



Costing Foundational Public Health Services in Ohio

A method for calculating cost and attainment of FPHS in a decentralized public health system

ABSTRACT

The Ohio Costing Tool is a user-friendly excel spreadsheet adapted from the University of Kentucky¹ and intended for use by local health departments as a mechanism for planning and advocacy. It was developed as a state/local partnership by a team of public health leaders from departments of all types and sizes.

The tool contains 7 tabs with various levels of input and auto-calculation. Once completed, it generates a per capita amount spent and an estimation of full attainment met by the local health department for each foundational area and capability.

The Ohio Department of Health has adopted the use of this tool for annual reporting purposes beginning with 2018 data. What levels of FPHS are currently being provided, where the gaps are, and what it will cost to close those gaps in Ohio can now be measured over time.

CONTACT

Susan Tilgner, MS, LD, RS
Krista Wasowski, MSW, MPH

Ohio Public Health Partnership
110A Northwoods Blvd
Columbus, OH 43215

<https://www.ohiopublichealth.org>

BACKGROUND

Costing of public health services has been a priority since our SACCHO completed its public health futures report in 2012. Ohio began this project by exploring different tools for a costing assessment of FPHS similar to those completed by Washington and Oregon.

Our goal was to make each of Ohio's local health departments aware of FPHS, to take lessons learned and best practices from other states' work, and to develop and implement a costing tool for Ohio that would calculate a per capita cost of FPHS.

TOOL DEVELOPMENT

Eight local health commissioners and the state health department formed a workgroup to evaluate existing costing options. With permission, we decided to use the University of Kentucky¹ tool with significant revisions to make it Ohio-specific.

The workgroup met for several day-long meetings to achieve consensus on how every Ohio program and service provided by local health departments (LHDs) would be assigned in the FPHS model.

We know from years of collecting data through the state's Annual Financial Report (AFR), that great variability could occur in how LHDs categorize costs without detailed guidance. With this in mind, the workgroup defined every component of the costing tool including occupational categories, non-labor costs, and shared services. This level of detail in our definitions was carefully crafted to improve the quality of data collected.

Most important, we wanted our tool to reflect a national platform for credibility and comparability. Therefore, we did not modify the RESOLVE model² but rather created Ohio definitions using the established framework.

As our work progressed, we decided to incorporate our costing tool work into the existing AFR that all local health departments are required by law to submit yearly to the Ohio Department of Health (ODH). This change makes use of the tool mandatory.

PILOT PROCESS

The tool was initially piloted by those health departments who were members of the development workgroup. In July 2018 version 1.0 was reviewed by a group of fiscal officers and changes were made before version 1.1 was released to local health department (LHDs). The Ohio Public Health Partnership (OPHP) enlisted the Association of Ohio Health Commissioners (AOHC) in October 2018 for implementation given their access to and relationship with local health department leaders.

A team of six peer leaders were selected to assist with technical assistance. The tool was introduced to LHDs through in-person demonstrations with Health Commissioners in each of the five SACCHO departments; introduced to all LHDs through a demonstration webinar; and information was shared on the ODH weekly conference call with LHDs. AOHC also provided outreach through the AOHC newsletter and at their Annual Fall Conference in September 2018.

To assure quality of the data collected, eight regional workshops were conducted with LHDs in February 2019 to train them on using the tool and how to assign costs. The deadline for LHDs to submit their data to ODH is April 1, 2019. Preliminary FPHS costing data will be available in May 2019.

ANTICIPATED OUTCOMES

- ✓ Starting with 2018 data, Ohio will now have an annual web-based collection of FPHS data to measure trends over time.
- ✓ Ohio will be able to identify gaps in funding for "below the line" work of public health using a national framework.
- ✓ We will be able to answer long-standing questions from stakeholders and policy-makers – "What does public health need and how much will it cost?".
- ✓ Cost and FPHS attainment results will be used as part of an advocacy strategy to increase resources allocated to the Ohio public health system.
- ✓ The Ohio Public Health Partnership (OPHP) is a collaborative of the 5 public health associations in Ohio. OPHP has recognized an expanding role as a neutral and inclusive repository of statewide local public health funding data.

REPLICATION

The costing tool is readily adaptable for use by other states. The process would require completion of a state specific guide for the foundational capabilities and areas, using the Ohio guide as a template. Ohio has documented this process and is able to offer assistance with lessons learned for implementation, including technical assistance for LHDs on how to use the tool and assign costs.

REFERENCES

1. Glen P Mays and Public Health Cost Estimation Workgroup. Estimating the Costs of Foundational Public Health Capabilities: A Recommended Methodology. Lexington(2014)
2. Public Health Leadership Forum, Defining and Constituting Foundational "Capabilities" and "Areas" Version V-1 (2014)

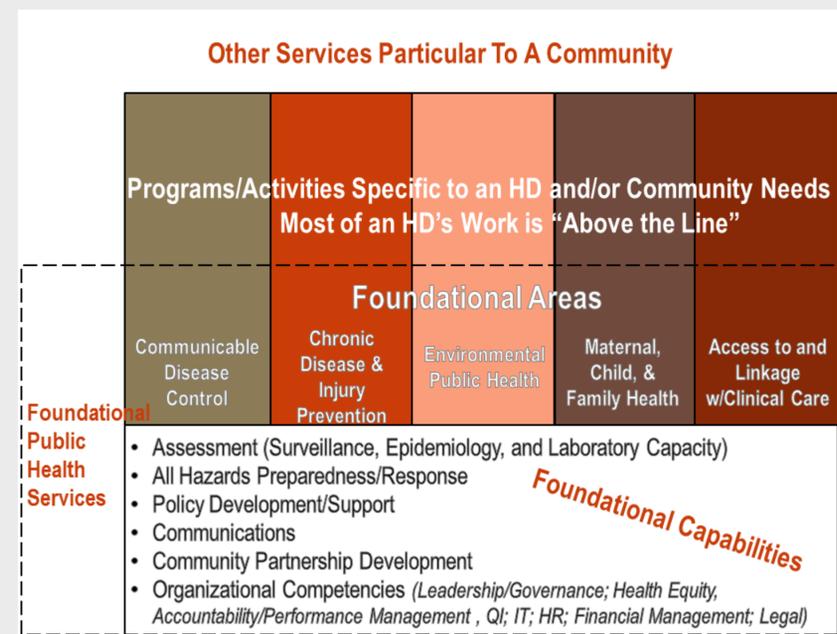


Table 1. RESOLVE – Public Health Leadership Forum