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
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

CHALLENGES

1. Fiscal Instability
   - Up 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.
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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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Local Public Health Priorities
Local Health Assessment

Local PH Priorities

Environmental scan

Is someone already meeting this need or could someone meet this need?

NO

YES

Support and complement

Review “package” and submit plan with needs, justification, funding, monitoring, goals and exit strategy to the PH Advisory Board
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

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

DPH
↓
LHD

Assure

DPH
↓
LHD
↓
Partner

PH Transformation

DPH
↓
Partner
TIMELINE

Planning and Preparation

Legislative Initiatives

Statewide Implementation

July 1, 2019
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