Lexington-Fayette County Health Department
Status Report

Scott White
Chairman
Lexington-Fayette County Health Department
Board of Health

Rice C. Leach, MD
Commissioner of Health
Lexington-Fayette County Health Department

June 10, 2014

This is a brief overview of the authority, mission, activity, and resources of the Lexington-Fayette County Health Department. It is intended to give the Council and our community an idea of where the Lexington-Fayette County Health Department is focusing its efforts. The presentation we are giving is a supplement to this document. We think this "Report to the Community" is particularly timely given the progress we have made in working through the issues presented by our relationship with Health*First* of the Bluegrass.

We are excited to be able to place our focus on what we do best: public health.

Board of Health Authority and membership

The Lexington Board of Health held its first meeting in January 1904. The members (Mr. Carrick, Professor Anderson, Dr. Bosworth, Dr. Rodes, Dr. Waddy, Dr. Young, and Mayor Combs) discussed conditions in the pest house, crematorium, spitting in the streets, covering the Town Branch to make it a sewer system, the need for a bacteriologic laboratory at the state college, and identifying houses with infectious diseases with a placard.

Though the specific "types" of health issues have changed over the last century, the mission of protecting Lexington from diseases related to infections, waste, and unsanitary conditions *have not* changed. Like the century before, the need for accurate laboratory support is critical and more essential than ever.

The current Board of Health obtains its authority from KRS 212.627, and it accomplishes its mission through the Lexington-Fayette County Health Department. The Mayor appoints members and the statute requires that there be three physicians, one nurse, and one dentist recommended by their local professional organizations. The Mayor is a member, but may appoint a designee, there is one member from the Urban-County Council, and there are six at-large members. The current members are, with one at-large vacancy,:

Scott White, JD, Chair, at-large member, Morgan and Pottinger, PSC
John Riley, MD, Vice Chair, Pediatric and Adolescent Associates
Kacy Allen-Bryant, RN, BSN, MSN, University of Kentucky College of Medicine
Paula Anderson, at-large member, LEXMARK
Sandy Canon, at-large member, Stein Group
Councilman Chris Ford, Lexington Fayette Urban County Council
Mayor Jim Gray (Beth Mills, Commission of Social Services, designee in his absence)
Jason Lee, JD, CPA, at-large member, PNC Bank
Nat Sandler, MD, retired, at-large member
Pamela Stein, DMS, University of Kentucky College of Dentistry
Gary Wallace, MD, Lexington Clinic

Statutory Mandates:

The Kentucky Revised Statutes mandate many aspects of local health department operations and authorize certain optional services. The Commonwealth's biennial budget authorizes additional activities funded by state and federal government and appropriates the operational funds. The mandated services fall into seven general categories which overlap in practice and are organized into service delivery programs. The following describe many of these, but is not an exclusive list of all the services and programs the health department provides for our community:

1. Communicable disease control: This is a broad-based activity that can be described as "who has it, where did they get it, who caught it from them, and how can we prevent it from spreading." The Health Department addresses this directive by identifying persons with tuberculosis (Tb), sexually transmitted diseases (STD), food borne illnesses, and other infectious conditions. The Department treats some of these conditions (STD and Tb) in its clinic as well as locating and tracking people exposed to these diseases. This also includes others like whooping cough, meningitis and diseases of international concern such as Middle East Respiratory Syndrome (MERS). The Department prevents the spread by quarantine when appropriate, condemnation of contaminated sources, immunization where a vaccine exists, prophylactic antibiotics, condom distribution and public health education. This activity frequently requires careful coordination with state and federal public health authorities and laboratories; and, occasionally with law enforcement (as was the case during the anthrax attacks in 2001). The Department manages outpatient care for several persons in the Catholic Charities refugee program who suffer from tuberculosis or need treatment. The Department's Infectious Diseases team recently accepted responsibility for testing staff in a local business where an employee, a long time resident, developed tuberculosis.

2. Epidemiology and surveillance: This is the public health equivalent of military intelligence. Physicians, hospitals and others report over two dozen "reportable" communicable diseases, infant deaths, deaths from all causes, births, and some injuries to the Department. Our staff monitors these results to determine whether there has been an unanticipated increase, a new focus of activity, or some previously unknown condition such as the outbreak of AIDS in the mid-1980s.The epidemiology team uses the data to investigate unusual reports to determine whether the data represent significant changes that require a response or are merely isolated situations. These team members contribute to our ability to educate and inform the public and to define the problem precisely before acting.

   Public health decisions impact many, not just one patient, and can be expensive or interrupt commerce. Thus, it is important to know 'what we are shooting at before we open fire'. Staff recently managed the public health aspects of a family returning from the Middle East with suspected MERS. This required individual follow up, confirmation of specimen collection, and reporting to the state health department and the CDC. The problem was discovered on a Friday. By the following Tuesday, the patient and family were cleared for at home quarantine and observation.

3. Enforce public health regulations: Most people in Lexington recognize our role in restaurant inspections and the smoking ordinance. But our enforcement duties extend beyond those. For example, we inspect and regulate swimming pools, trailer parks, certain housing ordinances, insect infestations, public health nuisances, public health emergencies, dog bites, quarantine and condemnation of produce and food in transit, inspections of ingestible products at flea markets, and more. One notable recent example is the growth of food trucks here. Our inspectors worked with the food truck's association to develop and implement regulations to facilitate this urban phenomenon in a way that gave assurance that the food was safe.

4. Public Health Education: This activity takes many forms. The television interviews about flu shots, proper food preparation, and cold exposure are one form of mass media coverage. The Cooper-Clayton smoking cessation classes used by local businesses have been very effective. This program helps businesses save money, and in one case saved several jobs for a local trucking company hauling special loads. We also provide educational programming for safety and health training for day care operators, such as the highly successful One Parent Program.. The WIC program 'prescribes' and authorizes payment for proper food for pregnant women, infants, and nursing mothers and is accompanied by intensive health education support. The HANDS program enables staff to "coach" women who need help with their pregnancy and early child rearing.. These education programs have substantially and empirically improved child health while also reducing child abuse and neglect. During weather emergencies and other disruptions of normal activity, different members of the Department provide individual and group information from water purification to insect control.

5. Emergency preparedness: The Commissioner chairs the Emergency Medical Advisory Board, and staff is involved in multiple aspects of emergency preparedness. We manage the emergency anthrax drug supply for the postal service and are responsible for operating special needs shelters for persons who cannot go to a regular shelter but do not need a hospital bed. This team was activated during the Hurricane Katrina event in 2005, and again for deployment to Louisville to assist in another evacuation from the Gulf Coast.

6. Risk identification and reduction: This is a broad based activity that requires the Department to identify risks to the community's health and do devise strategies to ameliorate them. The Smoking Ordinance is an example of a community wide change that has been shown to improve public health. So too is the initiative in 2004 where the Department organized the local hospitals, physicians, and the Health Department to manage a major national shortage of influenza vaccine. More recently, the Department is actively involved with the community's heroin task force, working with local physicians and state agencies to make it easier for children to get their needed immunizations, and meeting with the Mayor's Task Force on Homelessness to offer resources and expertise..

7. Policy development: The Department worked with the Council to promulgate the smoking ordinance in 2004, and to stabilize part of the Department's funding through the

ad valorem health tax. The environmental health team and the Board worked with the food truck industry to change regulations to permit the safe operation of food trucks while minimizing the regulatory red-tape operators were facing. These are just a few examples, in addition to others described in this Report, where the Department and Board seek to be a resource in policy initiatives of our community. This past December, the Board held a retreat in which priorities and possible initiatives were discussed and developed.

We recognize that the Board has a serious and credible voice in health policy issues facing our community . . . from an unanticipated spike in heroin overdoses to how to deal with the emergence of e-cigarettes. The Board will always be alert and flexible to not just emerging policy issues, but proactively engaging in policy discussions and debates to make Lexington a healthy place to live.

Services authorized by the Kentucky biennial budget:

Family planning, pre-natal care, post-partum care, and well-child care are examples of personal preventive services authorized by the State's biennial budget. Some adult health services like breast and cervical cancer screening and certain diabetes and chronic disease management services are offered and funded. The Department assures most of the personal preventive services by referring patients to other providers like Health*First* Bluegrass, the University of Kentucky and other contractors. We have elected to focus our efforts on delivering the community-wide mandated services.

The Affordable Care Act (aka "Obamacare") and the State's expanded Medicaid eligibility have significantly increased the number of patients with health insurance thus providing a significant business opportunity for primary care centers. These changes have also resulted in a corresponding decline in state and federal funding reducing the need for the Department to provide these services. These funding changes, and changes in the way services are delivered in general, are making it necessary for the Department to modify its plans very rapidly, often more rapidly than the state and federal agencies can adapt. Regardless, we have a very talented and experienced group of professionals that enable the Department and Board to act with informed flexibility.

Optional services

These include the school health program and the primary care clinic. The school health nurses successfully bid on the school nursing contract with the Fayette County School system and will continue in that role for the foreseeable future. The Department has decided not to apply for the HRSA grant for the primary care center so Health*First* Bluegrass can apply and will be the primary care provider independent of the Department..

Strategic Plan

The Department and the Board have a strategic plan with three major goals:

1) Maintain compliance with applicable standards,

2) Organize the structure of the department to function in the changing environment; and,

3) Accomplish the mission critical public health activities.

As a result of the work that went into this plan, the Board has been able to restructure the operations of the Department and to focus its energy on public health issues important to Lexington.

Community Health

Community Health Assessment: This study, done in 2010, surveyed focus groups, analyzed data, reviewed multiple documents, and provided information used by two of the three major hospitals in their mandated community assessments. It is also the basis for Lexington's Community Health Improvement Plan. Over 1000 people returned surveys and there were six focus groups in different neighborhoods. Recurring concerns focused on jobs, drugs, crime, safe neighborhoods, chronic disease, access to mental health services, inadequate housing, increasing prevalence of chronic disease, and an aging population.

Community Health Improvement Plan: Several dozen people representing business, government, service agencies, health care organizations, law enforcement, and banking used the Community Health Assessment as the basis for a plan that identified obesity, safe neighborhoods, and unemployment as the three community health threats in which broad-based community involvement would be focused. Subsequent work groups have addressed factors that contribute to these three threats and are gradually developing approaches that can engage the entire community. It is important to keep in mind that this is not *the* Health Department plan. This is *the Community plan* with staffing support from the Health Department.

The complete Community Health Assessment and the Community Health Improvement Plan are available at or website at:

http://www.lexingtonhealthdepartment.org/AboutUs/CommunityHealthPlans/tabid/128/Default.aspx

Budget and Funding

The Department receives most of its funding from the local Public Health *ad valorem* tax, Kentucky General Fund Appropriations and federal grants administered by the Kentucky Department for Public Health. We receive smaller amounts from fees for patient care, environmental services, and contracts to provide services for local agencies *e.g.* school nursing. The FY 2014 budget numbers that follow have been rounded and items have been bundled to give a general view of where the money comes from and how it is spent.

Revenue:

Ad valorem tax	$ 7,400,000
State general fund	$ 2,860,000
Federal grants	$ 3,600,000
Environmental fees	$ 310,000
Patient service fees (all sources)	$ 350,000
Contracts etc	$ 1,400,000 (includes $1.39 M school contract)
Other	$ 75,000
Total	$16,015,000

Expenses by "cost center":	
Personnel and benefits	$8,607,000
Operating costs	$5,375,000
Capital	$ 533,000
Revenue over expenses	$1,500,000

Expenses by program/support area:	
Administration:	$ 2,350,000
Facilities, utilities, etc	$ 890,000
Environmental Health	$ 1,560,000
Communicable Disease	$ 1,050,000
Epidemiology and Surveillance	$ 152,000
Public Health Education and outreach	$ 876,000
Clinic operations	$ 1,100,000
WIC	$ 2,160,000
Emergency Preparedness	$ 384,000
Capital	$533,000
HFB	$ 1,200,000
School health	$ 1,560,000
State purchases for state ops	$ 365,000
Other smaller activities	$ 245,000
Reserves	$ 1,500,000

We also need to point out as a "note", that Health*First* Bluegrass is a large creditor of the Board, and that this involves some amount of public monies derived from the *ad valoram* tax. Today, and we will update this at the presentation, the debt stands at approximately $1.5 million which as accrued over several years. These "loans" are booked, documented, and will be paid back by Health*First* Bluegrass per the terms of an enforceable agreement as it continues to move towards sound financial health. And, we believe that under the current management of Health*First* Bluegrass that it is well on its way to attaining that goal.

Concerns & Opportunities:

The reallocation of Kentucky and federal public funds is, not surprisingly, a major impact on this country's health care system, including us here at the Department. It obliges us to be efficient, creative, flexible, and opportunistic. It will require restructuring the programs of the Department. For example, the Department cannot continue to impacting the whole health care system as different agencies determine how to manage the situation.

Some of the more systemic challenges we are now addressing:

- Funded activity that can be performed by others reduces resources available to meet mission critical objectives;
- Continue to do everything the state would like for us to do. Today, the local tax is 60% and state/federal funding is 40% of our funding. Three years ago local funding was 33% and state/federal funding was 67%. This creates a new relationship for the Department with local government and the state that will be managed differently.

- Need to reorient outdated expectations of the Department because the reality of the delivery of health services "on the ground" forces the Department to change more rapidly than policy makers can adjust the regulatory framework.

Opportunities we have been given:

The changes and concerns we have described are not all negative or an exercise in whining. To the contrary, we have been given many opportunities to develop new working relationships with other private and public agencies, advocacy groups, and interested parties serving the community's health needs. We are actively engaged in discussions with the State Department of Public Health, our Universities, private providers, and others to achieve these positive dynamics.
.

Our task is to seize these opportunities in a highly combustible health services environment – from funding, to accessibility, to unanticipated threats, etc. etc. – to do our part to keep Lexington and Fayette County the amazing place it is to live. That is not mere pablum: we very much appreciate our responsibilities and look forward to continuing to serve with vigor and passion.

Conclusion

There is little doubt that the Board and Department have been through a stressful three-four year period. However, the Board has proactively addressed those issues . . . mainly the Health*First* relationship . . . and is optimistic and reinvigorated to fulfill its mission in a rapidly changing environment. The Board has gone through individual member training and orientation; we have had a day long strategy retreat; and are in the midst of planning a group training process and follow-up implementation of the Retreat's goals and priorities.

One of our priorities is to, on a more regular basis (i.e. quarterly), come before the Council in work session to report on our progress and remain accountable to the people of this community.