

**Senate Committee on Public Health and Welfare**

February 18, 2013

**SB 160 - Local health department; prohibition of accreditation requirements**

**Secretary Robert Moser, M.D.**

**Kansas Department of Health and Environment**

Madam Chair and members of the Senate Committee on Public Health and Welfare, thank you for the opportunity to offer testimony in opposition to SB 160.

As the current Secretary and Director of Health at the Kansas Department of Health and Environment, and having served as a Local/County Health Officer for 20 years in my previous practice, I appreciate the chance visit with you today about the importance of public health activities and the value public health accreditation brings to that effort.

The Kansas Legislature and Executive branch and local governments have the responsibility to assure the health and safety of their citizens. KDHE and local public health departments carry out policies set forth by these governing bodies. Because Kansas is a decentralized state, decisions about the scope of services, budget, staffing, and other features of local health departments are made at the county level. Funding for public health operations typically comes from three broad sources: Federal and State grants, local tax revenue, and fees for services.

KDHE's role as the State health department depends on collaborative partnerships with local public health departments, with public/private entities in their communities, and their citizens to assure core functions and essential public health services are available. Additionally, governmental agencies rely on partnerships with private entities such as foundations, associations, private providers, and stakeholders to address issues related to health and quality of life in our state. There are foundational capabilities of public health departments that all citizens and residents of Kansas should expect to be delivered in an efficient, effective, and accountable organization. Accreditation will help us do that.

Public health has become an important component to disaster and emergency preparedness in their communities, often the one stable connector between local governance, other community health providers, and to the State emergency response system. Also, Local public health must maintain these capabilities and functions while effectively utilizing their funds to continue those efforts and address emerging issues. For example, an additional challenge is the growing burden of chronic diseases. Most of our current health care costs and 70 percent of the causes for chronic disease are attributable to 4 risks factors: physical inactivity,

excessive alcohol use, smoking, and obesity. Health promotion, health education, and disease prevention remain core activities in public health but to effectively address the risk factors and lower the burden of chronic disease in our communities, there is a need for better integration across community systems and a focus on population health.

As a state, we value institutional accreditation and accountability of our hospitals by the Joint Commission which demonstrates the use of evidence-based practice and standards of care which assures safe patient care. Accreditation of institutions of higher education assures students and families the institution meets acceptable levels of quality. Similarly, we believe that accreditation can help KDHE serve Kansans with a high level of care and efficiency.

Accreditation is accomplished through the Public Health Accreditation Board, which is the national accrediting body for public health departments. The creation of the non-profit Public Health Accreditation Board's (PHAB) standards and measures are the result of grassroots-level public health groups from across the United States coming together to identify and develop methods and standards of measuring a health department's ability to efficiently and effectively address the public's health. The accreditation standards and measures were developed by professional organizations and agencies with input from local health departments, including Kansas.

Public health accreditation is voluntary. It is validation of what public health departments are already doing in many areas while advancing the quality, performance and accountability of our public health departments. Accreditation through this national system seeks to advance the quality and performance within public health departments for providing optimal population-level health services.

Accreditation at the state and local health department level gives a reasonable assurance of the range of public health services a department provides. It assures that the health department has an appropriate mission and purpose and the infrastructure and policies are in place to demonstrate that it will continue to accomplish its mission and purpose.

The real value of accreditation is the process itself. It encourages public health departments at the local and state level to look at their services compared to national standards, improve quality, manage their performance, and often reduce costs through better efficiency. It is a mechanism for health departments to ensure accountability for the use of the resources they receive. There are three primary requirements for accreditation. Conduct a community health assessment, determine a community health improvement plan, and conduct strategic planning to implement the improvement plan.

Various partners in Kansas, including the Kansas Hospital Association, Kansas Association of Counties, Kansas Association of Local Health Departments, academic institutions, health institutes, and foundations, are working to assure that public health departments and their community partners have the information, tools, and resources they need to identify the unique health and safety needs of communities through community health assessments. This effort resulted in the development and implementation of Kansas Health Matters, [www.kansashealthmatters.org](http://www.kansashealthmatters.org), a web-based data system that provides communities a portal to assist them in conducting community health assessments, compare their community health status to standards, help to identify

health needs, and begin to plan on how to best meet the needs of their communities to improve health and quality of life.

KDHE has been working for over a year towards state health accreditation through PHAB. Management staffs across all three KDHE Divisions have been involved in quality improvement and performance management training, taken the PHAB accreditation training modules online, and KDHE performed internal and external reviews with our public health partners to compare how we are doing compared to the National Public Health Performance Standards Program. This allows us to start to address any performance gaps. Within KDHE we have established an Accreditation Team to help with the documentation and processes required to successfully meet accreditation requirements. We have been supportive and provide technical assistance to local health department with their accreditation efforts. Our Office of Rural Health has provided small grants to communities where local health departments and rural hospitals are working together to conduct their community health assessments.

I believe strongly in the value the accreditation process provides and would appreciate your support in opposing SB 160. Thank you for your consideration.