

# KENTUCKY PUBLIC HEALTH TRANSFORMATION

HB 129 Implementation

IJC on Health, Welfare and Family Services  
Committee

July 29, 2020



**Kentucky Public Health**  
Prevent. Promote. Protect.



Kentucky Health Departments Association

# KENTUCKY PUBLIC HEALTH TRANSFORMATION

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

**SIMPLIFY • FOCUS • PRIORITIZE**

# Goals for Public Health Transformation

- Relieve the fiscal instability of the current system.
- Introduce a streamlined and focused model which includes clearly defined public health priorities and legislative mandates.
- Prevent duplication of effort, and reduce waste internally and externally.
- Support and emphasize data-driven decisions to best promote community health outcomes.

# 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

Local Public  
Health Priorities

# Enacted Legislation

- Outlines the Public Health Transformation structure in statute to ensure accountability at the state and local levels in the future.
- Provides a model for funding the statutorily mandated public health services (known as Foundational Services).
- Sets criteria for Local Public Health Priorities to ensure they are data driven, evidence-based or promising practices, are performance or quality based, are adequately funded, and include an exit strategy.
- Amends KRS 194A.050 to allow fees to be set at appropriate levels to cover cost of providing service (up to 25% increase) until December 31, 2020. Fee increases after this time are restricted to a 5% per year increase.

# Implementation

- **FY21 will be a year of transition.**
- **Despite the magnitude of the COVID-19 response effort, DPH Commissioner has emphasized the importance of continued work toward public health transformation.**
- **Language in the DPH/LHD contract changed to more closely align with the PHT structure starting July 1, 2019 and continues in FY21.**
- **Applicable regulations were filed as an emergency on July 10, 2020.**
- **LHD budget process has been updated to reflect requirements in HB 129 regarding local priorities; however, the review/approval process is still evolving.**
- **DPH leadership has assigned a point/lead to oversee planning efforts to realign strategic planning with the framework and guiding principles of public health transformation.**

# During FY21

- **DPH/LHDs will work to further define parameters regarding:**
  - Regulations
  - Contract Language
  - Budgeting Process
- **Increase focus on required health assessment and provide technical assistance to health departments as needed.**
- **DPH is dedicated to PHT at the state level and will take a deep dive into current programs, funding, structure, etc. and realign strategic planning efforts to mirror the principles of public health transformation.**
- **DPH/LHDs will continue to make improvements to specific programs identified such as WIC, HANDS, Infectious Disease, etc.**
- **DPH/LHDs will continue to identify areas to address in order to improve efficiencies and effectiveness such as the LHD merit system.**

# Challenges to Implementation

- **COVID-19 has interrupted progress in many ways:**
  - LHDs are primarily focused on emergency response
  - Expedited one-year spend plan provided funding based on pre-PHT system
  - Unsure how long this response will last
  - Telework will take time to adjust in order to continue operational workflow as well as progression of planning efforts
- **Public Health Transformation is a radical change, requires “out of the box” thinking, a change in culture.**
- **Federal funding streams may not align with PH Transformation.**
- **Data and informatics systems will require improved integration to support data driven decision making.**
- **Continued involvement and education of various players such as boards of health, county, state and federal government will be needed.**



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