Association of Ohio Health Commissioners, Public Health Modernization Steering Committee

Memorandum

To: Lance Himes, Interim Director, Ohio Department of Health (ODH)
From: Jason Orcena, Association of Ohio Health Commissioners (AOHC) Board Director and Chair, Public Health Modernization Steering Committee
CC: Melissa Sever, Chief, Public Health Systems and Innovation, Ohio Department of Health
Re: Draft recommendations for 2022-2023 state budget
Date: August 28, 2020

The COVID-19 pandemic has made it clear that strong state and local public health systems are critical to health and well-being. Even prior to the COVID-19 pandemic, the Ohio Department of Health recognized the need to modernize Ohio's public health system. In January 2020, ODH contracted with the Health Policy Institute of Ohio to:

- Review progress on past recommendations to improve Ohio's public health system
- Identify best practices related to the Public Health 3.0 framework
- Facilitate discussions between ODH and AOHC
- Develop actionable recommendations to modernize Ohio's public health system

We are pleased to present the following prioritized recommendations to include in ODH's 2022-2023 state budget proposal. These recommendations provide first steps for modernizing Ohio's public health system and are not an exhaustive list of the many policy and funding changes needed to achieve the State Health Improvement Plan vision of Ohio as a *model of health, well-being and economic vitality*. We look forward to continuing to partner with ODH to refine these recommendations, and to identify additional steps to be addressed over the next few years.

The recommendations address the following topics:

- Actionable data
- Communications
- Guidance
- Regional support

Actionable data

Policy Goal 1. The Ohio Department of Health maintains a state-of-the-art data management and reporting system and provides local health districts and state policymakers with timely access to critical data

Recommendation 1.1. Establish the Public Health Actionable Data Advisory Council
ODH should be statutorily required to establish an Actionable Data Advisory Council and consult this Council on any significant data system and reporting changes. The Council will:

a) Include representation from ODH leadership (including the Informatics and Data Management Bureau Chief and the Equity Director), local health districts, health systems, researchers and other entities that use and/or contribute to data systems maintained by ODH, including but not limited to infectious disease surveillance systems (Ohio Disease Reporting System (ODRS), ImpactSIIS, Vital Statistics, etc.). At a minimum, this group will include: 3 representatives from local public health recommended by AOHC, 3 representatives from academic public health programs, 3 representatives from policy groups or associations engaged in public health activities, 3 representatives from partnering state agencies, 1 representative from either a multicounty health system or a representative recommended by the Ohio Hospital Association. At the discretion of the director, an additional seat may be added explicitly for the inclusion of public health associations representation, i.e. OEHA, SOPHE, etc.
b) Meet at least four times each year, starting September 2021
c) Provide specific recommendations to ODH on a quarterly basis
d) Issue an annual report describing specific improvements made by ODH to increase:
    - Efficiency of data collection and bi-directional data sharing
    - Timeliness of data reporting
    - Quality and accuracy of data reporting
    - Accessibility of data reporting
    - Availability of disaggregated data (by race, ethnicity, geography, disability status, income level, etc.)

Description and justification. Timely, accurate and relevant data is critical to effective communicable disease response, implementation of the State Health Improvement Plan, accreditation of state and local health departments, and other efforts to improve health and advance equity. AOHC strongly supports ODH efforts to modernize and upgrade data management and reporting systems, such as ODRS/Maven, Public Health Data Warehouse/Innovate Ohio, Environmental Health Data System, ImpactSIIS, Online SHA, BRFSS and YRBS.

As contributors to and end users of these data systems, local health districts are well-positioned to suggest improvements to efficiency and quality. ODH's past efforts to consult local health departments and other external partners on data system issues have been inadequate and were frequently disrupted by changes in leadership. A statutory requirement would ensure the sustainability of these efforts over time and stronger participation and support by key partners in ODH's decision making about data systems.

Allocation amount or code reference. We defer to ODH on where this fits in the ORC and any allocation needed for ODH FTEs to staff this council.

Recommendation 1.2. Strengthen ImpactSIIS

ODH should strengthen the Impact State Immunization Information System (ImpactSIIS) by:

a) Improving response time to facilitate bi-directional data sharing with electronic medical records (EMRs)
b) Identifying largest ImpactSIIS users and addressing any barriers to bi-directional sharing with those users
c) Allowing local health districts to use Get Vaccinated Ohio (GVO) funds to remove duplicate entries
d) Complete an assessment of the current status of vaccine reporting in Ohio by October 1, 2021, including an estimate of the percent of different types of providers currently submitting information into ImpactSIIS and suggested strategies for increasing reporting by providers (including best practices from the American Immunization Registry Association).
e) Improving the ability of local health departments to obtain useful data from the system, including data disaggregated by race, ethnicity, geography and other patient characteristics.
f) Implementing rigorous Continuous Quality Improvement steps on a quarterly basis to ensure system efficiency for all users

Description and justification. Ohio faces many challenges with communicable disease control, including low childhood immunization rates; our state ranked 46th for child immunization in 2017. Thirty-three other states mandate healthcare entities to report immunizations into their systems; Ohio does not. Local health departments report problems with ImpactSIIS, such as duplicate entries and slow response times from ODH to connect healthcare provider electronic health records to the system.

Once a COVID-19 vaccine is available, it will be critical for Ohio to have a high-quality system for tracking vaccination rates in the population and ensuring that those who need and want the vaccine have equitable access to it. ImpactSIIS is not currently equipped to effectively and efficiently handle this momentous task; improvements must be made in order to improve Ohio's performance on all immunization rates, including for COVID-19.

Allocation amount or code reference. Add new line item for data systems.

Policy Goal 2. All Ohioans are served by a local health department with strong capacity to collect, manage, analyze, share and report critical health data.

Recommendation 2.1. Strengthen local epidemiology workforce
All local health districts should have the funding needed to maintain adequate data workforce capacity, defined as at least one FTE epidemiologist per 100,000 population, in addition to the Public Health Emergency Preparedness (PHEP) epidemiologist (but no less than 1 FTE per county in counties with population under 100,000). ODH should fully fund the local health district disease epidemiological surveillance and investigation capacity by providing $0.67 per capita.

Description and justification. In 2019, Ohio was in the bottom quartile of states on the National Health Security Preparedness Index Health Security Surveillance Domain, which includes the number of epidemiologists per 100,000 population. As of July, 2020 (n=54), only 59% of local health departments fully demonstrated PHAB Domain 1 (Assessment). The COVID-19 pandemic has increased awareness of the limited capacity of Ohio's public health system to collect, analyze and report data in a timely way. Strengthening local epidemiological capacity will improve performance.

The Ohio Public Health Partnership's 2019 report, *Costing the Foundational Public Health Services (FPHS) in Ohio*, estimated the size of the gap between what it costs to fully implement each of the Foundational Public Health Services and current expenditures at the local level. For Assessment (the Foundational Public Health Service that includes epidemiology services) Ohio had a gap of $0.67 per capita. However, the current funding is highly dependent on federal pass through dollars. Ohio needs to fully fund disease surveillance and response at a local level.

Allocation amount or code reference. Preliminary estimate of 1 FTE epidemiologist per county would require approximately $6.6 million ($75K x 88 counties) to $8.25 million ($75K x 110 epidemiologists based on population).

Recommendation 2.2. Strengthen local communicable disease nurse workforce
All local health districts should have the funding needed to maintain adequate communicable disease workforce capacity, defined as at least one FTE communicable disease nurse per 100,000 population (but no less than 1 FTE per county in counties with population under 100,000). ODH should fully fund the current communicable disease control workforce by providing $0.67 per capita to all local health districts.

Description and justification. A core function of disease surveillance is the communication and interaction with impacted individuals and families. Research has long shown the value that public health nurses (PHNs) bring to risk communication and interaction with families on medical needs, as well as communication with physicians and other medical professions regarding disease investigations. While epidemiologists are critical in monitoring and identifying disease outbreaks, PHNs are critically important in answering the medical questions that families have and translating that information into action.

Allocation amount or code reference. To fund a local communicable disease nurse would require an estimated $6.6 million dollar investment (average $60,000 salary, $15,000 in benefits = $75,000 x 88 counties).

Communications

Policy Goal 3. Local health districts are equipped to communicate effectively with the public and community partners

Recommendation 3.1. Strengthen local communications workforce

All LHDs should have the funding needed to maintain adequate communications workforce capacity, defined as at least one FTE Public Information Officer per 100,000 population (but no less than 1 FTE per county in counties with population under 100,000). ODH should fully fund the communications workforce by providing $0.36 per capita to all local health districts.

Description and justification. As of July, 2020 (n=54), only 59% of local health departments fully demonstrated PHAB Domain 3 (Inform and Education); performance on other communication-related domains (2 and 4) was similar. The COVID-19 pandemic has increased awareness of the importance of timely and effective communications to the general public, media and other key partners. Strengthening local communications capacity will improve local health district ability to maintain relationships with media; develop communications and risk communication plans; deliver health education in culturally and linguistically appropriate formats; and use electronic communication/social media and other timely strategies for communicating with the public.

The Ohio Public Health Partnership's 2019 report, *Costing the Foundational Public Health Services (FPHS) in Ohio*, estimated the size of the gap between what it costs to fully implement each of the Foundational Public Health Services and current expenditures at the local level. For *Communications*, Ohio had a gap of $0.36 per capita.

Allocation amount or code reference. Close the funding gap of $0.36 per capita Preliminary estimate of 1 FTE communications professional per county would require approximately $6.6 million ($75K x 88 counties) to $8.25 million ($75K x 110 communication professionals based on population).

Guidance

Policy Goal 4. The Ohio Department of Health disseminates actionable and evidence-based emergency response guidance to local health districts in a timely way

Recommendation 4.1. Develop ODH guidance team

ODH should maintain a team of experts (minimum of 3 FTEs) to provide maintain and assist guidance to local health districts on interpreting best practices (i.e. PPE, cleaning, environmental risk mitigation, etc.) and legal analysis (i.e. director's orders, quarantine and enforcement, etc.). Emergency Preparedness and Response and interpretation of

best practices and Environmental Public Health, during a communicable disease outbreak or an emergency response, two Foundational Public Health Services critical to effective pandemic response.

Description and justification. Ohio's decentralized public health system leads to some inconsistencies and inefficiencies in responding to outbreaks and emergencies. Throughout the course of the COVID-19 pandemic, local health districts have not always been able to obtain timely and relevant guidance from ODH due to lack of capacity at ODH.

Allocation amount or code reference. Allocation will depend on number of FTEs (defer to ODH).

Regional Support

Policy Goal 5. Local health departments have efficient access to shared resources, expertise and workforce training

Recommendation 5.1. Establish a Regional Hub Task Force

Provide $180,000 in funding support to a joint ODH/AOHC taskforce that will:

a) Conduct a feasibility study by 12/31/21 to determine the best model to provide support to local health districts (including training, technical assistance and data system infrastructure/IT) and facilitate shared services among LHDs in a regional way
b) Develop a strategic plan by 6/30/22 for a regional hub structure, including provisions for sustainable financing and governance

Description and justification. Local health departments have made significant progress to increase shared services. In 2013, the Local Public Health Services Collaborative (LPHSC) was incorporated as an LLC of AOHC to provide billing, bulk purchasing and other shared services. In 2017, seven northwest Ohio counties formed Ohio's first public health Council of Governments, the Public Health Services Council of Ohio. AOHC recommends building on this progress to develop up to five regional hubs that would facilitate shared services. These hubs would be structured as COGs or entities similar to Educational Service Centers.

In addition to shared services, these hubs would provide a structure for ODH and contracted entities to deliver high-quality training and technical assistance in an efficient way. Similar to the function of the ODH regional offices that were eliminated several years ago, or to the PHEP regional coordinator model, these hubs would disseminate evidence-based guidance and facilitate peer-to-peer sharing.
Allocation amount or code reference. Estimated total cost is $120,000 to $240,000 (one contract with a consultant to facilitate the process and prepare the report and one contract to prepare the plan; at cost of $60,000 to $120,000 each).

Recommendation 5.2. Expand number of local liaisons
AOHC supports ODH's plan to expand its local liaison team, including liaisons with expertise in continuous quality improvement, CHA/CHIPs and SHIP implementation, accreditation, equity and communications.

Description and justification. ODH currently has only 1 local liaison. Until the regional hubs are established, a more robust team of local liaisons at ODH could support local health districts through much-needed training and technical assistance. Many local health districts do not need full time staff in all areas but need expertise when the opportunity or threat arrives. This may be technical assistance in environmental health or epidemiology or management needs such as finance, grant writing, or continuous quality improvement, or Community Health Assessments/Community Health Improvement Plans. These subject matter experts could be incorporated into the regional hubs once they are established.

Allocation amount or code reference. Requesting 5 FTE to serve as primary liaison to each of the 5 public health regions (NW, NE, Central, SW, SE). Salary and fringe TBD.

References:
Costing the Foundational Public Health Services in Ohio: Final Report. Ohio Public Health Partnership, October 31, 2019. https://b45c268b-835b-4048-8aa5-46203cd441bb.filesusr.com/ugd/7ddbf5_663a71fc48484b8b8145eb2a5e590d5f.pdf

Survey of State Immunization Information System Legislation, CDC. https://www2a.cdc.gov/vaccines/iis/iissurvey/legislation-survey.asp

2019 National Health Security Preparedness Index. https://nhspi.org/#by-state

2019 Health Value Dashboard. Health Policy Institute of Ohio, April 2019. https://www.healthpolicyohio.org/2019-health-value-dashboard/