



Public Health Players in Ohio

State Health Authority: **Ohio Department of Health (ODH)**

114 local health departments (LHDs), including general health districts (county), city health districts and combined health districts (county and city)

State Association for City and County Health Officials: **The Association of Ohio Health Commissioners (AOHC)**

The **Ohio Public Health Advisory Board** assists the Ohio Department of Health with rule making

The **Ohio Public Health Partnership (OPHP)** is a network of public health associations, including AOHC and other groups, that applied for the RWJF grant

Context of Foundational Public Health Services (FPHS) Public Health System Transformation

The public health landscape rapidly changed following the 2008 recession. Federal, state, and local funding sources declined, and simultaneously the need for public health services grew. Ohio needed new tools, data, relationships, and service delivery mechanisms to protect the health of Ohioans and advance the role of governmental public health as the chief health strategist for the state.

In 2012, the Association of Ohio Health Commissioners (AOHC) contracted with the Health Policy Institute of Ohio, to develop the *Public Health Futures Report*. The report looked to the FPHS model and drew attention to the need for increased funding and capacity to provide a system capable of serving Ohioans sustainably.

In September 2012, the state legislature established the Legislative Committee on Public Health Futures, which reviewed the AOHC recommendations and developed its own recommendations on advancing the work, resulting in 2013 legislation that required all LHDs to apply for accreditation through the Public Health Accreditation Board (PHAB) by June 30, 2018, and successfully become accredited by 2020.

RWJF Project Objectives

With Robert Wood Johnson Foundation (RWJF) support, Ohio's objectives through the RWJF project were to advance its FPHS costing work, explore opportunities to provide FPHS services, identify ways for the FPHS model to support smaller health departments, and move the population health planning process toward local, state, and public health system alignment.

What Happened

Ohio received \$244,880 in RWJF funding over two years, March 2016 through February 2018, for its public health system transformation work. During the first year, Ohio produced the shared services survey; assessed where Ohio programs and services would be placed in the FPHS model; and produced a statewide guidance document on aligning state and local efforts for population health planning. During the second year, Ohio continued to develop the costing tool and launched initiatives to align planning and collaboration across public health and clinical care to improve population health outcomes.

FPHS Cost Assessment. Ohio worked on a costing tool to determine the level of FPHS currently provided, what gaps exist, and the costs of closing these gaps. The costing tool is also being used to revise the Annual Financial Report (AFR) to align annual financial data with FPHS categories, so that future AFRs will provide annual data from all LHDs by FPHS category in a complete, standardized dataset.

Shared Services. Ohio explored shared services models through a few efforts, including a Local Public Health Services Collaborative and Council of Governments (COG) model. In late 2016 and early 2017, Ohio conducted a survey to assess LHD's familiarity with the shared services spectrum, current cross-jurisdictional sharing, and future interest in shared services options to provide FPHS. The survey found that there was highest interest in informal arrangements and service contracts.

Aligning Population Health Planning. Ohio's goal was to align local and regional hospital and public health planning with the state health assessment and state health improvement plan. In July 2016, state legislation established that all LHDs and tax-exempt hospitals were required by statute to submit community health assessments (CHAs) and community health improvement plans (CHIPs) on the same timeline, a three-year planning cycle (per IRS requirements for hospitals).

In January 2017, the Population Planning Health Workgroup published a guidance document, *Improving Population Health Planning in Ohio: Guidance for Aligning State and Local Efforts*, to support these alignment efforts.

Legislative Investment. The 2017–2019 proposed state budget allocated \$1 million in total one-time funding to LHDs to support the transition from a five-year to a three-year planning cycle to align with hospitals. The proposed budget also offered, as an incentive, \$12,500 to LHDs who address two population health outcomes among mental health and addiction, maternal and child health, and chronic disease. The State's Regents Program also allocated \$5 million to help LHDs prepare for accreditation and for specific research projects.

Outcomes and Impact of RWJF Grant Funded Work

- **Through the costing work,** Ohio is on target to identify the level of FPHS being provided, what gaps exist, and what it will cost to close those gaps. A revised AFR will support ongoing web-based collection of FPHS financial data.

- **The 21C Project Survey** found that informal arrangements and service contracts garnered the most interest as types of cross-jurisdictional sharing.

Challenges Encountered

- Designing and implementing a costing tool requires a **substantial investment of time.**
- **Messaging around FPHS** presented a challenge, specifically prior to completing the accreditation process.
- **Mandatory accreditation occupied the time and focus** for most LHDs during the grant period.

Lessons Learned

- **Vision and leadership were critical to successful statutory changes,** and the Governor's Office of Health Transformation was part of leading the effort to pass legislation.
- **Webinars provide opportunities** for states to hear directly from peers and ask questions in a collaborative setting.
- **Statewide adoption** of FPHS is a mechanism for ensuring that Ohioans are served well.

Next Steps

Ohio plans to share the costing tool with all LHDs, complete the assessment, and use the information and recent funding commitments to implement the updated AFR in 2019. Public health leaders will provide shared service training and technical assistance with educational partners, facilitating capabilities and areas where interest and availability intersect. The hope is that common metrics on Community Health Assessments and Community Health Improvement Plans will culminate in a shared needs assessment process with hospitals and public health by 2020.