



Testimony before the  
**Senate Finance Committee**

**House Bill 110**

May 13, 2021

Senator Dolan, Ranking Member Sykes and members of the Senate Finance Committee. Thank you for the opportunity to provide this written testimony regarding House Bill 110, the state biennial budget bill on behalf of the Association of Ohio Health Commissioners (AOHC), the state association representing Ohio's 113 local health departments.

Ohio's governmental public health system is composed of the state health department and our local health departments. ODH administers state programs through rules, guidance and technical support, including the distribution of federal and state funds. ODH is funded primarily by federal grant dollars, with roughly 10% of its budget from state general revenue funds. Local health departments, meanwhile, implement many of the state mandated programs while also delivering high-quality services unique to the needs of our community. More than 85% of all funding for local health departments originates locally from property taxes, levies, general revenue funds or license fees. Collectively, we work every day to improve the health and welfare of Ohio's citizens.

AOHC would like to thank the State Legislature for making federal funding available to our local communities for COVID-19 response. The portion of this funding designated for local health departments has been administered by ODH and has been administratively challenging. This is largely due to the additional restrictions on use, which exceed federal requirements and result

in a lack of essential flexibility for use at the local level and hinder progress due to multiple grant instruments with frequently changing guidance. Despite the aforementioned challenges, these funds have enabled us to scale our response in the areas of disease investigation and contact tracing, enforcement, communications, community engagement, vaccination and testing. We look forward to a full and transparent after-action report that will identify opportunities for improvement so that we can be even more prepared for the next public health emergency.

Our state's public health system is aligned towards common priorities - addressing such issues as communicable disease, emergency preparedness, infant and maternal mortality, immunizations, chronic disease, mental health and addiction and access to care. There are many provisions in the budget we support which enhance our overall public health capacity and capabilities, including:

1. Allowing for donations, grants, and other private sources of income to the Public Health Priorities Fund;
2. Addition of vaping products to the definition of nicotine products, with consideration of meaningful enforcement;
3. Secure funding to the Tobacco Use Prevention Fund by retaining the increase of \$2.5 million each year of the biennium.
4. Expansion of Help Me Grow to age 5, with additional funds for home visiting;
5. Reinsertion of \$2 million for health equity initiatives;
6. Addition of \$6 million for implementation of state and local health improvement plans;
7. Additional investment in lead abatement and prevention initiatives;
8. Additional \$25 million in data systems investments for public health- such as disease reporting, immunization registries, environmental health program management, and lab systems improvement;
9. Increase investment in harm reduction programs and other initiatives targeting opioid use;
10. Increases funding for the SNAP Double-Up Program (Produce Perks)
11. Funding for the Produce Prescription Program (PRx)

As we work towards addressing health disparities and improving health outcomes, including the burden of COVID-19, our state has a shared goal

for its health departments to be nationally accredited. At its core, national accreditation by the Public Health Advisory Board is a multi-year process focused on quality improvement and ensuring public health meets nationally recognized capabilities and standards. In Ohio 44 local health departments have achieved national accreditation, while 64 more have already applied and are actively in the process, making Ohio a national leader. The attached info graphic provides a high level overview of the value of public health accreditation.

The Covid-19 pandemic has demonstrated that a well-funded and well-devised public health system is vital not only to responding to public health emergencies but also to addressing long-standing public health issues. AOHC looks forward to an independent and thorough after action review of the overall COVID-19 response, so Ohio can identify lessons learned and priorities for improvement in anticipation of the next public health emergency. In addition to the appropriations for public health programs, services and capabilities, there are several policy changes in House Bill 110 that AOHC would respectfully ask the committee to consider:

**Multi-County Health District Levy Authority:**

AOHC has consistently expressed its longstanding support of this option to facilitate local mergers as identified by the local community. We would ask the Ohio Senate adopt an amendment to reinsert a slightly modified version of the proposal originally offered by the administration to allow for the placement of the initial levy on the ballot prior to the finalization of any multi-county health district merger, in order to assure there is a mechanism to fund the newly created district. This is the same mechanism that exists for multi-county ADAMH boards.

## **City Health Districts**

The bill currently requires each city with a population less than 50,000 served by a board of health of a city health district to complete a study evaluating the efficiency and effectiveness of merging with the general health district that includes the city. AOHC believes this amendment to be duplicative of the existing requirement to become nationally accredited. However, if the General Assembly wishes for this proposal to remain in the bill, AOHC respectfully asks that city health districts that meet this definition but are nationally accredited or have applied to become accredited would be exempt; And for cities contracting for public health services under ORC 3709.08 with their general health district (e.g., Franklin, Cuyahoga and Hamilton Counties) that they too would also be exempt. It's our judgement accredited health departments who have objectively demonstrated their effectiveness and value while contracting with cities should retain their ability to contract.

AOHC has been proactively working for decades to modernize our public health system in Ohio, with the goals of enhanced data and IT infrastructure, alignment of public health priorities, increased administrative efficiencies, and improved overall system performance. We look forward to continuing that dialogue with ODH, Governor DeWine and the State Legislature.

Thank you again for the opportunity to testify. I look forward to answering your questions.



# The Value of PHAB Accreditation

Strengthening Health Departments to Protect and Promote the Health of their Communities



## Quality Improvement

The percentage of health departments who said that accreditation has stimulated QI and performance improvement opportunities\*



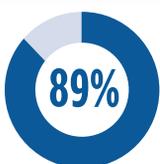
## Partnerships

The percentage of health departments who said that accreditation has strengthened their health department's relationship with key partners in other sectors.\*



## Accountability

The percentage of health departments who said that accreditation has improved the health department's accountability to external stakeholders\*



## Workforce

The percentage of health departments who said that accreditation has improved their health department's ability to identify and address gaps in employee training and workforce development\*



## Resources

The percentage of health departments who said that since becoming accredited, the utilization of resources within their health department has improved\*



## Community Health/Equity

The percentage of health departments who said health department activities implemented as a result of being accredited have led to improved health outcomes in the community\*



\*All data cited above are from a NORC evaluation survey of health departments one year or four years after they were accredited, as of February 2020.

For more information about the Public Health Accreditation Board and the value of PHAB accreditation, please visit <https://www.phaboard.org/why-become-accredited/>

[www.phaboard.org](http://www.phaboard.org)



# The Value of PHAB Accreditation

Strengthening Health Departments to Protect and Promote the Health of their Communities

## Quality Improvement

“As a result of going through the accreditation process, we are no longer a good health department, but rather a great health department that now embraces the concept of continuous performance improvement in the 21st century.” *Weld County Department of Public Health and Environment, Greeley, Colorado*



## Partnerships

“We are incredibly proud of all of our partnerships, but especially our multi-sector health improvement partnership, which continues in force today, bringing change to the community. This has increased our accountability to each other, created truly collaborative programming, and played a role that increased funding to our stakeholders.” *Cerro Gordo County Department of Public Health, Mason City, Iowa*



## Accountability

“Austin Public Health is now a more accountable organization while striving to uphold the rigor and excellence that public health accreditation signifies.” *Austin Public Health, Austin, Texas*



## Workforce

“The accreditation process has refined our focus and created a teamwork approach to every policy, program, and service we provide, both internally and externally.” *Public Health-Idaho North Central District, Lewiston, Idaho*



## Resources

“Since becoming accredited we have applied for and have been a recipient of more grants than before and are better equipped to more efficiently and effectively utilize those funds to benefit stakeholders.” *Township of Bloomfield Department of Health & Human Services, Bloomfield, New Jersey*



## Community Health/Equity

“Accreditation has empowered our department to activate and elevate health equity so that it’s embedded throughout our public health practices. It has enabled us to make health equity synonymous with public health, not something seen as separate from, or in addition to, the 10 essential public health services. It is now in the fabric of everything we do.” *County of San Diego Health and Human Services Agency, San Diego, California*



*Better Service to the Community*

“As an emergency response agency, we are now accredited as [are] our fire, police and 911.

This allows us to help the public understand public health is part of public safety.” *NORC Survey Respondent*



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April 26, 2021

Stephanie McCloud, Director  
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Director McCloud:

The COVID-19 pandemic has certainly shined a bright light on public health. During the last year there have been many who have expressed that our public health system should be modernized including its authorities, workforce development, governance and funding. As we have discussed on several occasions, and as an opportunity to continue that dialogue, we would like to resubmit to you our FY22-23 budget recommendations and offer a brief summary of past efforts to improve the effectiveness and efficiency of Ohio's public health system, led by local public health and largely accomplished by local public health leaders through AOHC.

In late 2019, ODH and AOHC developed a mutual engagement and collaboration regarding how a more modernized governmental public health system in Ohio can best serve its citizens. We now have even more concern for sustainable funding and enhanced capabilities for our state and local health departments once the pandemic is behind us.<sup>1</sup> As such we are inviting ODH back to those conversations to make progress on the following priorities:

1. Agreement and implementation plan on action items in the enclosed memo that can be accomplished within the constructs of the current state budget proposal and/or administratively (requiring no additional statutory authority or appropriation).
2. Solutions to key process issues that are causing significant challenges to the public health response to COVID-19 through the end of 2021 and beyond (e.g., complexity and limitations on local health department funding, proactive planning vs. reactive response, and meaningful collaboration as key partners in communication).

As a next step, we invite you and members of your senior leadership team to join members of our AOHC Modernization Workgroup Saturday, May 15 at 9:30 am to exclusively discuss this topic.

In the meantime, I am happy to answer any questions or discuss in more detail any ideas you have about how we can work collaboratively to achieve our public health goals. We look forward to continued collaboration with the Ohio Department of Health.

Sincerely,

Joe Mazzola, MPA  
President, AOHC  
Franklin County Health Commissioner

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<sup>1</sup> [https://www.healthpolicynews.org/daily\\_review/2021/04/public-health-officials-concerned-about-sustaining-resources-after-pandemic-passes.html](https://www.healthpolicynews.org/daily_review/2021/04/public-health-officials-concerned-about-sustaining-resources-after-pandemic-passes.html)

## Summary of Activities

**FY 22-23 State Biennial Budget:** In early 2020, ODH and AOHC agreed to participate in a facilitated process to develop recommendations of mutual benefit related to policy and financing for possible inclusion in the administration's FY 22-23 state budget proposal. The Health Policy Institute of Ohio (HPIO) was engaged as the facilitator and guided a workgroup through a process that was significantly impacted by the COVID-19 pandemic, resulting in limited participation by ODH leadership. Despite those challenges, the project produced a final report and several recommendations from AOHC, included with this letter, that were shared with ODH in August 2020, including:

- Data system improvements, including but not limited to ODRS, ImpactSIIS
- Workforce capacity – local epidemiology, nursing, and communications
- Support for local health departments, including expansion of state-local liaison function and exploration of regional hubs for sharing of data and services.

In addition, AOHC offered testimony in support of the additional investment in support for alignment and implementation of state and local health priorities, as well as efficiencies and/or mergers at the local level. Since Ohio has a decentralized public health system funded almost exclusively by local dollars, AOHC believes mergers of local health districts should be conversations driven by local leaders for the betterment of the health of those communities. We will continue to advocate for resources and policy changes that will retain local authorities while also aligning with state health priorities.

**Preparedness:** Since shortly after September 11, 2001, the federal government has provided funding to state and local public health departments to train the workforce, and plan and regularly exercise a full-scale response to a public health emergency. AOHC and ODH have collaborated closely through the efforts of the ODH-AOHC Preparedness Workgroup, working through issues and decisions that span the full breadth of response at both the state and local levels, including project deliverables and funding. Most notably, this group coordinates the letter of local concurrence that is required yearly by the CDC in the state's Public Health Emergency Preparedness (PHEP) grant application. This work has long been facilitated by an AOHC-ODH Preparedness Liaison, funded through local funds. AOHC would recommend we utilize this workgroup to facilitate our state's After-Action Report once the public health emergency is over.

**Local Health Department Performance Standards and Quality Improvement:** In 2006, ODH and AOHC had the opportunity through the Ohio Public Health Partnership to participate in the Multi-State Learning Collaborative, a national effort funded by Robert Wood Johnson Foundation (RWJF) to convene ten states that had existing state/local performance standards. Since then, Ohio has adopted the PHAB standards as its own and maintained a continuous effort regarding the improvement of its public health system. Funding received from RWJF, the Public Health National Center for Innovation (PHNCI), the Center for Public Health Sharing (CPHS) and the deBeaumont Foundation has been used to analyze, advance, and offer financial and technical support to local health departments in the areas of workforce development, national accreditation, health assessment and planning, performance improvement, quality improvement and funding. **Ohio is now seen as a nationwide leader in its efforts to improve its governmental public health system, despite its place near the bottom of state rankings for financial support.** All but three local health departments are either accredited or in the process of becoming accredited.

**Public Health Futures:** In 2011, AOHC commissioned the *Public Health Futures* project, with support from several health-related private foundations across the state of Ohio. The [project report](#), facilitated by HPIO, was issued in June 2012 and has received nationwide acclaim, being used as a template for similar work across the country. Key aspects of the report include:

- A consensus across all local health districts and key stakeholders.
- An environmental scan summarizing the history of local health departments in Ohio: Prior to 1918, Ohio had over 1000; 1980s there were 160; 2005 there were 135; today there are 113.
- A decision tree for local communities to use when deciding how best to provide quality public health services to its citizens.
- Several recommendations that speak to capacity, structure and funding. Many of these recommendations have been implemented since the publication of the report.

This work also led to the establishment of the 2012 *Legislative Committee on Public Health Futures*, a bipartisan committee of legislators and stakeholders, which was charged to review and consider the recommendations of this report. It has met according to the directives set forth in statute and reported back to the Ohio General Assembly accordingly. The most recent meeting of the committee was directed by the Ohio General Assembly to take place by December 2020, but it did not occur due to the pandemic. Each time, the committee made clear recommendations which seek to improve our public health system.<sup>2</sup>

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<sup>2</sup> <https://odh.ohio.gov/wps/portal/gov/odh/about-us/Local-Health-Departments/Accreditation>