HEALTH FOR A CHANGE

Transforming Kentucky’s Public Health System & the Critical Role of Community Collaborations

June 10, 2021

Foundation for a Healthy Kentucky’s MISSION

To address the unmet health needs of Kentuckians
by... · Developing and influencing policy
· Improving access to care
· Reducing health risks and disparities
· Promoting health equity

And VALUES... ✓ Integrity ✓ Leadership
✓ Respect ✓ Policy Equity
✓ Effectiveness ✓ Collaboration
www.healthy-ky.org/events/bost-health-policy-forum

SAVE THE DATE!
Howard L. Bost Memorial Health Policy Forum
Kentucky Vaccine Policy: Myths, Messengers, and Messages
Join us virtually September 20 - 21, 2021

www.healthy-ky.org/events/health-for-a-change
www.healthy-ky.org

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Community and Economic Development Initiative of Kentucky

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Engaged Communities. Vibrant Economies.

Our Work

• Economic Development
• Community Leadership Development
• Community Design
• Healthy Communities
• Arts Engagement
Healthy Communities

• Community Health Needs Assessments (CHNA)
• Local Food Systems Vitality Index Project
• Center for Economic Analysis of Rural Health (CEARH)
• Health Community Connections Curriculum

Center for Economic Analysis of Rural Health

The goal of CEARH is to build capacity for local leaders to ensure the sustainability of the rural health economy and continued access to quality healthcare for rural communities.

CEARH researchers and staff are focused on providing:

1. **Data tools** that the public can freely access.

2. **Research on rural health issues** that have a direct impact on local economies but are not as easily quantifiable.

3. **Dissemination of research findings and tools** for the public to be able to put the research to use.

4. **Training opportunities to build capacity** of local leaders.

[cearh.ca.uky.edu]
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Public Health Transformation

Jan Chamness, MPH, Director
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PHI Project Lead

Foundation for a Healthy Kentucky's Health for a Change
June 10, 2021
Objectives

- Describe the purpose and process of Kentucky’s public health transformation efforts;
- Emphasize the critical role of community collaborations;
- Recognize key examples of public health transformation in Kentucky.

LHD Insolvency Map
Why Public Health Transformation?

- Fiscal Instability
  - Up to 41 LHD representing 4 Districts are at risk for fiscal default;
  - Current fiscal analysis shows approximately $40 million deficit;
  - Greatest deficits outside of Core Public Health Services are in clinical services.

- Current Programmatic Services are not Reflective of Community Needs
  - Federal funding structure is a significant driver of this;
  - Public health system has not adjusted to post-ACA era public health approaches or programs;
  - Bureaucratic layering needs to be removed from the system to achieve operational efficiency and effectiveness;

Why PHT (continued)

- Legislative Issues
  - Public health laws are disparate and voluminous;
  - Current statutes and regulations do not allow for proper operational restructure.

- Shared Governance
  - Hybrid structure of public health makes change difficult;
  - Greater support, structure and education for local boards of health is needed;
  - Lack of accountability at ALL levels.
Transformation

A dramatic change in form or appearance, a marked change, ... one function is converted into another one of similar value;
An extreme or radical change.

Overarching Assumptions
- Transformation is IRREVERSIBLE;
- Transformation is going to be the most radical operational change in the way we (Public Health) do business;
- Transformation is the most strategic quality improvement project we will ever experience;
- Transformation is not only LHDs developing new partners but DPH developing new partners.
- Transformation is not just about financial stability but it’s the right thing to do.
Local Public Health Priorities

- Key Terms
  - Local health priority
  - Local needs assessment
  - Data-driven need
  - Evidence based programs
  - Adequate funding
  - Performance & quality management plan
  - Exit strategy
Where did we start?

- Review all previous PHT efforts and determine relevance to PHT re-launch;
- Establish a PHT Organizational Structure which will assure a process of accountability and communication;
- Obtain buy-in from key DPH/LHD leadership and develop a communication plan to include a branding strategy to assure consistent and transparent communication throughout the PHT process;
- Solidify ASTHO’s role in providing technical assistance;
- Kick-off to confirm top level commitment and request buy in and service on workgroups – DPH leadership, DPH staff, KHDA Advisory Committee, LHD Directors’;
- Recognize and address implications of personnel, finance and regulatory impact;
- Determined the platform for organization, planning and communication (Microsoft Teams);
- Individual requests to serve on workgroups (ensure all levels, especially frontline staff);
- Work days with executive staff to establish priorities; and, how best to influence culture of change and health equity.
How important is health equity in public health?

Setting Up For Success

- Logistical process to manage objectives/deliverables;
- Reporting structure which includes templates and team building opportunities;
- Encourages widespread engagement at all levels;
- MS Teams – user-friendly electronic platform;
- Intentional communication and transparency;
- Availability of technical support;
- Promoting continuity and collaboration.
PUBLIC HEALTH TRANSFORMATION
ORGANIZATIONAL STRUCTURE

ORGANIZATIONAL STRUCTURE
SUB-COMMITTEE

PUBLIC HEALTH TRANSFORMATION
OVERSIGHT COMMITTEE

BUDGET SUB-COMMITTEE

White Paper Review Team
- Board of Health
- Chronic Disease
- Communicable Disease
- Chronic Disease
- Emergency Preparedness
- Environmental Health
- HANDS
- WIC
- Others?

Plan Review Team
- Strategic Plan
- SHA/SHIP, CHA/CHIP
- Local Needs Assessment
- Workforce Development Plan
- QI/Performance Plan
- Health Equity Plan
- Communications/Branding Plan
- EOP

PHT Legislative & Regulatory Review Team
- PHT Regulation Implementation
- Public Health Law Overhead
- Statutory Review
- Administrative Regulations Review
- Clinical Services Guide Review

Data Management Team
- Public Health 3.0: Data driven decision-making
- Lessons learned from COVID-19
- EHR and other data management systems

PHT Commitment

37 Local Health Department Staff
55 KDPH Staff
13 Commissioner’s Office Staff
9 Cabinet for Health & Family Services Staff
114 TOTAL Participants
**Phase 1**
- Define PHT
- Review initial PHT efforts
- Design process/organization structure for PHT
- Define ASTHO’s role
- Obtain buy-in from PH leadership
- Executive Staff workday
- Form work groups
- Work groups begin meeting
- Provide training

**August – October 2020**

**Phase 2**
- PHT Re-launch kick-off
- Work groups continue meeting
- Provide training
- Budget and personnel work groups develop work plan

**November – February 2020-2021**

**Phase 3**
- Work plan development
- Identify needs
- Propose implementation & timeline
- Work plan approval

**March – June 2021**

**July 1, 2021**

**Implementation**
- Roll out work plans
- Roll out revised Strategic Plan
- Obtain buy in from DPH/LHD staff

**Where Are We Now?**
- Work groups began meeting in December and team leaders were identified for most;
- Work groups focused on priority areas and have implemented changes already;
- Resources have been posted to MS Teams;
- Progress reports have been provided monthly;
- Work plans have been developed and will be part of the next iteration of the KDPH Strategic Plan (2021-2025);
- Plans/discussion regarding transition to next phase/implementation;
- Continued work toward health equity throughout PHT;
- Staff development and leadership development are underway;
- Communication initiatives including a PHT website, 1-page overview, video and status reports are in varying stages of readiness.
What does PHT look like in practice?

- Establishing new and strengthening existing partnerships with key stakeholders, i.e., KPCA, KHDA, KPHA, Foundation for a Healthy Kentucky and more;
- Engaging national experts to provide technical assistance like ASTHO;
- Women’s Health
  - Met with fifteen (15) FQHCs, two (2) rural health clinics, two (2) free clinics and a university clinic;
  - Currently sixteen (16) contracts in the pipeline covering thirty-one (31) counties;
- School health programs once offered by LHDs are being provided by FQHCs with more comprehensive services;
- Federally funded programs allocated by KDPH to local health departments are moving toward grant application, i.e., tobacco, CHAT;
- Comprehensive Reproductive Examination Training (CRET)
  - Replaced with STD/STI Expanded Nurse Role.
Thank you!

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Kentucky Public Health
Prevent. Promote. Protect.

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Jessica Browning

MCHC
Muhlenberg County Health Coalition

Why Coalition Collaboration is Crucial for Communities

Jessica Browning
Marketing Specialist  |  Owensboro Health Muhlenberg Community Hospital
Coalition Formation

- 2018 Community Health Needs Assessment priority areas for action:
  - Residents’ (vulnerable populations) lack of knowledge on available community and health resources in the county
  - Adult obesity
  - Mental health – depression, counseling and testing for mental health disorders
  - Youth health indicator needs* – teen birth rate, obesity, lack of physical activity, lack of out of school meaningful activities
  - Substance use – prescription, illegal and illicit substances

First Meeting

- The hospital hosted the initial Muhlenberg County Health Coalition meeting in February 2019. We tried to ensure that all involved knew this was a COMMUNITY coalition (not just a hospital one).

- 15 attendees including:
  - Local Health Department director and nurse
  - FRYSC and School Nurse leaders from Board of Education
  - Local philanthropic foundation
  - Chamber of Commerce
  - Mental health organization
  - Ministerial organization
  - Economic development
  - County Judge Executive
  - EMS director
  - And hospital Chief Operating Officer
Coalition Goals

Mission:
To improve health and educate people in Muhlenberg County by addressing identified needs from the most recent Community Health Needs Assessment.

Objectives:
• Inspire a greater sense of community for organizations to gather and share information and programs that affect the health and wellness of our citizens.
• Educate our citizens on the importance of making healthy choices.
• Create committees as needed to focus on issues that arise.

Coalition Committees: Communications

• Developed logo
• Created Facebook page
  • Any member of the group can post to the page
  • All posts are public and able to be shared
Coalition Committees: Resource Guide

- Updated existing mini Resource Directory and distributed 25,000 locally
- Relayed information about 2-1-1 options in our area

Coalition Committees: Housing

- Working to identify root issues and possible solutions to housing and homelessness
- Affordable housing list
Coalition Committees: Transportation

- Secured funding (partnered with the Muhlenberg County Baptist Association as the fiscal agent) to offset the cost of PACS transportation so that those needing a ride to work, school or a medical appointment can travel for just $4 round trip.

Coalition Committees: Health Fair

- Planned two health expos to be held at each of our local libraries in 2020
- We hope to reschedule in 2022!
Community Resource Days-
1st and 3rd Tuesdays

- ‘One stop shop’ style resource center to visit with several of the county's nonprofit/government agencies in one place.

Coalition Growth

- Monthly in-person meetings at different locations from within the Coalition
  - Settled on an ongoing date (3rd Monday of the month)

- Minutes are emailed out after each meeting to the entire coalition (anyone who had ever expressed interest or attended a meeting)

- Attendees grew in number each meeting
  - Our last in-person meeting in February 2020 was 39 people
Zoom Meetings

• In March 2020, we began meeting via Zoom.
  • From March until June 2020 we met weekly
  • In June 2020, we began meeting bi-weekly
  • Since August 2020, we have met monthly

• Our number of attendees has held steady around 20-25

Why is Coalition Collaboration Crucial for Communities?

• Our collective group was able to accomplish more!
Lessons Learned

• **Maximize your contacts**
  • Who is missing from your coalition meetings?

• **Committee Involvement**
  • Everyone on the Coalition should be involved in one specific project that they are passionate about

• **Honor the Mission**
  • Remember why the coalition started (or why you got involved in the first place)

• **Consistency is Key**
  • Meeting reminders, minutes, days/times

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THANK YOU
2011: needs assessments, group begins to meet informally

2015 group formalizes, applies for HRSA planning grant

2016, grant received, applies for HRSA RHND-CHW

2016, CHW program expanded

2018, Childhood obesity grant received, partners added

2019, RCDRP-P awarded, partners added, Quality Grant-CHW awarded, model adjusted

2020, RCORP-I2 awarded: partners added, RHNO grant awarded: CHW program expanded, COSSAP grant awarded

New partnerships form and relationships strengthen, single county health coalitions form.

200K, 1year

100K, 1year

1mil, 3year

900K, 3year

900K, 3year

900K, 3year

200K, 1year

600K, 3year

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Two largest initiatives

Transitional Care Team
Opioid Taskforce

Lessons Learned

Align
Assess
Communicate
Promote
Find the right people
Boots on the ground
Thank you!

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