

# ***New Philadelphia City Health District***

## ***John Knisely Municipal Centre***

*150 East High Avenue, Suite 011*

*New Philadelphia, Ohio 44663*

*330/364-4491 x1208 330/364-8830 fax*



March 22, 2017

The Honorable Mark Romanchuk  
Ohio House of Representatives  
Chairman, Finance Subcommittee on Health and Human Services  
77 S. High St  
11th Floor  
Columbus, OH 43215

### **Testimony Opposing the Mandate of Local Health Department Accreditation**

Dear Chairman Romanchuk,

I would like to introduce myself. My name is Vickie Ionno, Health Commissioner of the New Philadelphia City Health Department in the great city of New Philadelphia, OH. New Philadelphia is the County seat of Tuscarawas that is located the rural Appalachian region of Ohio. Tuscarawas County's landscape is scenic with rolling hills and valleys that lends itself to county living. Established in 1854, the New Philadelphia City Health Department is one of the oldest departments in the state and is housed in the New Philadelphia City Hall.

Our county is beautiful, but not without its problems. Tuscarawas County, including the City of New Philadelphia lacks enough access to public transportation and is medically underserved that results in barriers to care. Many are still uninsured due to premium costs and out-of-pocket expense. Others are recipients of Medicaid and Medicare but are low income. Not to mention the growing Opiate crisis that we also consider a Public Health crisis.

I am writing you to give you some insight to the hardship the mandated Accreditation will cause our health department and many others like mine across the state of Ohio. Accreditation sounds great in theory but there are many negatives to taking on the task of achieving accreditation. Accreditation is voluntary in all the other 49 states in our union as was Ohio until Governor Kasich's administration included it in the 2013 HB 59. Since then Health Commissioners around the state have voiced their opposition to mandated Accreditation due to the financial hardship it has and continues to cause many local public health departments. The Governor's current budget sets aside \$3.5 million dollars to fund up to 24 health department mergers. Those dollars could have been given to LHDs to FUND and achieve accreditation instead.

Over 50% of Local Health Departments across Ohio are considered "Small or Very Small" meaning their jurisdiction has a population of 50,000 or less. Since funding to LHD is ranked 49<sup>th</sup> across the nation...mandated accreditation without funding means the health department must use very limited resources and staffing to achieve such a costly endeavor. Accreditation fees along for a health department our size is grouped in with the same as health departments with populations of 100,000. We find this unreasonable since the jurisdiction of New Philadelphia has a population slightly over 17,000.

The few Ohio health departments that have achieved accreditation have said that it comes with the price tag of \$120,000 - \$300,000 that includes the fees and personnel time involved. And is estimated to take approximately 5 years to complete, barring public health emergencies like Zika, Ebola, measles, mumps and other disease outbreaks. It is estimated that Ohio health departments will pay \$2.3 million in accreditation fees to the Public Health Accreditation Board in Arlington, VA. Meaning that Ohio taxpayer dollars are leaving the state, with little or no tangible benefits for the residents of Ohio. Overall the accreditation effort is expected to cost Ohio health departments \$5 - \$7 million (AOHC 2013). These dollars spent on accreditation will result in reduced dollars spent on public health services and will result in service gaps to our residents.

In 2016 the operating budget for the NPCHD was \$412,697, so meeting this unfunded mandate is financially impossible. The 2016 the subsidy dollar amount received from the Ohio Department of Health was \$3,237.90 or only 16 cents per capita. The support of our City's general fund allows us to provide vital healthcare services like childhood and adult immunizations, HIV, Hepatitis C and Alc testing that is unavailable at any other healthcare agency in our county. In addition, our Environmental Health department provides oversight on food service operations, inspects schools, pools, and tattoo parlors. Our Environmental Health department meets or exceeds the state-mandated minimum inspection on many programs.

Whenever possible, we partner and collaborate with other public health and community healthcare partners. Especially when it comes to Emergency Public Health preparedness and response. It will take all of us to support one another in a time of crisis or emergency. Accreditation speaks of collaboration and shared services. This is already being done. Accreditation also speaks of standardization of services, but through CDC, ODH, EPA, ODA and other directives, we are already being audited by site visits, chart reviews and state financial auditors.

We are the most accessible and affordable healthcare agency in our area for many to receive a multitude of vital health services. Our health department is within walking distance for many residents without a working car or other mode of transportation. For many would not have access to any healthcare services otherwise.

Although the Affordable Care Act was supposed to insure every resident...it does not. Many of our residents still do not have insurance coverage due to unaffordable premiums and out-of-pocket copays. Many of these residents are working minimum wage jobs and are slightly over income to qualify for assistance from Medicaid. Further, if this office were to merged with the county health department, many who walk would lose this easy access to care.

What this equates to is many children and their families that have barriers to immunizations and other public health services. Ohio's 2014 immunization rates were much lower at 68% than the goal of 92% of babies between the ages of 6 to 35 months that were up-to-date on immunizations. If smaller health departments are unable to achieve accreditation and are forced to close or merge, then barriers to affordable healthcare will increase. These barriers will lead to poor health outcomes and higher rates of vaccine preventable diseases. As we mentioned above, merging departments does not always provide better service to residents. In many cases, it creates barriers to care.

In addition, through funding opportunities our health department is able to provide free HIV, Hep C and A1c testing and free blood pressure checks. Included with all the screenings are education, counseling and referrals. The sooner we can help clients receive the proper medical treatment the better their health outcomes. Valuable services for residents with barriers to transportation and affordable healthcare.

We have also joined the fight against a demon called addiction by being the first site in our area that would accept the task of administering Vivitrol to our Opiate/Heroin addicts outside of incarceration. We work closely with area courts, counselors, law enforcement and probation officers to provide medication assistant treatment to our opiate/heroin and sometime, alcoholic clients. Residents overdosing is a daily occurrence in our county and dying from the overdose is a too frequent outcome. To date we have 34 clients presenting to our clinic monthly for their Vivitrol injection to block the cravings for the drugs. We are seeing tremendous success, lives turned around, families healing and see Vivitrol as a great tool...but know it takes “a Village”.

I would implore you to consider the profound impact that “mandated accreditation” will have on all the residents of our state. At the end of the day, we all want the same thing: healthy Ohioans whose public health needs are met. Please consider options, other than expending precious resources provided by our health department on the administrative cost of accreditation. Other options like providing funds for accreditation, extending the timeline, or making it a volunteer accreditation like all the other 49 states in our union.

Lastly, I would urge you to consider the lack of benefits accreditation will accrue to a smaller department. If you examine the testimonials on the PHAB web site, the main benefit that a department receives from being accredited, aside from “prestige” is a better understanding of process. In a department with 50 or 100 employees, I can readily see a tangible benefit of going through this process. But over half of the depts. in the state have fewer than 10 employees. While they too may gain some benefit in this area, the monetary benefit is markedly less than a larger department. A department with six employees, if not functioning efficiently, would have shut its doors long ago. When you have a smaller budget, you are keenly aware when an employee (or employees) are not doing their job. As an economy of scale, accreditation would only be marginally profitable as compared to the dollars that would have to be spent to secure this accreditation.

Thanks to you and members of the Committee for your consideration for small, but not less valuable health departments like ours working in the trenches to improve public health. I would be happy to answer any additional questions you may have. My contact information is below.

Thank You,

*Vickie Jonno P.N.*

Health Commissioner  
New Philadelphia City Health District  
(330) 364-4491 x 1208  
[vionno@newphilaoh.com](mailto:vionno@newphilaoh.com)