Hard Choices in Hard Times:
Defining Local Public Health Department Priorities

Hosted by:
Illinois Public Health Institute

Co-sponsored by:
Northern Illinois Public Health Consortium
and Illinois Association of Public Health Administrators
Moderator

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Logistical Information

• Organizers will mute all phones during the presentation

• There will be a Q & A at the end
  – At the end we’ll take live questions. Please use the raise hand option to be un-muted.
  – But you can ask questions through the chat option anytime during the presentation.
Greg Chance
Administrator
Peoria City/County Health Dept.

Nancy Bluhm
Administrator
Adams County Health Dept.

Paul Kuehnert
Executive Director
Kane County Health Dept.
Hard Choices in Hard Times:

Defining Local Public Health Department Priorities
Greg Chance, LEHP, MPH, CPHA
Public Health Administrator
Peoria City/County Health Department
2116 N. Sheridan Road
Peoria, Illinois 61604
309.679.6100

gchance@peoriacounty.org
www.pcchd.org
Peoria City/County Health Department Overview
January 1, 2010

2010 Initial Fund Balance: $3,603,278
FY10 Budgeted Revenue: $8,881,962
FY10 Budgeted Expenses: $9,211,919
2010 Number of Employees: 126.25

Programs Provided:

Health Protection Services
- Environmental Health Programs
- Infectious Disease Services
- Emergency Preparedness
- Immunizations
- Epidemiology
- STD Clinic

Child & Family Health
- WIC Program
- Family Case Management Program
- High Risk Follow-Up Program
- Targeted Intensive Prenatal Case Management
- Teen Parent Services
- HealthWorks of Illinois
- Lead Poisoning Prevention
- Access to Care Program
- Illinois Breast & Cervical Cancer Program

Health Promotion & Wellness
- Community & School Programs
- Osteoporosis Prevention & Screening (Building Better Bones)
- Tobacco-Free Communities Program
- Smoke-Free Illinois Act Education & Enforcement Program
- Prostate and Testicular Cancer Screening Program
- Vital Records Program

Dental Clinic Services
# Financial Status

As of January 1, 2010

<table>
<thead>
<tr>
<th>Average Monthly Revenues:</th>
<th>Average Monthly Expenses:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Grants: $450,000</td>
<td>Payroll: $400,000</td>
</tr>
<tr>
<td>Fees for Services: $205,000</td>
<td>Fringes: $115,000</td>
</tr>
<tr>
<td>Local Taxes: $145,000</td>
<td>Vendor Payments: $350,000</td>
</tr>
<tr>
<td><strong>Total:</strong> $800,000</td>
<td><strong>Total:</strong> $865,000</td>
</tr>
</tbody>
</table>

**Average Monthly Deficit:**

- **Revenues**: $800,000
- **Expenses**: $865,000
- **Deficit**: -$65,000

**Annual Deficit:**

-$65,000 \times 12 = -$780,000
Grant Status as of April 19, 2010

<table>
<thead>
<tr>
<th>Grant</th>
<th>Amount</th>
<th>AR/(DEF)</th>
<th>FTEs Supported</th>
</tr>
</thead>
<tbody>
<tr>
<td>Local Health Protection</td>
<td>310,301.00</td>
<td>155,150.50</td>
<td>6.5</td>
</tr>
<tr>
<td>Building Better Bones</td>
<td>19,000.00</td>
<td>8,452.48</td>
<td>0.5</td>
</tr>
<tr>
<td>Prostate &amp; Testicular Program</td>
<td>30,000.00</td>
<td>10,249.25</td>
<td>1.0</td>
</tr>
<tr>
<td>Illinois Tobacco-Free Cmts.</td>
<td>63,236.00</td>
<td>9,901.36</td>
<td>1.5</td>
</tr>
<tr>
<td>MCH-Family Case Mgmt.</td>
<td>752,723.00</td>
<td>250,942.25</td>
<td>21.0</td>
</tr>
<tr>
<td>MCH-HealthWorks</td>
<td>110,130.00</td>
<td>46,252.50</td>
<td>2.5</td>
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<tr>
<td>MCH-TIPCM</td>
<td>298,435.00</td>
<td>223,826.25</td>
<td>3.5</td>
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<tr>
<td>MCH-TPS</td>
<td>117,300.00</td>
<td>38,975.00</td>
<td>1.5</td>
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<tr>
<td>IBCCP</td>
<td>331,225.00</td>
<td>51,030.03</td>
<td>3.0</td>
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<tr>
<td>RIG-HIV</td>
<td>32,580.00</td>
<td>8,554.92</td>
<td>1.0</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>$ 2,064,930.00</strong></td>
<td><strong>$ 803,334.54</strong></td>
<td><strong>42.0</strong></td>
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<tr>
<td>Cash Flow</td>
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<td></td>
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<tr>
<td>-----------</td>
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<td></td>
<td></td>
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<tr>
<td>2010 Beginning Balance</td>
<td>$3,603,278</td>
<td></td>
<td></td>
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<tr>
<td>-1,131,924 Jan – Apr 2010 (Rev-Exp)</td>
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<td></td>
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<tr>
<td>$2,471,355</td>
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<tr>
<td>-565,962 May – Jun 2010 (Projected)</td>
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<tr>
<td>July 1, 2010 Balance</td>
<td>$1,905,393</td>
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<tr>
<td>$1,284,013 2010 Required Reserve</td>
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<tr>
<td>621,380</td>
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<td></td>
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<tr>
<td>-565,962 Jul – Aug 2010 (Projected)</td>
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<td></td>
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<tr>
<td>September 1, 2010 Balance</td>
<td>$ 55,418</td>
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</tbody>
</table>
What is the Core Mission/Responsibility of a Local Board of Health?

Five Major Functions

#1 Assure Legal Authority
The Board of Health identifies relevant enabling legislation and assures Health Department knowledge of roles/responsibilities. If necessary, advocates for additional legal authority.

#2 Assure Resources
The Board of Health has the authority and responsibility to identify community assets that might be mobilized to support its public health mission. The Board oversees the allocation and use of resources to achieve public health objectives.

#3 Assure Policy Making
The Board of Health is responsible for establishing public health policies and assuring their implementation (regulatory & non-regulatory). To accomplish this goal, the Board should outline expectations for achieving desired public health goals including measurable objectives and expected outcomes.

#4 Assure Accountability
Regular program and community health system evaluations are an important Board of Health function.

#5 Assure Collaboration
The Board of Health is responsible for convening opportunities for the public and community health system stakeholders to discuss public health issues.
Minimum Requirements/Responsibilities for Local Public Health Department

1st Tier
State Statutes 55 ILCS 5/5-25013

2nd Tier
Certification by State of Illinois

3rd Tier
Local Health Protection Grant Rules
Certified Local Health Department Code, 77 Ill. Admin. Code 615.

4th Tier
Community Health Improvement Plan (IPLAN) Implementation
Certified Local Health Department Code, 77 Ill. Admin. Code 600.

5th Tier
Discretionary Programs
State Statutes 55 ILCS 5/5-25013
Board of Health Action

In May of 2010, the Peoria County Board of Health voted not to engage in any Fiscal Year 2011 State of Illinois grants from the general revenue fund or special funds without Board of Health approval. Grants affected by this decision:

- Tobacco-Free Communities
- Teen Parent Services
- Targeted Intensive Prenatal Case Management
- HealthWorks
- Illinois Breast & Cervical Cancer Program (IBCCP)
- Family Case Management
- RIG-HIV Prevention

Budget Result: $1,750,000
FTE Result: 31.6
Original Budgeted Deficit for FY2010 was:

$854,975

Actual Deficit for FY2010 was:

$274,236
Current Programs:

**Health Protection**
- Food Safety
- Onsite Wastewater Disposal
- Individual Water Well Planning
- Tanning & Tattoo Inspection
- Lead Inspection
- Vector Surveillance
- Immunizations
- STD Clinic Services
- Epidemiology
- Communicable Disease Investigation
- TB Services
- Emergency Preparedness & Response

**Health Promotion & Wellness**
- Vital Records
- Health Education Activities
- Community Health Improvement
- Graphic Arts Support

**Child & Family Health**
- WIC
- High Risk Infant/APORS
- Lead Poisoning Case Management

**Dental Clinic Services**
THANK YOU

Please remember you have the option to post questions through the chat box.
Hard Choices in Hard Times: 
Making Tough Decisions at the 
Local Public Health Level

Nancy A. Bluhm, RNC, MS 
Public Health Administrator 
Adams County Health Department 
Quincy, Illinois
Nancy A. Bluhm, RNC, MS

Nancy is the Public Health Administrator for the Adams County Health Department in Quincy, Illinois. She has 25 years of public health experience. She is currently the President of the Illinois Association of Public Health Administrators.
Core Mission

- Population Based
- Traditional Public Health
- What is public health?
- IPLAN/Community Health Assessment
How the Board of Health Made Tough Decisions

- Core Programming Target
- Which program had the most delayed payments?
- Deliberations
Issues to Keep in Mind during Decision Making Process

- Public Health Core Functions
- Certified Local Health Department
- Prevention, Promotion, Protection
- IPLAN Priorities
  - Access to Health Care
  - Substance Abuse Prevention
  - Cardiovascular Wellness
Core Public Health Programming Target

- Health Protection
  - CD/STD
  - Epidemiology
  - Bioterrorism Response
  - Environmental Health
  - Family Case Mgt

- B/T Preparedness
- WIC
- WNV
- HIV

- AOK
- Teen Reach
- SPF-Prevention Partners

- DCF
- Teenage Pregnancy Prevention
- IFVA
- School Health
- Healthy Child Care
- Health Works
- IBBCP
What Determines Risk?

• Financial
• Hardship or Burden to Operate the Program
• Image/Value to the Community
## Risk of Grants to ACHD Financial Health

<table>
<thead>
<tr>
<th>Program</th>
<th>FTE’s</th>
<th>Budget</th>
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<tbody>
<tr>
<td>DFC</td>
<td>.5</td>
<td>$300,000</td>
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<tr>
<td>PHEP</td>
<td>1</td>
<td>$68,623</td>
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<tr>
<td>WIC</td>
<td>7</td>
<td>$274,000</td>
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<tr>
<td>SPF</td>
<td>2</td>
<td>$191,945</td>
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<tr>
<td>FCM</td>
<td>5.5</td>
<td>$233,392</td>
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<tr>
<td>AOK</td>
<td>1</td>
<td>$67,862</td>
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<tr>
<td>Healthworks</td>
<td>1</td>
<td>$69,530</td>
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<tr>
<td>IFVA</td>
<td>.6</td>
<td>$19,500</td>
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<tr>
<td>Teen Pregnancy</td>
<td>.6</td>
<td>$32,606</td>
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<tr>
<td>School Health</td>
<td>.5</td>
<td>$27,000</td>
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<tr>
<td>Health Protection</td>
<td>4.3</td>
<td>$170,593</td>
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<tr>
<td>Tobacco</td>
<td>.5</td>
<td>$23,537</td>
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<tr>
<td>HIV</td>
<td>.25</td>
<td>$12,068</td>
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<tr>
<td>WNV</td>
<td>.25</td>
<td>$8,000</td>
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<tr>
<td>Teen Reach</td>
<td>.75</td>
<td>$180,300</td>
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<tr>
<td>IBCCCP</td>
<td>2</td>
<td>$181,790</td>
</tr>
<tr>
<td>Healthy Child Care</td>
<td>1</td>
<td>$60,000</td>
</tr>
</tbody>
</table>
Revenue to Date

• 75% of the grant year had transpired
• Only 4/22 programs were current, which represented 46% of expected revenue
• 5 programs had delivered 10% or less of expected revenue
• ACHD was due approximately $900,000
• Worry about the continued “bleed”
Decisions Made

• April 2010 Board of Health Meeting
• The Adams County Board of Health has decided to curtail the financial risk to the local health fund by not doing business with the State of Illinois in the most risky program areas.
Board of Health Decisions

- Current policy of 30 days of notice to employees stands.
- Use merit to decide which employees to terminate
Programs Terminated

- Healthworks
- Vision & Hearing
- Teen REACH
- IBCCP
- Healthy Child Care
- Illinois Family Violence
- Teenage Pregnancy Prevention
Statistics

- 7.2 FTE’s were terminated at the end of the related grant year
- $479,696.00 less in programming out of an annual budget of $4.5 million
Media Response

- Media Inquiries from:
  - Quincy Herald Whig (Daily Newspaper)
  - Local Television Stations
  - Springfield Newspaper
  - Associated Press Journalist
Further Side Effects of Decisions

• Change in Health Department’s Infrastructure
• Less clerical support
• More Uncertainty
• In the future, how do we apply for programs/grants?
Healthworks Specific Fixes

• Promised to:
  pay on a monthly basis by moving the monetary source from a state general fund to a federal fund and to contract directly with local public health agencies and rather than through the Department of Human Services
Employee Response

- Affected employees responded very professionally
- County funds paid for unemployment benefits costs
- Even today, employees potentially affected by more cuts are very frightened
- Lost a senior division director due to the weakening of programming within her division
Community Response

• Most who commented said that it was the right thing to do but acknowledged it was tough work.

• County board: when the time came to set the annual levy; the county board supported adequate funding for the health department because the Board of Health had made tough decisions to be good stewards of assets.
THANK YOU

Please remember you have the option to post questions through the chat box.
Rightsizing Done Right: Enhancing Value in Public Health in an Era of Declining Resources

Paul Kuehnert MS, RN, Executive Director
Kane County Health Department
Aurora, Illinois
Managing Organizations in Periods of Declining Resources

Three key elements from generic management literature:

1. Human costs
2. Strategy
3. Organizational structure

(References: Bozeman, 2010; Boyne, 2004; Levine et al, 1982; Pandey, 2010)
# KCHD Strategy Development Timeline: 2007–2010

<table>
<thead>
<tr>
<th>Date</th>
<th>Activities</th>
</tr>
</thead>
<tbody>
<tr>
<td>December, 2006</td>
<td>5–year Community Health Assessment/Plan Adopted</td>
</tr>
<tr>
<td>May, 2007</td>
<td>Community Leaders Summit re: Health Leadership Transition: Set 2030 Vision</td>
</tr>
<tr>
<td>September, 2007</td>
<td>First–ever Health Department Strategic Plan/Strategy Map</td>
</tr>
<tr>
<td>February, 2009</td>
<td>Strategic Plan Update, “3–Keys” Strategy Affirmed</td>
</tr>
<tr>
<td>November, 2009</td>
<td>Board Commitment to Public Health Accreditation</td>
</tr>
</tbody>
</table>
Kane County Health Department’s Strategic Focus

2030 Vision
- Kane Residents are healthiest in Illinois!

Mission
- Protect & Promote Health

Values
- Service, Quality, Trust, Respect, Teamwork

Outstanding Community Health Outcomes

Excellent Health Communications

Active Community Partnerships

Effective Leadership

Capable Staff

Outstanding Community Health Outcomes
# KCHD QI/PI Timeline: 2007–2010

<table>
<thead>
<tr>
<th>Date</th>
<th>Activities</th>
</tr>
</thead>
<tbody>
<tr>
<td>December, 2006</td>
<td>Awarded RWJF “Common Ground” Grant</td>
</tr>
<tr>
<td>December, 2007</td>
<td>Agency QI/PI Initiative Committee Formed</td>
</tr>
<tr>
<td>Summer/Fall, 2008</td>
<td>Awarded NACCHO Accreditation Preparation Demonstration Site Project Grant</td>
</tr>
<tr>
<td>2009</td>
<td>Awarded MLC II Funding from Illinois Public Health Institute : Collaborative QI Project re: Community Partners</td>
</tr>
<tr>
<td></td>
<td>Board: Direction to Pursue PHAB Accreditation</td>
</tr>
<tr>
<td>2010</td>
<td>PHAB Standards Used as Re–org Framework</td>
</tr>
<tr>
<td></td>
<td>Re–commitment to QI/PI and Accreditation</td>
</tr>
</tbody>
</table>
The Summer 2010 Policy Recommendation

Transform the Kane County Health Department to completely focus on population health:

- Transfer direct client services to 3 FQHCs
- Reduction in workforce by 50%
- Re-organization using PHAB standards as framework
“Governmental public health departments are responsible for creating and maintaining conditions that keep people healthy. …each community has a unique “public health system” comprising individuals and public and private entities that are engaged in activities that affect the public’s health…

Regardless of its governance or structure, regardless of where specific authorities are vested or where particular services are delivered, everyone, no matter where they live, should reasonably expect the local health department to meet certain Standards…”

p. 2, Operational Definition of a Functional Local Health Department
### Public Health Accreditation Board Domains

<table>
<thead>
<tr>
<th>Domain</th>
<th>Description</th>
</tr>
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<tbody>
<tr>
<td><strong>Domain A: Administrative Capacity and Governance</strong></td>
<td></td>
</tr>
<tr>
<td><strong>Domain 1: Conduct and disseminate assessments focused on population health status and public health issues facing the community</strong></td>
<td></td>
</tr>
<tr>
<td><strong>Domain 2: Investigate health problems and environmental public health hazards to protect the community</strong></td>
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<tr>
<td><strong>Domain 3: Inform and educate about public health issues and functions</strong></td>
<td></td>
</tr>
<tr>
<td><strong>Domain 4: Engage with the community to identify and address health problems</strong></td>
<td></td>
</tr>
<tr>
<td><strong>Domain 5: Develop public health policies and plans</strong></td>
<td></td>
</tr>
<tr>
<td><strong>Domain 6: Enforce public health laws and regulations</strong></td>
<td></td>
</tr>
<tr>
<td><strong>Domain 7: Promote strategies to improve access to healthcare services</strong></td>
<td></td>
</tr>
<tr>
<td><strong>Domain 8: Maintain a competent public health workforce</strong></td>
<td></td>
</tr>
<tr>
<td><strong>Domain 9: Evaluate and continuously improve processes, programs, and interventions</strong></td>
<td></td>
</tr>
<tr>
<td><strong>Domain 10: Contribute to and apply the evidence base of public health</strong></td>
<td></td>
</tr>
</tbody>
</table>
Restructuring Principles

• Assure ability to efficiently provide essential and mandated public health services
• Effectively address the identified community health priorities
• Protect the most vulnerable populations
• Maintain a long-term, strategic focus

Core Public Health Services

• Emergency preparedness and response
• Communicable disease monitoring, analysis and response
• Evidence-based interventions to improve maternal and child health and prevent chronic disease
• Environmental health protection: food, water, toxins such as lead
• Community health assessment, planning and evaluation/quality improvement
• Health communication and education
• Public policy development
What does restructuring look like?

- **Slimmer**
  - From 5 units to 3 units within the Department

- **Flatter**
  - Eliminating more than half (20/36) management and exempt positions

- **Focused**
  - *Every* job description re-written: combining duties & adding public health essential service responsibilities
<table>
<thead>
<tr>
<th>KCHD Organizational Unit with Lead or Secondary Responsibility</th>
</tr>
</thead>
<tbody>
<tr>
<td>Office of Community Health Resources</td>
</tr>
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</table>

A. Administrative Capacity and Governance

### Domain 1: Conduct and disseminate assessments focused on population health status and public health issues facing the community
- **Lead Responsibility**
- **Secondary Responsibility**
- **Secondary Responsibility**

### Domain 2: Investigate health problems and environmental public health hazards to protect the community
- **Secondary Responsibility**
- **Lead Responsibility**
- **Lead Responsibility**

### Domain 3: Inform and educate about public health issues and functions
- **Secondary Responsibility**
- **Lead Responsibility**
- **Lead Responsibility**

### Domain 4: Engage with the community to identify and address health problems
- **Lead Responsibility**
- **Secondary Responsibility**
- **Secondary Responsibility**

### Domain 5: Develop public health policies and plans
- **Lead Responsibility**
- **Secondary Responsibility**
- **Secondary Responsibility**

### Domain 6: Enforce public health laws and regulations
- **Secondary Responsibility**
- **Secondary Responsibility**
- **Lead Responsibility**

### Domain 7: Promote strategies to improve access to healthcare services
- **Secondary Responsibility**
- **Lead Responsibility**
- **Lead Responsibility**

### Domain 8: Maintain a competent public health workforce
- **Lead Responsibility**
- **Secondary Responsibility**
- **Secondary Responsibility**

### Domain 9: Evaluate and continuously improve processes, programs, and interventions
- **Lead Responsibility**
- **Secondary Responsibility**
- **Secondary Responsibility**

### Domain 10: Contribute to and apply the evidence base of public health
- **Lead Responsibility**
- **Secondary Responsibility**
- **Secondary Responsibility**
Roles and Responsibilities

- Council on Linkages
  - And a big thank you to Seattle-King County!

- Job titles and job descriptions
  - Every job has changed
  - Population focus in every job
  - Essential services in every job
  - Quality improvement in every job
  - Emergency response in every job
  - Increased educational requirements most jobs
All job descriptions based upon:
The Core Competencies for Public Health Professionals-
Developed by the Council on Linkages between Academia and Public Health Practice
Operational Definition of a Functional Local Health Department
Developed by the National Association of County & City Health Officials

COMMUNITY HEALTH SPECIALIST I

COMMUNITY HEALTH SPECIALIST I (5 Support Associates)
COMMUNITY HEALTH SPECIALIST I (4 Clinical Assistants)

COMMUNITY HEALTH SPECIALIST II

COMMUNITY HEALTH SPECIALIST II (14 Public Health Nurses)
COMMUNITY HEALTH SPECIALIST II (9 Environmental Health Practitioners)
COMMUNITY HEALTH SPECIALIST II (2 Community Health Practitioners)
COMMUNITY HEALTH SPECIALIST II (2 Surveillance Specialists)

COMMUNITY HEALTH SPECIALIST III

COMMUNITY HEALTH SPECIALIST III (Health Planner)
COMMUNITY HEALTH SPECIALIST III (2 Epidemiologists)
COMMUNITY HEALTH SPECIALIST III (5 Coordinators) Includes: Health Data and Quality Coordinator,
Emergency Response Coordinator, Health Communications & 2 Community Health Initiative Coordinators

EXEMPT POSITIONS

Executive Director, Department Support Associate, 2 Division Directors, 6 Assistant Division Directors, 5 Supervisors & Finance Manager
Utilize KCHD’s adopted Rapid Cycle Improvement process to drive change.
THANK YOU

- Please remember you have the option to post questions through the chat box.
Questions and Answers
Sponsors:

Illinois Association of Public Health Administrators

Northern Illinois Public Health Consortium

Illinois Accreditation Development Task Force

Illinois Public Health Institute