

I am Lindsay Payer from Coffey County Health Department here to speak in opposition to SB 160. Health Departments in Kansas know what is best for Health Departments in Kansas. Enacting this bill will remove my ability as Administrator to choose what is best for my Health Department and my community. This bill limits local grassroots initiative. It takes away my ability to work with our Local Board of Health to determine the best actions for our department.

In addition to my opposition of this bill, I would like to dispel myths about accreditation:

Myth: Accreditation is mandatory.

To clarify, Public Health Accreditation is a voluntary process. Health Departments, either individually or collaboratively, and as a state, local, or tribal department may become accredited. No entity is mandating, or withholding funding from health departments that do not seek accreditation.

Myth: Accreditation mandates that Health Departments provide new or specific services.

To clarify, Accreditation standards ask us to show examples of how we currently conduct a community health assessment, investigate health problems and hazards, inform and educate about health issues, engage the public, develop policies and plans, enforce public health laws, address access to health care services, ensure a trained workforce, continuously improve and evaluate effectiveness, and use evidence-based strategies.

Myth: The federal government is driving the process.

To clarify, the Public Health Accreditation Board (PHAB) is the accrediting body. PHAB is a non-profit, independent accrediting body. This board has received input from state, local and national health departments in development of the standards. The federal government is not leading the process. Representatives of local health departments across the nation are the driving force for accreditation.

In fact, Kansas health departments are respected nationally as leaders with Public Health Accreditation and have been involved since its development began. We have provided input into the standards, served on focus groups, served as Beta Test sites, and completed accreditation-readiness projects studied by national experts. Kansas Health Departments have been at the table, providing input, giving suggestions, and serving the process. We have been heard, included, and praised.

Many local health departments have been asking for accreditation; in fact, many are preparing for it. In 2007, 65 Health Departments received financial and technical assistance to perform Community Health Assessments. This is one step in the accreditation process and is something health departments should be doing. The fact that 65 Health Departments were interested in devoting time and energy into Community Health Assessments proves we are ready to improve ourselves and get serious about providing appropriate interventions.

If we were to step away from a national Public Health Accreditation model, and rely solely on the State of Kansas, we would revert back to a status from 15 years ago. We tried this, with no meaningful results. If we relied solely on the State of Kansas for guidance with Community Health Assessments, we would be back at ground zero, where we were 15 years ago. This national movement has started with locals asking for ways to improved public health. Demanding that we stop this progression puts us back at a time when we were not assessing our communities, creating improvement plans, caring about quality improvement... why would we want to do that?