

**Strategy and Action Plan Workgroup Report**  
**Robert Wood Johnson Foundation Sharing Public Health Services Project**  
**Building Public Health Capacities through Collaboration:**  
**Accelerating Progress in Northeast Ohio**

**Kent State University**  
**Center for Public Policy and Health**

**12/12/2014**

**Strategy and Action Plan Workgroup Roster:**

**Bob Howard** – Portage County Board of Health  
**Karen Towne** – Portage County Health Department  
**Jeff Neistadt** – City of Kent Health Department  
**Chris Woolverton** – City of Kent Board of Health  
**Kelly Engelhart** – City of Ravenna  
**Lucy Ribelin** – City of Ravenna Board of Health  
**Annette Petranic** – Pavlick Consulting Group  
**Kris Drummond** – Portage County Community Health Center

**Kent State University’s Center for Public Policy and Health:**

Matt Stefanak  
John Hoornbeek  
Josh Filla  
Nishikant Kamble  
Tegan Beechey  
Aimee Budnik  
Ken Slenkovich  
Willie Oglesby

**This report was prepared on behalf of the Robert Wood Johnson Foundation Strategy and Action Plan Workgroup for Portage County by:**

Matthew Stefanak, MPH  
Joshua Filla, MPA  
Nishikant Kamble, MPH  
John Hoornbeek, PhD

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## **Preface**

This report highlights the activities and recommendations produced by the Strategy and Action Plan (SAP) Workgroup. The majority of the activities described below took place in 2013. A draft of this report, and the workgroup's recommendations, were provided to Portage County's three health departments for review and comment in February of 2014. In the Spring of 2014, work to implement the recommendations of the SAP workgroup began. Finally, in December 2014 this report was updated to provide a description of the steps taken to implement the workgroup's recommendations. The final section of this report is dedicated to providing an update on these implementation activities.

## **Introduction and Purpose**

The purpose of this report is to serve as a roadmap to fulfilling the Public Health Accreditation Board (PHAB) prerequisites of completing a Community Health Assessment (CHA) and a Community Health Improvement Plan (CHIP) for the health departments in Portage County and to document the activities of the SAP Workgroup. The SAP Workgroup is one of three workgroups that are organized around the Shared Services Learning Community Project funded by the Robert Wood Johnson Foundation (RWJF). The goal of the project is to develop an informed and shared approach to assuring that the health departments in Portage County are providing essential public health services efficiently and effectively.

The SAP Workgroup is a major part of this effort. The workgroup is made up of representatives from the three health districts in the county, including both leadership and staff, and other public health stakeholders. It is the mission of the SAP Workgroup to develop strategies and actions that can be taken to support the development of a county-wide CHA and CHIP that helps assure access to essential public health services and fosters progress toward PHAB accreditation in Portage County. To do so, the SAP Workgroup members adopted a charter that outlined the steps that should be taken to achieve its goal.

Key tasks outlined in the workgroup's charter (Appendix 1) include: reviewing past needs assessments that have been recently completed in the county, identifying and recruiting key stakeholders, reviewing and recommending a planning model for the CHA and CHIP process, and exploring other opportunities for improving the public health system in the county, such as utilizing academic health departments and incentives growing from the Affordable Care Act. These efforts to-date have resulted in this written document that serves as a roadmap for completing the CHA and CHIP processes and as a recording of the SAP Workgroup's activities.

### *Project background*

In March of 2011, a group of concerned Portage County citizens and stakeholders – at the request of Ravenna Mayor Joseph Bica – formed a *Task Force for Improving Public Health in Portage County*. The group met over the course of the 2011 – 2012 year and issued a report suggesting that the current fragmentation of public health services in Portage County should be addressed and – generally -- that public health services in Portage County should be improved through more collaborative county-wide efforts. The KSU-College of Public Health (CPH) facilitated the work of this Task Force and aided in preparing the report. After issuance of the report, the three Portage County Health Departments – Portage County, City of Kent, and City of Ravenna commissioned the CPH to carry out a performance review of the public health system, prepare a preliminary needs assessment using existing data, and develop grant applications to solicit funding to support further facilitation and research work enabling more coordination for, and progress of, this collaborative effort. The KSU conducted the performance assessment of the public health system, created a preliminary needs assessment using existing data, and prepared two grant applications – one to the Local Government Innovation Fund and one to the Robert Wood Johnson Foundation. Both grant proposals were successful and have yielded funding to support continued efforts to improve collaborative public health efforts in Portage County.

Since the completion of that work in January 2013, the KSU-CPH's Center for Public Policy and Health (KSU-CPPH) has administered the Robert Wood Johnson Foundation grant with input from the Task Force, which is intended to “develop an informed and shared approach to assuring effective and efficient delivery of essential public health services in Portage County.” KSU-CPPH is facilitating three separate workgroups made up of health department representatives and community stakeholders that are working towards completing the project's deliverables.

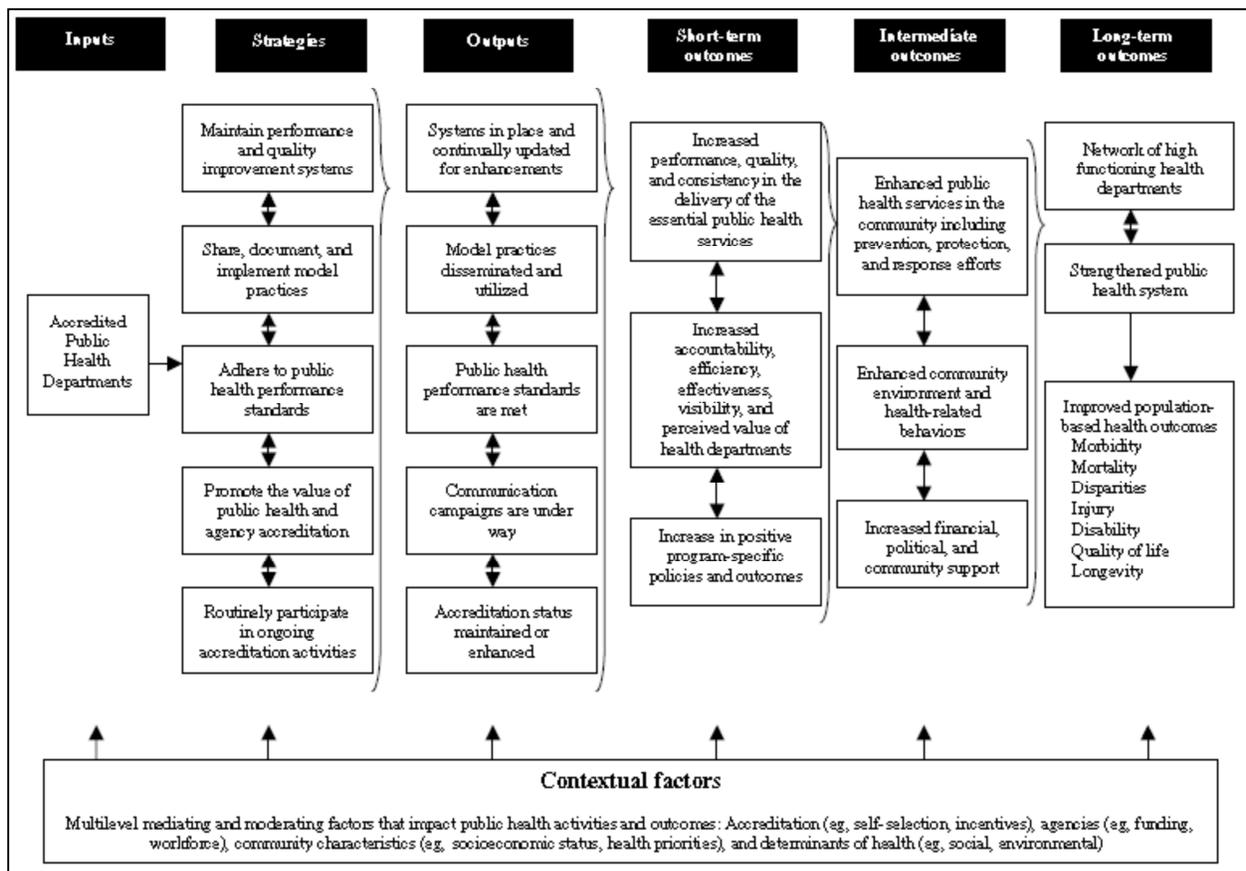
As noted above, the SAP workgroup is tasked with developing a report that lays out the strategies and actions necessary to move the local health departments toward PHAB Accreditation by completing the prerequisite CHA and CHIP processes. The Evaluation Workgroup is tasked with evaluating existing and potential collaborations between the three health departments and providing recommendations on ways to improve the collaborative relationships between the three jurisdictions. The Education Workgroup is concerned with reaching out to and educating key stakeholders on the process underway to improve public health in the county and to solicit their involvement where appropriate.

The SAP and Evaluation Workgroups have been meeting since May of 2013, and developed work products and recommendations that are slated to be reviewed by the health department leadership in the county and the Task Force. The remainder of this report is dedicated to highlighting the activities and recommendations of the SAP Workgroup.

## The Logic of Accreditation and its Connection to Improving Community Health

At the July 2013 Workgroup meeting, KSU-CPPH staff presented the Joly, et al<sup>1</sup> logic model for pursuing health department accreditation as a means to improve population-based health outcomes in the community (Figure 1). The major strategies included in the model focus on (1) maintaining performance and quality improvement systems; (2) sharing, documenting, and implementing model practices; (3) adhering to public health performance standards; (4) promoting the value of public health and agency accreditation; and (5) participating in ongoing accreditation-related efforts on a routine basis. These strategies, through a number of measurable system outputs, short, and intermediate term outcomes, are intended to create high-functioning health departments that lead to a stronger public health system resulting in long-term population health outcomes such as reduced morbidity, mortality, injuries and disability and improved quality of life.

Figure 1



Source: Joly et al (2007)

<sup>1</sup> Joly BM, Polyak G, Davis MV, Brewster J, Tremain B, Raevsky C, Beitsch LM. Linking accreditation and public health outcomes: a logic model approach. *J Public Health Management Practice*, 2007, 13(4), 349-356.

After reviewing this logic connecting PHAB Accreditation efforts to improvements in community health, the workgroup made a recommendation that KSU-CPPH hold an information session about the process of submitting a multi-jurisdictional application for PHAB accreditation. The group felt that the idea of a joint accreditation application was worth exploring and that an information session conducted for the PCHD and KHD Boards of Health would help those decision makers assess their options in this important area.

**Recommendation:** *KSU-CPPH hold an information session about the process of submitting a multi-jurisdictional application for PHAB accreditation.*

### **Review of Recent Community Health Assessments in Portage County in Relation to PHAB Requirements**

At the September 2013 Workgroup meeting Center staff reviewed a crosswalk of the required elements of a PHAB-acceptable CHA with these five assessments of different aspects of community health and the public health system in Portage County that have been conducted since 2011 (see Appendix 2):

- Portage County Health Needs Assessment (January 2013)
- Child and Family Health Services Needs Assessment (July 2013)
- NPHPSP – Local Public Health System Performance Assessment (December 2012)
- Local Health Department Improvement Standards Self-Assessments (2011)
- Essential Services Asset Map (2013)
- Evaluation Workgroup's Health Department Services Crosswalk (2013)

PHAB Measures 1.1 and 1.2 contain a list of required documents for a CHA. Appendix 2 presents the crosswalk of this required documentation with the five Portage County assessments. *Taken together, these five assessments of community health and the public health system in Portage County appear to satisfy most of the required elements of a PHAB-acceptable CHA.* The Workgroup also observed that two additional assessments slated for completion in 2014 may also contribute finding valuable to the comprehensive CHA:

- Hospital System(s) Community Health Assessment
- Youth Behavioral Risk Factor Survey

Center staff noted that there were several areas in which additional work is needed in order to satisfy all required elements of these two PHAB Measures, specifically:

- documentation that regular meetings and communication with representatives of various sectors of the community take place to consider CHA data sources, review data collected, consider assets and resources, and conduct analysis
- the CHA must contain a description of the demographics of Portage County
- a description of socio-economic factors that contribute to community health issues
- a description of injury morbidity, mortality and risk factors that contribute to community health issues
- a description of health disparities, health equity and high risk populations
- evidence that the community has an opportunity to review and provide feedback on the CHA.

### **Review of Community Health Assessment and Improvement Planning Models**

House Bill 59, passed by the Ohio General Assembly on June 25, 2013, enacted statutory language that authorizes the Ohio Department of Health to require local health departments to apply for accreditation by July 1, 2018 and be accredited by July 1, 2020 “as a condition precedent to receiving funding from the department of health.”

At the July 2013 Workgroup meeting, Center staff briefed the Workgroup on prerequisites for accreditation by the Public Health Accreditation Board (PHAB), the accrediting body most likely to be recognized by the Ohio Department of Health to satisfy the new statutory language. These prerequisites for accreditation must include three documents, updated within the last five years:

- a community health assessment (CHA)
- a community health improvement plan (CHIP)
- a department strategic plan

PHAB Standards 1.1 and 5.2 address requirements for CHA/CHIP and provide guidance on how to conduct these assessment and planning activities in a manner that will satisfy accreditation requirements. In each case, a health department must select a process that uses “an accepted state or national model; a model from the public, private or business sector; or other participatory process model.” The PHAB Standards go on to provide examples of acceptable planning models, including Mobilizing for Action through Planning and Partnerships (MAPP), Healthy Cities/Communities, and the Community Indicators Project.

At the August and September 2013 Workgroup meetings, Center staff and Workgroup members briefed the Workgroup on these three planning models as well as the Ohio Department of Health’s Community Health Improvement Cycle (CHIC) planning process used by Child and

Family Health Services (CFHS) grant-funded maternal and child health programs throughout the state; the Portage County Health Department is currently using the CHIC process for its CFHS grant program. Figure 2 below presents the most relevant attributes of each of these four planning models.

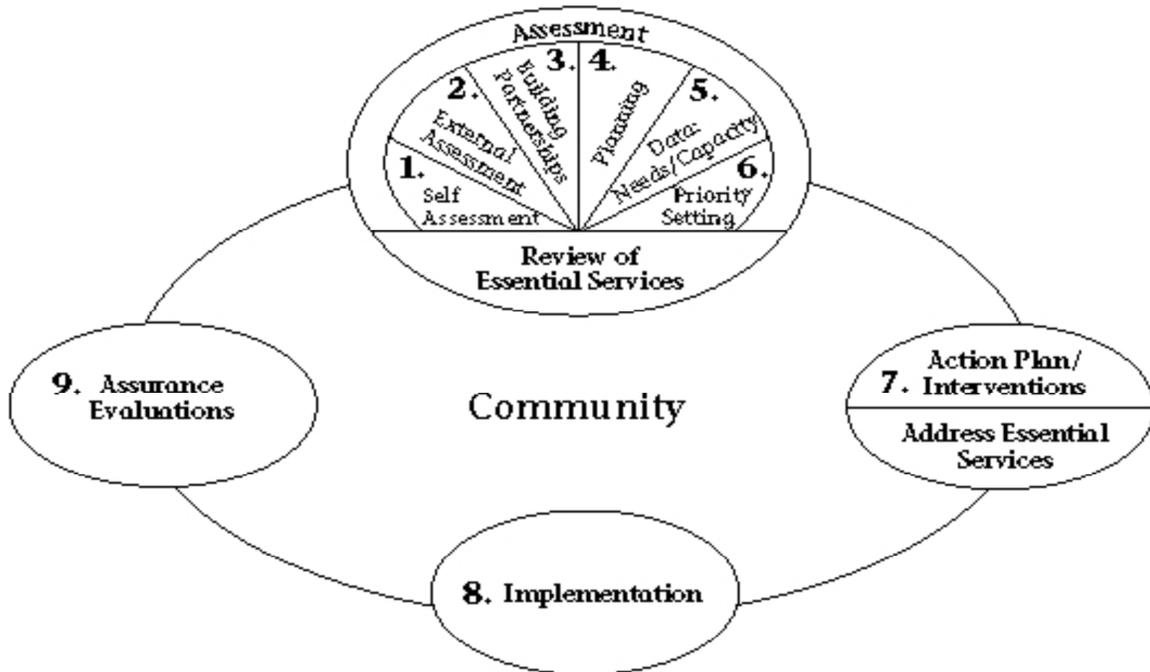
**Figure 2**

Community Health Assessment/Community Health Improvement Planning Models	
Mobilizing for Action through Planning and Partnerships (MAPP) (National Association of County and City Health Officials)	College of Public Health faculty/staff are experienced users; used by 700+ LHDs; may duplicate parts of CHIC; one component (NPHPS) already completed in 2012
Community Health Improvement Cycle (CHIC)	State model developed by the Ohio Department of Health; currently used by Portage County for maternal and child health assessment and planning
Healthy Cities/Communities (University of Kansas)	Focus on community engagement and social determinants of health; provides database of best practices for interventions
Community Indicators Project (Community Indicators Consortium)	Clearinghouse of indicators and performance measures for community well-being; LHD users have focused on health equity

*Mobilizing for Action through Planning and Partnerships (MAPP)* is an assessment and planning process used by many local health departments in Ohio and across the nation. Health departments in Portage County have already completed at least one of the four assessments that form the MAPP process, i.e., the National Public Health Performance Standards local public health system review. College of Public Health faculty/staff also have extensive experience with the MAPP process as consultants to a number of other health departments in Ohio that have undertaken CHA/CHIP in recent years.

Two other planning processes cited as examples in PHAB guidance documents, *Healthy Cities/Communities* and the *Community Indicators Project*, provide a less methodical approach to assessment and planning than MAPP, but do offer a database of best-practice interventions and performance measures for community health improvement; *Healthy Cities/Communities* has a special focus on community engagement and social determinants of health.

Figure 3<sup>2</sup>



A Workgroup member who serves as project director for the Portage County Child and Family Health Services (CFHS) project briefed the Workgroup on the Maternal and Child Health Assessment recently completed using the CHIC model. The Workgroup concluded that the assessment using this model, taken together with other community health assessments completed within the last two years in Portage County, appears to satisfy most of the requirements for a PHAB-acceptable CHA. Figure 3 depicts the Community Health Improvement Cycle assessment and planning model in more detail.

At the conclusion of its review of accreditation requirements for a CHA/CHIP and the four planning models, the Workgroup adopted this recommendation to health departments in Portage County at its September 2013 meeting:

**Recommendation:** *The Workgroup recommends that health departments in Portage County work collaboratively to complete a Community Health Assessment (CHA) and produce a Community Health Improvement Plan (CHIP) using the Community Health Improvement Cycle (CHIC) planning model from the Ohio Department of Health.*

<sup>2</sup> Source: Towne (2013) Presentation to SAP Workgroup on September 3, 2013

Health department staff and board of health members expressed their expectation that the CHA/CHIP process will now accelerate with new staff resources at the Portage County Health Department soon to be dedicated to the effort. KSU-CPPH staff noted that the Workgroup charter calls for the Workgroup to provide input to health department staff and/or consultants responsible for completing the CHA/CHIP as the process moves forward.

### **Review of the Portage County Public Health System Asset Map**

A component of meeting the PHAB standards for the CHA and CHIP prerequisites is to inventory the assets that make up the local public health system. KSU-CPPH, with guidance and input provided by the SAP Workgroup, has developed a draft asset map of the Portage County public health system. The inventory is organized around the 10 Essential Services (which track directly with the PHAB standards) and identifies individual services and service providers. As the local health departments move through the CHIP process, it is the hope of the SAP workgroup that the asset map can be used to identify resources that can be utilized to address public health needs and move the local health system towards PHAB accreditation and improved public health. The asset map overview table can be found in Appendix 3.

KSU-CPPH staff initially presented on the topic of the asset map to the Workgroup during the group's May 2013 meeting. The group was provided an overview of the process KSU-CPPH was undertaking to complete the asset map as well as its progress to date on the effort. Workgroup members were told that the purpose of the asset map project was to create an inventory of public health services and service providers in the county, provide a basis for improved communication and partnerships to improve public health, and to potentially support PHAB accreditation efforts in the county. At this point, the inventory was organized around categories of public health services provided in the county and service providers. KSU-CPPH utilized searches of various health-related organizations' website to populate the inventory. Examples of service categories included vital statistics services, inspection services, and infectious disease management. During the discussion that followed the presentation, workgroup members provided recommendations for adding additional service providers to the inventory as well as new service categories. During this meeting, the workgroup also recommended that KSU-CPPH move to organize the asset map around the 10 Essential Services.

In August 2013, KSU-CPPH provided a progress update to the SAP Workgroup on efforts to implement the workgroup's recommendations from the May meeting. As a result of the workgroup's recommendations, KSU-CPPH was able to add other service providers for the inventory. By August, KSU-CPPH has also organized the asset map around the 10 Essential Services, which are directly tied to PHAB's standards (domains). The group noted that the asset map should have a broader view of public health services - from a system perspective rather than

from an individual or citizen's viewpoint, which was reflected in the asset map as a result of the reliance on information from organizations' websites. They elaborated their concern by using the example of vital statistics, an essential service that extends beyond a health department simply issuing birth and death records. A description of this essential service must also reflect the contribution of hospitals as reporting sources for vital events and health department epidemiologists who provide vital events data and analysis. The Workgroup concluded that KSU-CPPH might work further along the same lines by using the PHAB domains/standards as a framework for collecting information about essential public health services from community organizations. It was noted that KSU-CPPH was exploring the development of a questionnaire for service providers to gain a more in-depth understanding of the services being provided in the county.

## Key Public Health Stakeholders and Decision Makers in Portage County

A task highlighted in the SAP Workgroup’s charter is to identify and recruit key community stakeholders and decision makers in the process of improving public health in the county. This task was not designed to be left to the SAP Workgroup alone, but has and will continue to involve the three health department leaderships and the other two workgroups as appropriate. A description of the stakeholders identified by the SAP Workgroup, and an initial strategy for engaging them, follow below.

The SAP Workgroup has undertaken discussions regarding key public health stakeholders in public health in Portage County. Through its discussions, the Workgroup has identified at least two types of stakeholder groups. The first type includes members of the “public health system” in Portage County, broadly construed. According to initial efforts made by KSU-CPPH staff, this group includes at least 70 members, and probably more, from throughout the Portage County (please see the Asset Map overview table in Appendix 3 below). The group includes key government, non-profit, and private sector contributors to public health service provision in Portage County. A second and narrower group of key public health stakeholders includes those public health leaders in the county whose involvement is deemed necessary *at the outset* of our continued effort to enable the conduct of a more “informed and shared approach to assuring effective and efficient delivery of public health services in Portage County” -- the goal of the RWJF grant effort.

Based on discussions held by the RWJF-SAP Workgroup, this latter group of key stakeholders includes:

1. Health Commissioners and Board of Health Presidents for the three Portage Health Departments – Portage County, Kent, and Ravenna. These individuals are:
  - a. DuWayne Porter (Health Commissioner) & Robert Palmer (Board of Health), PCHD
  - b. Jeff Neistadt (Health Commissioner) & Doug Wagener (Board of Health), KHD
  - c. Kelly Engelhart (Interim Health Commissioner) & Lucy Ribelin (Board of Health), RHD
2. Leaders in the two cities with independent health departments.
  - a. Mayor Joseph Bica, Mayor, City of Ravenna
  - b. Mr. Dave Ruller, City Manager, City of Kent
3. The President of Robinson Hospital
  - a. Mr. Steve Colechi, President, Robinson Hospital
4. The Director of the Federally Qualified Health Clinic in Portage County
  - a. Dr. Kristine Drummond, Director, Access Pointe of Portage County
5. The Leader of the United Way serving Portage County
  - a. Brian Duchon, President/CEO, United Way of Portage County
6. Key Leaders from among the major academic institutions

- a. Sonia Alemagno, Dean, KSU College of Public Health (Interim Nursing Dean Susan Stocker; Dean Daniel Mahoney, Ed., Health, & Human Services)
  - b. Thomas Chema, President of Hiram College
  - c. Jay Gershen, President of the Northeast Ohio Medical University
7. Chair of the District Advisory Council (DAC) for the Portage County General Health District
- a. Dan Derreberry, Chair, PCHD District Advisory Council Chair

Based on discussions at the August 2013 SAP Workgroup meeting, the group agreed that SAP Workgroup members, in partnership with local public health officials and members of the other two workgroups where appropriate, should approach each of these key contacts individually to let them know about our effort and to seek their continued support. During these outreach efforts, the contacts would be asked what, if anything, they and their institutions feel they can contribute to the effort. Over time, as the effort gets further underway, the SAP Workgroup and others can reach out to the larger stakeholder group – perhaps with a newsletter and invitation to participate in the effort. The draft talking points developed by KSU-CPPH and the SAP Workgroup can be found in Appendix 4.

### **Opportunities for Improving Public Health: Academic Health Department Arrangements**

At the October 2013 SAP Workgroup meeting, Dr. Bill Keck provided an overview of his experiences with building academic health department relationships and how he and the Council on Linkages Between Academia and Public Health Practice (COL) are working to educate academicians and public health practitioners on the potential benefits associated with such relationships. Dr. Keck is a former health official in Kentucky, Commissioner of the Akron Health Department (AHD), and faculty member at the Northeast Ohio Medical University. During his time in Kentucky, he played a role in a merger of six county health departments into a single, regional health department. During his time with the AHD, he also took part in many conversations around a health department consolidation in Summit County (something that was eventually achieved in 2011).

During his time with the AHD and the medical school, Dr. Keck and officials with both organizations formed what they called an academic health department. This relationship was characterized by the movement of students and personnel between the two departments. By 1999, Dr. Keck and his colleagues formalized the agreement between the health department and medical school. They used teaching hospitals in the medical field as a model for the AHD/NEOMED agreement. Since then, the medical school has formalized academic health department agreements with Portage County, Stark County, Mahoning County, and Summit County health departments.

Dr. Keck noted that there is no one model for academic health departments, and that such relationships can take many forms. He noted that there is no clear definition of what consists of an academic health department because there is so much variation in the relationships that currently exist. The Council on Linkages (COL) uses a broad definition: *An affiliation of some sort between a health department and some kind of academic institution.* Under this definition, virtually any sort of engagement between health departments and academic institutions may be considered an academic health department relationship. This is also true for many health departments that do not have a formal agreement with an academic institution, but are engaged in the sharing of personnel or resources. However, Dr. Keck and the COL are encouraging health departments and their academic partners to create formalized relationships to ensure that the relationship can endure turnover in organizational leadership.

During his presentation, Dr. Keck noted a number of potential benefits associated with academic health departments. He mentioned that they provide an opportunity to build practice based evidence through cooperation with academic researchers and public health practitioners. He also mentioned that such arrangements allow partnering organizations to make better use of available resources. Students are also better prepared because of increased opportunity to gain real-world experience through internships and practicums. Student interactions with health departments also represent an opportunity for health officials to evaluate future public health workers. Not only do academic health department relationships create learning opportunities for students, but they also create opportunities for lifelong learning among health department staff. Dr. Keck also noted that partners are better situated to meet accreditation standards because of the relationships. Finally, he noted that such relationships may help health departments respond to new demands and opportunities associated with the Affordable Care Act. Workgroup members noted that Robinson Memorial's switch to non-profit status may be a local example of such an opportunity, especially related to future community health needs assessments.

### **Opportunities for improving public health: The Patient Protection and Affordable Care Act**

At the November 25, 2013 workgroup meeting, the workgroup was presented information on potential opportunities for public health departments related to the implementation of health care reform. Tegan Beechey, a doctoral student in Kent State's College of Public Health and CPPH graduate assistant, overviewed how changes to the health care system mandated by the Affordable Care Act (ACA) could impact local health departments. She was accompanied by Dr. Willie Oglesby, a KSU-CPH Health Policy and Management Faculty member, who helped inform and guide her work in developing the presentation. A brief overview of Ms. Beechey's presentation to the workgroup follows below.

Historically, health departments' primary activities were focused around population health services, such as emergency response, sanitation services, and disease surveillance, and regulation through the inspection and permitting of various facilities, such as food service operations and septic system installations. The passage of the ACA in 2010 represented a paradigm shift for the health care system in the country. Major reforms in the bill were targeted at reducing the number of uninsured people and decreasing health care costs. As a result, the law primarily affects patients, individual health care providers, and payers (e.g. insurance companies). However, the law also indirectly affects the role of local health departments by encouraging the provision of preventative care to individual health care providers, such as hospital systems, and payers.

Changes related to health care providers include incentives and obligations to offer greater access to uninsured and Medicaid patients; the ability for institutions which provide care for large numbers of low income and uninsured patients to receive financial relief; the establishment of service standards and quality requirements for health institutions; and, incentivized transparency and self-reporting by providers. Changes related to health care payers include: incentives and obligations to participate in health care exchanges; to provide required services without co-pay; to comply with caps on administrative costs; to use premium receipts on patient care quality improvement, or preventive programs; and, to base prices on geography, age, and actuarial value instead of gender, medical history, and genetics. Finally, the ACA provides incentives to population health service providers to educate the public on new Medicaid eligibility requirements; advertise insurance exchanges; provide interventions to the Medicaid population; to educate citizens who might be eligible to both Medicare and Medicaid; to educate the public on oral health; to establish school based clinics; and, to improve the health care workforce. All organizations within the health care and public health systems will need to carefully assess their role in this new health system created by the ACA.

Indirect effects of the ACA on public health departments include the potential for increased competition for funding and a greater risk of redundancy due to ACA incentives and obligations for health care providers to provide certain preventative services, many of which were previously provided by local health departments. However, there may be new opportunities for coordination through the creation of Community-Based Systems of Care. There are two important strategies for local health departments to consider.

One approach for consideration by local health departments is to follow the money and try to take on roles with designated funding streams. These activities include: health care provision, preventive care, and the establishment of Community-Based Systems of Care. The second is to try and identify and fill gaps in the health system at the population level. Activities related to this second line of thinking include: coordination, data collection, information management, coalition building, and education and outreach.

The role of local health departments will be heavily influenced by a number of factors. The current capacities of a health department, needs of the local population, the service mix of other local health organizations, funding streams, and state mandates will all dictate what strategies are available for public health departments at the local level. These considerations should be kept in mind by local public health officials as they think strategically about how their agency will respond to the changes made by the ACA.

One strategy for local health departments to consider is to define a role for themselves based on community needs by maintaining a connection with other local health organizations, monitoring those other organizations' roles within the community, identifying gaps that may emerge once other organizations assume new roles and functions, and finally, developing strategies to fill roles that play to the individual health department's strengths. Another important strategy is to build effective partnerships by engaging other local health organizations and understanding the service mixes of those organizations and pursuing partnerships with those organizations and offering expertise in the provision of specific services.

Identifying and uncovering hidden needs within the community is also a strategy that could be considered by local health departments as they seek ought their role post-ACA implementation. There is the potential for new needs to arise after the health system is restructured. Health information that health departments have access to is a major asset. The ability to coordinate among other organizations is another asset.

There is also the problem of accessing ACA funding for public health departments. Some ACA provisions come with specific funding streams, but local health departments may not be directly eligible unless they take on the role of health care service providers. For those local health departments that do not wish to take on this role, exploring partnerships with other health organizations may be a way to increase access to funding. Partnerships may allow for increased attractiveness of grant applications, allow for larger-scale projects, and reduce competition for funds within a community.

## Summary of Workgroup Recommendations

A number of recommendations have been made by the SAP Workgroup during the course of its activities.

*The Workgroup recommends that:*

- 1. Health departments in Portage County work collaboratively to complete a Community Health Assessment (CHA) and produce a Community Health Improvement Plan (CHIP).*
- 2. Health departments utilize the Community Health Improvement Cycle (CHIC) planning model from the Ohio Department of Health to complete the CHA and CHIP.*
- 3. KSU-CPPH hold an information session about the process of submitting a multi-jurisdictional application for PHAB accreditation.*

## Update on Implementation Activities

There have been steps taken to implement the three SAP Workgroup recommendations discussed above. This section provides a brief status update on those activities.

The Workgroup's recommendations were reviewed by the health department leaderships in early 2014, including the health commissioners (and, through them, relevant city officials) and the three boards of health. The jurisdictions agreed that the recommendations provided by the workgroup should be followed up on, and in cooperation with KSU-CPPH, began to implement activities that addressed each recommendation.

On March 6, 2014 an information session about the process of applying for PHAB Accreditation was held at the Northeast Ohio Medical University (NEOMED) campus in Rootstown, Ohio. Over 50 individuals attended the briefing, including staff members from the health departments, Board of Health members from the three jurisdictions, and a number of community stakeholders. The briefing was hosted by Dr. Amy Lee of NEOMED's public health program, and facilitated by Matt Stefanak. Mr. Stefanak provided an overview of the PHAB process, and guest speakers from a number of jurisdictions, including Summit and Mahoning Counties, shared their experiences working through the accreditation process.

The workgroup also recommended that the health jurisdictions in Portage County work collaboratively to complete the health assessment and improvement planning PHAB prerequisites. In the Spring of 2014, the health commissioners, with support from the RWJF Education Workgroup, initiated outreach activities to community stakeholders regarding their participation in a CHA effort. A CHA Partnership of 21 stakeholders was formed to guide the

health assessment process. The group met regularly through Summer and early fall of 2014 to provide input on the assessment activities. As a part of their initial meeting, the group formally adopted the CHIC model that was recommended by the SAP Workgroup. The group, with assistance from KSU-CPPH, pulled together existing data and information from recently completed assessment activities (discussed above), and created a process of evaluating the identified health indicators and needs from those reports. As of this writing, a draft of the report, which identified 48 health needs in nine major categories, has been developed, and is going through a public review process. The report is scheduled to be finalized in early 2015.

It is envisioned that the health jurisdictions will move forward in 2015 with the improvement planning efforts required by PHAB and recommended by the SAP Workgroup.

## Appendix 1: *Strategic & Action Planning Workgroup Charter*

**MISSION: (this may later be revised by the workgroup)**

Develop strategies and actions to support the development of a community health assessment (CHA) and community health improvement Plan (CHIP) that helps assure access to essential public health services and fosters progress toward PHAB accreditation in Portage County.

**BACKGROUND:**

The goal of this project is to develop an informed and shared approach to assuring that the health departments in Portage County are providing essential public health services efficiently and effectively and are able to meet Public Health Accreditation Board accreditation standards. In pursuing this goal, we hope to take advantage of models and lessons from the Kansas Health Institute's new Center for Sharing Public Health Services and others, and to contribute what we learn to the larger National Learning Community.

**Workgroup Tasks**

1. Review recent assessments completed or underway in Portage County to identify (a) opportunities for additional service alignment between the health departments, (b) information gaps needed to assure Portage County health departments have a PHAB-acceptable comprehensive CHA and (c) opportunities for collaboration among the health departments and community partners as identified by the Evaluation Workgroup.
2. Identify and/or recruit other key stakeholders and decision makers for engagement in the CHA and CHIP processes (in cooperation with Local Health Department Commissioners/staff and/or other workgroups and stakeholders as appropriate)
3. Evaluate and recommend one of the accepted state or national community health assessment and improvement planning models that the health departments should use to fill in any remaining health assessment information gaps identified in task 1 and to create a CHIP for Portage County.
4. Provide input to health department staff and/or consultants responsible for completing the CHA/CHIP.
5. Evaluate opportunities for greater collaboration between public health academics (at the College of Public Health at Kent State and/or elsewhere), health departments/organizations in northeast Ohio, and practitioners in the health departments in Portage County through the Academic Health Department Learning Community and/or other means as/if appropriate.
6. Assess incentives contained in the Affordable Care Act for hospitals, health departments, federally qualified health centers and others to collaborate to improve community health.
7. Produce a document in pursuit of our mission that provides an account of the workgroup proposed strategies and actions.

**ESTIMATED DATE FOR COMPLETION:**

January 14, 2015

**MEETING FREQUENCIES & DURATION:**

1.5 – 2 hours monthly, June– November 2013; 1.5 – 2 hours, at least 3 times, January – June 2014; as needed thereafter



**Appendix 3: Asset Map of the Portage County Public Health System Overview Table**

<b>10 Essential Public Health Service Framework*</b>	<b>Total services</b>	<b>Services provided in Portage County</b>	<b># Of providers</b>	<b>Types of Organizations**</b>
Essential Service #1 Monitor Health Status to Identify Community Health Problems	2	1. Vital Stats. Birth/ Death record	2	LHDs *** (2)
		2. Clinical Treatment of infectious & chronic diseases	10	LHDs (3), Hospitals (2), Community Health Centers **** (4), private physicians (1) *****
Total # of service providers in Essential Service # 1			12	
Essential Service #2 Diagnose and Investigate Health Problems and Health Hazards in the Community	7	1. Clinical Treatment of infectious & chronic diseases	10	LHDs (3), Hospitals (2), Community Health Centers (4), private physicians (1)
		2. Wellness Assessment & Preventive Health Services	10	LHDs (3), Hospitals (2), Community Health Centers (5)
		3. Emergency Preparedness	4	LHDs (2), Other LD*** (2)
		4. Lead Testing	3	LHDs (3)
		5. Environmental Health Inspections (Food Services, School Health & safety, Septic, Motel & Hotel, Housing, Water & Solid Waste)	3	LHDs (3)
		6. Vector Control	1	LHDs (1)
		7. Sampling/Testing (Air & Water)	3	LHDs (3)
Total # of service providers in Essential Service # 2			34	

Essential Service #3 Inform, Educate and Empower People about Health Issues	1	Health literacy programs	18	LHDs (4), Hospitals (2), Community Health Centers (6), Educational Institutions (4), NGOs (2)
Essential Service #4 ***** Mobilize Community Partnerships to Identify and Solve Health Problems	1	Examples of providers with partnerships and network agencies	20	LHDs (4), Hospitals (2), Community Health Centers (7), Educational Institutions (4), NGOs (3)
Essential Service #5 Develop Policies and Plans that Support Individual and Community Health Efforts	1	Local health policies developed and implemented by district health departments	3	LHDs (3)
Total # of service providers for Essential Service # 5			3	
Essential Service #6 Enforce Laws and Regulations that Protect Health and Ensure Safety	5	1. Lead Testing	3	LHDs (3)
		2. Environmental Health Inspections	3	LHDs (3)
		3. Vector Control	1	LHDs (1)
		4. Sampling (Air/Water)	3	LHDs (3)
		5. Storm Water Management	0	
Total # of service providers for Essential Service # 6			10	
Essential Service #7 Link People to Needed Personal Health Services and Assure the Provision of Health Care when Otherwise Unavailable	6	1. Dental Health Services	3	Community Health Center (2), private dental practitioners (1) *****
		2. Senior Health Services	4	Other LD (1), Community Health Centers (2), NGOs (1)
		3. Mental Health Services	4	Community Health Centers (4)
		4. Special Needs Services	3	LHDs (2), Other LD

				(1)
		5. Nutrition Services	3	Other LD (1), NGOs (2)
		6. Veteran Health Services	2	Other GD (2)
Total # of service providers for Essential Service # 7			19	
Essential Service #8 Assure a Competent Public and Personal Health Care Workforce	1	Examples of Public Health Institutions with educational programs to create workforce	3	Kent State, NEOMED***, & Hiram college
Essential Service #9 Evaluate Effectiveness, Accessibility, and Quality of Personal and Population-Based Health Services	1	Examples of Public Health Institutions with Evaluation capacities	1	Kent State University
Essential Service #10 Research for New Insights and Innovative Solutions to Health Problems	1	Examples of Public Health Institutions with research capacities	1	Kent State University
	Total services provided in Portage Counties (that are included in this Inventory) = 21		Total Service Providers in Portage County = 70	

\*10 Essential Public Health Services provide the framework for National Public Health Performance Standard Program (NPHPSP). Capacity to effectively deliver these services demonstrate the strength of public health system. [As mentioned in American Public Health Association (APHA) & Centers for Disease Control & Prevention (CDC)]

\*\*Type of Organization = Public Health providers can be local health departments & other government departments, hospitals, community health centers, not-for-profit organization, and educational institutions.

\*\*\*Abbreviations: LHDs = Local Health Departments, Other LDs = Other Local/ Government Departments, NGOs = Non-Governmental Organization (Not-for –profit organization), NEOMED = Northeast Ohio Medical University

\*\*\*Community Health Centers = is a primary (in some cases specialty) care facility staffed by a group of general physicians and nurses. Typical services covered are family practice and dental care, but some clinics have expanded greatly and can include internal medicine, pediatric, women’s care, family planning, pharmacy, lab, and more. It can be for profit or not-for-profit in this case.

\*\*\*\* Services by private physicians mentioned in the table are a partial representation of actual service providers in Portage County, as it does not indicate actual number of private physicians, so they are considered as one.

\*\*\*\*\*In Essential Service # 4 partnerships identified are as mentioned in the official website of respected organizations. They can be of type network agencies, affiliations, goods and services providers of one or more services/ provisions etc.

\*\*\*\*\*Dental health services mentioned in the table are a partial representation of actual service providers in Portage County, as it does not indicate actual number of private dental practitioners, so they are considered as one

## **Appendix 4: Draft Talking Points – Key Portage County Public Health Stakeholders**

### **Purpose of our visit/communication**

- Update you on an innovative and collaborative effort to improve public health in Portage County, Ohio.
- See your (continued) support and further engagement.

### **Goals of Our Effort**

- Develop a more “informed and shared approach to assuring effective and efficient delivery of essential public health services in Portage County, Ohio.”
- Build partnerships which will allow members of the Portage County Public Health System to navigate and prosper during a time of uncertainty, change, and opportunity for public health services in our county.

### **Who Are We?**

- A group of interested and concerned stakeholders and citizens who are working together to improve public health in Portage County through county-wide collaboration and strategy development.
- We have participated in:
  - o The Task Force for Improving Public Health in Portage County
  - o Workgroups of the Robert Wood Johnson Foundation (RWJF) funded Improving public health services in northeast Ohio project.
  - o Ongoing dialogues among health departments and public health professionals about ways to improve the efficiency and effectiveness of public health services in Portage County.
- We include members representing the three health departments in Portage county and their Boards (Portage County, Ravenna, and Kent), the Portage County District Advisory Council, Access Pointe – the Federally Qualified Public Health Center, Robinson Hospital, Kent State University College of Public Health, and other area stakeholders.

### **Next Steps (in the coming months)**

- 1) A collaborative effort to assess and improve health services (in coordinated fashion) in Portage County.
  - a. Are you willing to discuss your organization’s involvement in this effort? Y \_\_\_\_  
N \_\_\_\_
  - b. Is there a particular role or type of assistance that your organization can provide to the effort as a whole – data\_\_\_\_?, money\_\_\_\_?, staff support\_\_\_\_?, public endorsement of the effort\_\_\_\_?
- 2) During the first week in December, a group of RWJF funded national local health collaboration advocates/experts are planning a visit to us in Portage County from the Kansas Health Institute and elsewhere. Would you be willing to participate in a meeting of this group and communicate why you see value of this effort for the county and for your organization?
- 3) Would you be willing to meet with us again to help us organize the CHA and CHIP efforts, which we believe are likely to commence during the first half of next year?