

# Reforming Public Health Service Delivery: Insights from Ohio

John Hoornbeek, PhD, MPA  
Matthew Stefanak, MPH  
Joshua Filla, MPA  
Center for Public Policy and Health  
Kent State University (KSU)

Michael Morris, PhD  
University of Arkansas for Medical Sciences

*For the*

*West Virginia  
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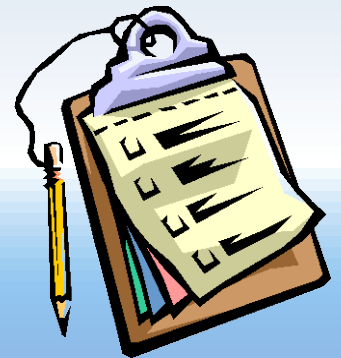


# Purposes

- Inform your work, based on:
  - recent scholarly research
  - our research and service work in Ohio
  - Ohio's "Public Health Futures" Efforts
- Offer thoughts and lessons emerging from our work and research

# Agenda for Today

- Background
  - Our Center, the changing American public health context, & our understanding of your work
- Overview of Recent Research
- KSU-CPPH Work and Research in Ohio
- Ohio's Public Health Futures Initiative
- Thoughts/Lessons for Your Consideration



# Background:

## Center for Public Policy & Health

- KSU Center for Public Policy & Health (KSU-CPPH):
  - Conducts research and provides assistance to improve public health.
  - Possesses expertise in public health policy, governance, & management.
  - Has been funded by:
    - Foundations/Non-profits - RWJF, FFEF, RAPHI
    - Federal Agencies – USEPA, USGS, CDC
    - State agencies/organizations – Dept. of Administrative Services, Ohio State University, Dept. of Development, Commission on Local Government Reform
    - Local Governments – Summit County Public Health, Portage County Health Dept., Marion County Health Dept., & others.
- Recent areas of focus include public health collaboration & Local Health Department (LHD) consolidation



# Background:

## A Changing Public Health Context

- We have a public health infrastructure – it's been around for 100+ years
  - And, frequently, was built to address yesterday's problems.
- Need to adapt our public health infrastructure to meet changing needs and circumstances.
  - Enhance focus on chronic diseases
  - “Internationalization” of public health (Ebola, Climate Change, etc.)
  - Constrained public sector budgets for public health
  - Calls for accountability and continuous improvement – Public Health Accreditation Board (PHAB).
  - Need for Cross-Jurisdictional Perspectives and Actions



# Background:

## Our Understanding of Your Work

- Your Public Health Improvement Task (PHIT) Force appears to be seeking to re-think public health infrastructure – an appropriate focus.
  - Mission
  - Structure and organization
  - Addressing new problems
- Appears to be a challenging enterprise
  - Many stakeholders
  - Need to build:
    - Common understandings.
    - A working agreement/consensus on appropriate changes.
  - Build a case/strategy to achieve the changes you think are necessary
  - Implement the strategy for change that you select.

# Consolidating Local Health Departments (LHDs): Insights from Recent Research

- LHD consolidation “may hold promise for improving the performance of essential services” (Mays et al., AJP, 2006).
  - Compiled performance data from LHDs in seven states.
  - Used regression analyses to test the effects of LHD characteristics on public health system performance.
  - Found that measures of LHD capacity – size, financial resources, & staffing levels -- had positive impacts on various measures of performance.



# Consolidating Local Health Departments (LHDs):

## Insights from Research – continued

- “Minimum Efficient Scale” appears to apply to the delivery of public health services (Santerre, Health Services Research, 2009).
  - Drew a nationally representative sample of LHDs from national profile data supplied by NACCHO/CDC.
  - Used multiple regression analysis to “isolate the relation between population & spending”, controlling for other factors affecting public health spending.
  - Found a “Minimum Efficient Scale” (MES) for public health services at about 100,000 population. After that population level, additional persons served no longer increase per capita public health spending.





# Consolidating Local Health Departments (LHDs):

## Insights from Research – continued

- Communities are more likely to consolidate health departments if:
  - they perceive that economies of scale can be achieved thru consolidation, and;
  - their community is similar to the community with whom they are consolidating (Bates, et al., Public Choice, 2011).
- The study was:
  - Based on a cross-sectional analysis of communities in Connecticut.
  - Used probit techniques to assess the likelihood of consolidation of public health services.
- Based on these findings, they suggest that financial incentives may be needed to encourage creation of regional health districts.



# Public Health Consolidation in Ohio: An Overview of Some of Our Recent Work

- Facilitation of LHD consolidation in Portage County, Ohio.
- Assessment of the Impacts of LHD Consolidation, One Year Later: Summit County & Cities of Akron & Barberton
- Statewide study of LHD consolidations in Ohio since the turn of the century
  - Impacts on Expenditures, AJPB article, April 2015

# Consolidating LHDs: Portage County, Ohio

- KSU is located in Portage County – a county with 3 LHDs
  - Two LHDs in cities and one at the county level
- In 2012, the Mayor of one of the cities with an LHD, Ravenna, initiated a dialogue around collaborative public health service provision and LHD consolidation.
  - Our Center was asked to facilitate discussions about consolidation.
- Result:
  - Ravenna entered into an expanded contract for public health services with the county in 2013 and the two LHDs fully consolidated in 2015.
  - The City of Ravenna saved more than \$150k per year, and avoided future costs associated with LHD consolidation.
    - It also now receives expanded public health education and other services from the county.



# Consolidation Impacts “One Year Later”: the Summit County example

- In 2008 & 2009, local governments in Ohio were facing significant financial challenges, and this affected cities throughout Ohio including Akron.
- The Mayor of Akron, the County Executive, and other public health stakeholders in Summit County established a committee to assess the feasibility of LHD consolidation in the county.
  - Feasibility was confirmed, and the 3 LHDs in the county consolidated by January 2011.



# Consolidation Impacts

## “One Year Later” - continued

- In 2012, KSU-CPPH conducted a “one year later” follow up study and found:
  - Substantial cost savings – approximately \$1.5 million.
  - Mixed evidence on public health services - need further research.
  - However, a survey of stakeholders and staff revealed majority agreement that:
    - existing public health services were maintained during the first year of consolidation, and;
    - The consolidation would likely yield future public health improvements.
  - Our survey and focus groups also revealed disruptions and difficulties during the transition to one consolidated agency.
    - LHD consolidation is not always an easy thing to accomplish!

# A Broader View:

## LHD Consolidation in Ohio and its Impacts

- In 2013 and 2014, our Center conducted a longitudinal analysis of LHD consolidations in Ohio - 2000 to 2012.
  - Identified 20 LHD consolidations to study using a mixed-methods research design.
  - Quantitative analysis – based on data reported annually by LHDs to the Ohio Department of Health (ODH).
  - Interviews with Health Commissioners associated with the 20 departments (n=17).
- We sought to assess the impacts of consolidation on total and administrative public health expenditures.
- Key findings were released in a 2013 report, and additional analyses and refinements resulted in a 2015 article in the American Journal of Public Health.



# LHD Consolidation in Ohio: Some Key Results and Impacts

- LHD consolidations in Ohio have resulted in statistically significant reductions in total public health expenditures.
  - Impacts on administrative expenditures were inconclusive.
- Health Commissioners interviewed during the research process asserted both cost savings and improvements in public services.
  - Service improvements appeared to be particularly prevalent in cities that subsequently benefited from enhanced public health capacities at the county level.
- These results were published in the AJPH earlier this year, and are available for your use & information.



# LHD Consolidation in Ohio and its Impacts: Forthcoming Information

- At the APHA meetings in Chicago this fall, we plan to present findings on the impacts of these Ohio consolidations on external revenues to the consolidating departments.
  - If you go to APHA, please do come and join us!



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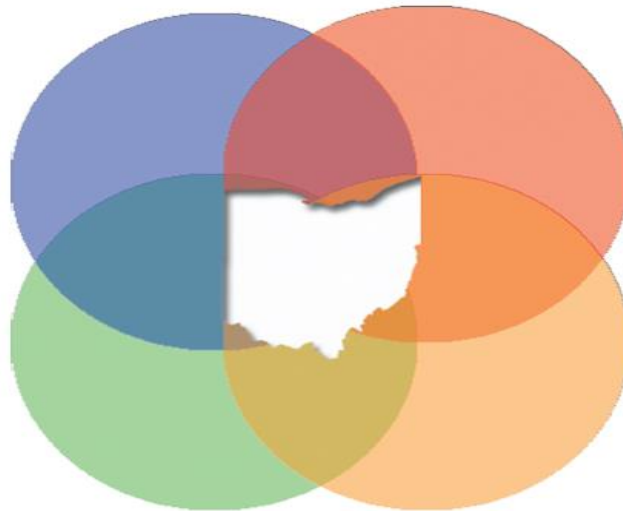




# Public Health Futures

Considerations for a New Framework for Local Public Health in Ohio

**Final Report**



Prepared by the Health Policy Institute of Ohio  
June 15, 2012

Material in slides 17-21 draw from work relating to:

“Public Health Futures: Considerations for a New Framework for Local Public Health in Ohio, Final Report.” Association of Ohio Health Commissioners, Prepared by the Health Policy Institute of Ohio, June 15, 2012.

# Ohio's "Public Health Futures" Effort: A Brief Description

- A major effort to assess and re-think public health service provision in Ohio.
  - Initiated in 2011 by local Health Commissioners through their Association of Ohio Health Commissioners (AOHC).
  - Resulted in a report issued in 2012 on the future of public health in Ohio.
- The report summarizes the state of public health in Ohio, and offers recommendations for the future.
  - According to the co-chairs of the committee that produced the report, it “illuminates significant disparities in funding and service capacities between health districts in Ohio, and in many ways reflects an unsustainable system in decline.”



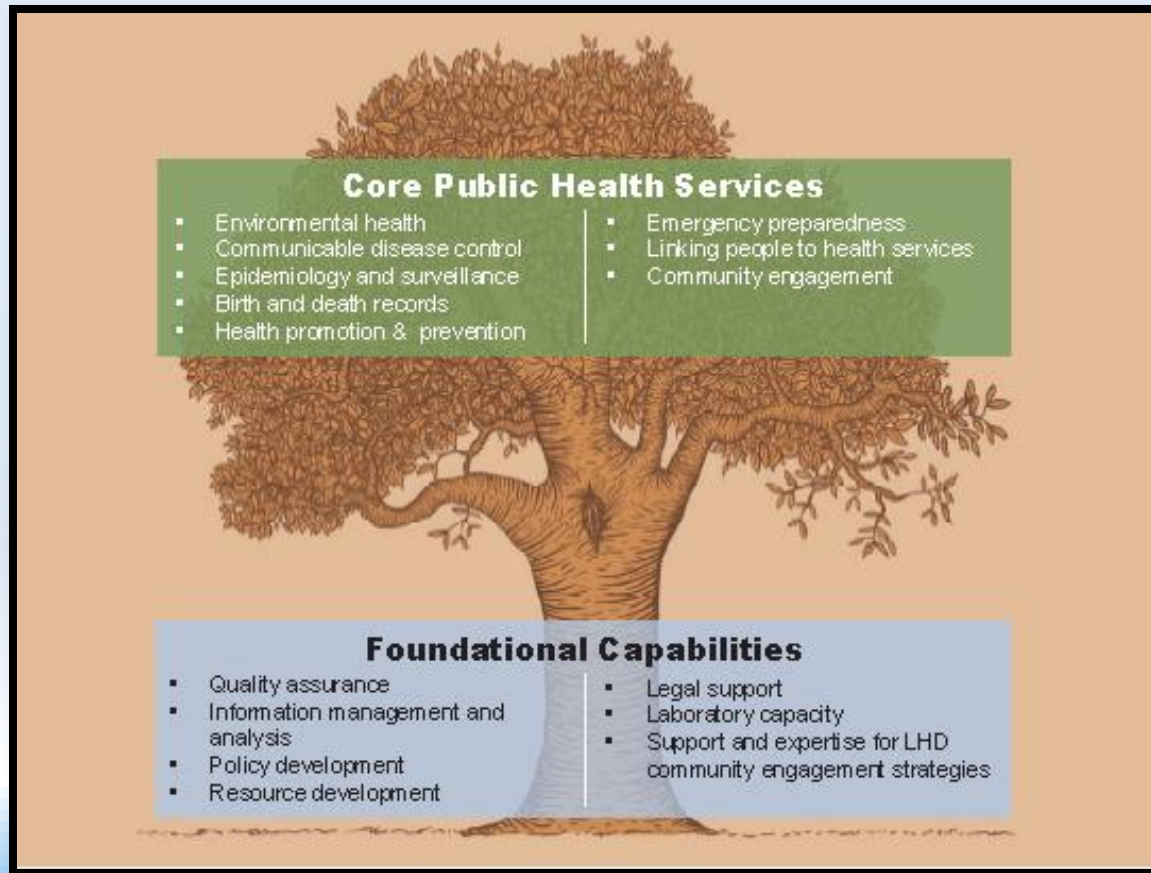
Material in this slide draws from:

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# Ohio's Public Health Futures Effort: Some Key Results

- A Vision Statement generated by Local Ohio Health Commissioners
- A definition of a set of minimum essential services for public health in Ohio, based on a set of foundational public health capacities.
- Multiple recommendations addressing public health capacities and services, jurisdictional structure, financing, and implementation.
- Establishment of a state legislative committee on public health futures, which made some of its own recommendations, based in part on the AOHC report.
  - Some of this committee's recommendations have been implemented.

# Where We Want to Be: Minimum Package of Public Health Services



Material on this slide draws from:

“Public Health Futures: Considerations for a New Framework for Local Public Health in Ohio, Final Report.” Association of Ohio Health Commissioners, Prepared by the Health Policy Institute of Ohio, June 15, 2012.

# Restructuring to Provide the Minimum Package of Public Health Services and Prepare for Accreditation

## **Recommendations: Jurisdictional Structure**

8. Decisions about the jurisdictional structure of local public health in Ohio should be based upon LHD ability to efficiently and effectively provide the Minimum Package of Public Health Services. Additional factors that should be considered are:
  - a. Number of jurisdictions within a county,
  - b. Population size served by the LHD, and
  - c. Local geographic, political, and financial conditions. (see Structure Analysis diagram)
  
9. All LHDs should assess:
  - a. Their ability to provide the Minimum Package of Public Health Services,
  - b. The potential impact of cross-jurisdictional sharing or consolidation on their ability to provide those services, and,
  - c. The feasibility of and local conditions for cross-jurisdictional sharing or consolidation.
  
10. Most LHDs, regardless of size, may benefit from cross-jurisdictional sharing. However, LHDs serving populations of <100,000 in particular may benefit from pursuing cross-jurisdictional sharing or consolidation to ensure adequate capacity to provide the Minimum Package.
  
11. LHDs in counties with multiple LHDs should consider the feasibility of voluntary consolidation.
  
12. Statutory barriers to voluntary multi-jurisdictional consolidation and cross-jurisdictional sharing should be removed, such as allowing for:
  - a. Multi-county levy authority, and
  - b. Consolidation of non-contiguous cities or counties, and
  - c. Addressing other barriers identified in feasibility analyses.

Material on this slide draws from:

“Public Health Futures: Considerations for a New Framework for Local Public Health in Ohio, Final Report.” Association of Ohio Health Commissioners, Prepared by the Health Policy Institute of Ohio, June 15, 2012.

# Some Thoughts for your Consideration

- You all should commended for “re-thinking” public health in your state, as there is a need to do so.
- LHD consolidation can yield cost savings &/or efficiencies.
- Consolidation may also yield improvements in capacities & services.
- Institutional re-design is challenging work, & you are likely to encounter difficulties & frustrations.
- Over the long term, you are likely to have opportunities to enhance your capabilities and services if you maintain your effort.



# Thank You!

John Hoornbeek

(and colleagues Filla, Stefanak, & Morris)

Center for Public Policy and Health

College of Public Health

Kent State University

330-672-7148

[jhoornbe@kent.edu](mailto:jhoornbe@kent.edu)

