

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











Community and Economic Development Initiative of Kentucky

Melody Nall Engagement Director

cedik.ca.uky.edu



Engaged Communities. Vibrant Economies.

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Our Work

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





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 Division of Women's Health PHT Project Lead

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



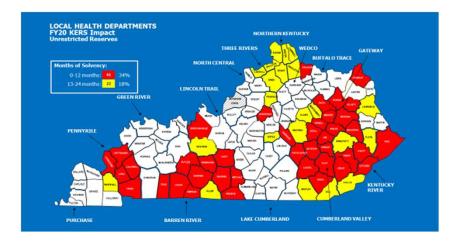
Objectives

- > 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.

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LHD Insolvency Map



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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;

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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.

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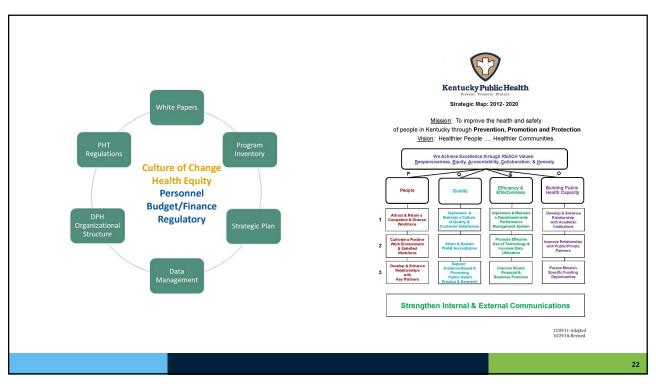


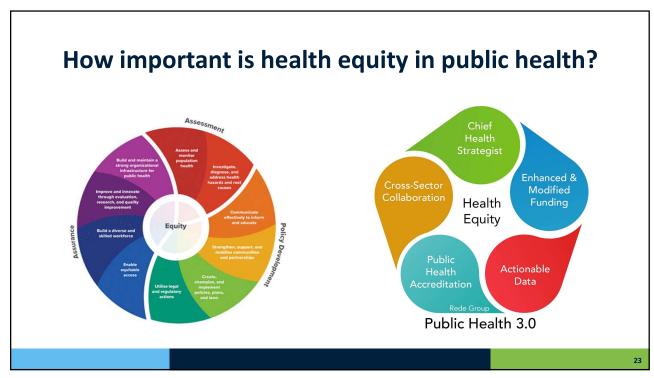
Where did we start?

- > 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.

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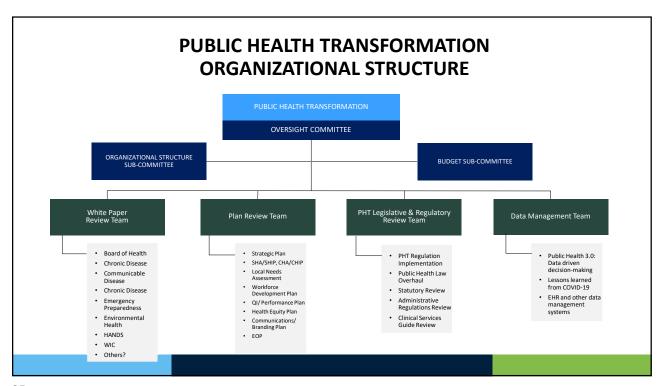




Setting Up For Success

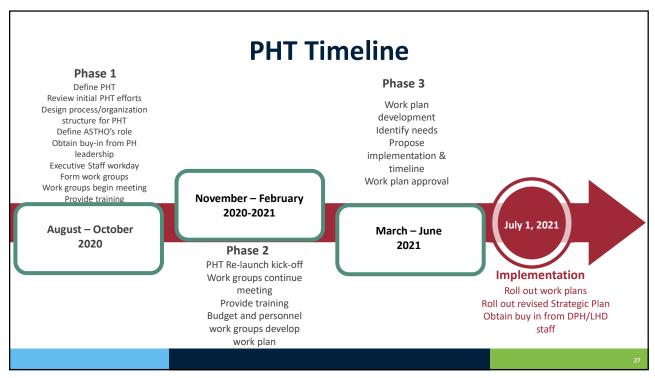
- > Logistical process to manage objectives/ deliverables;
- > Reporting structure which includes templates and team building opportunities;
- > Encourages widespread engagement at all levels;
- >MS Teams user-friendly electronic platform;
- >Intentional communication and transparency;
- > Availability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

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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



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.

PHT Overview (1-Pager)



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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.

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Thank you!

Jan Chamness, MPH, Director Division for Women's Health Public Health Transformation Project Lead

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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



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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.



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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



MCHC Coalition

@MuhlenbergHealthCoalition · Community

+ Add a Button



Coalition Committees: Resource Guide

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





MCHC Muhlenberg County Health Coalition

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Coalition Committees: Housing

- · Working to identify root issues and possible solutions to housing and homelessness
- Affordable housing list





Muhlenberg County Health Coalition

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.





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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.









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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





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Why is Coalition Collaboration Crucial for Communities?

• Our collective group was able to accomplish more!



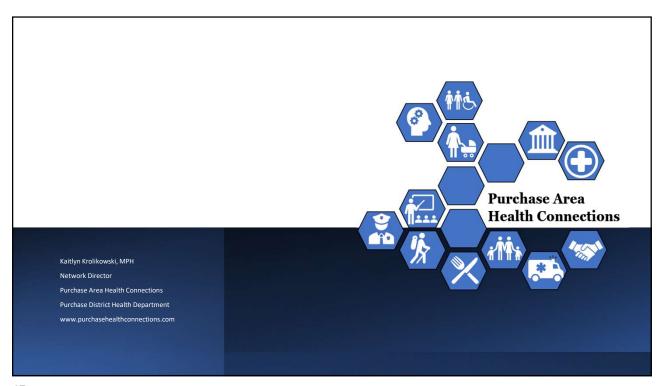
Lessons Learned

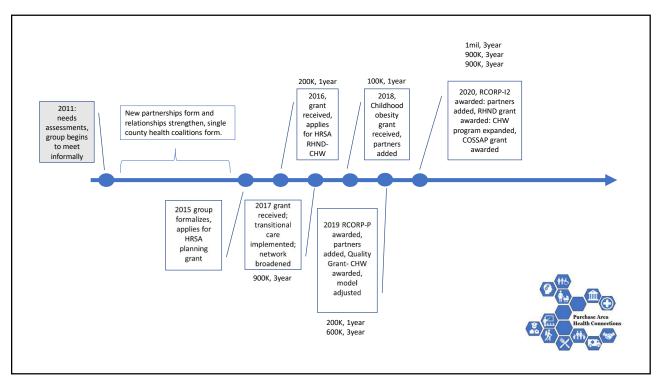
- <u>M</u>aximize your contacts
 - · Who is missing from your coalition meetings?
- <u>Committee Involvement</u>
 - Everyone on the Coalition should be involved in one specific project that they are passionate about
- Honor the Mission
 - Remember why the coalition started (or why you got involved in the first place)
- <u>C</u>onsistency is Key
 - · Meeting reminders, minutes, days/times



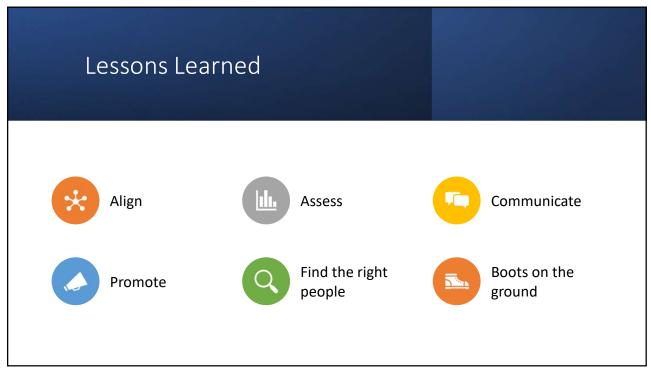
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Thank you!

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