining it, it’s the pursuit of it that will improve what we do.