APPENDIX A

Planning session results
Discussion on the topic of Standard I-C: Conduct or Contribute Expertise to Periodic Community Health Assessments (CHA), identified strengths for working with the standard as

- There are some staff in the region with training and expertise in the community health assessment process,
- Organizing data to identify needs and targeting resources to the identified needs,
- Aggregated data across the region would produce numbers large enough to be significant where on an individual county basis, there may not be enough cases/occurrences to report,
- Engaging stakeholders in and from each county produces greater buy in across the region
- Updating assessments on a 5 year basis leads to refocus on current issues and funding needed to address the needs of the communities within the region.

Challenges for working with Standard I-C included

- A need for education of health department staff to increase their knowledge of community health assessment process,
- There is often an attitude that the needs of the communities are already known without further formal assessment,
- Community Health Assessments involve a large amount of time commitment,
- Data analysis skills may not be consistent across the region,
- May need outside help to perform assessment,
- Would need to identify who was going to organize data regionally,
- Difficult to organize stakeholders as there time is already stretched.

Discussion on the topic of Standard I-E: Analyze data to identify trends, health problems, environmental health hazards, and social and economic conditions that adversely affect the public’s health, identified strengths of working with the standard as

- Consistent data to analyze
- Would provide a means to increase the skills to analyze data
- Having trends is more valuable that point-in-time data for long term program planning,
- Good data provides the basis for targeting resources appropriately,
- Having the data, can compare to state and national statistics,
- Data is valuable in moving policy agenda forward,
- Potential for partnership with county coordinators and state for GIS information,
- Quality data fills a need and produces credibility with legislators and stakeholders.

Challenges for working with Standard I-E included

- Need for increased knowledge/training in data gathering and analysis
- Time commitment is great for gathering and analysis of data
- Need to determine what is significant to collect,
- Difficult to identify good sources of data,
- Data is not the same across all counties, “our data does not match their data”,
- Need to educate legislators and stakeholders that ultimately health outcomes are more important than how much service you provide.

The indicators under each of the above standards were then prioritized and it was determined that the top three indicators under each standard would be used for establishing a plan for the coalition. The priority indicators selected are
- I-C-1: Local health department staff has knowledge of standards and process for conducting Community Health Assessment,
- I-C-2: Some local health department staff knows how to select a model and organize and conduct a community health assessment process,
- I-C-3: Local health department organizes community health data for assessment proposes,
- I-E-1: Local health department analyzes and identifies patterns in data,
- I-E-2: Local health department uses data to infer trends, problems & conditions that impact health,
- I-E-4: Comparison of local data to other jurisdictions and/or the state or nation.

The planning group answered the following questions related to the target indicators.  
1. What will the goal/purpose be for this topic area?  
2. What will the impact for the counties?  
3. What will the impact be for the coalition?  

The following table summarizes the answers to the above questions.

<table>
<thead>
<tr>
<th>Indicator</th>
<th>Goal/Purpose</th>
<th>Impact on Individual Counties</th>
<th>Impact on the Coalition</th>
</tr>
</thead>
</table>
| I-C-1 & I-C-2 Knowledge and tool selection for CHA | • Standardized knowledge,  
  • Easier to explain to others,  
  • Improve skill and proficiency in meeting community needs  
  • Utilize resources in group | • Long term services  
  • Validate what your are doing  
  • Have information to share with other groups  
  • Move forward with CHC process  
  • Prepare to do a Community Health Plan | • Have information to use in grant writing for coalition activities  
  • Able to discuss and share data across coalition and be on same page  
  • Increased and consistent knowledge base  
  • Move forward with the CHC process |
| I-C-3: Organize Data | Have data to  
  • Plan programs,  
  • Determine if programs are obsolete,  
  • Provide picture of overall health,  
  • Justify target funding. | Have data to use in communication of need for funding,  
  • Increase understanding of community health to pave the way to better health in the future,  
  • Help prioritize data and make a difference in health outcomes, | Focus on areas of concerns and strengths,  
  • More cohesiveness across the coalition,  
  • Position for funding opportunities,  
  • Identify best practices fro programs,  
  • Increase skills in |
| I-E-1: Analyze and ID data patterns | | | |
| I-E-2: Use data to infer trends and problems | | | |
| I-E-4: Compare local, regional, state and national data. | | | |
Increase skills in data gathering & analysis and integration and use in orientation of new staff.

Discussion regarding their mechanism to formally work together included identification of their current agreement for the PHP efforts across the 8 counties. The consensus was that the commissioners of the coalition would rather amend the current agreement since they had amended it once prior to this effort. Therefore efforts for this grant activity and moving toward preparation for future collective projects moving toward accreditation will build on the current legal agreement.

Establishing a more formal coalition structure

It was recognized that in the future, as a coalition, they may need to address many public health issues in an effort to build capacity for future accreditation of the local health departments. In an effort to build the necessary capacity as a coalition to take additional efforts, a need for a more formal structure including a vision, mission and overall guiding principles for the coalition was identified as necessary. They identified components of these items which will more formally define the coalition in a broader collaborative role.

Vision: Improved health outcomes for the populations served by the East Central Kansas Public Health Coalition

Mission: To improve health outcomes for the populations served by the East Central Kansas Public Health Coalition through a collective process that will increase the capacity to provide the ten essential services to the population of Lyon, Chase, Franklin, Greenwood, Coffey, Wabaunsee, Osage, and Morris Counties.

Guiding Principles/Assumptions
1. Local health departments have many common areas of need.

2. A regular planned assessment of health care needs and internal capacity of local health departments will identify commonalities in needs that can be addressed through a combined effort across the coalition.

3. Many local health departments do not have the resources to independently increase their internal capacity as they move toward accreditation.

4. Strength is created when local health departments identify commonalities in areas of need that can be addressed through one effort that will strengthen the capacity of multiple local county health departments.

5. The combined population numbers for the counties in the coalition, provide a significant number to be used in funding efforts at the local level with commissioners, state and federal legislation and through grants.

6. A formal process for working together creates an environment for
   - Creative thinking “outside the box”,

| Increase skills in data gathering & analysis and integration and use in orientation of new staff. | data gathering & analysis and integration and use in orientation of new staff. |
- Sharing best and current practices,
- Defining future and expanded functions
- Continued identification of common health issues and trends.

7. Working together as a coalition to address common areas of need, will assist the participating local health departments prepare for accreditation

**Long Term Goal:** To have regional methodology and capacity to increase the local/regional public health capacity as preparation is made to meet accreditation requirements.

For purposes of this grant project, the short term goals for the regional project were refined to the provision of regional education on Community Health Assessments (CHA) and identification of data to collect across the region and establishment of a process of collection, analysis, integration and sharing.

**Goal I:** Standardized regional knowledge regarding selecting a CHA tool and implementation of a CHA process.

**Goal II:** Identify common data to collect and a process for collection, analysis, integration and data sharing.
APPENDIX B

East Central Kansas Public Health Coalition Strategic Plan for NACCHO Project

Vision: Improved health outcomes for the populations served by the East Central Kansas Public Health Coalition

Mission: To improve health outcomes for the populations served by the East Central Kansas Public Health Coalition through a collective process that will increase the capacity to provide the ten essential services to the population of Lyon, Chase, Franklin, Greenwood, Coffey, Wabaunsee, Osage, and Morris Counties.

Guiding Principles/Assumptions

8. Local health departments have many common areas of need.

9. A regular planned assessment of health care needs and internal capacity of local health departments will identify commonalities in needs that can be addressed through a combined effort across the coalition.

10. Many local health departments do not have the resources to independently increase their internal capacity as they move toward accreditation.

11. Strength is created when local health departments identify commonalities in areas of need that can be addressed through one effort that will strengthen the capacity of multiple local health departments.

12. The combined population numbers for the counties in the coalition, create a number that is significant that can be used in funding efforts at the local level with commissioners, state and federal legislation, grants and other funding opportunities.

13. A formal process for working together creates an environment for
   - Creative thinking "outside the box",
   - Sharing best and current practices,
   - Defining future and expanded functions
   - Continued identification of common health issues and trends.

14. Working together as a coalition to address common areas of need, will assist the participating local health departments prepare for accreditation

Long Term Goal: To have regional methodology and capacity to increase the local/regional public health capacity as preparation is made to meet accreditation requirements.

Short Term Goals
For purposes of this NACCHO grant project, the short term goals for the regional project have been refined to 1) the provision of regional education on Community Health Assessments (CHA) and 2) identification of data to collect across the region and establishment of a process of collection, analysis, integration and sharing.
Goal I: Standardized regional knowledge regarding selecting a CHA tool and implementation of a CHA process.

Objective I-1: By 3/1/09 identify and provide training to selected management and staff in the East Central Kansas Public Health Coalition on how to select and implement a Community Health Assessment.

Strategies:
I-1-a: Identify a task force to research the types of training available on Community Health Assessment tools and processes
- List training options
- Bring back to coalition for selection

I-1-a: Implement selected training
- If training selected is provided from outside the coalition, determine the funding source
  - Use existing funds and share cost across the 8 counties
  - Access additional dollars through grant or outside sources
- Implement training

Goal II: Identify common data to collect and a process for collection, analysis, integration and data sharing.

Objective II-1: By 4/1/09 identify program data categories and additional data needs to build consistent programming and data capacity across the region.

Strategies:
II-1-a: Identify data necessary for evaluation of current programs, grant writing, reporting and management as well as assessing the needs of the community.
- Create a task force to identify data needed and data sources,
- Create clear statement of what data is needed and how and why it will be used,
- Determine data sets – service, population, outcome, performance management etc.,
- Identify data mandates for funding through KDHE and other grants and funding sources,
  - Create list of which grants each health department has
  - Determine the grant data and reporting requirements from the contracts
  - Share findings with regional partners
  - Review Healthy People 2010 for data needs
- Determine performance measures to be used and the necessary existing data to collect or what baseline data needs to be collected across the region,
- Survey public health system partners to determine what data they consistently use.

II-1-b: Identify the data sources
- Create a spread sheet to help determine who has what data across the region…
  - Programs
  - Reporting done
How/who manages data in departments
- Data sources,
  - Possibly use intern or subcommittee to research data sources and places to look i.e. Internet, KDHE, NACCHO etc., public health system partner’s data,
  - Identify and share current sources of data available from each department,
  - Request regional data,
  - ID data needed from each IT data system
  - ID data sources used for grant/contractual reporting

Objective II-2: By 5/1/09, develop written protocols, processes, and procedures for data gathering, analysis and integration/sharing. (Replicate or adapt any that are currently available and can be used across the region.)

Strategies:
II-2-a: Identify method for creating protocols, processes and procedures related to data gathering, analysis, integration and sharing.
  - Establish task force or new hire for project,
    - Identify existing process/protocols for data gathering, analysis, integration/sharing within the region and adapt where possible,
      - Survey LHD in region for current processes. Compile list of existing protocols and data used from survey
      - Build on current system
    - Work with KDHE and KALHD to identify existing processes,
    - Write new process/protocols where needed for data gathering and integration.
    - Select (gain consensus among the health departments) program data to focus on and set up a process with the easier to identify and collect data as a pilot project.
APPENDIX C
Formal Collaborative Agreement

East Central Kansas Public Health Coalition Agreement

This agreement supersedes the amended agreement entered into on the 14th day of July, 2003, and is entered into on this 3rd day of November, 2008, by and between the Boards of Health of Lyon County, Chase County, Franklin County, Greenwood County, Coffey County, Wabaunsee County, Osage County and Morris County. This agreement between said counties is for the purpose of working together to increase local health department capacity and capability to provide the ten (10) essential public health services to the populations served in said counties. This agreement creates added responsibilities around Public Health Accreditation in addition to the original Public Health Preparedness responsibilities, including, but not limited to, preparedness and response activities in the event of a bioterrorism or other public health emergency occurring within the region.

WITNESSETH:

THAT IN CONSIDERATION OF THE COVENANTS AND AGREEMENTS HEREAFTER MADE, the above-mentioned counties do agree to maintain a Public Health Coalition, hereafter called the East Central Kansas Public Health Coalition (ECKPHC). The Coalition will be comprised of the Health Department Administrator of each county and one other county representative to be appointed by the County Board of Health, if desired. The Coalition shall have no taxing power. Funds for the use of the Coalition and for carrying out the Coalition’s duties will be provided with funds acquired through regional efforts from grants and other funding sources, including Public Health Preparedness funding. The funding may include state, federal and private funding and such other funds as may be made available by the various counties within said agreement. All funding would be approved by the Board of Health of the said counties. Any regional funding would provide written guidance as to the fiscal responsibility and reporting required by the funding source. The ECKPHC shall determine projects to increase the capacity and capability of the health departments in the region to provide the ten essential services of public health and develop budgets for the functions of the ECKPHC.

The ECKPHC shall continue so long as the need for increased local capacity to meet public health ten essential services continues. Any county may withdraw for any reason, including but not limited to the lack of funding for identified projects through the next fiscal year. Any Board of Health wishing to withdraw must notify the host agency in writing at least 60 days prior to June 30.

Lyon County Health Department agrees to act as the host county serving as fiscal agent for regional public health preparedness funding and any funding acquired for capacity building projects approved by the Board of Health from each county. Lyon County Health Department has the responsibility to hire, train and supervise a Regional Public Health Emergency Preparedness Coordinator who shall report to the Lyon County Health Department Administrator and to the ECKPHC hereinbefore mentioned. Lyon County Health Department shall contribute to the salary and fringe benefits of this position from its individual public health preparedness grant. In addition, if new staff is required for a selected project, Lyon County Health Department will have the responsibility to hire, train and supervise the person in the
implementation of tasks identified by the ECKPHC, so long as the new project or the ECKPHC members provide funding.

**IT IS UNDERSTOOD THAT THE COUNTIES** will contribute the monies they receive from the regional Federal public health preparedness funds administered by KDHE for this group’s duties in addition to any local funds or other funding sources that are designated for regional capacity building or accreditation activities to the regional fiscal agent for use on preselected capacity building projects.

**IT IS MUTUALLY UNDERSTOOD AND AGREED BETWEEN THE COUNTIES** that the Regional Public Health Emergency Preparedness Coordinator will serve all eight (8) counties but will be the employee of Lyon County Health Department and that requests for service will be made by each county’s health director to the designated staff person. If an additional regional staff person is required for the selected activities, it is mutually understood that the selected person will serve all eight (8) counties but will be the employee of Lyon County Health Department and that requests for service will be made by each county’s health director to the designated staff person in Lyon County.

**IT IS FURTHER UNDERSTOOD AND AGREED** that any items specifically purchased for counties to use in implementing selected projects will remain as property of that county, upon the dissolution of the ECKPHC.

**FURTHER DESCRIPTION** of the guidelines of the regional capacity building to move toward accreditation are provided in attachment A of this amendment to the existing service agreement.

**THIS AGREEMENT MADE AND ENTERED INTO THE ABOVE DATE AND YEAR SHALL BECOME EFFECTIVE UPON five (5) OF THE COUNTIES SIGNING THE AGREEMENT.**

**LYON COUNTY BOARD OF HEALTH**

[Signature]

Chairman

[Signature]

Lyon County Clerk

**CHASE COUNTY BOARD OF HEALTH**

[Signature]

Chairman

[Signature]

Chase County Clerk

**WABAUNSEE COUNTY BOARD OF HEALTH**

[Signature]

Chairman

[Signature]

Wabaunsee County Clerk

**MORRIS COUNTY BOARD OF HEALTH**

[Signature]

Chairman

[Signature]

Morris County Hospital CEO
GREENWOOD COUNTY BOARD OF HEALTH

Chairman
ATTEST:

[Signature]
Greenwood County Clerk

COFFEY COUNTY BOARD OF HEALTH

Chairman
ATTEST:

[Signature]
Coffey County Clerk

OSAGE COUNTY BOARD OF HEALTH

Chairman
ATTEST:

[Signature]
Osage County Clerk

FRANKLIN COUNTY BOARD OF HEALTH

Chairman
ATTEST:

[Signature]
Franklin County Clerk