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An Action Plan for Improving the Efficiency and Effectiveness of Public Health Services in Portage County

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Table of Contents:

Introduction..... 3

Background 3

Review of Grant Activities Related to Consolidation.....5

Review of Grant Activities Related to Improving Efficiency and Effectiveness of Public Health Services..... 7

Next Steps for Continued Improvement.....13

Conclusion.....14

Appendices..... 15

Introduction

This report overviews progress made toward improving the efficiency and effectiveness of public health services in Portage County through the Local Government Innovation Fund (LGIF) grant provided to the City of Ravenna and the Portage County Health Department in early 2013, and outlines action steps that should be taken to continue progress into the future. We describe the activities that began in February 2013 and extended through the end of the established project period, August 31st, 2014. The action steps identified include steps that are now underway, as well as steps that we believe should be taken in the future.

We discuss the project background below, including an overview of the work towards improving the local Portage County public health system that motivated the original grant application to the LGIF program. A description of the process and results from the activities related to the consolidation of the Ravenna Health Department (RHD) and the Portage County Health Department (PCHD) follows. Next, we discuss activities that targeted additional improvements in efficiency and effectiveness beyond the health department consolidation, particularly related to assisting the health departments move forward with preparing for health department accreditation. Finally, we offer a plan for action beyond the LGIF grant period.

Background

In the Fall of 2012, officials with the City of Ravenna and PCHD, with assistance from KSU-CPPH, applied for funding through the State of Ohio's LGIF program. The proposed project sought to assess the feasibility of consolidating both jurisdictions' health departments and explore additional opportunities to improve the efficiency and effectiveness of public health services in the county.

The City of Ravenna and its partner, PCHD, were awarded grant funding through the program and a contract for services was established with Kent State University's Center for Public Policy and Health (KSU-CPPH) in February 2013. The City of Ravenna, PCHD, and KSU-CPPH focused their activities on three primary deliverables, which were completed by August 31, 2014:

- Evaluating the feasibility of merging RHD and PCHD
- Defining ways to improve the efficiency and effectiveness of public health services in Portage County
- Providing recommendations and an action plan for more efficient and effective public health services

Previous efforts to make improvements to public health operations and services in the county helped set the stage for the progress that was made under the LGIF project. These improvement efforts included the formation of a Task Force for Improving Public Health in Portage County, which released a report with initial recommendations for improvements focused on improving efficiency and effectiveness through health department accreditation, an initial health assessment effort, and a public health system assessment. These efforts involved Portage County's three health departments, its local hospital, multiple non-governmental organizations, and other city departments and medical providers. In 2012, three health departments served the county: the Kent Health Department (KHD), the RHD, and the PCHD, which serves the remaining jurisdictions within the county.

Traditionally, health departments have served their communities and developed programming based on regulatory mandates grounded in legislation developed at the state and local levels of government. Recently, the role of health departments has been shifting from an emphasis on regulatory functions and

clinical services toward addressing the prevention of chronic diseases and reduction in risk factors associated with these diseases. Across the American public health system, there has been a shift over the last several decades toward addressing risk and protective factors from a population-based perspective, which is grounded in ideas about core functions of public health and essential public health services.

The Public Health Accreditation Board (PHAB) was developed and it established voluntary accreditation opportunities to enable demonstrated compliance with standards founded in the 10 Essential Public Health Services. These standards are meant to ensure public health departments are providing services in an efficient and effective manner. In addition to this paradigm shift towards the “New Public Health”, there have been other contextual factors that have played a role in forcing changes to how local health departments operate.

One factor has been the reduction in federal and state dollars that are available for public health services. Due to the recent recession and other factors, there have been increased economic pressures for city health departments to find alternative funding sources and to collaborate or consolidate with other public health departments. Also, political environments have moved towards finding ways to increase efficiency in governmental programs such as those offered by health departments.

The public health system in Portage County has experienced similar challenges to those described above. PCHD, for example, had not passed a levy to support public health services in over 53 years until May of 2013. At the time this project was beginning, the City of Ravenna had been impacted by recent state and local budget cuts and reduced its hours of operation and altered its staffing patterns in response to these cuts in funding.

As a result of the current economic conditions and the need to improve the delivery of public health services in Portage County, the Mayor of Ravenna convened a group of public health stakeholders in March 2011 to form the Task Force for Improving Public Health in Portage County. The purpose of the Task Force was to explore options to strengthen Portage County’s public health system. The Task Force released a report with recommendations that served as an initial roadmap toward improving the public health system and as a catalyst towards strengthening collaborations across the departments to improve the public health system.

Since the release of the Task Force report, officials from the three health departments, KSU staff, and local public health stakeholders have engaged in a series of activities to continue the process started by the Task Force. KSU facilitated the National Public Health Performance Standards Program (NPHPSP) on behalf of the three health departments. As a part of the NPHPSP, local members of the public health system were convened to assess the public health system in the county using the 10 Essential Service categories which underlie the NPHPSP standards. Secondly, the KSU-CPPH worked with RHD to conduct an Operational Assessment of the RHD and all three health departments in Portage County to develop an initial county-level Community Needs Assessment based on existing county level information. Thirdly, PCHD was awarded a Child and Family health Services grant through the State of Ohio to conduct an in-depth Maternal and Child Needs Assessment, and it worked with stakeholders throughout the county on its development. KSU also worked with local hospital systems that operate in Summit and Portage Counties on community needs assessment work related to mandates found in the Affordable Care Act for non-profit hospitals.

These activities helped lay the foundation for the work done on this grant, starting in early 2013. Below, we discuss the progress made to improve Portage County’s public health system through this LGIF grant, as well as actions steps for building on that progress to establish ongoing efforts to improve the efficiency and effectiveness of public health services in Portage County.

Review of Grant Activities Related to Consolidation

Feasibility Study

To help inform ongoing discussions between representatives of the Ravenna and Portage County Health Departments regarding consolidation of the PCHD and RHD, officials requested that (KSU-CPPH) complete a feasibility assessment of the consolidation of public health service operations between the two health departments. The purposes of this feasibility assessment were to:

1. Assess the feasibility of consolidating RHD with PCHD.
2. Identify issues to be considered by RHD and PCHD officials as they move forward in consolidating operations of the two health departments.
3. Identify issues related to PHAB Accreditation in Portage County, which may inform consolidation and other public health improvement efforts.

The feasibility report developed by KSU-CPPH assesses the feasibility of consolidating public health service provision by the RHD and PCHD by identifying and evaluating issues in eight critical areas. The KSU-CPPH collected information from the two health departments, the State of Ohio, and other relevant sources. After reviewing each of the eight critical areas and conducting a series of facilitated meetings with PCHD and Ravenna officials, KSU-CPPH found that a consolidation between RHD and PCHD is indeed feasible. The individual feasibility determinations for each area are summarized below:

Governance: Feasible - the Ohio Revised Code provides a number of options that can be used to facilitate a consolidation between the two health departments. These options have been utilized in multiple cases of consolidation that have occurred in Ohio since 2001.

Legal Issues: Feasible - based on the information we have been able to gather, it appears that the legal aspects of consolidation can be addressed with appropriate legal review and oversight on the part of the jurisdictions involved.

Personnel: Feasible - there appears to be only a few concerns within this critical area regarding personnel and – because they should be possible to address – consolidation appears feasible with respect to personnel issues.

Finances: Feasible - based on the information collected on health department finances, it appears feasible for the two health districts to consolidate.

Public Health Services: Feasible - in terms of public health service delivery by the RHD and PCHD in general, consolidation of services appears feasible from the standpoint of services provided in the two jurisdictions.

Facilities: Feasible - each health district utilizes one site and these sites are both located in Ravenna. We believe it is feasible to consolidate in this critical area.

Community Stakeholder Participation: Feasible - we conclude that the City of Ravenna and PCHD can engage Ravenna and greater Portage County area residents, as well as other key community stakeholders, to provide input into the decision making process concerning the proposed consolidation as needed.

Timetables and Target Dates: Feasible – while there is clearly interest in expeditious implementation of consolidation, it does seem possible to develop and implement long term timelines for consolidation and its implementation that are acceptable to the parties involved.

KSU-CPPH also identified a series of issues related to each critical area that should be considered and – at least in a number of cases – actually addressed by RHD and PCHD as they finalize and implement consolidation arrangements. While each critical area has its own set of issues that will need to be dealt with in order for the consolidation process to be successfully completed, it was KSU-CPPH’s belief that all of these issues could be addressed by officials with RHD and PCHD, and that a consolidation could be achieved. Given our findings, external demands for greater effectiveness and efficiency, and the existence of opportunities to enhance the effectiveness of public health services, we also concluded that consolidation of the RHD and PCHD in some form appeared desirable for the communities and citizens involved.

The feasibility report also includes an initial analysis of Portage County’s local health departments’ progress in preparing for PHAB’s public health accreditation process. There has been increased pressure within the field of public health for health departments to move toward accreditation, and recent legislation at the state level may make becoming accredited effectively mandatory¹ in the near future. KSU-CPPH found that while initial progress has been made on completing the prerequisites to the accreditation process, there is much work to be done by the PCHD and the RHD, and – perhaps -- the City of Kent’s health department as well, to support PHAB accredited public health services in Portage County.

As a part of the feasibility process, KSU-CPPH facilitated multiple meetings with PCHD and Ravenna officials to discuss the eight critical areas that were assessed as well as identifying points of agreement and disagreement between the two parties as the process unfolded. These meetings helped facilitate a short-term contract for services between the two jurisdictions that allowed PCHD to begin providing public health services within the city even while the larger conversation about merging the two jurisdictions continued. This short-term contract began in early Summer 2013 and was originally set to expire on December 31, 2013.

Options Analysis

The draft feasibility study was provided to City of Ravenna and PCHD officials in summer of 2013. The report indicated that KSU-CPPH staff felt that a consolidation of the two departments was feasible based on their analysis. Later that fall, Ravenna officials requested that KSU-CPPH prepare an options analysis to assist city officials with their decision making process. Dr. Hoornbeek, Director of KSU-CPPH, and Mr. Nishikant Kamble, a KSU-CPPH graduate research assistant, presented the options analysis to the Ravenna City Council on November 13th, 2013. The options analysis sought to:

- Summarize the understanding of the current situation regarding public health services in Ravenna
- Assess key options for providing public health services in Ravenna in the years to come.
- Foster a shared understanding and framework to enable Ravenna Officials to determine how best to proceed.

The presentation overviewed the status quo of public health service provision at the time. Ravenna had a contract in place with PCHD to provide environmental health inspections and nursing and clinical services. The city paid a rate of \$68,971 annually for these services.

¹ We understand that a recently enacted provision in the Ohio state budget authorizes the ODH to require local health departments to apply for and receive accreditation if they want to maintain certain state and federal funding streams.

A brief overview of the contextual factors impacting local government operations and public health departments followed. Important contextual factors included recent funding cuts to local governments and increased expectations for health departments, including a push for health departments to become accredited by the PHAB.

The analysis presented three primary options for providing public health services available to the City of Ravenna, and the significant difference in the costs among the options for the city:

- Extend the current contract and rely on PCHD to provide services
- Formally merge the RHD with the PCHD
- Re-claim and invest in the RHD to position it for the future

Ravenna City Council and Administration Officials, used this analysis and presentation, as well as the feasibility report, to inform their discussions about the consolidation issue that took place in the months following the November presentation. To enable more complete discussions, the contract between RHD and PCHD was extended beyond December 2013.

In addition to the Feasibility Report and the Options Analysis, KSU-CPPH developed an inventory of city ordinances and Charter provisions relating to public health, the health department, and Ravenna's Board of Health in order to assist Ravenna's Administration and City Council to better understand potential impacts of consolidation on existing ordinances and the City Charter. KSU-CPPH staff performed a key word search to identify sections of the Ravenna City Charter and Codified Ordinances that may be impacted if a consolidation took place. They documented chapter, section, title, and the language of each relevant ordinance or Charter section in the inventory. This activity was supportive of the project's goal of defining ways to improve the efficiency and effectiveness of public health services in Portage County by helping to support the local decision making process in the City of Ravenna. The final inventory was provided to Ravenna officials on April 9, 2014.

In the Spring of 2014, the District Advisory Council, a body made up of elected local government officials within PCHD's jurisdiction later approved the formal consolidation pending Ravenna's City Council passing legislation approving a full merger. Ravenna City Council passed legislation approving the consolidation of Ravenna's Health District with the Portage County General Combined Health District on July 7, 2014. Discussions are now ongoing regarding the logistics of that formal consolidation, and they are benefiting from the inventory of issues presented in the feasibility study developed under this grant.

Grant Activities related to Improving Efficiency and Effectiveness of Public Health Services

The PCHD and the KHD, in cooperation with the City of Ravenna, are currently moving forward with efforts to make both departments eligible for PHAB Accreditation as a way to improve the effectiveness and efficiency of public health services in Portage County on an ongoing basis. The PHAB accreditation process requires ongoing performance improvement efforts and all three health commissioners in the county agree that collaboratively completing the Community Health Assessment (CHA) and Community Health Improvement Planning (CHIP) prerequisites for accreditation is a good idea that holds potential for improving the effectiveness and efficiency of public health services in Portage County.

To help plan for these two processes, KSU-CPPH developed an Action Plan for fulfilling the CHA and CHIP requirements for PHAB Accreditation earlier this year. This section of the report overviews the contents of that document, which took stock of PHAB's requirements for these prerequisites, identified the existing work in this area, and identified gaps that existed in meeting those requirements. The report also identifies strategies for addressing the currently unfulfilled requirements. This section also

summarizes the ongoing performance improvement work related to the CHA, which began in Spring of 2014.

The purpose of national accreditation is to improve public health departments' services, value, and accountability to stakeholders and its vision is to develop a "high-performing governmental public health system that will make us a healthier nation (PHAB, 2013)²." Founded in the three core functions of public health and the Ten Essential Public Health Services, accreditation not only documents the capacity for public health departments to meet accreditation standards and domains, but also serves as a means to identify and improve performance and management of the department (PHAB, 2013). In short, accreditation is a process meant to improve the efficiency and effectiveness of public health department operations.

Accreditation Background

A new state law authorizing the Ohio Department of Health (ODH) to require that all local health departments become accredited by the end of the decade (or face the possibility of losing state and/or federal funds) provides incentive for the health departments in Portage County to begin planning for the PHAB accreditation process. Over the past year and a half, the three health jurisdictions in the county, along with community stakeholders, have participated in a county-wide public health improvement effort, and three workgroups were created around this effort. One of these Workgroups, The Strategy and Action Plan (SAP) Workgroup³, recommended that the operating health departments complete the CHA and CHIP processes collaboratively. Reception to this recommendation from the health departments was positive.

Before the CHA and CHIP planning processes began in earnest, KSU-CPPH and the Northeast Ohio Medical University (NEOMED) provided a briefing on public health department accreditation for Board of Health members, department staff, and other stakeholders. The health commissioners requested this briefing as a way to create common understandings across the three health jurisdictions in Portage County as the departments begin the accreditation process. This event was well attended, and featured speakers from health department staff and board members who had gone through the PHAB accreditation process with other health departments. This activity supported the LGIF project's goal of defining ways to improve the efficiency and effectiveness of public health services in Portage County.

Updating and maintaining a CHA and a CHIP are ongoing requirements of being an accredited health department. PHAB's requirements, including those pertaining to the CHA and CHIP, are organized around 12 Domains. Each Domain has a set of standards built into them, and each standard has a series of associated measures. Each measure has a series of required documentation that each health department is required to provide to PHAB as proof that the department is meeting the requirements outlined in the measure. The standards and measures related to CHAs and CHIPs are discussed below.

² PHAB, 2013. <http://www.phaboard.org/accreditation-overview/what-is-accreditation/>)

³ The other two Portage County Public Health Improvement Workgroups are the Evaluation Workgroup and the Education Workgroup, which were created to evaluate current collaborations across local health departments in Portage County and enhance external communications with stakeholders/citizens, respectively. The activities of these Workgroups, and the Strategy and Action Plan Workgroup above, have been supported and enhanced by the Robert Wood Johnson Foundation through the Kansas Health Institute.

PHAB's Requirements for CHA and CHIPS

The requirements for both the CHA and CHIP processes are outlined in the PHAB Standards and Measures 1.5, adopted December 2013. The requirements for CHAs are outlined in PHAB Standard 1.1 and the requirements for CHIPS are outlined in PHAB Standard 5.2. All of these requirements must be met by local health departments in order to satisfy the prerequisites and become eligible to apply for accreditation. The standards are described in Appendix A.

CHA Requirements: Progress Since 2011

Since 2011, there have been a number of public health needs assessments produced for Portage County. These completed assessments, when taken together, appear to meet the majority of PHAB's requirements for CHAs. The Portage County Strategy and Action Plan Workgroup developed and reviewed a crosswalk of the completed needs assessments in Portage County and requirements for CHAs from PHAB Standards and Measures 1.0. Domains 1 and 5 in this earlier version do not differ substantively from new Version 1.5 adopted in December 2013 with an effective date of July 1, 2014. The tables found in Appendix B highlight how the completed assessments appear to satisfy many of the PHAB's CHA requirements.

As shown in Tables 1-3 in Appendix B, each required piece of documentation for the three measures related to CHAs appears to be met by at least one of the completed assessments. Measure 1.1.1 appears to be addressed thoroughly by the current suite of assessments with each piece of required documentation being satisfied by five of the seven completed assessments. This measure is related to engaging community representatives in the process, holding regular meetings, and describing the process undertaken. Measure 1.1.3's requirements also appear to be met by many of the completed assessments.

The second measure, 1.1.2, is focused on the required components of the community health assessment. The required documentation for this measure is satisfied by at least one assessment in each case. However, because of the variation in the completed assessments in terms of data used, geographic scope, and other differences, compiling a single community health assessment report from the completed documents will need to take place in order to coordinate and maximize the effectiveness of the overall effort. That action step, along with others, is described below.

Action Stages and Steps for Completing the CHA and CHIP Prerequisites

While progress had been made toward meeting PHAB's CHA requirements, it was determined that more thorough assessment work was needed to completely fulfill that prerequisite. In addition, an effort to complete the CHIP, and its associated requirements presented above, will need to take place. The section below presents the suggested Action Steps for fully completing the CHA and CHIP. The KSU-CPPH supplied for the health commissioners in March of 2014. The Action Steps are organized around the relevant PHAB Standards and Measures⁴ and their required documentation. It assumed a collaborative process among the health departments will take place as recommended by the Portage County SAP Workgroup to the county's Health Commissioners and Boards of Health.

CHA Action Stages and Steps

Action Steps for completion of the CHA requirements outlined in PHAB Standard 1.1 and its three associated measures are outlined below:

CHA Action Stage 1: Form and Facilitate a community CHA partnership (Measure 1.1.1):

- **Action Step A:** Form a partnership made up of health department leadership and community representatives. This group would oversee efforts to combine the existing needs assessment documents into a single product that fully meets the CHA requirements outlined by PHAB (Measure 1.1.1).
 - Suggested Approach: The SAP Workgroup and the Education Workgroup developed initial lists of Stakeholders that could be invited to participate. The Education Committee may assist with outreach to these stakeholders.
- **Action Step B:** The partnership should hold regular meetings to guide the process of combining the existing needs assessment work and developing priorities based on those actions (Measure 1.1.1).
- **Action Step C:** Detailed minutes should be taken during each partnership meeting and details of the process used to identify health needs and public health assets within the community must be included in the final version of the Combined Community Health Assessment (Measure 1.1.1).

CHA Action Stage 2: Identify and describe community health issues, and health assets (Measure 1.1.2)

- **Action Step A:** Assess the data sources used in the existing needs assessments and decide 1) are there additional data sources that should be included in the Combined Community Health Assessment and 2) identify data sources that should be considered for inclusion in FUTURE needs assessment activities (recurring needs assessment and improvement planning efforts are required by PHAB) (Measure 1.1.2).
- **Action Step B:** Create a detailed description of the demographics of Portage County for inclusion in the Combined Assessment (Measure 1.1.2).
 - Should include information on gender, race, age, income, disabilities, mobility (Travel time to work or to health care), educational attainment, homeownership, employment status, etc).⁵

⁴ Version 1.5 of PHAB's Standards and Measure was used to develop the Action Steps outlined in this section.

⁵ See page 27 of the PHAB Standards and Measures 1.5 for more information on the guidance for this measure's required documentation.

- **Action Step C:** Ensure that the Combined Assessment includes a narrative description of the health issues of the population and the distribution of health issues, as well as a description of contributing causes of community health issues (Measure 1.1.2).
 - The description of health issues should include health issues of the uninsured/low income and minority populations.
 - The description of contributing causes must address health status disparities, health equity, and high-health risk populations.
- **Action Step D:** Ensure that the Combined Assessment highlights the community assets that can be used to address the identified health needs (Measure 1.1.2).
 - The existing needs assessments (self assessments, Health Department Service Inventory, Essential Service Asset Map) do a good job of listing community assets. Information from these assessments should be presented in the final CHA report.

CHA Action Stage 3: Finalize CHA Document and make it publically available (Measures 1.1.2. & 1.1.3)

- **Action Step A:** The partnership should create a public review/comment process to ensure the local community at large has an opportunity to review and contribute to the assessment (Measure 1.1.2).
- **Action Step B:** Finalize Combined Assessment document.
- **Action Step C:** The partnership should ensure that the Combined Assessment has been distributed to partner organizations and made publically available to the Portage County community (Measure 1.1.3).

CHIP Action Stages and Steps

The CHIP process will be informed by the findings outlined in the final CHA and is meant to develop a plan for addressing the priority health needs. Action Steps for completion of the CHIP requirements outlined in PHAB Standard 5.2 and its four associated measures are outlined below:

CHIP Action Stage 1: Form and Facilitate a community CHIP partnership (Measure 5.2.1)

- **Action Step A:** The partnership which guided the CHA process can either be retained or repopulated with new members to guide the CHIP process (Measure 5.2.1).
 - Should include broad participation of community partners.
- **Action Step B:** It should adopt an accepted planning model (Measure 5.2.1).
 - It is recommended that the Community Health Improvement Cycle be used as recommended by the SAP Workgroup.

CHIP Action Stage 2: Review CHA findings, identify health needs, and create priorities (Measure 5.2.1)

- **Action Step A:** Review information contained in the community health assessments (Measure 5.2.1).
 - including issues and themes identified by the stakeholders in the community
 - and an identification of community assets and resources
- **Action Step B:** Follow the Community Health Improvement Cycle planning model to identify priority public health needs to be addressed by the CHIP (Measure 5.2.1);

CHIP Action Stage 3: Develop objectives, strategies, and measurements (Measures 5.2.1 & 5.2.2)

- **Action Step A:** Develop measurable objectives related to the priority health needs (Measure 5.2.2);
- **Action Step B:** Develop improvement strategies and performance measures with measurable and time-framed targets (Measure 5.2.2);
 - Strategies should be evidence-based or “best or promising practices”.
- **Action Step C:** Identify policy changes needed to accomplish health objectives (Measure 5.2.2);
- **Action Step D:** Identify and engage with individuals and organizations to assign responsibility for implementing strategies (Measure 5.2.2);
- **Action Step E:** Develop measurable health outcomes or indicators to monitor progress (Measure 5.2.2);
- **Action Step F:** Ensure that there is alignment between the community health improvement plan and the state and national priorities (Measure 5.2.2).
- **Action Step G:** Finalize CHIP document.

Action Stage 4: Implement, monitor, and evaluate CHIP (Measures 5.2.3 & 5.2.4)

- **Actions Step A:** Implement elements and strategies of the health improvement plan in partnership with others (Measure 5.2.3). To meet PHAB required documentation in this area, be sure to:
 - Create a process to track actions taken to implement strategies in the CHIP (must specify what strategies were used, partners involved, and status or results of the actions taken).
 - Examples of how the plan was implemented.
- **Action Step B:** Develop evaluation reports on progress made in implementing strategies in the community health improvement plan (Measure 5.2.4). Must include:
 - Consideration of the feasibility and effectiveness of the strategies.
 - Consideration of changing priorities, resources, or community assets.
- **Action Step C:** Develop a revised health improvement plan based on evaluation results (Measure 5.2.4).

Summer 2014: CHA Implementation Begins

After the initial draft of the Action Plan was presented to the health commissioners in March of 2014, adjustments were made and a series of planning meetings were held between KSU-CPPH, KHD, PCHD staff, and representatives of the City of Ravenna. As noted in the original LGIF proposal for this project, the door would be left open for KHD to participate in efforts to improve the local public health system’s efficiency and effectiveness as the project unfolded. As the project shifted away from the consolidation issue and towards a broader effort aimed at improving the system, KHD became more heavily involved.⁶

Officials from the three public health jurisdictions in Portage County and KSU-CPPH staff members held multiple meetings to refine the plan for completing a collaborative CHA in Portage County. Using the Action Plan discussed above, the three commissioners and KSU-CPPH have identified and discussed the steps needed to meet PHAB’s requirements, identified potential partners outside of the health departments to participate in the process, and discussed ways in which the CHA and CHIP can be implemented. Discussions have been ongoing and work related to stakeholder engagement and data collection and analysis began in May 2014. A Partnership involving multiple community stakeholders and health departments was formed to guide the CHA process. The Partnership group held its first meeting in June

⁶ It is useful to note that KHD had been involved with improvement efforts outside of the scope of the LGIF project, but became heavily involved in the LGIF-supported efforts once the primary focus of the project shifted from consolidation to effectiveness, efficiency, and PHAB Accreditation issues.

and is set to continue its work past this grant's period of performance. The Action Plan for the CHA calls for the use of the Ohio Department of Health's Community Health Improvement Cycle planning model. The CHA/CHIP efforts are designed to help target and improve the effectiveness and efficiency of public health services through collaborative activities by creating a common understanding of the health needs in the community as well as future data collection needs. KSU-CPPH is providing data analysis and other support for the CHA process.

As noted above, a Partnership of community health stakeholders, including representation from the private, non-profit, and public sectors, was formed to help guide the CHA development process. KSU-CPPH, with input from the three health commissioners, have designed a timeline of Partnership meetings, goals and outcomes of those meetings that is scheduled to lead to a completed CHA in the Fall of 2014. KSU-CPPH facilitated the first meeting on June 19th and will continue to facilitate meetings of this group through Fall of 2014. More than 25 individuals, including health department participation, attended the first meeting. The first meeting provided an orientation to the CHA process and developed a common understanding of the role of the Partnership within the process. As noted above, these activities are designed to help target and improve the effectiveness and efficiency of public health services through collaborative activities.

Next Steps for Continued Improvement

While much progress has been made over the course of the LGIF grant period, continued efforts to sustain progress are needed. With the CHA currently underway in Portage County, health department officials have a process in place that will carry beyond the LGIF grant period, and provide an opportunity to continue the momentum of progress toward greater effectiveness and efficiency in Portage County's public health services.

- Health department officials should continue to follow the CHA Action Steps outlined above through completion of the CHA process. The public engagement requirements of the CHA process represent a positive opportunity for the health departments to communicate with both the general public potential partners about the health challenges facing the community, and for building support for addressing them.
- The health departments should also follow the CHIP Action Steps, and develop a community-wide CHIP to help guide collective strategies and resource commitment for addressing the community's priority health needs. The CHIP development and implementation processes represent an opportunity to build a sustainable network of partners to address priority needs in the community.
- Based on the community-wide strategies developed in the CHIP, each health department should then develop agency-specific strategic plans that highlight their agencies' roles within the larger community plans. Strategic plans are a prerequisite to PHAB Accreditation and the health departments should adhere to the guidance outlined in the PHAB Standards and Measures while developing their plans.
- The LGIF project has also helped to regularize face-to-face meetings among the health commissioners and KSU-CPPH. Continuing regular meetings, at least among the commissioners, can help continue to build the collaborative relationship that has developed among the health jurisdictions in the county.

Conclusion

The City of Ravenna, PCHD, and their partners have made a good deal of progress over the past year and a half towards improving the efficiency and effectiveness of public health services in the county. At the beginning of the project, there were three health departments operating in the county. Now, as a result of the Ravenna-PCHD consolidation, there are two operation health departments. The result has been reduced duplication of services provided by the two agencies, and the residents of the city now have access to potentially higher quality services because they are provided by an agency that is better funded and more fully staffed. The consolidation of RHD and PCHD has also created cost savings for the City of Ravenna. For Ravenna, the temporary contract for services was significantly less than the cost of running a separate Ravenna health department, and a formal merger has the potential to remove the burden of public health service costs away from the city's general fund. Finally, the costs of building the capacity to become PHAB accredited in two separate departments have been avoided by consolidating the two health departments. Today, there are two health departments in Portage County, and the relationship between PCHD and KHD continues to grow as they increase the number of collaborative services they provide and move forward with collaborative CHA and CHIP processes.

Progress towards improving public health department operations was also made during this project as the departments began to focus outward and engage their community partners. PHAB accreditation has become the next goal for the health departments in the county, and in order to do so, engaging community stakeholders is a major part of meeting accreditation standards. This engagement with external agencies represents the potential for additional gains in the efficiency and effectiveness as coordination across service areas and sectors increases as multiple agencies participate in joint assessment and planning processes. This coordination should allow agencies to more effectively target resources to reduce redundant efforts, and maximize the impact of the local public health system's collective resources to positively impact the health of Portage County's residents.

Appendix A: PHAB's CHA and CHIP Standards and Measures

PHAB Standard 1.1: Participate in or lead a collaborative process resulting in a comprehensive community health assessment.

1.1.1 – Local partnership that develops a comprehensive community health assessment of the population served by the health department.

Required documentation:

1. Participation of representatives from a variety of sectors of the local community.
2. Regular meetings or communications with partners.
3. The process used to identify health issues and assets.

1.1.2 – A local community health assessment.

Required documentation:

1. Local community health assessment that includes:
 - a. Data and information from various sources contributed to the community health assessment and how the data were obtained.
 - b. Demographics of the population Description of health issues and specific descriptions of population groups with particular health issues and inequities.
 - c. Description of factors that contribute to specific populations' health challenges Description of existing.
 - d. Description of existing community assets or resources to address health issues
2. Opportunity for the local community at large to review and contribute to the assessment
3. The ongoing monitoring, refreshing, and adding of data and data analysis.

1.1.3 – Accessibility of community health assessment to agencies, organizations, and the general public.

Required documentation:

1. Information provided to partner organizations concerning the availability of the community health assessment.
2. The availability of the community health assessment findings to the public.

A. PHAB Standard 5.2 and its Measures: Community Health Improvement Plan

PHAB Standard 5.2: Conduct a comprehensive planning process resulting in a community health improvement plan

5.2.1: A process to develop a community health improvement plan

Required documentation:

- 1) Community health improvement planning process that included:
 - a. broad participation of community partners;
 - b. information from community health assessments;
 - c. issues and themes identified by the stakeholders in the community;
 - d. identification of community assets and resources;
 - e. a process to set health priorities.

5.2.2 – Community health improvement plan adopted as a result of the community health improvement planning process

Required documentation:

- 2) Community health improvement plan [dated within the last five years] that includes:
 - a. Desired measurable outcomes or indicators of health improvement and priorities for action.

- b. Policy changes needed to accomplish health objectives;
- c. Individuals and organizations that have accepted responsibility for implementing strategies;
- d. Consideration of state and national priorities.

5.2.3 – Elements and strategies of the health improvement plan implemented in partnership with others

Required documentation:

1. A process to track actions taken to implement strategies in the community health improvement plan.
2. Implementation of the plan.

5.2.4 – Monitor and revise as needed, the strategies in the community health improvement plan in collaboration with broad participation from stakeholders and partners

Required documentation:

- 1) Report on progress made in implementing strategies in the community health improvement plan
- 2) Review and revision, as necessary, of the health improvement plan strategies based on results of the assessment.