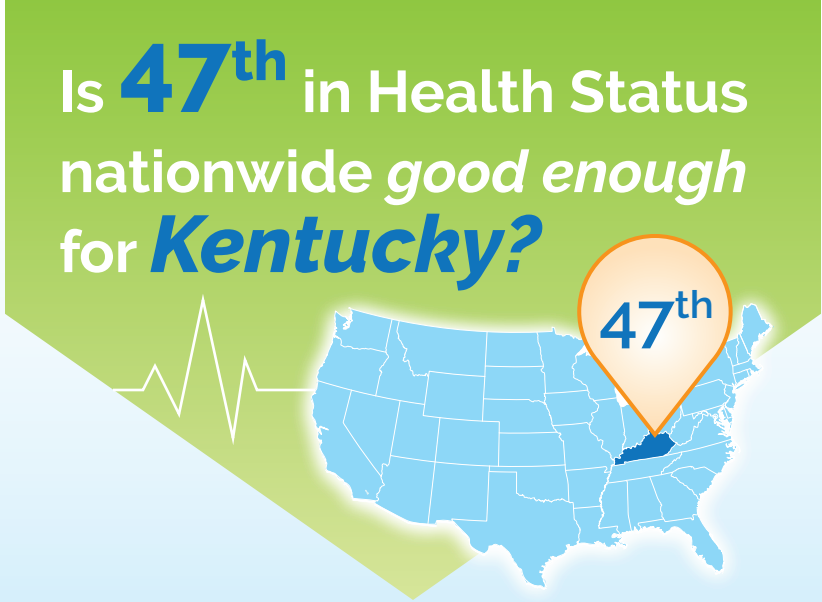


Is **47<sup>th</sup>** in Health Status nationwide *good enough* for **Kentucky?**



Even though we're 15<sup>th</sup> in the nation in spending

Kentucky ranks 47<sup>th</sup> in actual health outcomes of the 50 states.

**NO!**

**“We can do better!”**



Kentucky Health Departments Association

## 2015 Strategic Plan

**“How do we improve?”**

*Be a part of creating a legacy of Health for the Commonwealth!*



measurable outcomes



supportive statutory framework



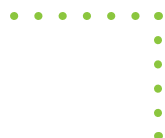
secure funding



## Kentucky Health Departments Association

### MISSION:

To protect and ensure the health of our citizens through quality individual and population based services.

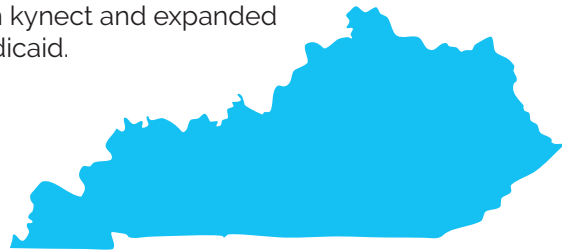


### Our collective VISION:

Prior to the 2015 Kentucky Legislative Session, the Kentucky Health Departments Association will finalize a Strategic Plan.

- The plan will provide a framework for
1. achieving better health status,
  2. examining the current statutory requirements, and
  3. exploring the dynamics of current and potential funding for public health.

Kentucky is a leader in healthcare access initiatives with kynect and expanded Medicaid.



Now it is time for our health status to reflect our efforts.

We must move forward to address population health through initiatives such as kyhealthnow.



*In order to protect the health of the public, a strong public health infrastructure is necessary. The object of this plan is to attain such an infrastructure.*

*The complete KHDA Strategic Plan can be found on the KHDA website: [www.khda-ky.org](http://www.khda-ky.org)*

*Scott Lockard MSW, CSW  
KHDA President*



## Kentucky Health Department Association 2015 Strategic Plan

- Acronyms | Definitions .....4
- The Current State of Local Health Departments.....5
- VISION, MISSION and Overview .....5
- Strategic Priorities ..... 9
  - Health Status
  - Statutes
  - Funding
- Health Status Goals .....10
  - Data Driven Approach, CHAs/CHIPs and Existing Data
  - Socioeconomic Status and Population Culture
- Statutes Goals ..... 13
  - Organizational Culture and Communication
  - Statutes and Regulations
  - Legal Representation
  - Benefits
- Funding Goals .....18
  - Governmental Funders
  - Private Insurance
  - Foundational Capabilities and Funding Methodology
- Putting It All Together.....22

KHDA Leadership					
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	Independent	vacant			
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## Acronyms | Definitions

ACA	Affordable Care Act
APRN	Advanced Practice Registered Nurse
BRFSS	Behavioral Risk Factor Surveillance Survey
CDC	Centers for Disease Control and Prevention
CERS	County Employee Retirement System
CHAs	Community Health Assessments
CHIPs	Community Health Improvement Plans
CSW	Clinical Social Worker
DPH	Department for Public Health
DrPH	Doctor of Public Health
EHRs	Electronic Health Records
IOM	Institute of Medicine
KAR	Kentucky Administrative Regulations
KEHP	Kentucky Employee Health Plan
KERS	Kentucky Employee Retirement Systems
KHDA	Kentucky Health Departments Association
KPHA	Kentucky Public Health Association
KPHI	Kentucky Population Health Institute
KRS	Kentucky Revised Statutes
Kynect	Kentucky's Health Insurance Exchange
kyhealthnow	Governor Beshear's Initiatives for a healthier Kentucky
LHDs	Local Health Departments
MBA	Masters of Business Administration
MCOs	Managed Care Organizations
MHA	Masters of Healthcare Administration
MPA	Masters of Public Administration
MPH	Masters of Public Health
MSN	Master of Science in Nursing
MSW	Masters of Social Work
NGO	Non-governmental organization
PHAB	Public Health Accreditation Board
PhD	Doctor of Philosophy
PHLF	Public Health Leadership Forum
PHSSR	Public Health Services and Systems Research
QI	Quality Improvement
RESOLVE	Non-profit agency for environmental, social, & health policy
RD/LD	Registered Dietician/Licensed Dietician
RWJF	Robert Wood Johnson Foundation
SMART	specific, measurable, actionable, realistic, timely goals/aims
TFAH	Trust for America's Health
UK	University of Kentucky

## The Current State of Local Health Departments

Since 2008, public health in Kentucky has experienced numerous funding challenges. It began with a 25% reduction in state funding (\$11.5 million) and an 18% reduction in services fees (\$23 million); coupled with other increases in mandated expenditures. Fringe benefits have increased to \$30 million and the requirement of the 30% Medicaid Match has reduced monies further.

To respond to the reduction in funds, local health departments have responded in the following ways:

- Increasing local funds by 41% (25 million)
- Using local health department unrestricted reserves of over 50 million (44 million over the last three years)
- Reducing the workforce by 14%

Looking forward to fiscal year 2015, these funding challenges remain. A \$15 million increase in mandated pension costs is threatening to cause additional hardship. Understanding this burden, Governor Beshear has budgeted for \$14.6 million to help with the pension increase. However, other savings that might have been secured due to the Affordable Care Act were removed from the General Fund. This amounts to an estimated \$6 million loss in 2015 and another \$11.7 million loss in 2016.

Another threat to local health department funding was a proposed Property Value Administration fee to taxing districts. This fee was put forward in the Governor's budget, and could have possibly be done without passing a bill. The cost to local health departments could have been up to \$14.5 million.

Funding that is aligned with the need and supportive statutes are required to address the public health issues we face in Kentucky. Federal grant matching requirements limit our capacity to be responsive to the public health needs of Kentuckians.



### VISION

Culture of Health in the Commonwealth

### MISSION

To protect and ensure the health of our citizens through quality individual and population-based services.

### OVERVIEW

#### Purpose

KHDA's purpose in developing a strategic plan is as follows:

- To unify KHDA,
- To develop a shared vision with the Kentucky Department for Public Health,
- To serve as a communication tool for outside private and non-profit public health partners, and
- To assist with local public health advocacy for all branches of Kentucky government.

## Determining Our Priorities

With this purpose in mind, KHDA determined that previous strategies should be evaluated for effectiveness and relevance—and additional strategies developed for addressing new challenges. The following three strategic priorities were agreed upon:

### Improving Kentucky's Health Status

This goal proved to be a timely one, with the unveiling of Governor Steve Beshear's kyhealthnow goals for 2019. <http://governor.ky.gov/healthierky/kyhealthnow/pages/default.aspx>

### Assessing and Revising Statutory Obligation

Current statutory obligations do not represent the scope of public health services and purpose.

### Restructure Funding

This goal mirrors the need to revise statutory obligations, since our requirements do not align with our funding.

These three initiatives continue to be applicable goals considering the current challenges that are affecting the provision of quality public health services in Kentucky.

## Strategic Planning Work

KHDA convened at the Franklin County Health Department and conducted a series of strategic planning meetings. Ground rules were created to govern dialogue and ensure that debate was relevant and productive. Members worked from three strategic priorities (Health Status, Statutory Obligation, Funding), that would be addressed in the plan. Contributing factors to the issues were identified and categorized.:



### Categories identified for Health Status:

- Lack of a data driven approach
- Population culture
- Socioeconomic status
- Organizational culture
- Lack of public health policy to address Kentucky's health status
- Lack of support for policy for population health and systems

### Categories identified for Statutory Obligations:

- Statutes are too vague
- Statutes are outdated
- No consensus exists about requirements
- Lack of understanding
- Limited resources to fulfil mandates

### Categories identified for Funding:

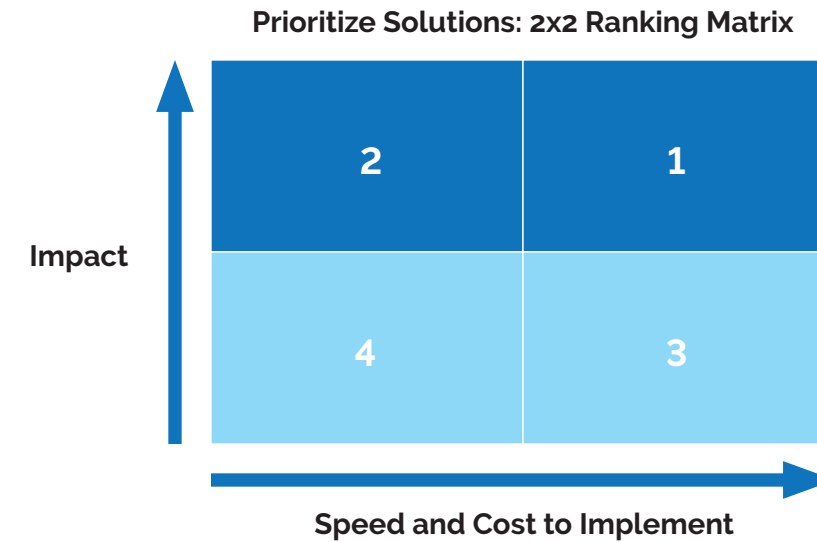
- Medicaid Match
- Lack of specific funding dedicated to change these three health issues in Kentucky
- Not enough funding to fulfill DPH expectations
- Need increased collaboration throughout the federal grant process
- Retirement contribution mandate



Categories were recorded and assembled into cause and effect diagrams. This graphic representation of the relationship between outcomes and contributing factors to those outcomes, revealed root causes to be addressed by KHDA's Strategic Plan.

## Establishing and Prioritizing Action Items

With root causes identified, possible solutions were introduced. Solutions were prioritized using a 2x2 Prioritization Matrix. Each group of solutions for each issue was then categorized as a one (1), a two (2), a three (3) or a four (4):



**Prioritization Category 1** — solutions that would generate high impact, with a low speed/cost to implement

**Prioritization Category 2** — solutions that would generate a high impact, with a high speed/cost to implement

**Prioritization Category 3** — solutions that would generate a low impact, with a low speed/cost to implement

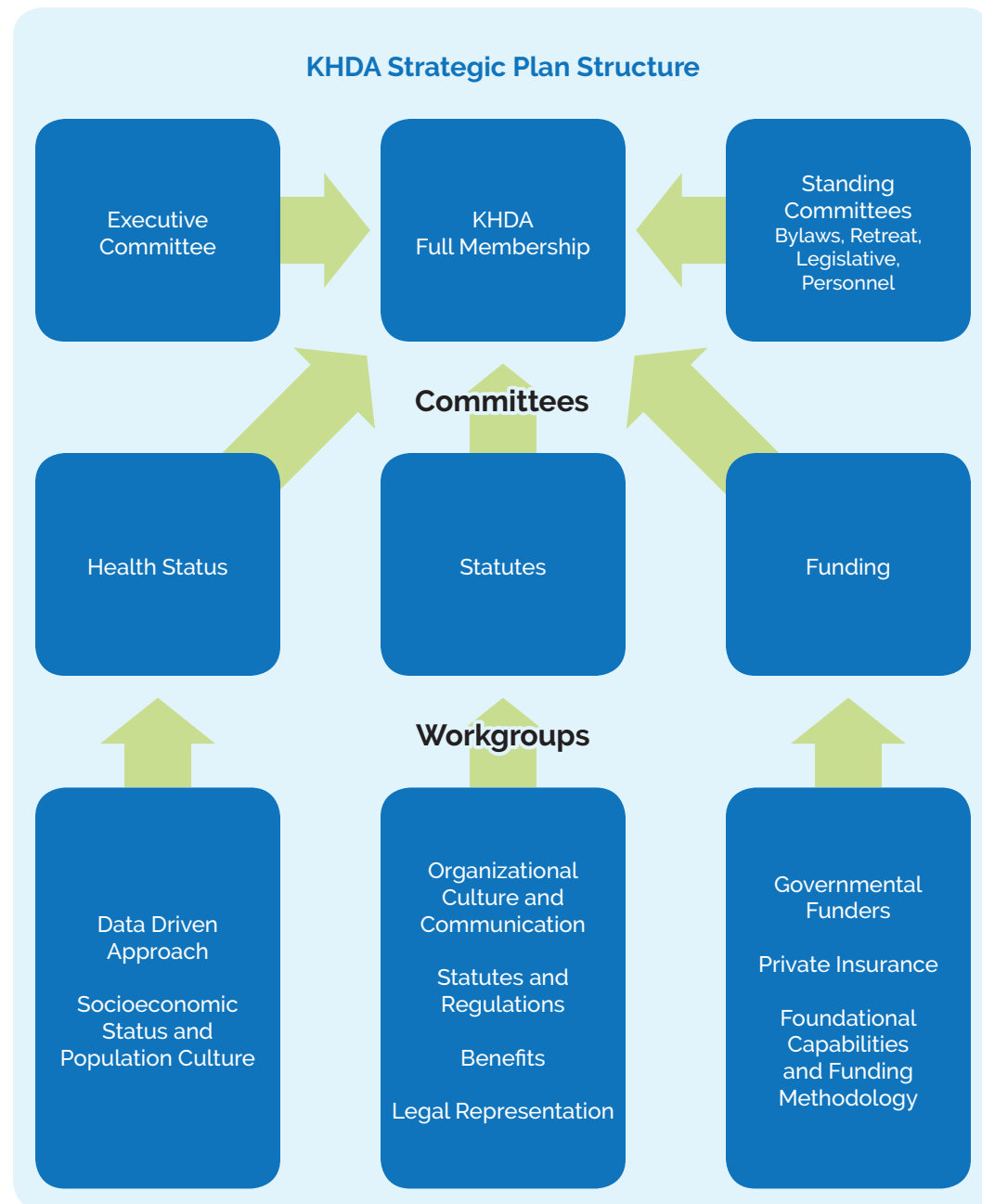
**Prioritization Category 4** — solutions that would generate a low impact, with a high speed/cost to implement

The Cause and Effect Diagrams and the solutions evolved into what is now KHDA's Strategic Plan. Work is ongoing, and any questions, concerns or input can be directed to the Committee Chairs and/or Workgroup Leaders.

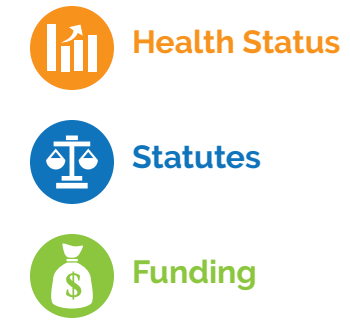
Additional data can also be found on the KHDA website. <http://www.khda-ky.org/>

## Establishing Workgroups

KHDA members formed committees and workgroups to address each of the identified priorities and goals. These committees and workgroups produced the work on the following pages.



## Strategic Priorities



Workgroups are carrying out projects to address the goals set forth under each of the Strategic Priorities. The following pages answer these questions for each workgroup.

1. What are you doing, what is your project?
2. Why are you doing this project? What is the current state or problem? What baseline data are you working from?
3. Who's doing what related to your project? Who are the responsible parties?
4. When? What's your timeline?
5. How? What are your metrics? How are you going to measure success?

Additional information (surveys, data sets, spreadsheets, meeting minutes, etc.) can be found on the KHDA website. <http://www.khda-ky.org/>



## Strategic Priority

# HEALTH STATUS



## Goals

### Data Driven Approach

### Socioeconomic Status and Population Culture

For more information about this Strategic Priority, contact Health Status Committee Chair, Deborah S. Fillman, MS, RD, LD, CDE, Green River District LHD Director. [deborah.fillman@grdhd.org](mailto:deborah.fillman@grdhd.org) • 270-852-5581

## Strategic Priority



# Health Status

## Data Driven Approach Workgroup

<http://www.khda-ky.org/StrategicPlan/DataDrivenApproach.aspx>

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### Members:

Gigi Meredith Director Grayson County LHD	Paula Thornberry Director Little Sandy District LHD	Lynette Renner, MS, RD, LD Director Cumberland Valley District LHD	Mark Pyle Director Christian County LHD
Angie Carman, DrPH Professor of Public Health University of Kentucky			

### WHAT IS THE PROJECT?

By July 2015, the Data Driven Approach Workgroup will research and determine the value of existing tools that improve the collection and utilization of public health data and evidenced based practices. Collection tools and subsequent data will be promoted to full KHDA membership so that public health practitioners, partners, legislators and communities can make informed decisions regarding policies, funding and programs.

### WHY ARE WE DOING THIS PROJECT? WHAT IS THE CURRENT STATE OR PROBLEM? WHAT BASELINE DATA ARE WE WORKING FROM?

Currently "useful data" and evidenced-based research sources are underutilized in public health decision making.

### WHO IS DOING THIS WORK?

The members of the Data Driven Approach Workgroup listed above are carrying out the objectives outlined in this project.

### TIMELINE?

The group developed a crosswalk between KYHEALTHNOW 2019 initiatives, CDC Winnable Battles, Healthy People 2020 goals and CHIPS from local communities throughout Kentucky. Identification of health issues or focus areas which surfaced most frequently from the crosswalk was completed (10/17/14). A scan of local, state, national sources for evidence-based interventions and/or policies to address the issues identified through the crosswalk was completed (10/17/14). Sources of "useful data" from local, state and national resources will be identified via interviews of public health data experts and a literature/web search of available sources by (03/31/15). A master list of available data sources will be distributed to public health practitioners and partners including placement

on KHDA and KPHA websites by (03/31/15). Research collection strategies, from both internal and external sources, for useful data needed for funding and programmatic uses will be developed. The research will include capacity of local and state information technology and the capability of public health partner contracts for data collection. Technical assistance will be provided to public health practitioners and partners on the use and communication of data to legislators and community partners. The mechanism for technical assistance will be developed by (05/31/15).

### HOW ARE WE MEASURING SUCCESS?

Via analysis of a pre/post survey instrument, we will measure improvement in the awareness and use of data, collection strategies, evidence-based practice interventions, comfort-level with and use of data in communication with boards of health, partners, and funders.



**Strategic Priority**



# Health Status

## Socioeconomic Status and Population Culture Workgroup

**Leader:** <http://www.khda-ky.org/StrategicPlan/SocioeconomicStatusAndPopulationCulture.aspx>

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Rice C. Leach, MD Commissioner of Health Lexington Fayette LHD	Rafael Rangel, MD, MPH PH Director III Pike County LHD	Judy Mattingly, MA Director Franklin County LHD	Mark A. Johnson, MSSW Prev. Coordinator—HIV/AIDS Branch Cabinet for Health & Family Services
Debbie Miller, MBA Director Lawrence County LHD	Stephen Ward Director Martin County LHD	Ryan Irvine Deputy Director Louisville Metro LHD	Sheri Erwin, BS Kentucky Immunization Program KY Dept. for Public Health
Jessica Cobb, MPH Communicable Disease Mgr. Lexington-Fayette LHD			

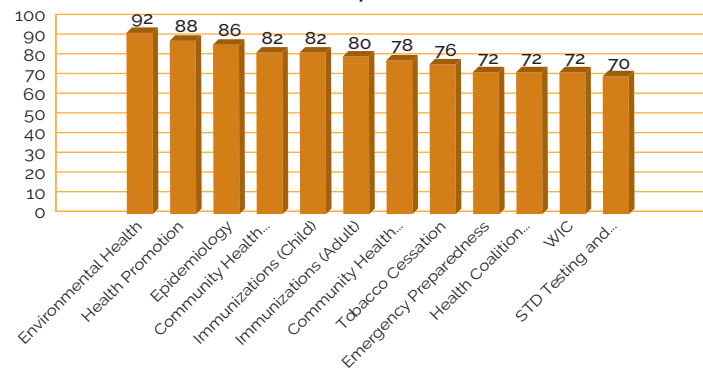
**WHAT IS THE PROJECT?**

By December 31, 2014, the Socioeconomic Status and Population Health Workgroup will formulate a plan to assist local health departments (LHDs) in migrating to a population health model that addresses social determinants of health and includes Health Equity in all planning/policies. Key stakeholders who can assist in this process will be identified. The purpose of this plan is to aid LHDs with adapting to the changing health care environment and decline in Public Health funding.

**WHY ARE WE DOING THIS PROJECT? WHAT IS THE CURRENT STATE OR PROBLEM? WHAT BASELINE DATA ARE WE WORKING FROM?**

An opportunity exists to determine a definition of "population health" and identify what this looks like for LHDs in Kentucky. Data for this project was collected and compiled from a survey administered to Kentucky local health department directors in July 2014. *The results from the survey are as follows:*

Services with a Population Health Focus



The graph above depicts the services selected as being focused on population health by the percent of survey respondents who answered the question.

The definition selected for "Population Health" is: "...an approach to health that aims to improve the health of an entire population, addressing a broad range of factors that impact health on a population level, such as environment, social structure, resource distribution, and the relative minor impact that medicine and healthcare have on improving health overall."

**Strategic Priority**

# STATUTES



**Goals**

**Organizational Culture and Communication**

**Statutes and Regulations**

**Benefits**

**Legal Representation**

For more information about this Strategic Priority, contact Statutes Committee Chair, Jen Harris, MS, Todd County LHD Director. [jennifer.harris@ky.gov](mailto:jennifer.harris@ky.gov) • 270-265-2362



Organizational Culture and Communication Workgroup

**Leader:** <http://www.khda-ky.org/StrategicPlan/OrganizationalCultureAndCommunication.aspx>  
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Allison Beshear, MPH Director Pennyrile District LHD	Pete Shepherd, DDS Director Magoffin County LHD	Rebel Baker Policy Analyst KY Dept. for Public Health	Allison Adams, MPA Director Buffalo Trace District LHD
Rebecca Keith Director Muhlenberg County LHD	Andrea Renfrow, MSN, RN Director Bullitt County LHD	Brandon Hurley, MPH Policy Analyst KY Dept. for Public Health	

WHAT IS THE PROJECT?

**AIM Statement:** By May 2015, a defined process will be established and in place to ensure effective and consistent communication between KHDA and DPH.

WHY ARE WE DOING THIS PROJECT? WHAT IS THE CURRENT STATE OR PROBLEM? WHAT BASELINE DATA ARE WE WORKING WITH?

An opportunity exists to improve the communication and cooperation between local public health departments and the state department for public health. Initial data for this project was taken from a customer satisfaction survey completed by LHDs in June of 2013.

WHO IS DOING THIS WORK?

The workgroups members listed above collected the data and employed quality improvement tools to arrive at a proposal for a communication plan.

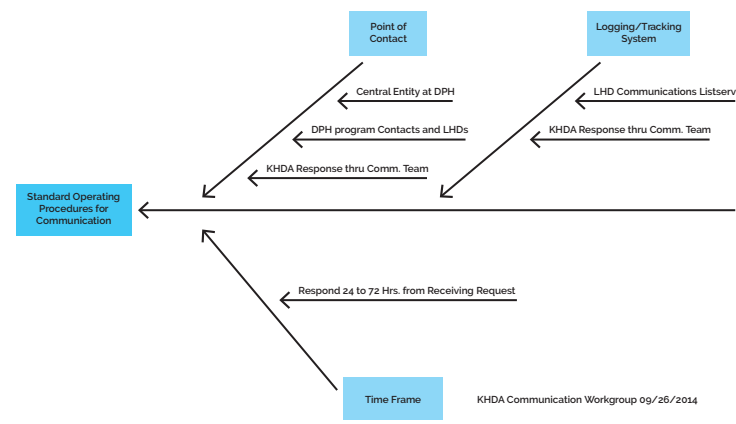
TIMELINE?

Agreement by the State Department for Public Health and Local Health Departments to employ the newly developed communication process depicted in the flowchart (left) by January 2015.

HOW ARE WE MEASURING SUCCESS?

A survey will be conducted in June 2015 to compare to the baseline data from 2013 survey.

Solution and Effect Diagram for Effective Communication



Statutes and Regulations Workgroup

**Leader:** <http://www.khda-ky.org/StrategicPlan/StatutesAndRegulations.aspx>  
 Thursa Sloan, RN, MSN, LDE  
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**Members:**

Renee Blair, RN Director North Central District LHD	Teresa Hunter Director Bell County LHD	Ron Horseman Administration and Finance KY Dept. for Public Health	Nancy Crewe Director Madison County LHD
R. Kent Koster Director Purchase District LHD	Kathy Fowler Environmental Division Director KY Dept. for Public Health	Denise Beach, RN, BSN, MS Director Hopkins County LHD	Steve Bing Executive Director KHDA

WHAT IS THE PROJECT?

By May 2015, the Statutory and Regulatory Workgroup will establish a framework which addresses the current and future business model of LHDs in Kentucky.

**Goal 1:** Improve the Health Status of Kentucky  
 • Objective 1.3: Change the Population Culture

**Goal 2:** Realign Regulatory Obligations to Address Health Status and Improve Local Health Department Sustainability  
 • Objective: 2.1: Clarify Public Health Law  
 • Objective: 2.2 Create Consensus About the Regulations  
 • Objective: 2.3 Eliminate Ambiguity (Vague Regulations)

**Goal 3:** Stabilize Funding for Local Health Departments  
 • Objective: Review and Adjust Environmental Fees to Align with Regulation

WHY ARE WE DOING THIS PROJECT? WHAT IS THE CURRENT STATE OR PROBLEM? WHAT BASELINE DATA ARE WE WORKING WITH?

Our current body of law does not address the public health funding needs in Kentucky adequately.

WHO IS DOING THIS WORK?

The members of the Statutory and Regulatory Workgroup listed above are collecting the data and addressing the goals outlined for this project.

TIMELINE?

The Workgroup will submit suggested changes for all revisions that pertain to LHDs to full KHDA membership by February 2015. Adopted changes will be reviewed and submitted to DPH for further revision and acceptance by April 2015.

HOW ARE WE MEASURING SUCCESS?

Success will be a body of Kentucky law that addresses the needs of the Commonwealth as measured by an increase in health status ranking.



Strategic Priority



Statutes

Benefits Workgroup

Leader: <http://www.khda-ky.org/StrategicPlan/Benefits.aspx>

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**Members:**

Susan Liford Director Knox County LHD	David Reed Director of Administrative Services Madison County LHD	Nancy Crewe Director Madison County LHD	Gail Timperio Director Whitley County LHD
	Karen Cooper Director Cumberland Valley District LHD	Teresa Hunter Director Bell County LHD	

WHAT IS THE PROJECT?

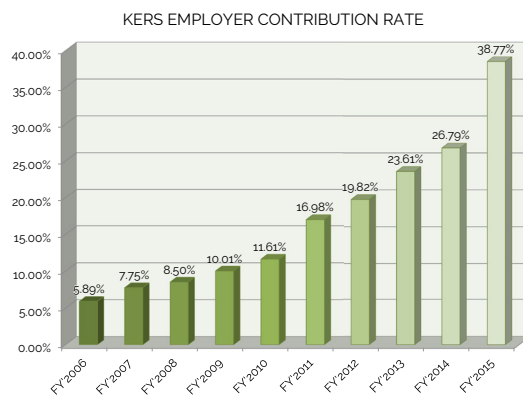
By October 2014, a proposal will be created with feasible solutions that will assist in decreasing the retirement benefit costs for local health departments in Kentucky. This proposal will be presented to all Kentucky Health Department Association members during their annual business meeting.

WHY ARE WE DOING THIS PROJECT? WHAT IS THE CURRENT STATE OR PROBLEM? WHAT BASELINE DATA ARE WE WORKING WITH?

This workgroup is investigating and recommending options to stabilize benefit costs, specifically KRS pension costs, in order to inoculate against budgetary and political uncertainty and assure the long-term financial stability of local health departments (LHDs). Funds allocated to LHDs in the FY 15-16 biennial state budget to cover the increased pension expense have shored up the bottom line of LHDs for the next two years and given KHDA a window of time to address pension options.

Baseline Data

- Two reports on the status of KRS pensions from the Auditor of Public Accounts
- Trends of historical data for pension contribution increases for LHDs (these are agency specific and have to be analyzed as such to share with local boards of health)
- Comparison of costs and feasibility among pension alternatives to the current KERS contribution scheme



Reed. Mr. Reed's analysis and options were shared with the Madison County and Garrard County legislative delegations, and in a preliminary way through discussions with Nancy Crewe, MCHD Public Health Director, with the KHDA executive committee and DPH shortly thereafter.

TIMELINE?

Mr. Reed has shared his analysis of options and recommendation for a KERS to CERS move with KHDA benefits workgroup, the KHDA executive committee, and the Madison County Board of Health (Board). The Board has encouraged Nancy and David to explore the KERS to CERS move and keep them posted on its status and that of pension issues in general at all regular Board meetings. At one time, a recommended option was a move for LHDs, either collectively or individually, from the KERS to CERS pension system. Coincidentally, this move might have opened up other less expensive health insurance options for LHDs, since CERS does not require participation in the Kentucky Employees Health Plan (KEHP). Please note, though, that KEHP coverage would still be available, through KACo, to LHDs that wish to offer it.

The benefit workgroup had a meeting, arranged by Steve Bing, KHDA Executive Director, with several individuals knowledgeable about the KRS and the feasibility of a KERS to CERS move. The experts delivered information including the unavailability of a move away from KERS as an option. Their findings were shared with the KHDA executive committee and subsequently, with the entire KHDA membership.

HOW ARE WE MEASURING SUCCESS?

Long-term stabilization of pension costs for LHDs in order to afford financial sustainability in a time of government austerity and uncertainty.

WHO IS DOING THIS WORK?

Identification of the pension contribution issue and possible remedies was made over a year ago by Madison County Health Department's (MCHD) Director of Administrative Services, David

Strategic Priority



Statutes

Legal Representation Workgroup

Leader: <http://www.khda-ky.org/StrategicPlan/LegalRepresentation.aspx>

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Steve Bing Executive Director KHDA	Ken Fizer Consultant		

WHAT IS THE PROJECT?

By August 2014, the KHDA Legal Representation Workgroup will identify the top three issues in need of legal research through the Public Health Law Network.

Public Health Law Research, Beasley School of Law, Temple University in Philadelphia, and Scott Hays from the University of Illinois.

WHY ARE WE DOING THIS PROJECT? WHAT IS THE CURRENT STATE OR PROBLEM? WHAT BASELINE DATA ARE WE WORKING FROM?

Public Health Law Network

TIMELINE?

By January 2015, the KHDA Legal Representation Workgroup will present to KHDA a written report that outlines for each issue: (1) relevant research, (2) potential legal implications, and (3) any proposed recommendations.

HOW ARE WE MEASURING SUCCESS?

Success will be having an resource for LHDs to consult for help with legal questions and representation needs.

WHO IS DOING THIS WORK?

The KHDA Legal Representation Workgroup members listed above along with Bethany Swanson and Andy Bakerwhite with



**Strategic Priority**



**Goals**

- Governmental Funders
- Private Insurance
- Foundational Capabilities and Funding Methodology

For more information about this Strategic Priority, contact Funding Committee Chair, Randy Gooch, Jessamine County LHD Director. [randy.gooch@ky.gov](mailto:randy.gooch@ky.gov) • 859-885-4149

**Strategic Priority**



**Funding**

**Governmental Funders**

<http://www.khda-ky.org/StrategicPlan/GovernmentalFunders.aspx>

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Maria Hardy Director Ashland-Boyd County LHD	Jan Chamness, MPH Director Montgomery County LHD	Shawn Crabtree, MSW, MHA Director Lake Cumberland LHD	Donnie Fitzpatrick Director Allen County LHD
Tony Cox Director Bracken County LHD	Bobby Ratliff Director Gateway District LHD	Mike Tuggle Administration and Finance KY Dept. for Public Health	Kent Koster Director Purchase District LHD

**WHAT IS THE PROJECT?**

By July 1, 2015, a process will be developed that will allow all DPH grant applications or RFPs that pertain to LHD service delivery or LHD commitment, to be reviewed by KHDA. KHDA will establish, adopt and utilize written guidelines regarding MCO negotiations which will include a process for accurately conveying information. These guidelines will be applied by LHDs when negotiating contracts with MCOs.

**WHO IS DOING THIS WORK?**

The Governmental Funders Workgroup members listed above assisted by the KHDA Executive Committee are conducting this project.

**TIMELINE?**

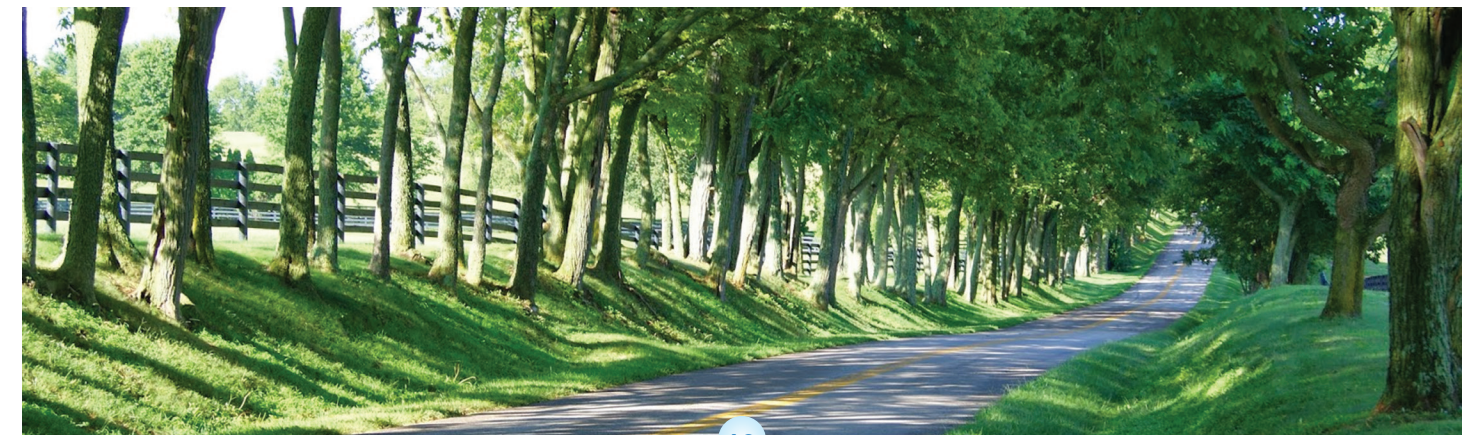
The Governmental Funders Workgroup will have an algorithm/flowchart for the review process by FY2016.

**WHY ARE WE DOING THIS PROJECT? WHAT IS THE CURRENT STATE OR PROBLEM? WHAT BASELINE DATA ARE WE WORKING FROM?**

Baseline data for this project doesn't currently exist, thus the Governmental Funders Workgroup seeks to develop standard operating guidelines for a designated KHDA committee to review grants and contracts regarding the capacity of LHDs to provide deliverables and services. The Governmental Funders Workgroup will develop an algorithm/flowchart for the process.

**HOW ARE WE MEASURING SUCCESS?**

Success will be processes in place that ensure KHDA has the opportunity to assess any deliverables or services that may be imposed on LHDs from federal grants and MCO contracts.



**Strategic Priority**



Funding

**Private Insurance Workgroup**

<http://www.khda-ky.org/StrategicPlan/PrivateInsurance.aspx>

**Leader:**

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Northern Kentucky District LHD

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**Members:**

Lynette Renner, MS, RD, LD Director Cumberland Valley LHD	Jill Ford, MSN, RN Director Monroe County LHD	Thursa Sloan, RN, MSN, LDE Director Floyd County LHD	Brent Blevins Director Boyle County LHD
Judy Mattingly, MA Director Franklin County LHD	Maria Hardy, RN, MSN Director Ashland-Boyd County LHD	Leah Jasper Administrative Services Director Lake Cumberland District LHD	Sue Landers, MBS Support Services Manager Northern KY District LHD

**WHAT IS THE PROJECT?**

By June 2015, the Private Insurance Work Group will deliver to KHDA, contract language acceptable to private insurance companies for reimbursement of public health nurse services. Local health departments will be able to use this language to propose an amendment to existing private insurance contracts for APRN and MD services.

**WHY ARE WE DOING THIS PROJECT? WHAT IS THE CURRENT STATE OR PROBLEM? WHAT BASELINE DATA ARE WE WORKING FROM?**

Health departments need to be able to secure sufficient funding to continue to provide clinical safety net services in light of the Affordable Care Act and continued funding cuts at the state and federal level. What is the current state or problem? To this point, private insurance companies have only been willing to reimburse APRN services at health departments. However, many of the services provided in health departments are performed by nurses. What baseline data are you working from? Our baseline is zero. No health department is getting reimbursed for nursing services.

**WHO IS DOING THIS WORK?**

The members of the Private Insurance Workgroup listed above are carrying out the work for this project.

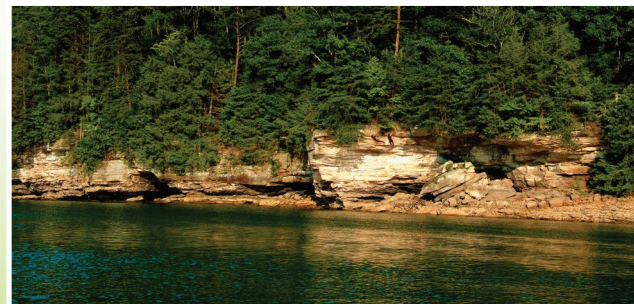
**TIMELINE?**

Contract language will be developed for LHD's to use in negotiations or addendums to existing contracts by June 2015.

**HOW ARE WE MEASURING SUCCESS?**

Success will be measured by the following deliverables:

- Developing a list of contacts for each of six statewide private insurance companies.
- Creating a list of nursing services and service provider codes with Medicaid reimbursements.
- Preparing key talking points to present to private insurers to convince them to reimburse nursing services.
- Developing a matrix of approved reimbursements that health departments can use in contract negotiations with the private insurance companies.



**Strategic Priority**



Funding

**Foundational Capabilities and Funding Methodology Workgroup**

<http://www.khda-ky.org/StrategicPlan/FoundationalCapabilitiesAndFundingMethodology.aspx>

**Leader:**

Georgia Heise, DrPH  
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**Members:**

Allison Adams, MPA Director Buffalo Trace District LHD	Allison Beshear, MPH Director Purchase District LHD	Glen Mays, PhD Endowed Professor/Researcher University of Kentucky
Crystal Miller, MPH Director WEDCO District LHD	Marcia Hodge Director Garrard County LHD	Richard Heine, PhD Executive Director Friedell Committee
Kathy Crown-Weber Director Mercer County LHD	Rice C. Leach, MD Director Lexington Fayette County LHD	Scott Shrewsbury Director Breckinridge County LHD
Sara Jo Best, MPH Director Lincoln Trail District LHD	Kraig Humbaugh, MD, MPH Senior Deputy Commissioner KY Dept. for Public Health	Kathy Neal Director Powell County LHD
Randy Gooch Director Jessamine County LHD	Melissa Royce Director Woodford County LHD	Scott Lockard, MSW, CSW Director Clark County LHD
Jill Ford, MSN, RN Director Monroe County LHD	Ken Fiser Consultant	Bobby Ratliff Director Gateway District LHD
Kayla Bebout Finance Manager Purchase District LHD	Greg Brewer Finance Manager Gateway District LHD	R. Kent Koster Director Purchase District LHD
Jim Osbourne Consultant Custom Data Processing	Michelle Wilburn, AAS Finance Administrator Three Rivers District LHD	Candice Selph, BA Human Resources Coordinator Three Rivers District LHD

**WHAT IS THE PROJECT?**

Using existing tools, KHDA will produce a document by December 31, 2014, that defines and identifies the foundational capabilities and programs, their estimated cost, current expenditures, and the difference, to inform future operational and financial policy for local health departments in Kentucky.

**WHY ARE WE DOING THIS PROJECT? WHAT IS THE CURRENT STATE OR PROBLEM? WHAT BASELINE DATA ARE WE WORKING FROM?**

Kentucky ranks 47th in the nation in

health status even though we rank 15th in spending on spending on public health per capita. (See the Trust for America's Health report — <http://healthyamericans.org/assets/files/TFAH2014-InvestInAmericaRpt08.pdf>)

**WHO IS DOING THIS WORK?**

The workgroup members listed above are working on establishing a package of Public Health Foundational Capabilities for Kentucky. Additionally, six local health departments in the Commonwealth (Buffalo Trace District, Clark County, Jessamine County, Lexington-Fayette County, Lincoln Trail District and Three Rivers District) participated in a pilot

project which was part of a larger nationwide study being conducted by RESOLVE, an independent non-profit organization.

**TIMELINE?**

The Foundational Capabilities and Funding Methodology Workgroup will follow the work of RESOLVE and keep Kentucky legislators informed.

**HOW ARE WE MEASURING SUCCESS?**

Success will be measured as improved health status for citizens of the Commonwealth and less expenditure of taxpayer dollars.

Currently public health in Kentucky is categorically or "programmatically" funded. Most public health dollars are attached to programs or services for specific diseases, therefore, only available for that purpose regardless of impact or change in health status. This makes it difficult to produce the desired population health results or a positive change in Kentucky's national health ranking.

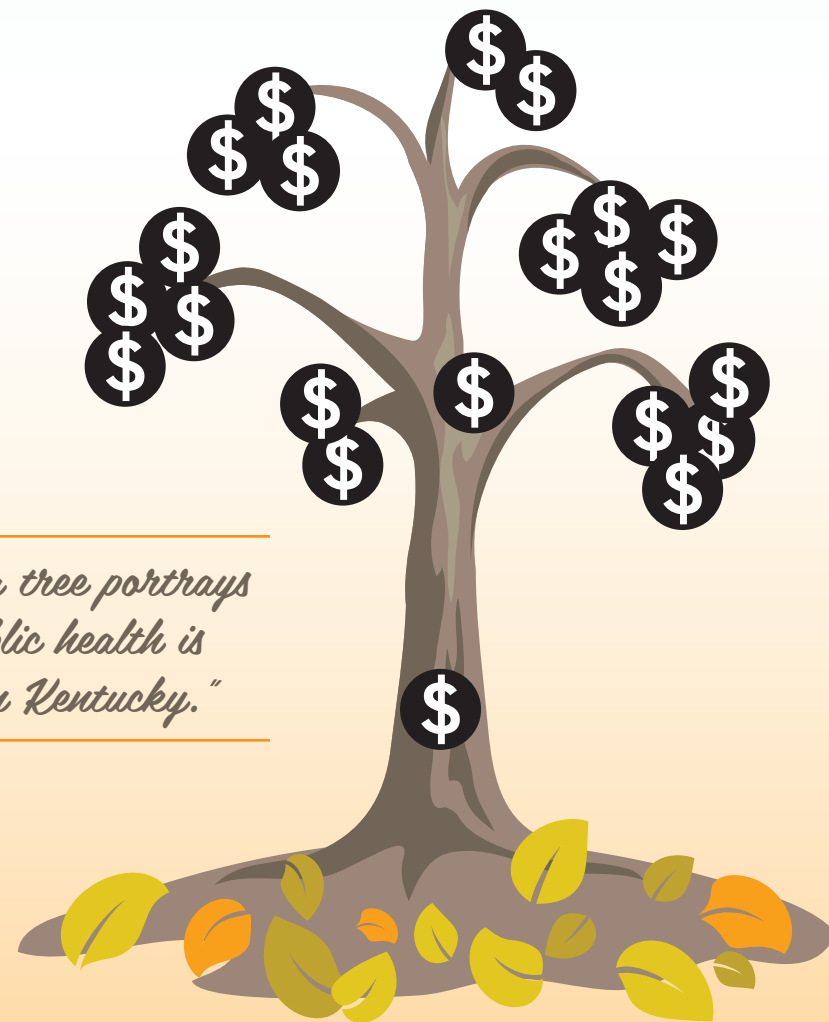
Consider the viability of a tree without an adequate root system. The tree will struggle to produce. This dying tree portrays how public health is funded in Kentucky. All of the funds are attached to "leaves" or programs without any directed to the "root system" of the tree, which represents our public health infrastructure. This methodology does not allow adequate funding to sustain the "tree" or our public health system. For Kentucky this means that during the past fiscal year, 200 million dollars was spent on programs while only 78 million dollars was allowed for use to fund our infrastructure.

Now consider a tree with an adequate root system. This tree is productive and sustainable. If we truly want a viable public health system that produces positive changes in Kentucky's health ranking, our funding should be shifted to the infrastructure of our public health system. The green tree portrays how public health in Kentucky needs to be funded. An adequately funded infrastructure would

enable public health professionals to identify Kentucky's needs and apply the appropriate response. Responsive population health programs produce positive health outcomes.

In April of 2012, the Institute of Medicine produced, *For the Public's Health: Investing in a Healthier Future*.

The tree analogy is in keeping with the IOM's work which called for funding to health departments to support their infrastructure enabling them with foundational capabilities. The Robert Wood Johnson Foundation funded a study to be done on how this might be achieved. Six health departments in Kentucky participated in the pilot phase of the study. The CDC is now looking at this work, which is ongoing nationwide as potentially a new way to fund public health from the federal level.

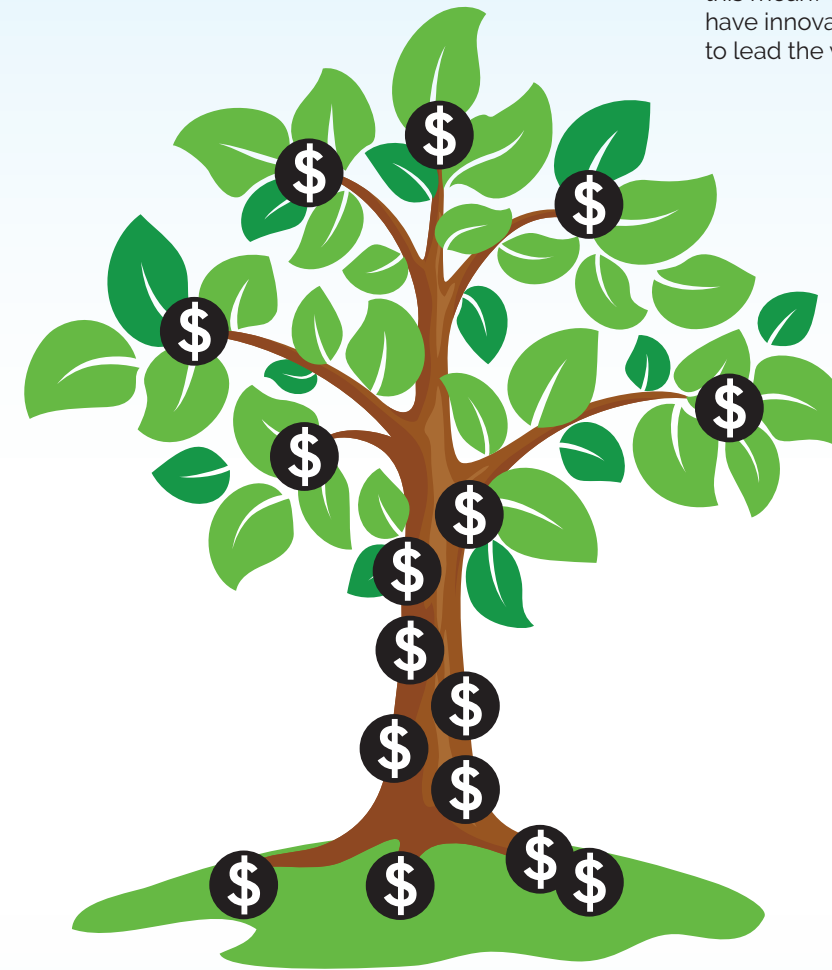


*"The dying tree portrays how public health is funded in Kentucky."*

Tree analogy — David Fleming, CDC

In February 2012, three local health departments in Kentucky were awarded accreditation status in the first cohort of only nine recognized across the nation. Franklin County Health Department, Northern Kentucky Health Department, and Three Rivers District Health Department achieved this honor. The vigorous accreditation process they participated in demonstrated their capacity to provide the highest quality of services to their communities. The Public Health Accreditation Board (PHAB) is specific to core public health services, such as community health assessments, quality improvement and public health policy development, and does not focus on non-population based services such as clinical and patient-driven.

These three accredited health departments in Kentucky are seen across the nation as public health leaders for continuously determining their communities' greatest health issues and working diligently to increase their outcomes through evidence-based strategies. In the three years public health accreditation has been available, four more health departments in Kentucky have achieved it - Fayette County, Madison County, Barren River District, and Green River District - with others in the queue. Additionally, Kentucky has eight people who serve as site visitors (auditors) for PHAB, seven from local health departments and one from UK. To date, only sixty health departments nationwide have been awarded the distinction. What does this mean? Kentucky is ready to make a change and we have innovative and progressive health departments ready to lead the way.



*"What Kentucky really needs is adequate funding for our public health infrastructure."*

*"An adequately funded infrastructure would enable public health professionals to identify needs and apply the appropriate response."*

## Putting It All Together

The strategic priorities identified in this plan and the subsequent projects all lead to one conclusion —

**We can do better for Kentucky!**

*Our citizens deserve a higher ranking in health status!*

*We must adequately fund our health departments to accomplish this and our body of public health law must support the work.*

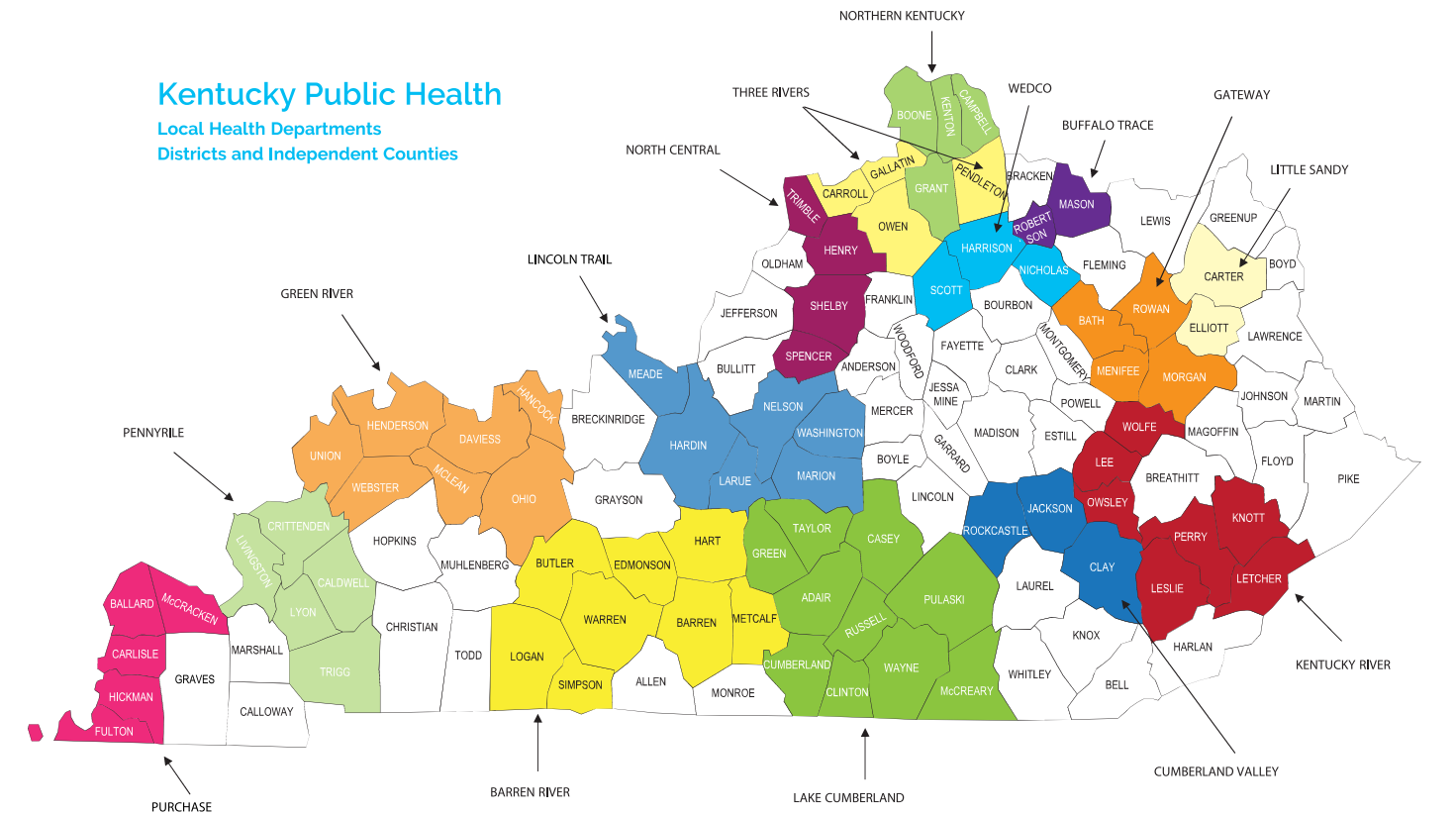
### Local Health Departments | Directors

Allen	Donnie R. Fitzpatrick
Anderson	Tim Wright
Ashland-Boyd	Maria Hardy
Barren River	Dennis R. Chaney
Bell	Teresa Hunter
Bourbon	Andrew Beckett
Boyle	Brent Blevins
Bracken	Tony Cox
Breathitt	Sheila Sharpe
Breckinridge	Scott Shrewsberry
Buffalo Trace	Allison Adams
Bullitt	Andrea Renfrow
Calloway	Linda Cavitt
Christian	Mark Pyle
Clark	Scott Lockard
Cumberland Valley	Lynnett Renner
Estill	Tim Gould
Lexington-Fayette	Rice Leach
Fleming	Stephanie Fryman
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Grayson	Gigi Meredith
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Greenup	Chris Crum
Harlan	Bobbie Crider
Hopkins	Denise Beach
Jessamine	Randy Gooch
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Lawrence	Debbie Miller
Lewis	Anita J. Bertram
Lincoln	Diane Miller
Lincoln Trail	Sara Best
Little Sandy	Rachelle Stevens
Louisville Metro	LaQuandra Nesbitt
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Magoffin	James M. Shepherd
Marshall	Laura Hawes-Hammons
Martin	Stephen Ward
Mercer	Kathy Crown-Weber
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Montgomery	Jan Chamness
Muhlenberg	Rebecca Keith
North Central	Renee Stump
Northern KY	Lynne Saddler
Oldham	Teresa Gamsky
Pennyrite	Allison Beshear
Pike	Rafael Rangel
Powell	Kathy Neal
Purchase	Kent Koster
Three Rivers	Georgia Heise
Todd	Jennifer Harris
Wedco	Crystal Caudill Miller
Whitley	Martha Stone Steele
Woodford	Melissa Royce



1. Monitor health status to identify community health problems
2. Diagnose and investigate health problems and health hazards in the community
3. Inform, educate, and empower people about health issues
4. Mobilize community partnerships to identify and solve health problems
5. Develop policies and plans that support individual and community health efforts
6. Enforce laws and regulations that protect health and ensure safety
7. Link people to needed personal health services and assure the provision of health care when otherwise unavailable
8. Assure a competent public health care workforce
9. Evaluate effectiveness, accessibility, and quality of personal and population-based health services
10. Research for new insights and innovative solutions to health problems





Kentucky Health Departments Association