

SFY2022 State Formula Survey

This report was last updated on 6/16/2021. Staff at Wichita State University's Community Engagement Institute developed this report. For questions or to provide feedback about the contents of this report please contact sarah.jolley@wichita.edu.

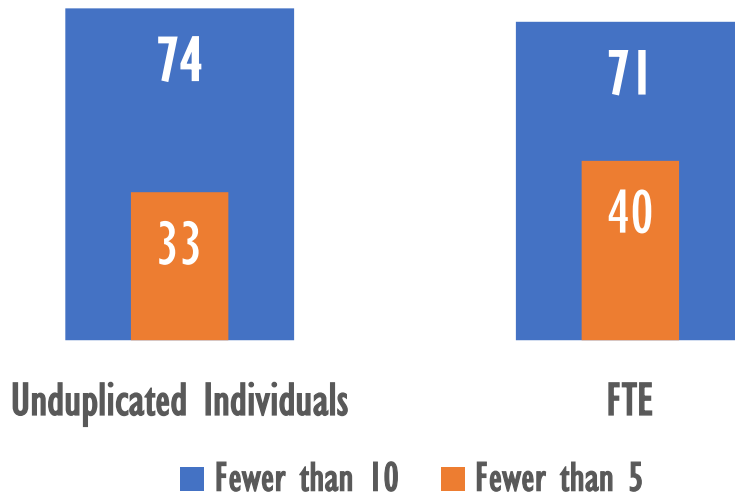
All 100 Kansas health departments complete the annual State Formula Survey administered by the Kansas Department of Health and Environment (KDHE) as part of their application to receive State Formula Funds. This report contains a summary of some of the items included on the SFY2022 survey.

Staffing

Each year on the State Formula Survey, local health departments (LHDs) are asked to report on staffing at their organization, including the number of unduplicated individuals employed by the LHD and the number of full time equivalents (FTEs) employed by the LHD. The table below displays data for this year (SFY2022) along with the three previous years of data on these two items.

	Unduplicated Individuals	FTE
SFY2022		
LHDs reporting greater than 0	100	100
Average	13.1125	12.5681
Sum/Total	1311.25	1256.81
SFY2021		
LHDs reporting greater than 0	100	100
Average	12.54	12.34
Sum/Total	1254.0	1233.9
SFY2020		
LHDs reporting greater than 0	100	100
Average	12.65	12.14755
Sum/Total	1265	1214.755
SFY2019		
LHDs reporting greater than 0	100	100
Average	12.78	12.18685
Sum/Total	1278	1218.685

Health departments vary in their staffing, with the smallest reporting 1 individual and 1 FTE and the largest reporting more than 150 individuals and over 140 FTE. **Nearly three-quarters of LHDs report having fewer than 10 individuals employed at their LHD, with a third reporting fewer than 5 individuals.** Just over 70% reported fewer than 10 FTE, and 40% reported fewer than 5 FTE.



Health departments are also asked to report FTE across 34 different positions. Per KDHE’s request, five of those positions are reported here.

SFY2022	Community Health Worker	Epidemiologist	Informatician	Public Information Officer/ Communications	Sanitarian/ Environmental
LHDs reporting greater than 0	10	14	6	24	13
Average	1.135	1.775	0.791667	0.429167	2.811538
Sum/Total	11.35	24.85	4.75	10.3	36.55
SFY2021					
LHDs reporting greater than 0	10	21	6	22	16
Average	0.54	0.77119	0.666667	0.440909	2.29375
Sum/Total	5.4	16.195	4	9.7	36.7
SFY2020					

LHDs reporting greater than 0	7	13	4	16	15
Average	0.764286	0.8	0.75	0.465625	2.358333
Sum/Total	5.35	10.4	3	7.45	35.375

In addition to the annual State Formula Survey, the Kansas Association of Local Health Departments (KALHD) administers surveys to health departments as needed throughout the year. In May 2021, KALHD sent a survey to LHDs asking about staff turnover since March 15, 2020. **Of the 76 LHDs that provided responses to this KALHD survey, 45 reported losing staff between March 2020 and May 2021.** The number of staff LHDs reported losing ranged from 1 to 6, with some leaving specifically due to COVID.

This year’s State Formula Survey also included a section specifically on COVID-related staffing. **The most common COVID-related positions included case investigators, contact tracers, clinical staff, and data entry staff.**

COVID Specific Positions	LHDs reporting greater than 0	Average FTE	Sum/Total FTE
Case Investigator	72	2.801875	201.735
Contact Tracer	61	2.034672	124.115
Clinical Staff	55	2.845091	156.48
Data Entry	55	1.643909	90.415
Other management/supervisory positions	31	1.445161	44.8
Care Resource Coordinator	28	1.277679	35.775
ICS positions	20	1.949	38.98
Other COVID specific positions	15	2.964667	44.47

Budgets and Funding

Health departments also provide budget/funding information. Data from the last three years are provided below. **Aid to Local funds are the most common source of funding. Local city/county funds are the largest source of funding.**

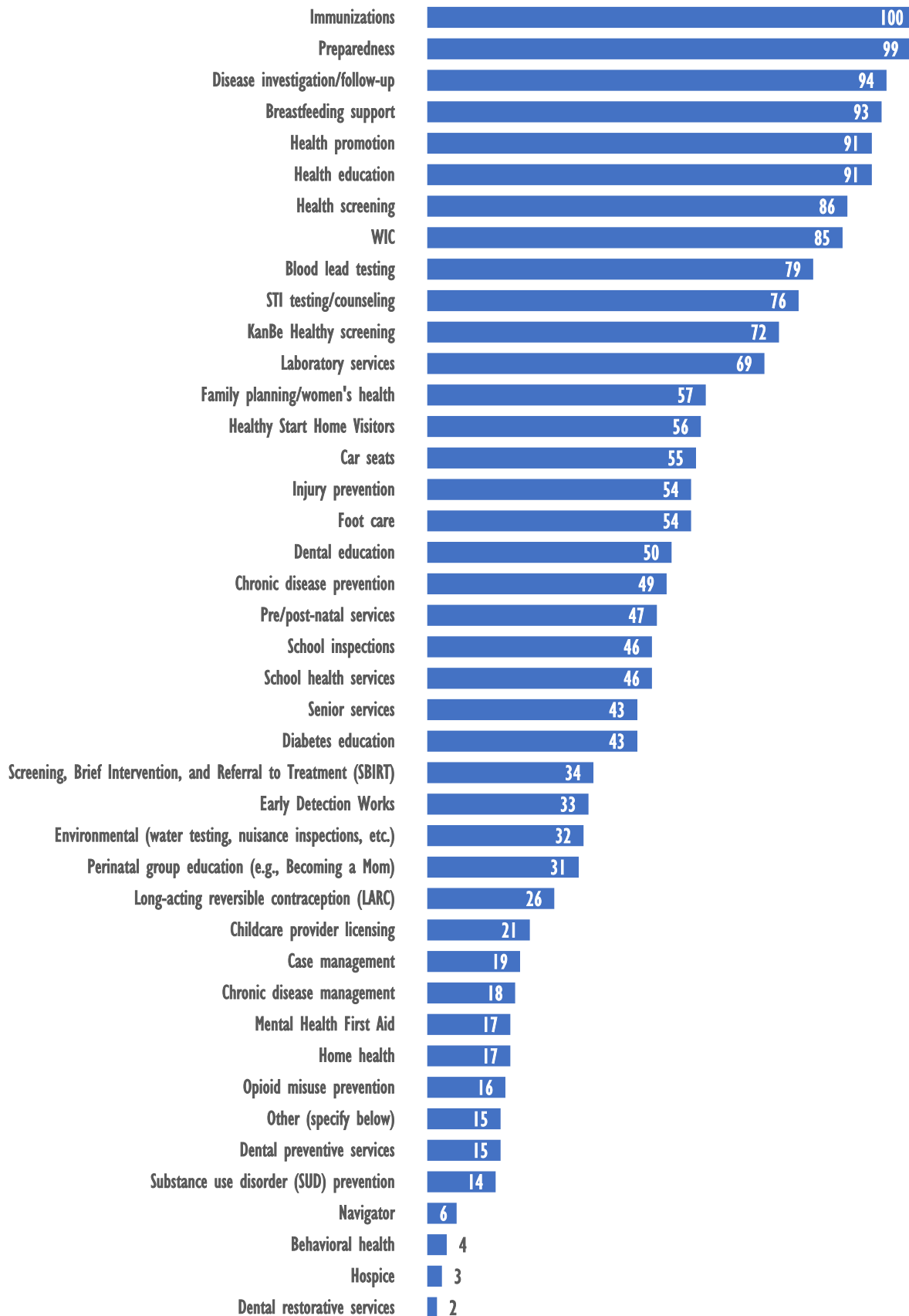
SFY2022	LHDs reporting greater than 0	Sum/Total
Total Aid to Local (ATL) funds	99	\$ 14,864,185
Other federal funds NOT included on the ATL list of grant awards	79	\$ 17,252,303
Other state funds NOT included on the ATL list of grants	33	\$ 3,334,504
Local city/county	82	\$ 39,829,737
Fees for service	89	\$ 16,233,630

Private foundations	21	\$ 1,128,213
Donations/gifts	26	\$ 164,274
Other	15	\$ 1,181,812
SFY2021		
Total Aid to Local (ATL) funds	100	\$ 18,825,859
Other federal funds NOT included on the ATL list of grant awards	85	\$ 14,806,892
Other state funds NOT included on the ATL list of grants	26	\$ 3,152,180
Local city/county	87	\$ 57,597,680
Fees for service	87	\$ 17,565,078
Private foundations	16	\$ 1,360,673
Donations/gifts	29	\$ 120,051
Other	18	\$ 1,172,442
SFY2020		
Total Aid to Local (ATL) funds	99	\$16,458,819
Other federal funds NOT included on the ATL list of grant awards	84	\$17,348,050
Other state funds NOT included on the ATL list of grants	29	\$2,080,195
Local city/county	89	\$38,123,394
Fees for service	89	\$17,695,685
Private foundations	23	\$1,569,994
Donations/gifts	30	\$121,635
Other	15	\$1,184,908

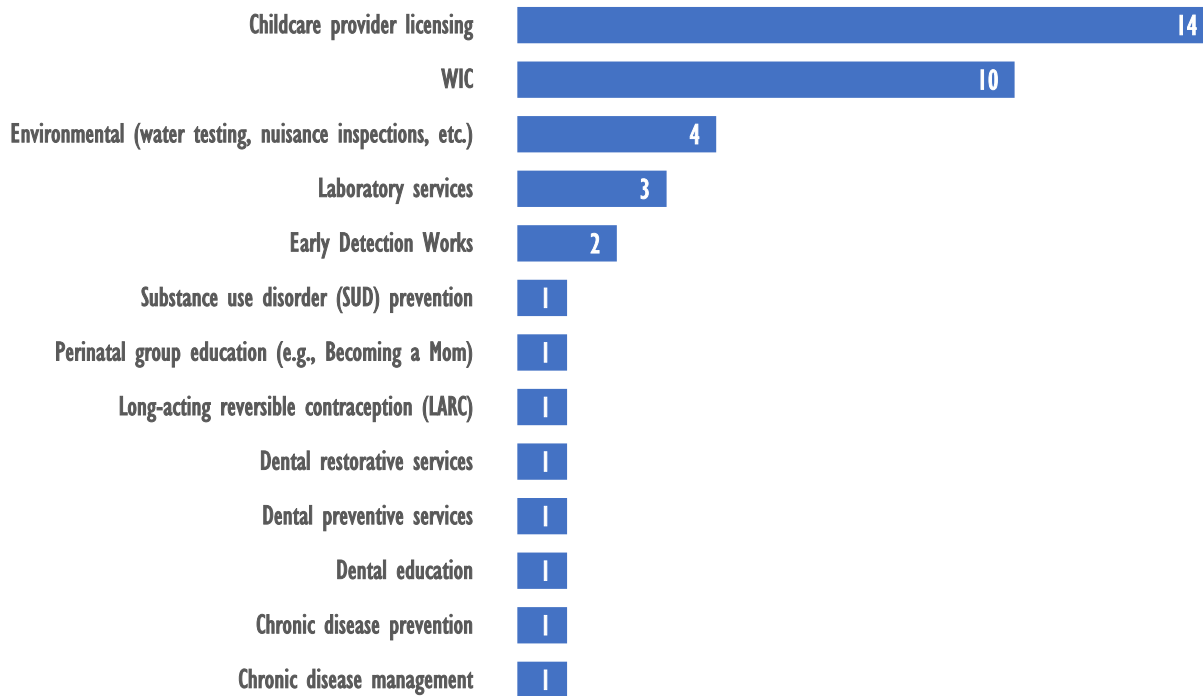
Services

Health departments report on a list of 42 services, indicating whether each service is performed by the LHD directly, contracted out to another LHD, contracted out to another organization (non-LHD), provided by another organization, or not available in the community. The charts below display the services provided by LHDs directly or contracted out to another organization (LHD or non-LHD). **The top services performed directly by LHDs are: immunizations, preparedness, disease investigation/follow-up, breastfeeding support, health promotion, and health education.** The top services contracted out to other organizations include child care provider licensing and WIC, which are contracted out to other health departments, and environmental services (water testing, nuisance inspections, etc.), which are contracted out to other non-LHD organizations.

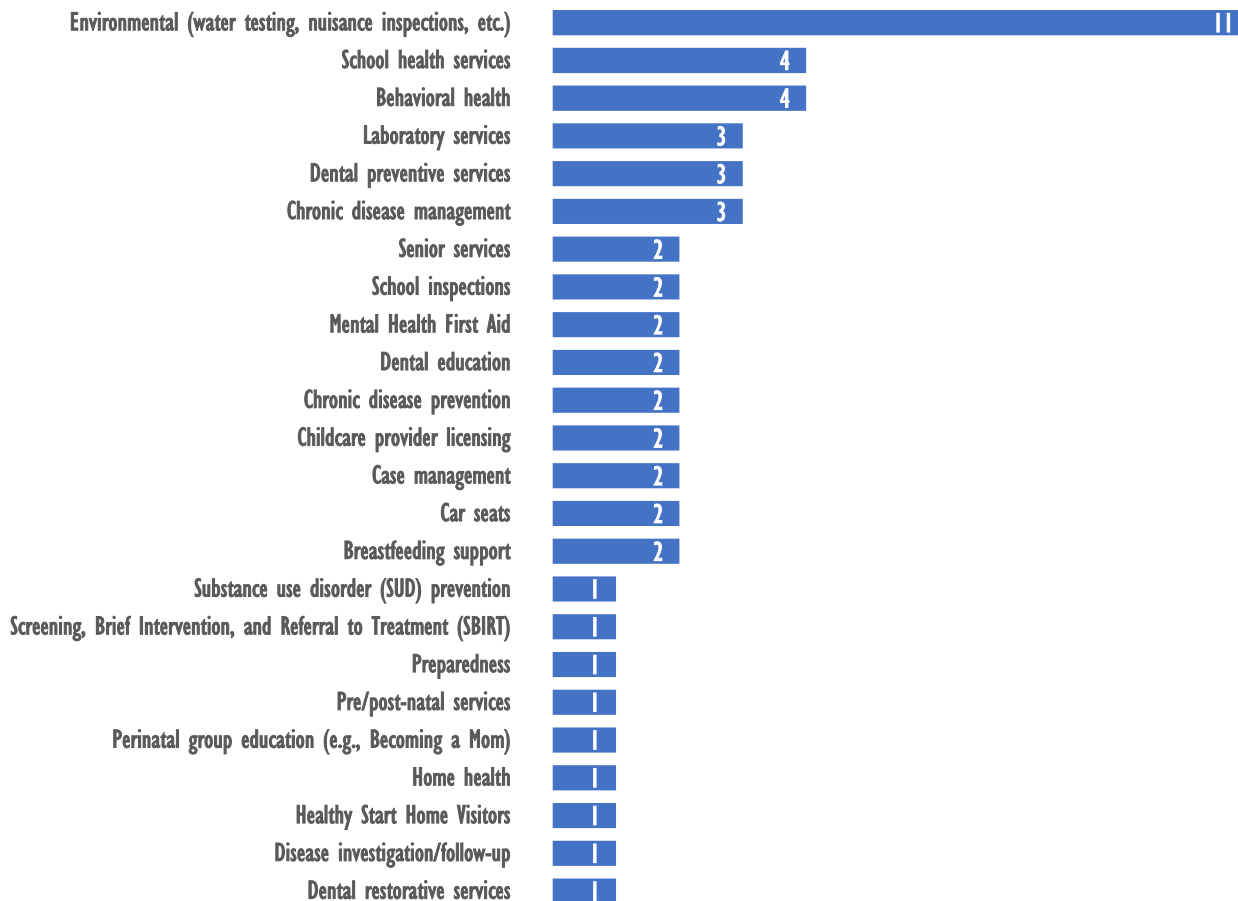
SERVICES PERFORMED BY LHDs DIRECTLY



SERVICES CONTRACTED TO ANOTHER LHD



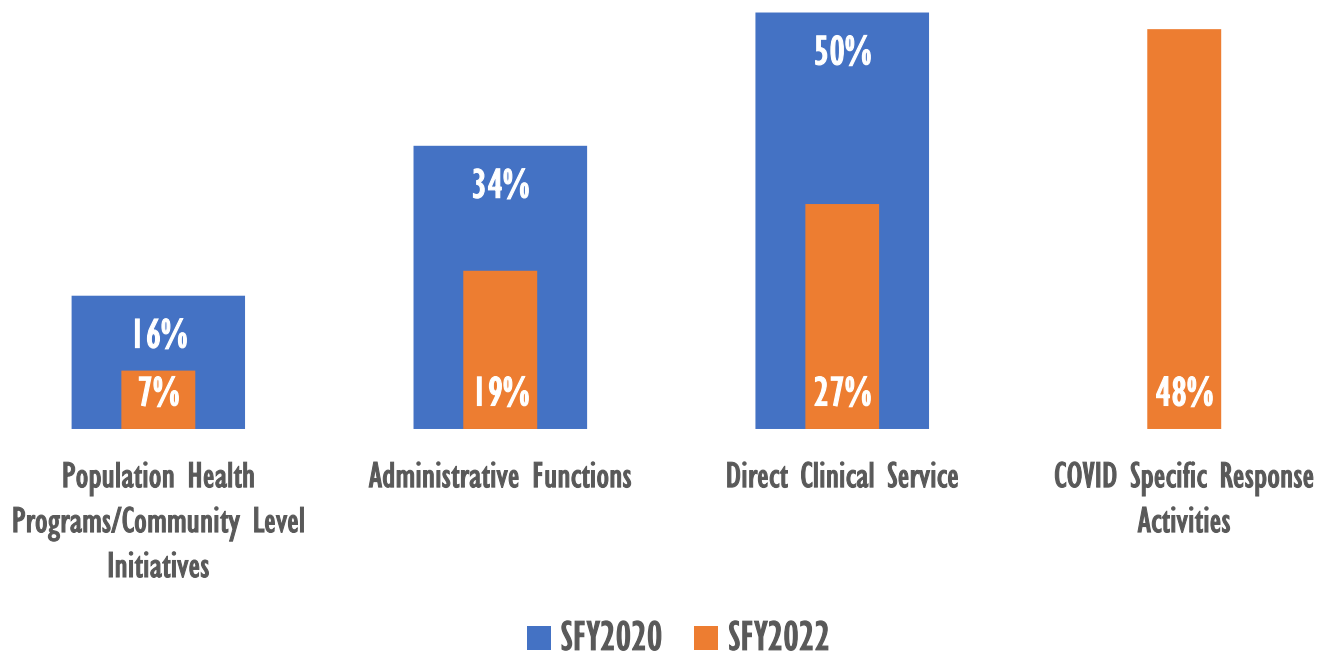
SERVICES CONTRACTED TO ANOTHER ORGANIZATION (NON-LHD)



Every other year, health departments are asked to estimate the percentage of total staff time (for all staff) spent across three types of tasks:

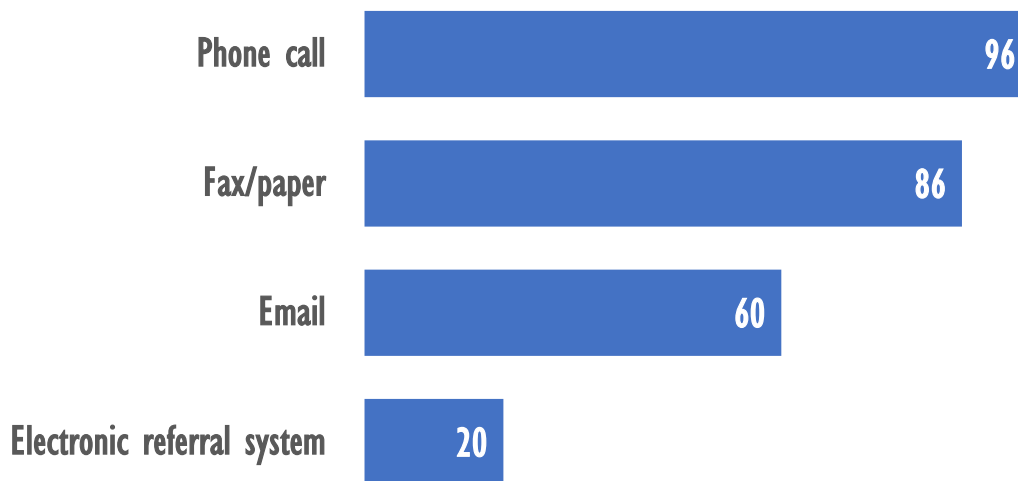
- Population Health Programs/Community Level Initiatives (e.g., programs targeting a population instead of the individual; initiatives such as addressing the opioid epidemic, Healthy Communities Initiative, Pathways to a Healthy Kansas)
- Administrative Functions (includes all non-clinical and non-public health intervention activities such as management, billing, reporting, etc.)
- Direct Clinical Service (i.e., individual patient care)

For SFY2022, they were also asked to include time spent on a fourth task: COVID Specific Response Activities (planning, preparedness, ICS, testing and vaccination planning and response, communications, care resource coordination, and all other COVID activities). The average percentages for each task are displayed for SFY2020 and SFY2022. **Health department staff spend the least amount of time working on population health programs/community level initiatives.** In SFY2020, 16 LHDs reported that no staff time was spent on population health programs/community level initiatives (i.e., they listed 0%). In SFY2022, the number of LHDs reporting no staff time spent on population health programs/community level initiatives grew to 37.



Referrals

All but one of the 100 health departments reported referring individuals to services/partners in the community. The most common method/process for referrals is phone calls followed by fax/paper referrals. Of the 20 LHDs that indicated using an electronic referral system, 18 said they use IRIS.

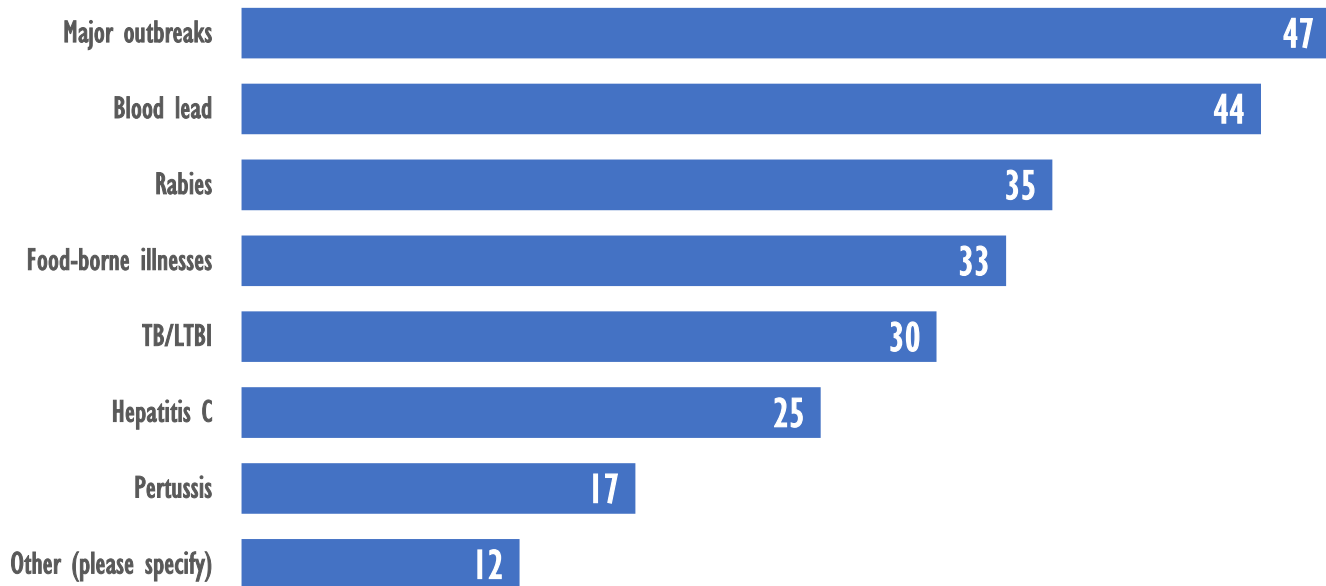


Disease Investigations

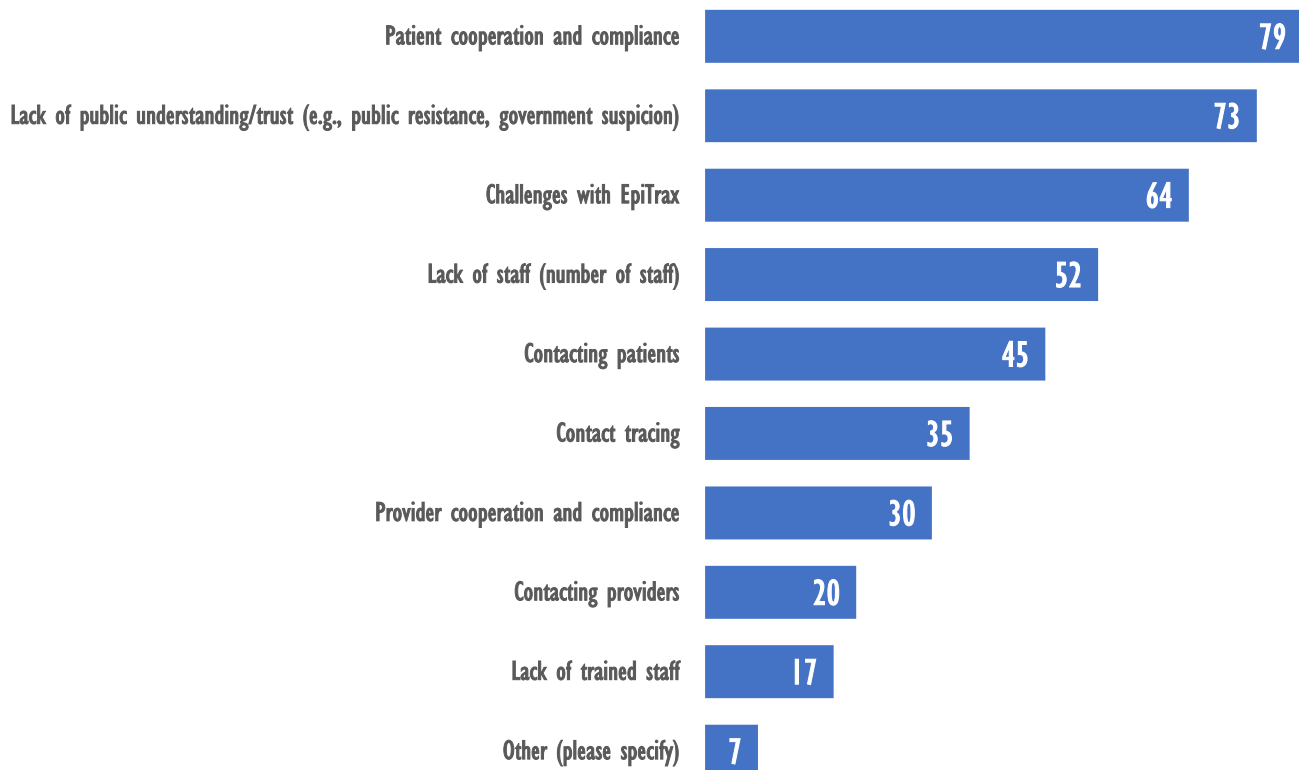
Health departments are evenly split on the training needs they have related to disease investigations.



Other than COVID-19, disease investigations related to other major outbreaks and to blood lead are the most time consuming and/or difficult to conduct.

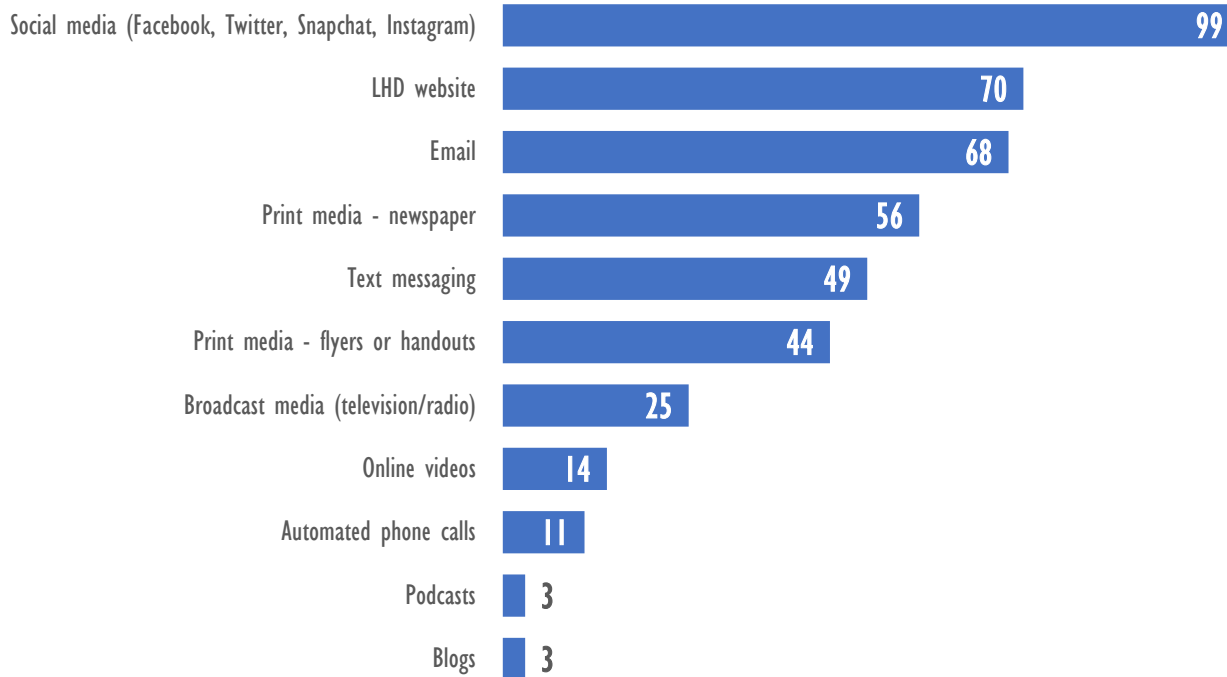


The top barriers related to disease investigation are related to patient cooperation and compliance and lack of public understanding/trust.

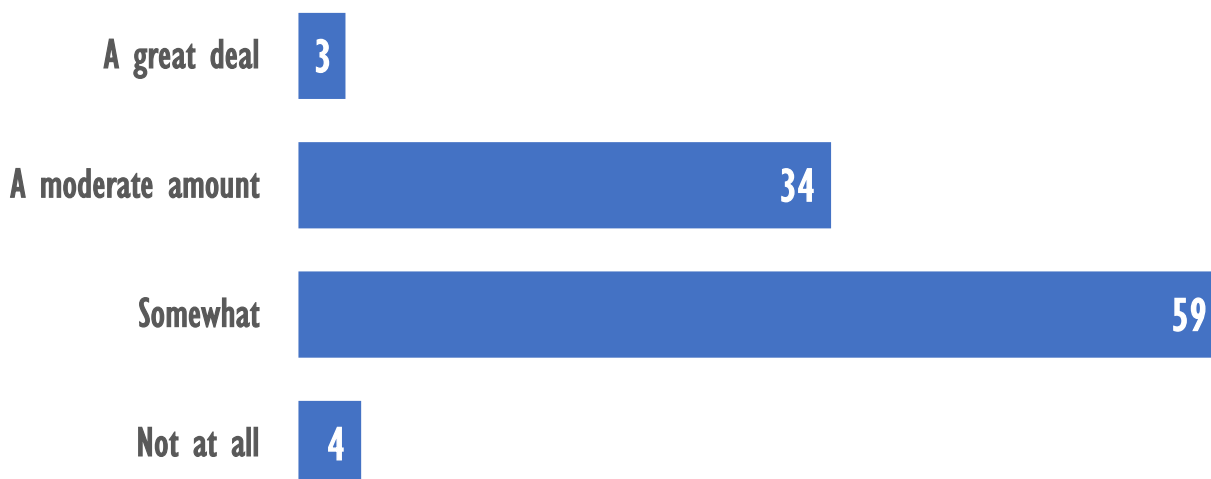


Communications

The most common methods of public communication regularly used by health departments include social media, the LHD's website, and email.

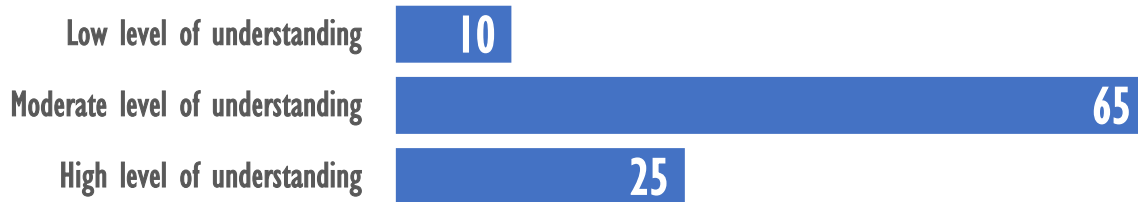


When asked to what extent they think their local community understands the work of the local health department, the majority of LHDs said somewhat or not at all.



Social Determinants of Health

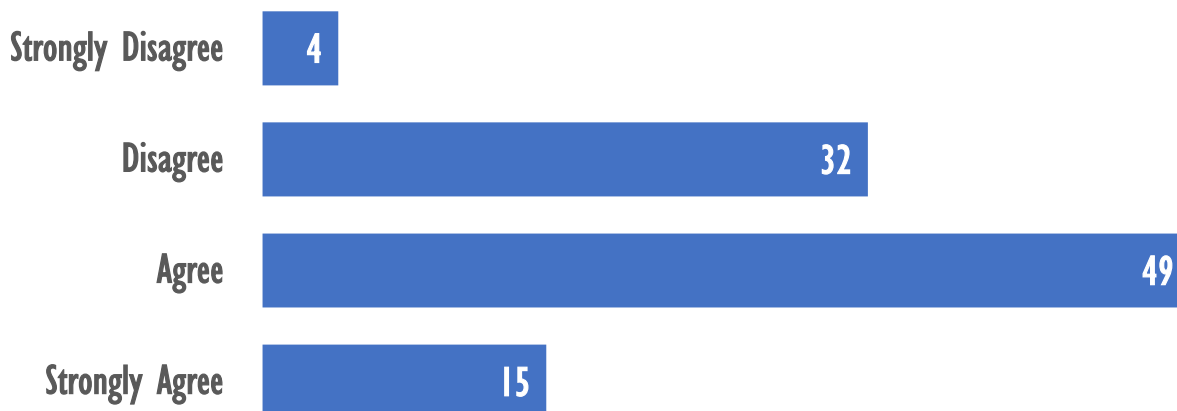
90% of health departments report having at least a moderate level of understanding about the social determinants of health.



62% of health departments indicated that receiving technical assistance for addressing social determinants of health in their community was a moderate or high priority.



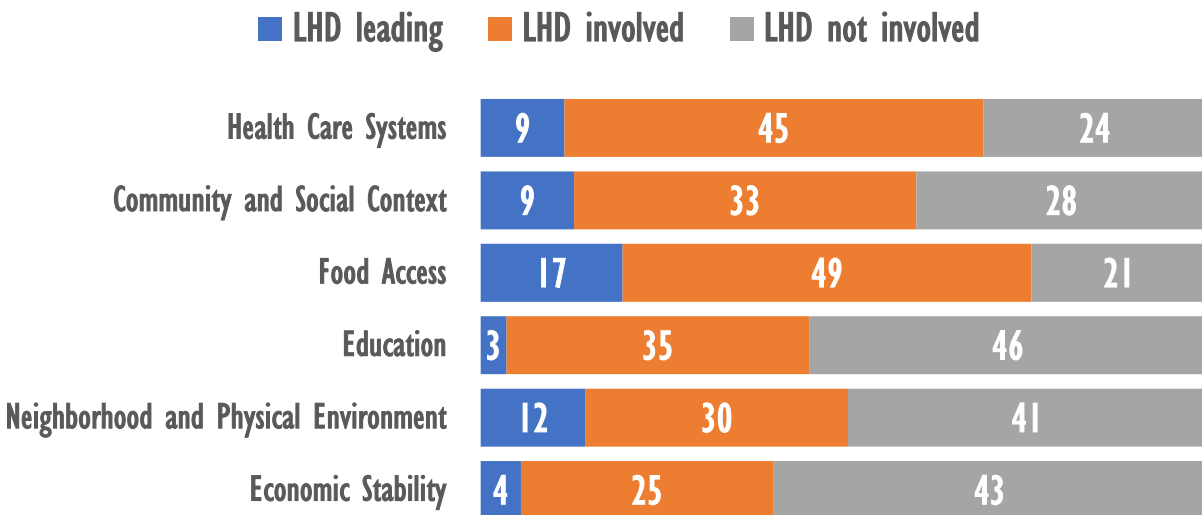
When asked to respond to the statement, "My health department has the capacity currently to play a key role in community public health initiatives," more than 60% of LHDs agreed or strongly agreed.



Health departments were asked which strategies they are implementing to address adverse childhood experiences (ACEs) or trauma informed systems of care (TISC). **Of those that reported implementing strategies, school partnerships were the most common.**

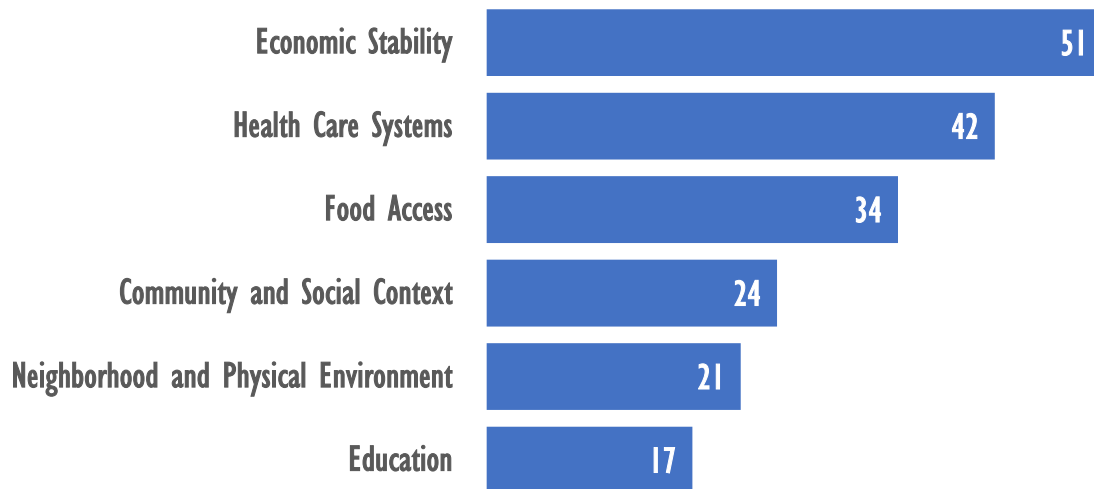


Health departments were asked about their awareness and involvement in activities to address the social determinants of health. They were asked to identify whether the health department is leading activities, involved in activities, or not involved in activities in six different areas. (They could also indicate no activities were occurring or they were unsure of activities occurring in that area.) **Health departments reported the most involvement in activities related to Food Access, with 66 health departments indicating they were leading or involved in activities in this area.**



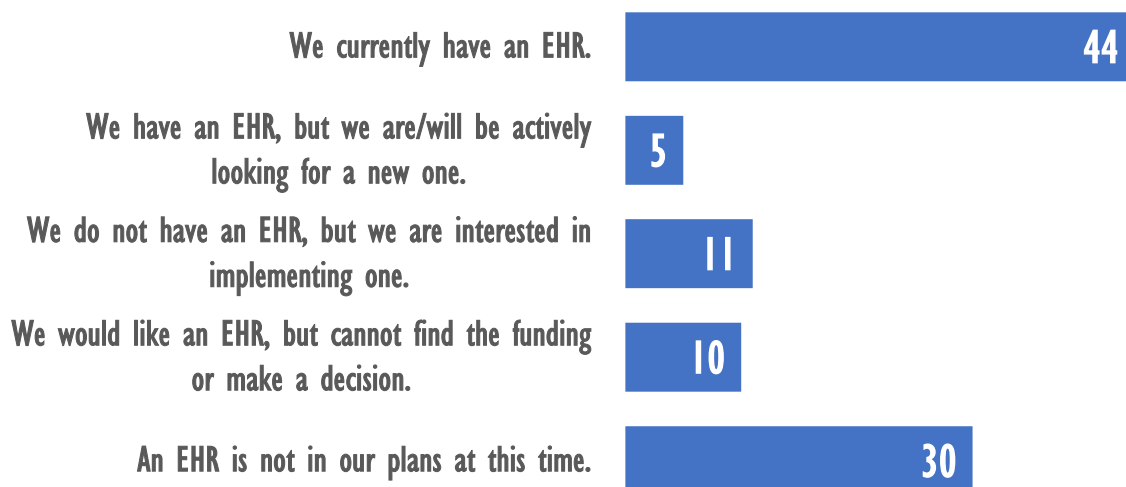
Note: All 100 health departments responded regarding their involvement in each of the above areas. The health departments indicating there were no activities occurring in this area or were unsure of activities are not included in the above chart.

Health departments were asked which of the social determinants of health were the biggest priorities in their community, selecting their top two priorities from the six areas. **While health departments reported the most involvement in activities related to Food Access, they rated Economic Stability as the biggest priority.**



Electronic Health Record (EHRs)

About half of LHDs report having an EHR. Eleven have Nightingale Notes/Champ, nine have Patagonia, seven have Athena, four have CDP/ezEMRx, three have CureMD, two have Cerner, and Greenway Intergy, IMS Meditab, and Insight have one user each. In addition, nine reported having KIPHS/WebIZ.



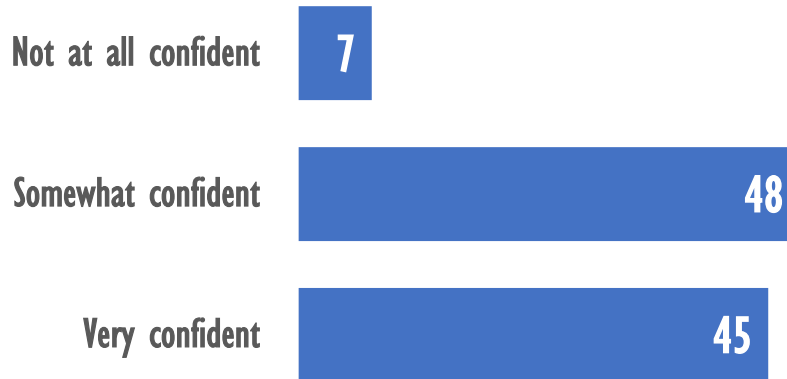
Board of Health/County Commission

Health departments were asked how often they meet with their Board of Health/County Commission and how often they update the Board of Health/County Commission via other means (i.e., outside of those meetings). **Health departments reported meeting with and updating their Boards of Health/County Commission more often this year than last year.**

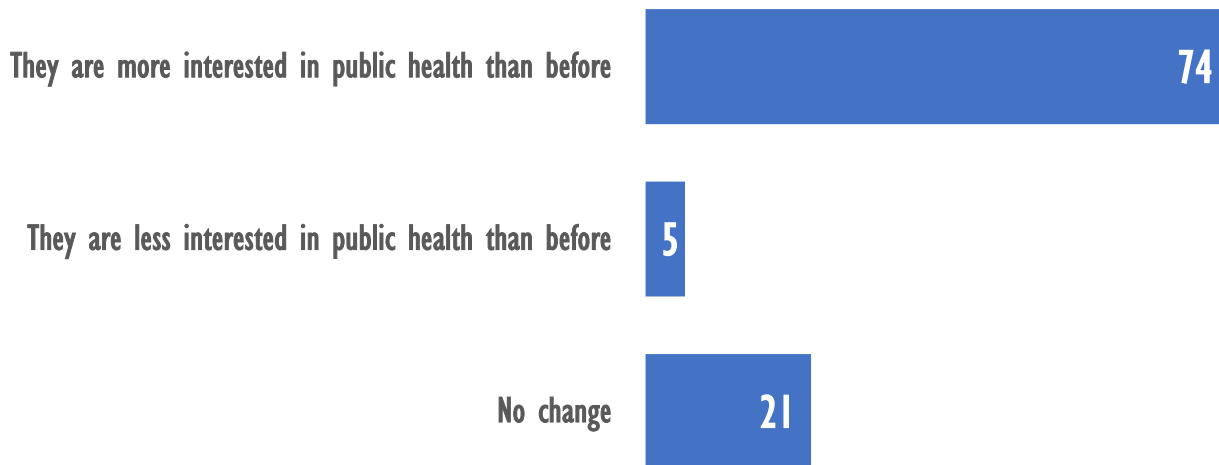
How often do you meet with/update in-person (or virtually) your Board of Health/County Commission?	SFY2022	SFY2021
At every Commission meeting	29	7
Monthly	34	37
Bi-monthly	7	9
Quarterly	20	21
Less than quarterly	1	9
Only when necessary or requested	9	17

How often do you update your Board of Health/County Commission through other means (via email, etc.)?	SFY2022	SFY2021
Weekly	21	9
Bi-weekly	8	6
Monthly	10	15
Bi-monthly	4	2
Quarterly	5	5
Less than quarterly	1	4
Only when necessary or requested	51	59

LHDs were also asked how confident they are that the Board of Health/County Commission supports the work of the health department. **The majority of LHDs were at least somewhat confident that their Board of Health/County Commission supports their work.**



Nearly three-quarters indicated that their Board of Health/County Commission is MORE interested in public health now than they were before COVID-19.



In addition, a third of health departments (33) said they have a specific public health champion who sits on their Board of Health/County Commission.

Training and Technical Assistance

Health departments (LHDs) were asked which of the following plans and processes they have developed in the last 1 to 5 years and whether they would like technical assistance or training to complete them. **82 LHDs reported not developing any of these plans or processes in 2020.** (As a point of comparison, 64 LHDs reported not developing any of these in 2019.) **11 LHDs requested TA/training to complete all 7 of these plans and processes. 39 LHDs requested TA/training on at least 1 of these.**

All Health Departments

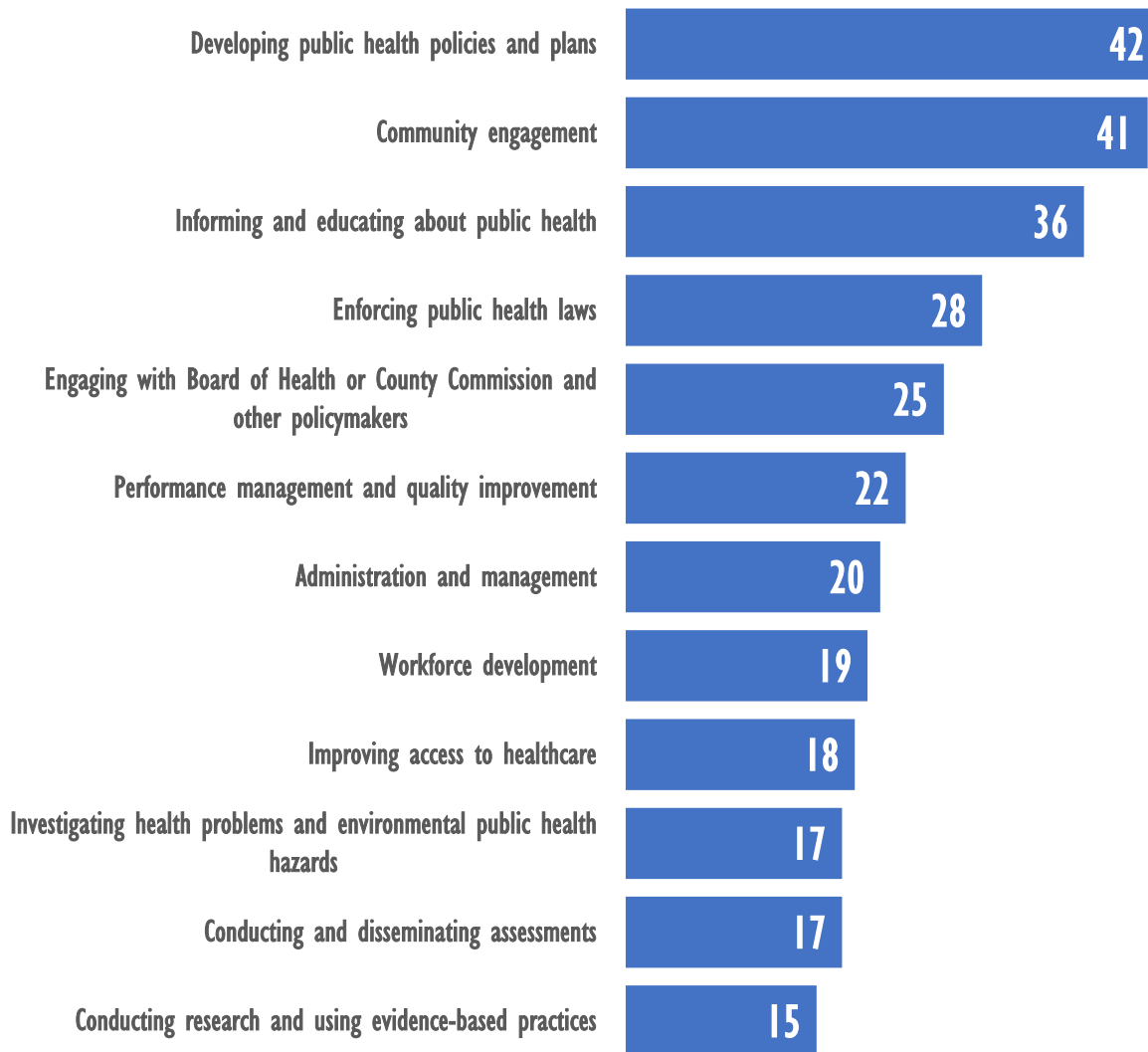
	Yes, in 2020	Yes, between 2016 and 2019	No	In process
Community health assessment	10	48	24	11
Community health improvement plan	6	37	32	14
Strategic plan	5	27	42	15
Workforce development plan	3	18	59	7
Performance management system	4	17	52	11
Quality improvement plan	5	24	45	14
Branding strategy	4	9	55	14

Health Departments interested in TA/training

	Yes, in 2020	Yes, between 2016 and 2019	No	In process	Need TA/training to complete
Community health assessment		1	5		17
Community health improvement plan		1	5	2	20
Strategic plan		2	10	1	24
Workforce development plan		2	11	1	27
Performance management system		2	8		26
Quality improvement plan		4	8		24
Branding strategy	1	2	9		30

Note: The difference between the N in the TA column and the sum of the other columns is due to LHDs selecting “Need TA/training to complete” and not selecting an additional option. This difference would likely be added to the “No” column.

The top areas LHDs reported needing technical assistance were around developing public health policies and plans, community engagement, and informing and educating about public health.



When asked whether their health department plans to apply for Public Health Accreditation Board (PHAB) accreditation, no one indicated they have plans to apply in 2021 or in 2022. **Twelve health departments indicated they plan to apply for PHAB accreditation at some point, but are unsure about the date.**