Kentucky Health Departments Association, Incorporated

Position Statements

Aging Population
Early Childhood Development
Smoke-free Indoor Air Policies
Bioterrorism and Disaster Preparedness
Funding for Public Health
E-Health*
Underfunded Mandates*

November 14, 2006
***Approved by membership December 12, 2006**

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POSITION STATEMENT
AGING POPULATION

The Kentucky Health Departments Association believes the health needs of the aging population will greatly increase across Kentucky over the next twenty years as the number of aging citizens continues to rise.

Basic health services currently available for the aging population are not specific to their needs. These services vary from a multitude of single programs to comprehensive programs in different areas of the Commonwealth. This results in a system more fragmented and difficult to access.

The basic health needs of the aging population are affected by such factors as: inadequate health insurance; the cost of prescription drugs; the complex network of insurance forms, need for prior authorizations and approvals; lack of transportation; and inadequate access to health services.

The Kentucky Health Departments Association recognizes the importance of providing essential health services vital to the aging population.

The Kentucky Health Departments Association strongly supports state funding for a geriatric case management system.

The Kentucky Health Departments Association strongly supports programs designed to promote long-term care, comprehensive health care insurance, and to provide for the aging population to live in the least restrictive environment.

The Kentucky Health Departments Association strongly supports long-term care programs that allow funding to follow the individual instead of the institution.

The Kentucky Health Departments Association believes involvement of those currently providing aging services as well as additional programs in the Cabinet for Health and Family Services arc necessary to support a healthier aging population thereby resulting in a healthier Kentucky.

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POSITION STATEMENT
EARLY CHILDHOOD DEVELOPMENT

The Kentucky Health Departments Association maintains that local health departments through the Early Childhood Development initiatives have been fundamental contributors toward the improved outcomes in areas of child abuse prevention (families enrolled in the HANDS program have less incidents of abuse and neglect than the general population), improvements in the quality of day care centers through the Healthy Start initiative and the prevention of spina bifida in infants (decreased from 7.9/10,000 births in 1996 to 3.0/10,000 births in 2002) through increased folic acid supplementation during pregnancy (self reported daily folic acid consumption among women aged 18-44 increased from 29.0% in 1997 to 40.4% in 2002). Local health department staffs are well trained and prepared to continue the process of optimizing prenatal and postnatal environments for ultimate physical and mental development. They work at the grassroots level to oversee and implement effective strategies recommended to improve the health and well being of children. The health status and the availability of family resources of pregnant women, infants and children are routinely assessed and baseline preventive services are scheduled.

By placing increased emphasis on prevention, local health departments assure services are uniquely designed for the special health needs that characterize this valuable, but vulnerable, population. The local health departments' prenatal, infancy and early childhood home visitation programs seek to modify and alter specific unhealthy life practices that result in poor developmental outcomes.

It is the position of the Kentucky Health Departments Association that funding for the Health Access Nurturing and Development Services (HANDS) Program should continue to be allocated through local health departments. HANDS and Healthy Start Programs through local health departments are currently expanding rapidly and continue to ensure positive outcomes for the participating families. HANDS has delivered 25,373 assessments and 531,600 home visits to approximately 25,885 overburdened Kentucky families from January, 1998 through October, 2005.

Local health departments are experienced in recognizing and working to eliminate the troubling indicators that characterize health gaps and unmet health needs—indicators, which influence and hinder the development of infants and children. The Kentucky Health Departments Association believes funding for early childhood development programs should continue to be allocated to maximize and expand this role of Kentucky's local health departments.

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POSITION STATEMENT
SMOKE-FREE INDOOR AIR POLICIES

The Kentucky Health Departments Association (KHDA) strongly recommends that local governments exercise their elected responsibility and adopt smoke-free air ordinances to protect workers and the general public. KHDA supports the position that adopting local smoke-free indoor air laws is part of a recognized and established strategy to lower the incidence of tobacco-related disease.

Secondhand tobacco smoke (SHS) accounts for as many as 62,000 deaths annually in the United States among adult non-smokers.[i] There are numerous scientific studies showing SHS as the cause of serious respiratory ailments in children, such as asthma attacks and lower respiratory tract infections. SHS exposure has also been shown to increase the risk of sudden infant death syndrome (SIDS) and middle ear infections in children. [ii] [iii]

SHS, a Known Human (Group A) Carcinogen, causes lung cancer in adult non-smokers and impairs the respiratory health of children. Not only does SHS cause short-term health problems in children; there is clear evidence that SHS causes long-term serious public health threats. SHS has been linked to an increased risk of cardiovascular problems.[iv] The epidemiological evidence reveals a 30% increase in the risk of death from ischemic heart disease or heart attack among non-smokers who live with smokers. Additional studies that appeared in the Journal of the American Medical Association reveal levels of toxic SHS in restaurants and bars are 1.6 to 6 times higher than in office workplaces, and waiters and waitresses are at greater risk of developing lung cancer and heart disease compared to other occupations. [v]

There is no safe level of exposure to SHS. Creating separate smoking and non-smoking areas in a business, workplace or home will not prevent non-smokers from being exposed to the dangers of SHS.[vi] The American Society of Heating, Refrigerating an Air-conditioning Engineers (ASHRAE) reports that existing ventilation systems cannot adequately remove all the toxins found in SHS.[vii]

Smoking-related illnesses account for almost $47 billion in lost productivity each year in the U.S. and more than 8% of work time is spent on smoking-related activities. Smokers are absent 6.5 days more than non-smokers and make approximately six more visits each year to health care providers. Insurance claims cost $300 more on average for smokers than non-smokers and smokers utilize health insurance benefits 50% more.[viii]

Local governments have the authority to enact smoke-free policies in Kentucky. There is no preemption by state law preventing local governments in Kentucky from enacting ordinances

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reasonably designed to promote the health and welfare of its citizens. On matters of public health, Kentucky law clearly acknowledges local government as having "broad discretion in determining for itself what is harmful." There is a number of factors that suggest that a local legislative body may be more appropriately suited to the controversial challenges involved in enacting local smoke-free policies.[ix] In the words of the Kentucky Supreme court... "Among the Police Powers of the Government, the Power to promote and safeguard Public Health ranks at the top....the real issue is whether the Public Health Regulation [Lexington's Smoke-free Law] is reasonable....In this case we must conclude that it is" (Lexington-Fayette County Food and Beverage Association, Lexington-Fayette Urban County Government, Supreme Court of Kentucky, 2004).

Research has clearly removed any doubt or debate regarding the harmful effects of secondhand smoke exposure. Rased on nearly thirty studies there is no evidence that smoke-free policies adversely effect restaurant or bar business and many studies actually show improvement in business after smoke-free policies are implemented.[x] In addition, smoke-free policies provide public health benefits by decreasing cigarette consumption and increasing the number of quit attempts made among smokers.[xi]

The Kentucky Health Departments Association calls upon the citizens and all local officials of Kentucky to become aware that Smoke-free Public Policies protect non-smokers from the dangerous poisons found in SHS and DO NOT cause loss of revenue in the hospitality industry. KHDA supports local efforts to adopt Smoke-free Public Policies.

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[i] U.S. Environmental Protection Agency (1994). Setting the record straight: secondhand smoke is a preventable health risk. EPA, 402-F-94-005.

[ii] California Environmental Protection Agency (1997). Health effects of exposure to environmental tobacco smoke: Final report. Berkeley, CA: California EPA, Office of Environmental Health Hazard Assessment.

[iii] National Cancer Institute (1999). Health effects of exposure to environmental tobacco smoke: the report of the California Environmental Protection Agency, smoking and tobacco control Monograph NO. 10. Bethesda, MD: U.S. Department of Health and Human Services.

[iv] Glantz and Parmley (1991). Passive smoking and heart disease; epidemiology, physiology, and biochemistry. Circulation, 83 (1), 1-12

[v] Siegal (1998) Smoking and bars; a guide for policy makers. Boston, MA: Boston University School of Public Health.

[vi] Repace and Lowrey (1990). Risk assessment methodologies for passive smoking induced lung cancer. Risk Analysis, 10, 27-37.

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POSITION STATEMENT
BIOTERRORISM AND DISASTER PREPAREDNESS

Recent and unfortunate events across the United States have brought into focus the need for health departments to cultivate the skills necessary to respond to a community disaster that impacts the public's health, including bioterrorism.

The challenge, and potentially the great strength, of bioterrorism preparedness is that it requires a combination of the resources and skills of public health with those of other public safety and emergency preparedness disciplines. Local health departments are working in conjunction with other community-based response agencies to maximize all resources for preparedness and response. The Kentucky Health Departments Association recognizes the current efforts, yet limited resources, of each of the local health departments in the Commonwealth in developing and refining our infrastructure to address disaster response.

Public Health and Local Health Departments should possess certain core capacities that address bioterrorism, specifically, and disaster response, in general.

These core capacities consist of four major areas, within which are many more specific elements that are not appropriate for the scope of this paper. The four major areas are:

- Surveillance and epidemiologic investigation, which requires monitoring community health status to detect the presence of bioterrorism agents and to characterize the public health threat or emergency, soon to be greatly enhanced by the Kentucky Electronic Disease Surveillance System's ability to securely transfer needed health data over the Internet;
- Laboratory capacity to identify, rule out, confirm and characterize biological threat agents;
- Communication, which includes collection, analysis and communication of information among the response community, decision-makers and the general public during a public health emergency. This capacity also includes the local public health agency's core responsibilities of education and assurance as well as the development of local Health Alert Networks nationwide; and
- Public health intervention, which includes advance planning, coordination of emergency response and implementation of emergency measures to control and contain an outbreak. This involves the integration of public health expertise and activities with that of other emergency response agencies.

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For any local health department to fully achieve these core capacities, it must have a fundamental infrastructure of trained people, equipment, facilities and systems. The Kentucky Health Departments Association supports appropriate funding to achieve and maintain this basic level of infrastructure, preparedness and security for all Kentuckians.

Infrastructure funding received to date enables Kentucky to deploy 70 public health professionals to the Gulf Coast in support of hurricane relief efforts.

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POSITION STATEMENT
FUNDING FOR PUBLIC HEALTH

Adequate funding for local health departments remains a concern for the Kentucky Health Departments Association, Inc. While it is true that local health departments have received increases in funding through the Kids Now Initiative and the Federal Bioterrorism Grants, it must be pointed out that these funding streams are restricted to specific programs. They have not been of assistance in helping alleviate past and current funding difficulties. The Association appreciates the Legislature's efforts contained in HB 1 to assist local health departments and other quasi-governmental agencies with the substantial increase in the cost of the employer's share of health insurance coverage for their employees.

These funding initiatives, however, fail to make up for years of not trending baseline funding streams for inflation or for neglecting to fund mandated services at a level covering the cost of providing those services. In 1999, the Association submitted to the Legislature a Position Statement entitled *Kentucky's Public Health Funding Crisis.* The issues contained in that paper remain today and have escalated by an additional five years of inflation. Over those same five years, local health departments have also suffered from budget cuts at both the state and federal level.

In 1999, the Association requested $8,000,000 in expansion funding for Preventive Health Services. This would have made up for prior cuts and the lack of trending for inflation dating back to 1988. At that time, the Association also requested expansion funding of $8,300,000 designed to fully fund the cost to local health departments of providing state mandated environmental health services. The Association urgently renews its request for these funding expansions which, when trended for inflation, now total $8,976,000 and $9,315,000 respectively.

Local health departments provide, on a daily basis, a broad array of services to protect and improve the health, not only of individual patients, but all citizens of the Commonwealth of Kentucky. Their ability to quickly respond to rapidly changing scenarios (such as the Fall 2004 influenza vaccine shortage) is a testament to the dedication and resourcefulness of local health department employees.

The Institute of Medicine issued a report in 1988 entitled The Future of Public Health. The words contained on page 2 of that report in the *Summary and Recommendations* ring as true today as they did years ago – "The wonder is not that American public health has problems, but that so much has been done so well, and with so little."

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KENTUCKY HEALTH DEPARTMENT ASSOCIATION, INCORPORATED

POSITION STATEMENT

E-HEALTH

The Kentucky Health Departments Association maintains that local health departments have a responsibility to serve the public. To serve the public in the future will require technology for paperless medical record systems and the ability to extract and share data with other medical providers, clearinghouses, third party managed care organizations and state agencies.

Health is widely regarded among health analysts and policy makers as critical to increasing the efficiency and effectiveness of America's health care sector. E-Health consists of two parts: the adoption of health information technology (HIT), such as electronic medical records in clinical settings, and health information exchange (HIE), the ability to exchange health information electronically between two entities when appropriate.

E-health capabilities will enable Local Health Departments to contribute and formalize data for predictive trends and concerns. It is critical that the local health department be able to effectively exchange timely data and tract patient information.

The Local Health Departments require an initial estimate of 14 million dollars to support the required infrastructure capabilities to meet E-health technology and transitioning training. This would include but is not limited to start-up costs of:

Initial Training and Overview for all Staff

HIPPA Compliance and Security

Information System Network & Encryption Programs

Computers, Printers, Storage Systems

Linkages to DPH, Medical Providers and Reimbursement Systems

The annual cost following the start up of E-health would be around 5 million dollars for all local health departments. The opportunity to engage and create encrypted web based information systems in collaboration with medical providers, state departments and insurers will not only improve health services but may enhance the commonwealth's ability to document change in outcomes and improve negative health rankings.

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KENTUCKY HEALTH DEPARTMENT ASSOCIATION, INCORPORATED

POSITION STATEMENT

UNDERFUNDED MANDATES

Local health departments work at the grassroots level to oversee and implement effective strategies recommended to improve the health and well being of our population. The infrastructure established by law for the local health departments mandates that environmental services and protection, prevention and health education programs, control and surveillance of communicable diseases, immunizations, disaster preparedness and chronic disease management be available at all times. These services must be provided no matter what the cost to the Local Health Department. The local health department staff is well trained and prepared to continue the process of assessment, assurance and policy development for the improvement of the health of the commonwealth but as the cost of these mandatory services increase funds are not available to support other community services.

The Local Health Departments require an additional 11 million dollars annually to support the required infrastructure capabilities to meet mandated environmental program requirements for inspections and complaints, for compliance to Limited English Proficiency Requirements as well as meeting the capacity to render services to those who are limited in English Proficiency, and to meet obligatory requirements for communication technology and support as deemed necessary for standards of operation for healthcare facilities.

It is the position of the Kentucky Health Departments Association that funding for the infrastructure of the local health departments needed to continue to serve communities as mandated be supported. The escalating costs of staffing, benefits, training, pharmaceuticals and technology have made it difficult to balance local budgets. Requirements that demand increased communication technology have placed a burden on local health departments. Compliance to meet new requirements with Limited English Proficiency, Internet communication, and surveillance communication has increased cost to all local operations. Additional requirements for unfunded immunizations and cancer screenings for the underinsured, surveillance activities, preparedness training and quality assurance have strained resources and reserves.

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Underfunded Mandates Required by LHDs

Clinical Services

- Family Planning and Contraceptives
- Breast and Cervical Cancer
- WIC
- Immunizations
- Flu Vaccines
- Communicable Diseases
- Epidemiology
- Interpreters
- Tuberculosis
- STD

HANDS
Healthy Start

Environmental

- Food
- Public Facilities
- General Sanitation
- Nuisance Complaints

Bioterrorism Planning/Preparedness

- Community Planning
- Staff Preparedness

School Health

- Services

Health Education and Prevention

- Health Education & Training

Impacts to Local Health Departments Operating Costs in the Last 5 Years

- Decreased Tobacco Funding Has Impacted Various Programs
- Decreased Bioterrorism Funding To Support Programs/Training
- Flat Funding For All Mandated Programs
- Increased Pharmaceuticals Costs; Contraceptives Have Experienced Immense Price Changes
- Increased Operational Costs Due To Fuel/Supplies/Internet Technology
- Increased Population Of Limited English Proficiency Patients
- Increased Uninsured Population To Be Served
- Increased Costs Of Benefits, Salaries And Recruitment To PH Jobs
- Aged Regulatory Requirements That Impact Flexibility Responses For Local Health Departments To Operate Effectively And Efficiently
- Training Requirements
- Education Requirements For Multiple Programs And Their Changes
- Working With Insurance And Manage Care Reimbursement Requirements
- Retirement
- Turnover Of Employees

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