ACHIEVING FOUNDATIONAL PUBLIC HEALTH SERVICES IN OHIO'S LOCAL HEALTH DEPARTMENTS: CURRENT AND POTENTIAL FUTURE ROLES OF SHARED SERVICES

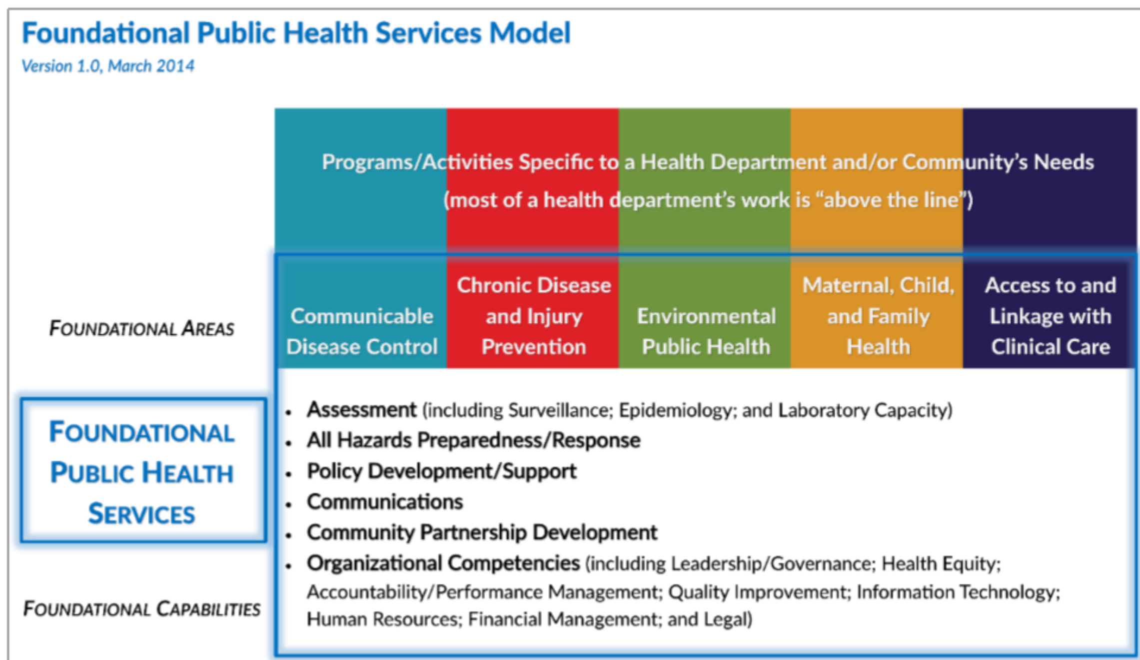
Author: Anne Goon, MS, RD, LD, Public Health Consultant

INTRODUCTION

Ohio was one of three states participating in a *"Public Health in the 21st Century"* pilot project funded by the Robert Wood Johnson Foundation and coordinated by the Public Health National Center for Innovations. The project's purpose was to identify and implement innovative approaches to meet the challenges facing governmental local public health in the 21st century. The Ohio Public Health Partnership (OPHP)- made up of the Association of Ohio Health Commissioners, Ohio Public Health Association, Ohio Environmental Health Association, Ohio Society for Public Health Education, and Ohio Association of Boards of Health- sought to determine the cost of foundational public health services necessary to advance public health practice in Ohio; maximize the use of shared services to achieve these foundational services; explore pathways to national public health accreditation for small health departments; and implement population health services. This brief report summarizes OPHP's exploration of shared services to provide foundational public health services.

This project utilized the conceptual framework of the Foundational Public Health Services (in Chart 1) developed by the Public Health Leadership Forum in 2013. It represents the suite of skills, programs, and activities that no state or local health department can be without. Foundational Capabilities are fundamental, cross-cutting skills that need to be present in state and local health departments everywhere for the public health system to work anywhere, while the Foundational Areas are substantive areas of expertise or program-specific activities in all state and local health departments that are essential to protect the community's health.

CHART 1: FOUNDATIONAL PUBLIC HEALTH SERVICES MODEL



MATERIALS AND METHODS

OPHP surveyed Ohio health commissioners in late 2016 to assess the current capability of local health departments (LHDs) to provide Foundational Public Health Services (FPHS), the role shared services play in the provision of FPHS, and the level of interest in using shared services arrangements to provide FPHS in the future. Conducted via surveymonkey.com, the 98-question survey used definitions for each Foundational Capability and Area (hereafter referred to as "FPHS components") developed by the Public Health Leadership Forum's Definitions and Constitution Working Group. For each FPHS component, respondents were asked to indicate:

- Their LHD's current ability to provide the FPHS component;
- If their LHD currently shares the FPHS component with one or more LHDs (by receiving it from or providing it to others); and
- Their LHD's interest in shared services to provide Foundational Public Health Services in the future.

Respondents were also asked to indicate their LHD's level of future interest in three types of shared services arrangements- informal arrangements (e.g., verbal or handshake agreements, Memoranda or Agreement or Understanding, coordination between LHDs for specific grants, projects, or services); service contracts (e.g., LHDs contracting with each other to provide or receive specific services, sharing facilities, joint ownership); and interlocal agreements (e.g., joint powers and authority, merged functions, regional councils/council of governments, shared purchasing).

Finally, respondents were asked regarding factors posing the greatest challenges to the pursuit of shared services arrangements. Respondents could select one or more responses from a list of commonly-reported challenges, as well as being able to describe other challenges in their own words.

Data analysis was completed by staff at the Center for Sharing Public Health Services (Topeka, KS) using Statistical Analysis Software (SAS). Calculations were based upon the actual number of responses to each individual question. The degree of relationship between a health department's ability to fully provide Foundational Public Health Services and current use of shared services to provide FPHS was determined using Pearson *r* correlation analysis.

RESULTS

Representatives of 67 LHDs responded (out of 119 possible), resulting in a response rate of 56%. All types of LHDs were represented, with 19% of respondents (n=13) representing city health departments, 42% county health departments (n=28), and 39% combined city-county health departments (n=26). LHDs in all regions of the state participated, ranging from 46% of LHDs in the southeast region to 75% of LHDs in the central region. All sizes of health departments were represented, with 49% of respondents (n=33) from jurisdictions of fewer than 50,000 residents, 25% (n=17) from jurisdictions of 50,000-99,999 residents, 12% (n=8) jurisdictions of 100,000-199,999 residents, and 10% (n=7) from jurisdictions of ≥200,000 residents.

Current Capability to Provide Foundational Public Health Services (Table 1)

While there were no FPHS components (n=0) that all LHDs reported having the current ability to fully

provide, there were four (4) of the 63 FPHS components that 90% or more of LHDs could fully provide. There were an additional 15 components that 75-89% of responding LHDs reported having the ability to fully provide. Over one-half of these 19 components related to either All Hazards Preparedness/ Response (n=5) or Communicable Disease Control (n=5).

There were an additional 19 components that less than 50% of responding LHDs could fully provide, including all components related to Policy Development/ Support and Access to/Linkage with Community Health and Human Services.

TABLE 1: CURRENT CAPABILITY TO PROVIDE FOUNDATIONAL PUBLIC HEALTH SERVICES

Foundational Public Health Services	Total # of components	# of components that ≥75% of LHDs can fully provide	# of components that 50-74% of LHDs can fully provide	# of components that 26-49% of LHDs can fully provide	# of components that ≤25% of LHDs can fully provide
FOUNDATIONAL CAPABILITIES					
Assessment	5	0	3	2	0
All Hazards Preparedness/ Response	8	5	2	0	1
Communications	5	2	2	1	0
Policy Development/Support	2	0	0	2	0
Community Partnership Development	6	2	4	0	0
Organizational Competencies	8	3	2	3	0
FOUNDATIONAL AREAS					
Communicable Disease Control	7	5	2	0	0
Chronic Disease and Injury Prevention	5	0	3	2	0
Environmental Public Health	7	2	3	1	1
Maternal/Child/Family Health	5	0	4	1	0
Access to/Linkage with Community Health & Human Services	5	0	0	4	1
Totals	63	19	25	16	3

Capability differed by LHD jurisdiction size for some, but not all, Foundational Public Health Services. While LHDs serving jurisdictions of ≥100,000 population generally reported a greater ability to fully provide FPHS components than LHDs serving smaller jurisdictions, there were four (4) FPHS components that smaller LHDs reported greater ability to fully provide. Two (2) of these related to All Hazards Preparedness/Response, while the other two (2) related to Environmental Public Health.

Current Use of Shared Services to Provide Foundational Public Health Services (Table 2)

While there were no FPHS components (n=0) that ≥75% of responding LHDs reported currently sharing with other LHDs, more than 50% of LHDs shared ten (10) of the 63 components. Nine (9) of these related to either All Hazards Preparedness/Response or Communicable Disease Control. There was a positive, but weak, correlation between participation in shared services and the ability to currently

provide foundational public health services (r=0.1463; p<0.0001) for all respondents, regardless of jurisdiction size.

TABLE 2: CURRENT USE OF SHARED SERVICES TO PROVIDE FOUNDATIONAL PUBLIC HEALTH SERVICES

Foundational Public Health Services	Total # of components	# of components ≥75% of LHDs report sharing	# of components 50-74% of LHDs report sharing	# of components 26-49% of LHDs report sharing	# of components ≤25% of LHDs report sharing
FOUNDATIONAL CAPABILITIES					
Assessment	5	0	1	4	0
All Hazards Preparedness/Response	8	0	4	3	1
Communications	5	0	0	5	0
Policy Development/Support	2	0	0	2	0
Community Partnership Development	6	0	0	6	0
Organizational Competencies	8	0	0	4	4
FOUNDATIONAL AREAS					
Communicable Disease Control	7	0	5	2	0
Chronic Disease and Injury Prevention	5	0	0	2	3
Environmental Public Health	7	0	0	3	4
Maternal/Child/Family Health	5	0	0	4	1
Access to/Linkage with Community Health and Human Services	5	0	0	1	4
Totals	63	0	10	36	17

There was a total of 53 FPHS components that less than 50% of responding LHDs reported sharing, including 17 components that 25% or less shared. This list includes four (4) of the five (5) components related to Access to/Linkage with Community Health and Human Services, as well as three (3) of the five (5) Chronic Disease and Injury Prevention components, four (4) of the seven (7) Environmental Public Health components, and four (4) of the eight (8) components of Organizational Competencies.

Participation in shared services differed by LHD jurisdiction size for many, but not all, Foundational Public Health Services. LHDs serving jurisdictions of 100,000-199,999 residents reported less use of shared services than LHDs of other sizes.

Future Interest in Shared Services to Provide Foundational Public Health Services (Table 3)

Less than 60% of LHDs expressed high interest in future sharing of any FPHS component, although 50-58% of LHDs expressed high interest in sharing eight (8) components in the future. Four (4) of these related to Communicable Disease Control, while three (3) related to Assessment. When high and

moderate levels of interest in future shared services were considered together, there were 19 FPHS components that 80-90% of responding LHDs indicated interest in sharing in the future. Greater than 50% of responding LHDs expressed high or moderate interest in sharing 60 of the 63 FPHS components in the future.

TABLE 3: OHIO LHDs' FUTURE INTEREST IN SHARED SERVICES

Foundational Public Health Services	Total # of components	# of components ≥75% of LHDs have high interest in sharing	# of components 50-74% of LHDs have high interest in sharing	# of components 26-49% of LHDs have high interest in sharing	# of components ≤25% of LHDs have high interest in sharing
FOUNDATIONAL CAPABILITIES					
Assessment	5	0	3	2	0
All Hazards Preparedness/Response	8	0	1	6	1
Communications	5	0	0	5	0
Policy Development/Support	2	0	0	2	0
Community Partnership Development	6	0	0	6	0
Organizational Competencies	8	0	0	8	0
FOUNDATIONAL AREAS					
Communicable Disease Control	7	0	4	3	0
Chronic Disease and Injury Prevention	5	0	0	5	0
Environmental Public Health	7	0	0	7	0
Maternal/Child/Family Health	5	0	0	5	0
Access to/Linkage with Community Health and Human Services	5	0	0	4	1
Totals	63	0	8	53	2

Future Interest in Various Types of Shared Services Arrangements

Respondents expressed greatest levels of interest in informal arrangements and service contracts for all Foundational Capabilities and Areas; future interest in interlocal agreements was markedly lower for all Capabilities and Areas.

Challenges to pursuing Shared Services Arrangements

Lack of funding to pursue a shared services arrangement was reported as the primary challenge by all respondents. Other significant challenges included a) A lack of other entities willing to enter into a shared services arrangement, b) A lack of sample bylaws, contract templates, guidelines, or similar documents for implementing shared services arrangements, c) A lack of experience with shared services arrangements, d) A lack of clarity regarding the specific services that will or will not be shared, and e) A lack of trust in potential shared services partners.

DISCUSSION AND RECOMMENDATIONS

Ohio LHDs report being most able to fully provide the components of All Hazards Preparedness/ Response and Communicable Disease Control; these represent areas where significant federal or local funds have been invested. On the other hand, Ohio LHDs report being least able to fully provide the components of Policy Development/Support and Access to/Linkage with Community Health and Human Services. Although 67-83% of LHDs report being capable of fully providing all Community Partnership Development components, the lack of capacity in the Foundational Area of Access to/Linkage with Community Health and Human Services suggests that LHDs need to place greater emphasis on developing relationships with these types of agencies.

Overall, the current use of shared services was reported less frequently than expected. There were just ten (10) FPHS components that more than 50% of LHDs reported sharing, with nearly all of these related to either Communicable Disease Control or All Hazards Preparedness/Response (the two areas where LHDs reported being most capable of fully providing FPHS). Meanwhile, there were 17 FPHS components that 25% or less of LHDs reported sharing, including nearly all components of Access to/Linkage with Community Health and Human Services. These results suggest that more widespread use of shared services could build the capacity of Ohio LHDs to fully provide Access to/Linkage with Community Health and Human Services, Chronic Disease and Injury Prevention, Environmental Public Health, and Organizational Competencies, in addition to Policy Development/Support.

It is discouraging that Ohio LHDs do not appear especially receptive to future sharing, even if sharing may improve their capacity to fully provide FPHS to their residents. Of note, there were no components where 75% or more of LHDs indicated high interest in future sharing, and low levels of interest were reported in multiple Foundational Capabilities and Foundational Areas. However, the results also provide some encouraging news. There are eight (8) FPHS components that 50-58% of LHDs express high interest in future sharing. When high and moderate levels of interest in future shared services are considered together, there are 19 FPHS components that 80-90% of responding LHDs indicate interest in sharing in the future. These components represent strategic areas to explore for expanded shared services arrangements in the future, whether through informal arrangements, service contracts, or interlocal agreements.

Noting that no LHD reported being capable of fully providing all 63 components of the Foundational Public Health Services, there are opportunities to increase capacity and performance in all Ohio health departments, regardless of size. Given the challenges facing governmental local public health in Ohio in the 21st century, cross-jurisdictional sharing is an approach LHDs need to strongly consider to increase their capacity to provide Foundational Public Health Services to their residents.

An abstract and full report of this project can be found on the Ohio Public Health Partnership's website at http://www.ohiopublichealth.org/.

REFERENCE

RESOLVE – Public Health Leadership Forum. *Defining and Constituting Foundational Capabilities and Areas V1*. March 2014. http://www.resolv.org/site-foundational-ph-services/files/2014/04/V-1-Foundational-Capabilities-and-Areas-and-Addendum.pdf.