



MAY 2012

# Ohio: Promising Practices in Coordination of State and Local Public Health

*With support from the Association of State and Territorial Health Officials (ASTHO), the National Association of County and City Health Officials (NACCHO), and the Centers for Disease Control and Prevention (CDC), NORC at the University of Chicago is compiling a series of promising practice reports highlighting successful practices in public health coordination on the state and local levels.*

## OHIO'S PUBLIC HEALTH SYSTEM

The public health system in Ohio has a decentralized governance structure. The system is comprised of the Ohio Department of Health (ODH) and 125 local health departments that operate independently throughout the state. The local health departments are also called health districts—about half are city health districts, and the remaining 61 local health departments are general health districts. General health districts are either county-based or combined city/county health departments. Each health district operates independently from ODH; is governed by a Board of Health, which appoints the district health commissioner; and makes budgetary decisions at the local level. Depending on the type of health district (city or general), funds for local public health come from local tax revenue, city funds, county funds, contracts, and other sources.

The state contributes only a small percentage of the local health departments' budgets, predominately through discretionary dollars. To receive these funds, local health departments must meet reporting and eligibility requirements. The state also contracts with local health departments to implement certain programs and provide certain services. ODH provides support through programmatic technical assistance and laboratory services, among other services.

## THE STATE-LOCAL RELATIONSHIP IN OHIO

ODH has engaged in several initiatives aimed at fostering a productive and positive relationship with the local public health departments in Ohio. Several state and local representatives that

### OVERVIEW

The Ohio Department of Health (ODH), through the Office of Local Health Department Support, encourages a productive relationship with local health districts by fostering communication through a number of means. In turn, local health districts primarily provide organized feedback to ODH through the Association of Ohio Health Commissioners (AOHC). In addition to building the capacity of local health districts, AOHC also serves as an intermediary, communicating messages between locals and the state.

we spoke with discussed the importance of building a cooperative partnership between the state and the local health departments. As described below, these initiatives have involved various statewide associations that represent local health departments. One local health official explained that these initiatives from ODH represent a shift from what was previously perceived of as a “parent-child” relationship. This health official talked of a growing appreciation for the unique responsibilities of state and local public health departments, and explained the importance of acknowledging that “we’re part of the public health system and we have different roles.”

### **Organizational Strategies**

As part of an effort to foster a positive state-local relationship, the Office of Local Health Department Support, within ODH, serves in a liaison capacity with local health departments (LHDs). The Office serves as their central point of contact to approach ODH with questions or concerns; as such, the Office frequently fields emails, phone calls, and other communications from locals. The Office also provides administrative support, such as coordination and administration of public health improvement standards; communicates between LHDs and the central office; and provides technical assistance as requested or required. The Local Health Liaison, an individual employed within the Office, facilitates this communication between the state and local level. One LHD representative said that having the Local Health Liaison as the state-level point person has been beneficial for communication.

LHDs collaborate with one another through a variety of means, one of which is the Association of Ohio Health Commissioners (AOHC). AOHC’s members include local health commissioners from almost every local health district in Ohio. The other member associations for local health department representatives include: the Ohio Association of Boards of Health (OABH), the Ohio Environmental Health Association (OEHA), the Ohio Public Health Association (OPHA), and the Ohio Society of Public Health Educators (SOPHE). In 2005, these five member public health associations established a not-for-profit entity called the Ohio Public Health Partnership (The Partnership). The Partnership unites the associations, allowing them to more effectively educate both policymakers and the public on public health issues. As such, the Partnership works closely with ODH to efficiently connect LHDs with the state.

*AOHC “represents the local perspective....It really is...the accepted conduit for issues across multiple health departments.”*

*–Anne Goon, Director, Henry County Health Department*

### **Additional State-Local Communication Venues**

The Office of Local Health Department Support hosts weekly conference calls via web conference with local health departments to provide timely public health updates. These calls provide a venue for information sharing with local health departments in Ohio. The web conference allows for a more complete and interactive experience than the telephone. ODH feels that the weekly calls are “critical,” and several local representatives noted that they have proven extremely valuable in improving communication between the state and LHDs. An estimated one-third of LHDs participate weekly, with as many as two-thirds of LHDs on any given call. In addition to these conference calls, ODH hosts two conferences a year, which local and district health commissioners are required to attend, as attendance is tied to receipt of state funds. ODH holds these meetings in conjunction with the meetings of the public health associations, which helps foster coordination among different public health efforts in the state.

Local health departments typically communicate with ODH via AOHC, and AOHC communicates with LHDs through its weekly newsletter. The newsletter highlights pertinent public health topics, including grant opportunities, legislative news, and other relevant information; it also reiterates information from discussions during ODH’s weekly conference calls. According to AOHC, the Association is “open and willing to be an agent of communication in both directions,” and the weekly newsletter serves as a valuable resource to both local health departments and ODH.

## **Accomplishments**

Together, The Partnership and ODH formed a grassroots advisory committee called the Ohio Voluntary Accreditation Team (OVAT), which has, among other things, helped support grant efforts. At its inception, OVAT operated a steering committee tasked with coordinating grant requirements to ensure timely completion of deliverables. OVAT includes representatives from both state- and local-level public health, and its membership is, by design, diverse with regards to geography, local health department size, and public health discipline. OVAT operates under a charter, holds quarterly meetings, and involves various subcommittees to work on special projects, as needed.

OVAT continues to represent a joint venture between LHDs and ODH, and it serves as a formal entity for joint state-local public health initiatives. As one of its tasks, OVAT was designated as the state's public health standards development task force. This designation was supported by ODH as a way to ensure that local health departments have a means of providing input in the development of Ohio's public health improvement standards. OVAT developed a draft set of standards for statewide assessment, which was vetted via web conference by representatives from ODH and local public health departments. Following the vetting of the draft standards, OVAT proposed that Ohio adopt the Public Health Accreditation Board's (PHAB) standards as Ohio's set of public health improvement standards. ODH accepted this proposal, which was finalized in 2011.

In addition, OVAT has facilitated work related to continuous quality improvement (CQI) demonstration projects. OVAT has ensured that the work of local health departments related to the demonstration projects has been accompanied by parallel efforts from ODH. Specifically, for the first time ever, ODH is reporting on the same public health standards that local health departments are required to report on. According to one local health department representative, this commitment of the state and the collective accountability of all public health entities will facilitate state-local cooperation. In addition, OVAT made improvements to the online reporting tool to improve ease of use, and to allow health departments to report qualitative data, including promising practices that can be shared throughout the state. These changes to the reporting tool may enable ODH to provide policymakers and funders with aggregate public health data. It will also allow for comparisons to be drawn across local health departments of similar size and capacity.

Local health commissioners have been able to communicate more openly with ODH representatives due to the connection between AOHC and the Office of Local Health Department Support. AOHC forms subgroups of health commissioners, as needed, to engage in negotiations with the state. For example, a Bioterrorism Team (or "B-Team") was formed to discuss funding changes to the public health emergency preparedness program. The B-Team proposed and negotiated funding formulas with the state until one was mutually agreed upon. This new formula was implemented in August 2011. In addition, the Office solicited feedback from local health commissioners on the potential impact of a cap on the personnel fringe rate. Based on their feedback, ODH opted not to implement the change. An ODH representative explained: "We didn't want to make a decision in the vacuum, so we engaged [local health officials]." Local health departments appreciate that ODH not only solicits their feedback, but also actively uses the feedback to inform decision-making related to policy and funding.

Another effort to improve the relationship with local health departments and to enhance agency communication is a recent expansion of ODH's website to include a public webpage dedicated to LHDs. The site describes the dynamics of the state/local relationship; the role of the Office of Local Health Department Support; and the types of LHDs and their role within their communities. ODH describes the website as a unique opportunity to improve communication between the state and local health departments.

## **CHALLENGES, LESSONS, AND OPPORTUNITIES**

ODH, through the Office of Local Health Department Support in particular, has strived to improve communication with local health departments in Ohio. For example, following the weekly web conferences, ODH widely disseminates the agenda, detailed minutes, and relevant follow-up items. One local health department representative commented that it is helpful for this information to be made easily accessible and available in a

timely manner, so that local health departments can take appropriate action. Communications from the state can also help build a sense of trust from locals. One local health department representative explained that when contacting ODH with inquiries of a programmatic nature, local health officials have greater respect for those programs that respond in a timely, thoughtful, and constructive manner than for those that are less helpful.

The relationship between state and local public health entities is often shaped by the beliefs of those holding leadership positions. Dynamics may vary depending on the health commissioner's personality, training, and prior experience. In Ohio, it has proven beneficial for state-local relations that a number of ODH staff have previous work experience within local health departments. However, equally meaningful for fostering a positive relationship is the attitude that exists at the local level. Particularly in Ohio, where the independent health departments vary in size (rural to metropolitan), funding (community fees, local taxes, city funds, or county funds), and population served (city, county, or a combination of the two), the individuals who comprise the local Boards of Health may significantly impact the relationship with ODH. One local health official explained that, particularly in times of budget constraints, it is important for both local health departments and the state to be aware of the ways that the other contributes to the provision of public health services in the state. When funding is tight, local health departments—who are on the front line of service delivery—may express frustration about funds that are maintained on the state level. In those instances, it may be helpful to recall the support that the state continues to provide in terms of infrastructure, technology, and laboratory services, as well as services that only the state provides, such as developing state policy, assuring quality and access to services across the state, and many important regulatory functions.

Along with the attitudes at the state and local level, it is important that public health leaders trust one another and remain confident that each entity is working in public health's best interest. In this regard, AOHC encourages its members to acknowledge ODH activities that strengthen the state-local relationship, as this may provide "positive reinforcement" for behavior that local health departments would like to see replicated. Trust between state and local public health entities may also grow with increased interaction between the two; indeed "forced cooperation" may improve communication from both sides of the public health system. One local health department representative explained that for the Public Health Emergency Preparedness (PHEP) grant, ODH must work in cooperation with local health departments. If this model were utilized within other public health program areas, cooperation and open communication may become easier and be less contrived.

## FOR MORE INFORMATION

### **About Ohio's member associations for local public health:**

- Association of Ohio Health Commissioners (AOHC): [www.aohc.net](http://www.aohc.net)
- Ohio Association of Boards of Health (OABH): [www.ohiopublichealth.org/displaycommon.cfm?an=1&subarticlenbr=13](http://www.ohiopublichealth.org/displaycommon.cfm?an=1&subarticlenbr=13)
- Ohio Environmental Health Association (OEHA): [www.ohioeha.org](http://www.ohioeha.org)
- Ohio Public Health Association (OPHA): [www.ohiopha.org](http://www.ohiopha.org)
- Ohio Society for Public Health Education (SOPHE): [www.ohiosophe.org](http://www.ohiosophe.org)

### **About Ohio's local health departments:**

- [www.odh.ohio.gov/localhealthdistricts/localhealthdistricts.aspx](http://www.odh.ohio.gov/localhealthdistricts/localhealthdistricts.aspx)

### **About the Ohio Public Health Partnership:**

- [www.ohiopublichealth.org](http://www.ohiopublichealth.org)

---

NORC at the University of Chicago completed this work on behalf of the Association of State and Territorial Health Officials (ASTHO) and the National Association of County and City Health Officials (NACCHO) with funding from the U.S. Centers for Disease Control and Prevention (CDC). We would like to acknowledge the contributions of staff at public health departments throughout Ohio with whom we spoke.

For additional information about this project, please contact Michael Meit, MA, MPH at NORC at the University of Chicago ([meit-michael@norc.org](mailto:meit-michael@norc.org)); Katie Sellers, DrPH at ASTHO ([ksellers@astho.org](mailto:ksellers@astho.org)); or Michelle Chuk at NACCHO ([mchuk@naccho.org](mailto:mchuk@naccho.org)).