

# KENTUCKY PUBLIC HEALTH TRANSFORMATION

Working together for an efficient, sustainable and accountable public health system focused on producing better health outcomes for all Kentuckians.

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# Goals for Public Health Transformation

- Relieve the fiscal instability of the current system
- Introduce a simplified and focused PH model with clearly defined priorities
- Create accountability at all levels of the system
- Improve Public Health leadership capacity at all levels
- Prevent duplication of effort, and reduce waste internally and externally
- Support and emphasize data-driven decisions to best promote community health outcomes

**SIMPLIFY • FOCUS • PRIORITIZE**

# CHALLENGES

1

## Fiscal Instability

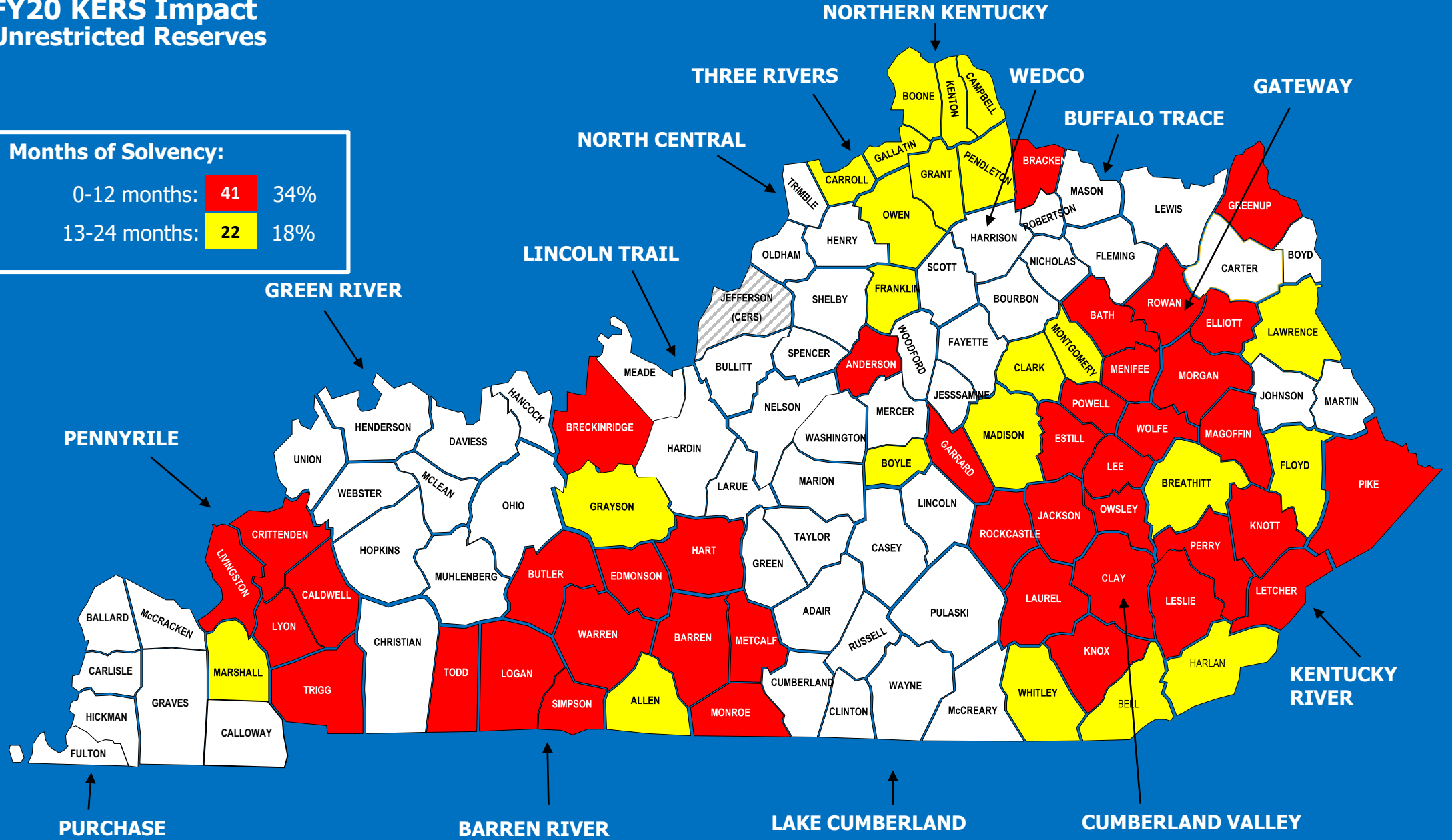
- 41 Local Health Departments representing 4 Districts are at risk for fiscal default in calendar year 2020.
- Current fiscal analysis shows ~ \$40M deficit in 2020.
- Greatest deficits outside of CORE PH = clinical services.

# LOCAL HEALTH DEPARTMENTS FY20 KERS Impact Unrestricted Reserves

## Months of Solvency:

0-12 months: **41** 34%

13-24 months: **22** 18%





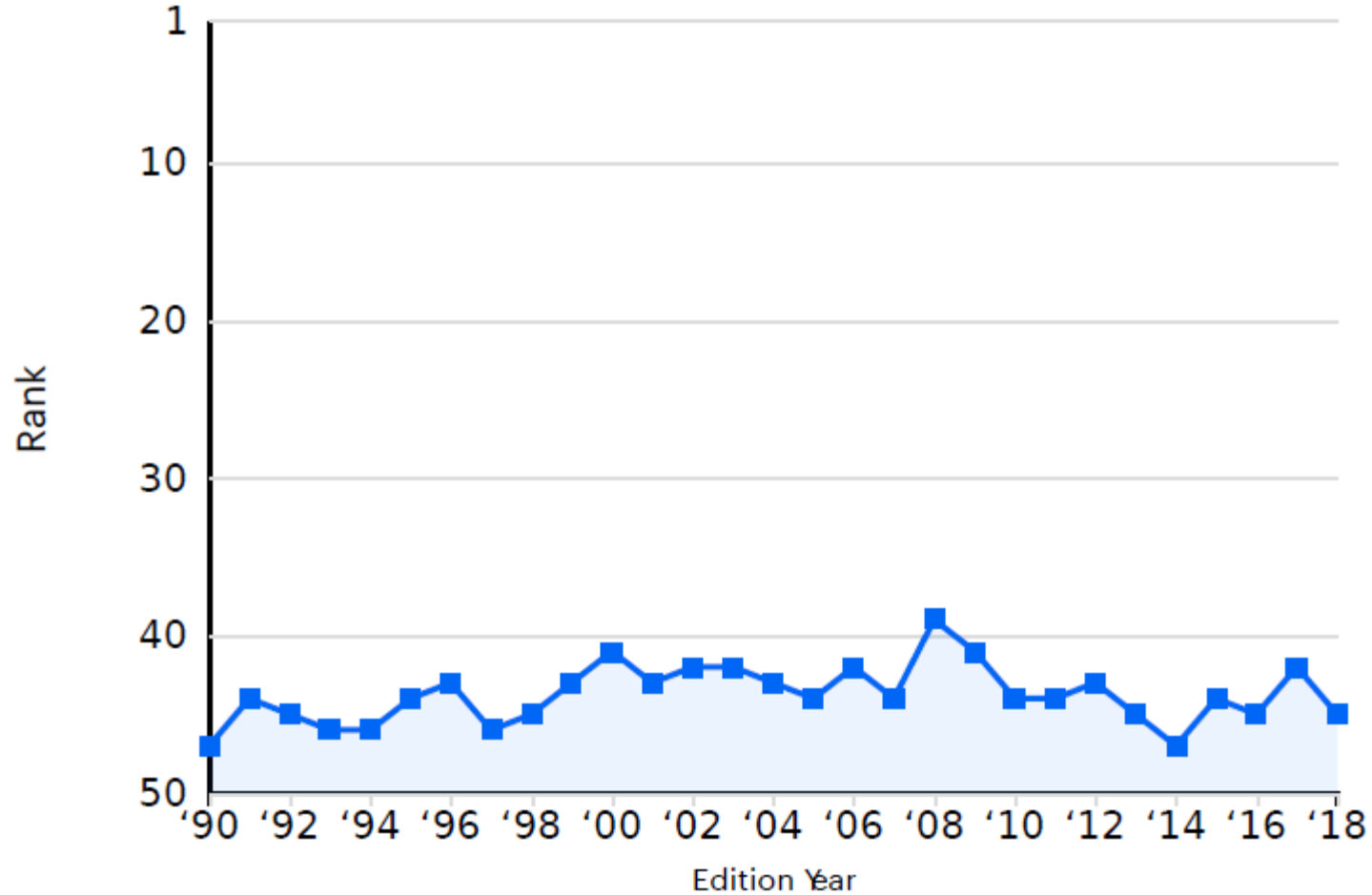
## Kentucky

**OVERALL RANK: 45**

**DETERMINANTS RANK: 42**

**OUTCOMES RANK: 47**

**CHANGE: ▼ 3**



# CHALLENGES

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2

## Current Programmatic Services are not Reflective of Community PH Needs

- Federal funding structure is a significant driver of this result.
- PH system has not adjusted to post-ACA era PH approaches or programs.
- Bureaucratic layering needs to be removed from the system to achieve operational efficiency and effectiveness.

3

## Legislative Issues

- PH laws are disparate and voluminous → needs consolidation to be more functional.
- Current statutes and regulations do not allow for proper operational restructuring.

4

## Shared Governance

- Hybrid structure of Public Health makes change difficult.
- Greater support, structure, and education for LBOHs.
- Lack of accountability at ALL levels.



# Programmatic Services Don't Reflect Community Public Health Needs

- Federal grant cycles and priorities
- Local health departments must use local \$\$ to match or supplement federal funds
- May lead to duplication of effort/ waste of resources
- Mismatch with community public health needs/ priorities
- PH Transformation-Allow communities to:
  - Evaluate community assets
  - Define local health priorities

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# CORE PUBLIC HEALTH

## FOUNDATIONAL PUBLIC HEALTH

Five focus areas with statutory and regulatory defined services:

1. Population Health
2. Enforcement of Regulation
3. Emergency Preparedness & Response
4. Communicable disease control
5. Administrative and organizational infrastructure

Community Health Assessment

WIC

HANDS

HARM REDUCTION  
& SUD

- Available to every KY citizen.
- 'Do or Assure'
- Community partners can offer these on the LHD's behalf.
- Must agree that these programs are the first priority.

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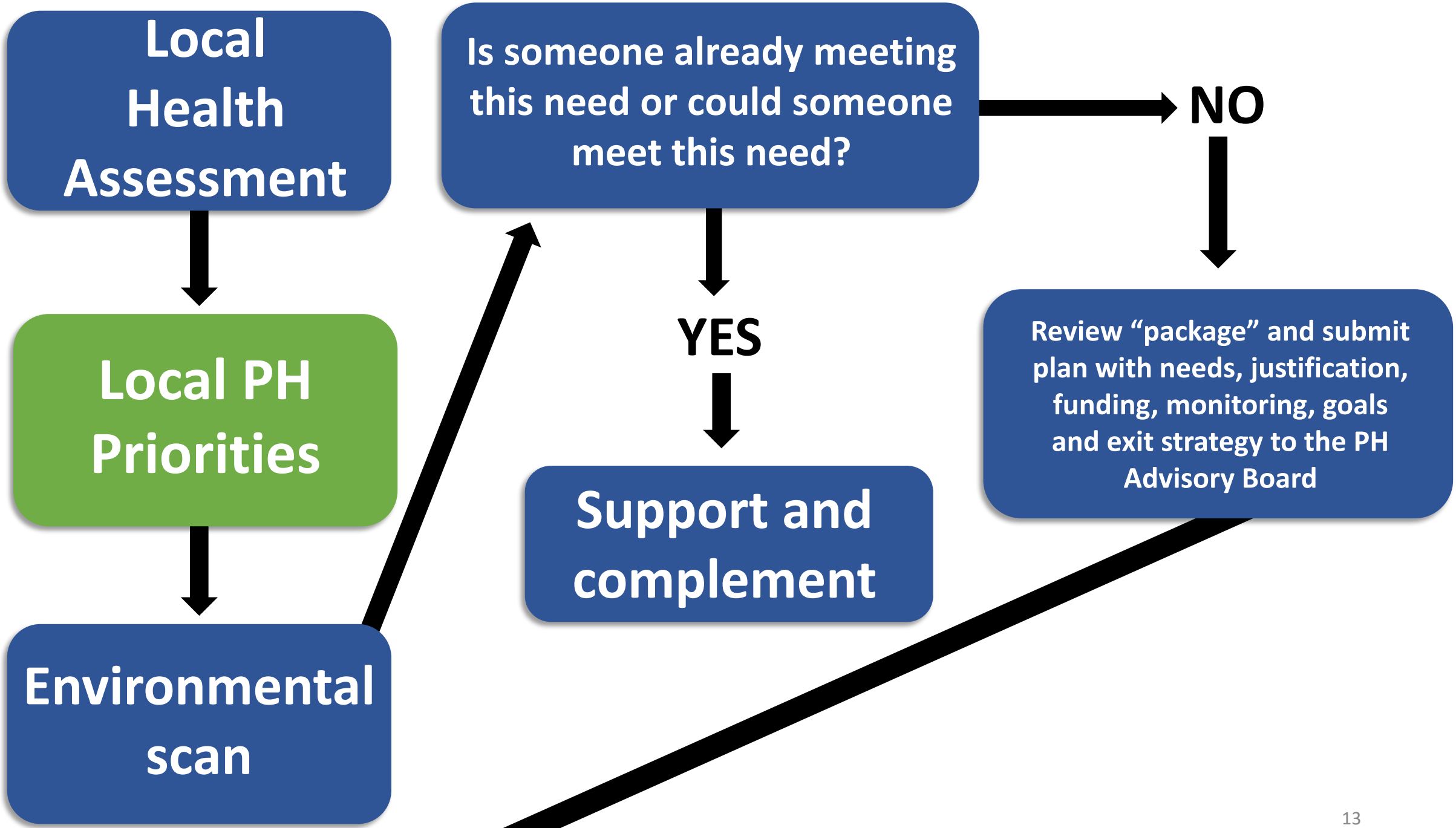
Community Health Assessment

WIC

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HARM REDUCTION  
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Local Public  
Health Priorities



# Accountability and Transparency



**KHDA  
President**



**KALBOH  
President**



**KPHA  
President**



**University  
Representative rotated  
on a 2 year cycle  
(UK/UL/EKU/WKU)**



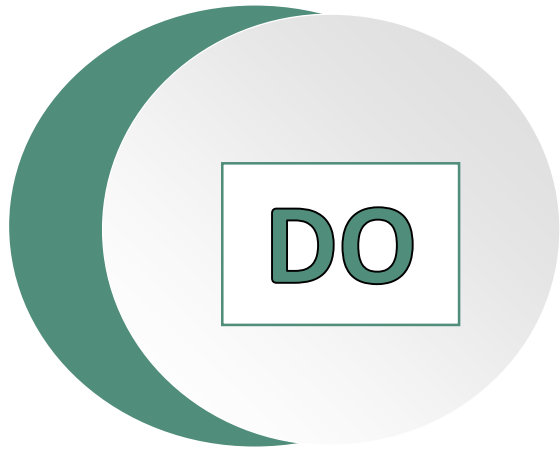
**Commissioner of  
Public Health**

- The PH Council will review evidence-based and best practices to develop PH Service Packages and make them available to every LHD.
- The Council will also review local priorities with plans as described.
- The Council may request revision, clarification, approve or deny submitted plans.

# FIVE COMPONENTS OF LOCAL HEALTH PRIORITY REVIEW

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- ☑ Data-driven need
- ☑ Evidence-based solution (program or service)
- ☑ Adequate funding identified
- ☑ Performance and quality management plan
- ☑ Exit strategy



**DPH**



**LHD**



**DPH**



**LHD**



**Partner**



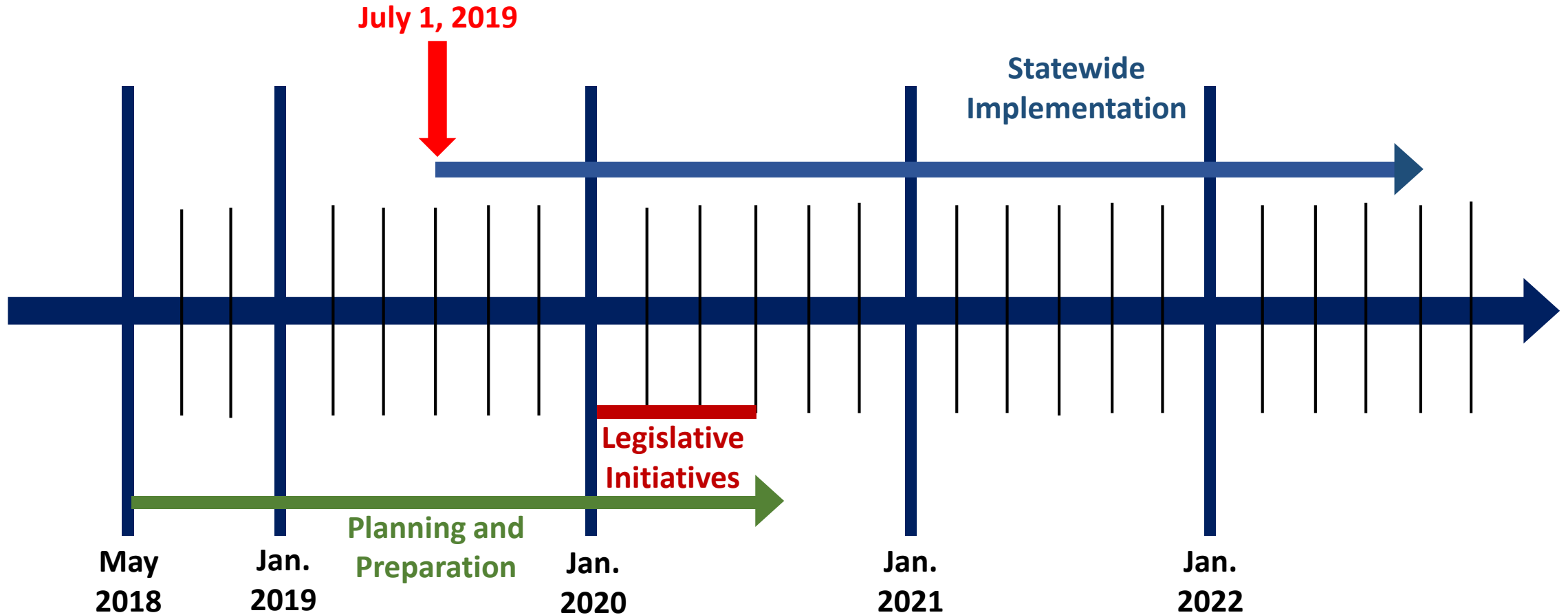
**DPH**



**Partner**



# TIMELINE



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