



Dr. Susan Zepeda

President/CEO
Foundation for a Healthy Kentucky

Dr. Susan Zepeda encourages the use of EHRs for disease surveillance and improved population health.

Tell us a little bit about your background. How did you end up in your current position at the Foundation for a Healthy Kentucky?

When I was a grad student at the University of Arizona I had the opportunity to do a few research assistantship positions. One was with the Department of Family and Community Medicine, and the other was with the Division of Business and Economic Research. They really shaped my interest in the intersection of health and economics. Then, I worked with a consortium of health organizations in Arizona. I moved to California, to serve as deputy director for public health in Orange County, with responsibility for the substance abuse programs. I had a great mentor in the health officer there, Dr. Rex Ehling. He gave me the opportunity to work with different divisions. This, and my time as Planning Director for the Health Care Agency, made it possible for me to take on the position of Health Agency Director in San Luis Obispo, California. There I became involved with the National Association of County and City Health Officials (NACCHO); as a NACCHO board member, I chaired the environmental health task force. So when I moved from public health to philanthropy—first as CEO of the Healthcare Foundation for Orange County and later as CEO of the Foundation for a Healthy Kentucky—I really carried my passion for public health into the work of health philanthropy.

Can you give us some background on the Foundation? What is your role there?

The Foundation for a Healthy Kentucky was created in 2001 when Anthem acquired Blue Cross Blue Shield of Kentucky. The state, specifically the attorney general, stepped in and made the case that some of proceeds of the sale belonged to the people of Kentucky because Blue Cross Blue Shield had been tax exempt for so many years. This led to the creation of a foundation whose mission is to address the unmet healthcare needs of Kentuckians, through policy and systems change work to improve access to needed healthcare, reduce health

disparities and increase health equity for all Kentuckians. As the CEO, I have the responsibility of ensuring that the endowment is prudently invested so that the funds will be there for the long haul and that our programmatic investments are well-spent on improving the health of Kentuckians.

Why are you passionate about public health? What motivates you to go to work every day?

What motivates me to go to work every day is that I see, so visibly, the health challenges that are holding Kentuckians back. High rates of chronic diseases, like cancer, heart disease, asthma and diabetes, hold back individuals and they hold back the state.

Here at the Foundation our focus is on changing the health policy environment. We are deeply aware that policies shape our environment, which in turn shapes our everyday choices. For example, access to affordable, healthy and nutritious food makes it easier to follow a healthy diet. Sidewalks, parks and playgrounds allow us to be more physically active. Smoke-free offices, restaurants and businesses—and taxes on tobacco products—support the decision to stop smoking or not to start. Environments are important: They either help make the healthy choice the easy choice, or make it hard for people to live a healthy lifestyle.

The healthcare landscape continues to evolve. What do you see as the primary opportunities for public health organizations? Conversely, what do you see as the primary challenges for public health organizations?

In Kentucky the new healthcare environment includes a successful state-operated insurance exchange, and expansion of Medicaid as allowed under the Affordable Care Act. Prior to that, the state had decided to expand

Medicaid managed care statewide. These changes present opportunities for individuals in Kentucky and challenges for the finances of local public health. Over the years, the financing of public health—not just in Kentucky, but across the nation—has been eroded because of the infusion of Medicaid resources in local health departments. They became a healthcare provider of last resort. The reduction in state and local government appropriations for public health seemed offset by Medicaid resources, or in some cases, CHIP (Children's Health Insurance Program) resources. And some years ago, local health departments got an infusion of federal resources to address the threat of bioterrorism. But then those funds went away. And then local health departments were again dependent on Medicaid funds.

Health departments are guardians of community health—this matters when looking at who they are and why they exist. Many taxpayers think of the health department as the place to get immunizations and healthcare for poor people, and they don't remember the crucial work of local health departments in maintaining a safe environment, clean water and a safe food supply, and in rapidly identifying and containing epidemics when they occur. There is a constant state of readiness and vigilance that folks seem not to appreciate until there's an outbreak of some kind—and then they wonder where their health department resources went. Most Americans understand the importance of the first line of defense afforded to them by the police and the fire department, but not the role of their local health department. This has been a struggle for years.

With the Affordable Care Act, there may be an opportunity to increase the number of people who have insurance and can get basic healthcare in more places.

There may also be a shift in the resource situation in some charitable hospitals. There are some things embedded in the Affordable Care Act that hold nonprofit hospitals more accountable for the work they're doing to advance the healthcare of their communities, and penalize them for hospital readmissions. There are opportunities for local health departments to partner with hospitals and work together to find ways to address community health needs.

In a best case scenario, those nonprofit hospitals will have more charitable resources to address community health needs and they will become financial partners as well as programmatic partners with local health

departments. In a worst case scenario, newly insured patients will move away from local health departments to other providers in the community, which reduces the flow of Medicaid funds to health departments, undermining their ability to monitor the health of their communities and respond rapidly to health risks.

Another challenge for local health departments as they seek to improve the health and quality of life of their communities and community residents is that people are grappling more often now with chronic diseases, rather than viruses and bacteria. These diseases are the result of life choices and the responses are less often vaccines and more often the need to learn to live each day differently. So health departments are getting into areas of policy change to shape the community environment, in turn helping people make healthy choices. For example, we see health departments stepping up for smoke-free environments. We see them stepping up for sidewalks and playgrounds. And we see them stepping up for things like expanding opportunities to access nutritious foods. For example, in many places you can now use WIC (referring to the Women, Infants and Children Program) or SNAP (Supplemental Nutrition Assistance Program) at farmers' markets. There are local health departments that are helping to improve corner stores that used to just sell cigarettes and snacks. Now they're selling fresh produce, fresh apples and oranges, as healthy snacks you can grab in a hurry.

So many of the opportunities available for health departments will require them to form new partnerships in the community. They are responsible for community health. You can't do that in isolation, and you never could. But the need to be connected is even more apparent today.

Where do you see the public health field five years from now?

I think we'll see a patchwork across America of local health departments that have successfully pivoted to address their communities' needs and forged new relationships and found new funding streams—and others that will languish or be replaced by an outpost of a state agency. Or, more dangerously, communities will do without the health vigilance that's needed.

What do public health organizations need in order to be successful? What are some

specific actions they can take to achieve success?

They need to embrace EHRs because disease surveillance likely involves having those electronic health data systems in their community. They will need to explain the importance of their role to hospitals and local government officials. This is urgent because Medicaid might have sustained them in the past, but now they need to make strong partnerships throughout their community to work effectively on policy change. And when I say “policy change,” it’s both “policy change” with a small “p” including policy changes employers make in the workplace to support employee wellness, and “policy change” with a big “P” referring to ordinances, regulations and laws that government entities enact.

Are there any specific resources, tools, websites, etc. that you'd recommend to

those who want to learn more?

I'd welcome folks to visit our website, which is www.healthy-ky.org. And for readers in Kentucky, I welcome them also to visit www.kentuckyhealthfacts.org, a partnership of our foundation, the state department for public health and epidemiologists at the University of Kentucky to take Behavioral Risk Factor Surveillance System (BRFSS) survey data to the county level, in the hopes that this will stir local civic engagement and public health action.

How can outside entities better support organizations like yours?

It's not just about supporting organizations like our foundation specifically—it's about supporting the work that local health departments are doing. They can forge community partnerships and lift up the work of public health.

About Dr. Susan Zepeda

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Susan G. Zepeda is President and CEO of the Foundation for a Healthy Kentucky. Before joining the Foundation in 2005, she was the first CEO of The HealthCare Foundation for Orange County (1999-2005) and, prior to that, Director of the San Luis Obispo County (CA) Health Agency and CEO of that County's General Hospital. She has served on the Boards of Grantmakers in Health, the National Association for County and City Health Officials, and as Vice President of the County Health Executives Association of California, where she was actively involved in efforts to realign public health funding and strengthen capacity to address local population health needs.

Dr. Zepeda is currently on the Boards of Grantmakers for Effective Organizations and the Southeastern Council of Foundations. She holds degrees from Brown University, the University of Arizona and International College, and has completed the CDC-sponsored Public Health Leadership Institute and the Program on Negotiation for Senior Executives at Harvard University.

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