

3 Legislative Committee :
of Public Health Futures :
4 October 9, 2012 :

9 Ohio Department of Health
35 East Chestnut Street
10 Basement Training Room A
Columbus, Ohio 43215
11 October 9, 2012
12 11:13 a.m.

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1 APPEARANCES

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3 MEMBERS PRESENT:

- 4 Senator David Burke, Chairman
- Martin Tremmel, Secretary
- 5 Kim Edwards
- Heidi Fought
- 6 Tim Ingram
- Gene Nixon
- 7 Dr. D. J. McFadden
- Nancy Shapiro
- 8 Representative Nickie Antonio
- Jennifer Wentzel
- 9 Jennifer Scofield
- Anita Scott-Jones

10 Also Present:

- 11 Joseph Mazzola
- 12 Bruce McCoy
- Jessica Crews
- 13 Kate Philips
- Lyndon Jones
- 14 Beth Bickford
- Maggie Greiner
- 15 Charles Patterson
- Aaron Ockerman
- 16 Jason Orcena

17 Present via audio link:

18 Christopher E. Press, Vice-Chairman
James Watkins
19 Kimberly Moss
Gillian Solem
20 Kristen Hildreth
Karen Butler
21 Krista Wasowski
Anne Goon
22 Jim Adams
Tim Tegge
23 T. Freeman
Terry Allan
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- 1 AGENDA
- 2 - - -
- 3 1) Welcome
- 4 * Chair, Senator David Burke
- 5 * Vice-Chair, Christopher E. Press
- 6 2) Approval September 25, 2012 Meeting Summary Notes
- 7 3) Review Mapping LHD Jurisdictions by Population
- 8 4) Discuss Draft Recommendations as Discussed
September 25
- 9
- 10 5) Review 1993 and 1960 Boards of Health Recommendations
- 11 6) Discuss and Review of Recommendations:
- 12 * Capacity, Service and Quality
- 13 * Jurisdictional Structure
- 14 * Financing
- 15 * Implementation
- 16 6) Next Meeting October 23, 2012
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4 CHAIRMAN BURKE: I will go ahead and call
5 the October 9th meeting of the Legislative Committee of
6 Public Health Futures to order.

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4 Are there any additions or corrections to
5 the September 25th meeting notes?

6 COMMISSIONER NIXON: Move to accept.

7 CHAIRMAN BURKE: We have a motion, and a
8 second, all those in favor signify by saying aye.

9 (Thereupon all Commission Members voted
10 affirmatively.)

11 CHAIRMAN BURKE: Opposed nay.

12 The meeting notes from September 25th are
13 approved.

19 MR. MAZZOLA:

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4 So you might just want to take a look, and
5 look at the map and get a sense as to what health
6 departments fall in those different categories, and, of
7 course, you can select those individual health
8 departments as well, but that's an enhancement that was
9 just made available last week.

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CHAIRMAN BURKE:

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9 So, if we could, just to finalize what we
10 had discussed in the previous meeting, we'll just kind
11 of roll right through these and see how much time it
12 takes to hopefully get this solidified.

13 The first recommendation was on Performance
14 Standards and Accreditation, and we talked about how we
15 would implement a process for engaging independent
16 review of data from a local health district, which would
17 mirror Public Health Accreditation Board standards, and
18 we can take just a moment to glance through folk's
19 thoughts.

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20 CHAIRMAN BURKE: The next item, and then we
21 can go back and rehash these issues, had to do with
22 Outcomes and Data, it was the Ohio Department of Health
23 and the local health departments working to identify a
24 standardized process of data collection and
25 identification with the public health indicators.

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3 REPRESENTATIVE WACHTMANN: Mr. Chairman,
4 that phraseology covers a lot of things, but I think
5 having not read through it I think we want to consider
6 putting some pointed criteria in there for the
7 legislature, quality and quantity, that would be two
8 that come to mind and the whole notion of efficiency,

9 comparable data would allow people to measure
10 efficiency, services, quality and quantity.

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9 CHAIRMAN BURKE: Okay. Well, I could just
10 cut to the chase and do a little hand count here, who
11 think we should accredit health departments and who
12 thinks we shouldn't, I'm not asking that question. I'm
13 just saying that would be one way to make that
14 recommendation.

23 REPRESENTATIVE WACHTMANN: So I'm just leery
24 of forcing accreditation frankly, but as long as we have
25 those standards and we can, you know, one way shape or

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1 form a health department would have to have them in
2 place at some date, even if they're not, I don't know if
3 we're going to get sued if we steal some association's
4 accreditation, I don't know those kinds of answers.

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19 COMMISSIONER SHAPIRO:

7 So I think there's a couple of things. One
8 is have a timeline for meeting those standards in
9 totality, and, two, setting up, because there are going
10 to be departments that cannot, or for one reason or
11 another afford, unless there's money supplied to help
12 them pay for that to have some kind of system where you
13 can verify accountability to meet the standards or they
14 are going for PHAB accreditation, that -- to me that's
15 -- is that --

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6 DR. MCFADDEN:

17 To my knowledge we would be the first state
18 to require PHAB accreditation. While other states do
19 have accreditation processes with their state, I don't
20 know if they've had PHAB accreditation.

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23 REPRESENTATIVE WACHTMANN: Well, I for one
24 didn't come here to do nothing, which is what you
25 proposed, and, you know, you can't manage unless you

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1 have good data to manage and if we're wanting to, on a
2 statewide basis, which is why I'm here, to be able to
3 manage better, to improve public health, then you need

4 good data.

19 But, again, if we want to improve public
20 health coming out of this working group I think we need
21 to be pretty clear that we expect all health districts
22 to be able to give out information and data that is
23 consistent health district by health district that we
24 can all measure by and feel confident that it is good
25 data.

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1 And if a small health district can't get
2 there then maybe two or three small health districts
3 need to go together to get there.

11 CHAIRMAN BURKE:

21 So if I could, if it's comfortable with the
22 committee to kind of keep those separate, I do think
23 that's important not to blend these two things, if I
24 could ask that, which leads me back to our first
25 performance standard recommendation that currently

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1 reads, the Ohio Department of Health should implement a
2 process, just those starting words, if I'm hearing this
3 correctly, we should change that to Ohio Department of
4 Health shall implement a process, that is an option, if
5 that is your will.

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4 MS. SCOFIELD:

14 But I say just cap that five, let people do
15 what they need to do within that five years, and then,
16 you know, figure out, I suppose, what any consequence
17 might be if you can't do.

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19 COMMISSIONER SCOTT-JONES: I think the
20 quandary in -- perhaps Commissioner Nixon just answered
21 it, but I didn't quite see the purpose of this
22 recommendation if we're not moving towards
23 accreditation, because, again, it just seems like a mute
24 point to have this recommendation and there's no goal
25 with which to reach, because it doesn't make sense.

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9 MS. FOUGHT: And I agree that there
10 should be some standards, and I'm not opposed to using
11 the PHAB standards, my only concern is forcing health
12 districts that don't have the money.

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12 That's a whole other discussion, I know, but
13 where are we going to get that money to pay for some of

14 these districts that can't afford to do that and yet
15 even if you force them to combine they probably still
16 wouldn't be able to get the money.

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1 REPRESENTATIVE WACHTMANN:

7 If people are going to be in the public
8 health business, and if they can't get it done in their
9 own county then they better find a way to do it. I mean
10 it's as simple as that.

11 This discussion about we can't do it,
12 because we don't have more money, it should not be part
13 of the discussion in my opinion from my perspective,
14 because they have to find a way to do it.

21 I mean that's my background, that's where I
22 come from, and I'm sick of government people saying I
23 can't do it unless you give me a new source of funding,
24 because the last time I checked we're not going to raise
25 taxes in the State of Ohio.

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9 DR. MCFADDEN: I wish that Representative
10 Wachtmann were here, but I struggle with comparison to
11 the private, because so when I'm a physician with the
12 community and I have something that I have to address,
13 you know, my staff works overtime, and I raise my fees,
14 you know, I work harder, I see more people, I admit more
15 people or raise my fees. My output generates more

16 money.

17 I don't know how, in my district, to
18 generate more money when my cost methodologies for my
19 environmental health are set for those specific
20 programs.

21 So I tell all of my staff we're going to
22 work towards accreditation, here's the things you do, my
23 environmental staff are helping, but they're not
24 providing direct -- they're not inspecting restaurants,
25 they're not evaluating our parks. I can't include that

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1 in that cost methodology, so I can't raise those fees.

5 You know when I'm in business I make more
6 widgets, I sell more widgets, I invest in advertising,
7 so I can get my product out there, so I can sell more,
8 so I can make more money.

9 When I'm in public health I inspect the
10 school for free; I get rid of that trash pile for free;
11 I go and investigate that complaint that their
12 neighbor's got, you know, dirty water, and you know
13 what, maybe they don't have dirty water and I do that
14 for free.

20 I just don't know how we generate more fees.

21 I mean we go to our budget commission and if
22 our budget commission says, no, this is your budget,

23 okay, that's what we live under.

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23 CHAIRMAN BURKE: And I hear what you're
24 saying, but in terms of funding, I would certainly think
25 it would be much more prudent to fund a health district
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1 that can at least meet PHAB standards, rather than one
2 that can't for whatever reason.

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14 MS. SCOFIELD:

18 That we at least put -- just like with
19 accreditation in any other discipline, whether it's
20 hospitals, whatever it might be, that we are at least
21 putting forward the opportunity to meet those longer
22 term goals and objectives and outcomes.

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9 So I think we need -- it's tough, it's not
10 going to be easy, but at least five years, if we can get
11 five years it gives everyone an opportunity to work
12 towards that, and to build that capacity and if it's
13 such that departments or boards have to merge or they
14 consolidate at that level or they just go through shared
15 services either with other boards of health or other
16 health departments or with their commissioners or
17 whatever it might be, that will play itself out.

18 COMMISSIONER NIXON: And I think the
19 starting point are those three documents that provide
20 for eligibility to be even considered, it's the
21 Community Health Assessment, it's the Strategic Plan,
22 it's the Community Health Improvement Plan, and those
23 seem to me to be a pretty low bar to have that at the
24 very minimum.

25 COMMISSIONER INGRAM:

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7 Accreditation, I think it has to be required
8 in five years, because I don't see how we move the bar,
9 based on where we are today, based on what the data is
10 showing, albeit kind of scattered, that life expectancy
11 is stagnating for the children that are being born today
12 and we are not moving the needle further in some
13 communities on infant mortality, which are the two big
14 benchmarks we're always measuring ourselves against.

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14 CHAIRMAN BURKE:

19 The Ohio Department of Health shall
20 implement a process to engage an independent review team
21 to verify the data reported by local health departments
22 related to the Ohio Performance Standards, which meet
23 the Public Health Accreditation Board, PHAB, standards,
24 which shall be completed in five years.

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22 CHAIRMAN BURKE: So the question is the Ohio
23 Department of Health shall implement a process to engage
24 independent review teams to vary the data reported by
25 local health departments related to the Ohio Performance

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1 Standards, which meet the Public Health Accreditation
2 Board, known as PHAB, standards, which shall be
3 completed in five years.

4 All those in favor say aye.

5 (Thereupon all Commission Members voted
6 affirmatively.)

7 All those opposed nay.

8 The ayes have it.

9 No. 1 stands as read.

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8 I'll read it one more time.

9 The Ohio Department of Health shall
10 implement a process to independently verify the data
11 reported by local health districts related to the Ohio
12 Performance Standards that meet PHAB standards, so that
13 all local health districts meet PHAB eligibility within
14 five years.

1 CHAIRMAN BURKE: Okay. I'll make a motion
2 then to repeal and replace the prior language in
3 Recommendation No. 1, so that it reads, all local health
4 districts shall meet PHAB eligibility within five years,
5 such documentation shall be independently verified.

6 All those in favor signify by saying aye.

7 (Thereupon all Commission Members voted
8 affirmatively.)

9 All opposed nay.

10 All right. The language in No. 1 is
11 repealed and replaced.

12 Okay. Outcomes and Data, No. 2. Open
13 discussion here, because we kind of talked about a
14 couple of things.

24 DR. MCFADDEN:

3 I feel that's -- for me this is more
4 important than the first one, because I believe that
5 what we -- to reiterate, what we measure and follow will
6 change, and if we want to change quality measures or we
7 want to change outcomes of infant mortality we will have
8 to remeasure that in our community and be reporting that
9 on a regular basis.

15 CHAIRMAN BURKE: Agreed. So then it would
16 read, the Ohio Department of Health and local health
17 districts shall create a standardized process of data
18 collection and identifying of public health data
19 indicators, this should include quality, quantity
20 comparables and efficiency.

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25 CHAIRMAN BURKE: All right. So that would

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1 read the sharing of de-identified health related data
2 among payers, providers and public health is encouraged.

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3 CHAIRMAN BURKE: So I can read No. 2 then,
4 the Ohio Department of Health and local health
5 departments shall create a standardized process of
6 specific data collection and identification of common
7 public health indicators. This should include quality,
8 quantity, comparables and efficiency. The sharing of
9 de-identified health related data among payers,
10 providers and public health is encouraged.

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8 All of those in favor of No. 2 signify by

9 saying aye.

10 (Thereupon all Commission Members voted
11 affirmatively.)

12 All opposed nay.

13 There's No. 2.

14 No. 3, Boards of Health. Currently reads,
15 local health department board members should participate
16 in continuing education requirements related to public
17 health practice, ethics and governance.

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18 COMMISSIONER INGRAM:

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3 So with that being said, I just don't know
4 if this is allowed to be brought back in the table or
5 not, Mr. Chairman, but not only as I wrote it and a
6 couple of others wrote, and I've talked about with the
7 boards of health, because I really do believe going
8 forward that we ought to really consider having a
9 section of the board of health composed of executives
10 from the health care delivery system.

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13 DR. MCFADDEN: This seems like more -- we
14 have executive folks from the CCAO, I think to me that

15 seems like an appropriate discussion that we have here,
16 but not to put it in our recommendations, but encourage
17 that at your guys conferences that folks come and
18 present, because I think that's valuable, and likewise,
19 you know, at our conferences it might be worthwhile
20 having folks from the township board or CCAO to come in
21 and talk to us, if we can do that, but I don't think
22 that impacts what we're doing here.

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12 CHAIRMAN BURKE:

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7 So this currently reads and without any, I
8 guess, additional things coming up here, local health
9 department board members shall participate in continuing
10 education requirements related to public health
11 practice, ethics and governance.

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22 COMMISSIONER SHAPIRO: I know what the
23 requirements are for the Medical Director and what the
24 costs are to receive that, so that is specified.

25 MS. SCOFIELD: I worry a little bit

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1 about including specific conferences or other things to
2 go to.

3 I think a lot of this probably can and

4 should be provided locally or in some other form that
5 makes it as easy as possible for board members to get
6 their continuing education, or whatever this training
7 is, and let that be handled more locally than
8 centralized.

9 CHAIRMAN BURKE: I'm just talking out loud,
10 but I think when this ends up in whatever lap it ends up
11 in, somebody's going to t to do this, and I don't want
12 to be too specific.

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4 CHAIRMAN BURKE: So then No. 3, reads local
5 health department board members shall participate in
6 continuing education requirements related to public
7 health practice, ethics and governance.

8 All those in favor signify by saying aye.

9 (Thereupon all Commission Members voted
10 affirmatively with the exception of Commissioner
11 Edwards.)

12 Opposed nay.

13 COMMISSIONER EDWARDS: Nay.

14 CHAIRMAN BURKE: The ayes have it, no call
15 for a roll count, which means stands as read.

16 No. 4, Multiple Agency Program
17 Administration. Identify and refer programs currently
18 administered by two agencies, the Ohio Department of
19 Agriculture and the Ohio Department of Health, such as
20 food safety, water park/swimming pools to the Common

21 Sense Initiative, CSI, for further review and
22 recommendations related to program efficiency.

23 That seems pretty clear. I don't know, does
24 anybody have any --

25 COMMISSIONER INGRAM: Move to approve.

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1 MR. TREMMEL: Second.

24 CHAIRMAN BURKE: Well, what CSI would do if
25 this action got action was make recommendations. It

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1 would make recommendations either to administration or
2 to the General Assembly, and the particular things that
3 we're asking for would require action by the General
4 Assembly, because it's improved laws and other kinds of
5 laws.

17 COMMISSIONER NIXON: I think the follow-up
18 on that, I'm not familiar with this group either, so I
19 would assume they would ask for some testimony
20 potentially from both the Department of Agriculture and
21 Department of Health.

22 Conceivably they could come out and say the
23 status quo is fine, there's a role that co-manages and
24 not necessarily driven to one or the other, so is that
25 -- that's my question?

1 CHAIRMAN BURKE: That is correct. This is a
2 third party evaluating the relationship between two
3 other parties and trying to make a recommendation on how
4 to improve that relationship.

24 CHAIRMAN BURKE: All those in favor of
25 approving No. 4 as read, identify and refer programs

1 currently administered by two agencies, the Ohio
2 Department of Agriculture and the Ohio Department of
3 Health, such as food safety and water park/swimming pool
4 to the Common Sense Initiative, CSI, for further review
5 and recommendations related to the program efficiency.

6 All those in favor signify by saying aye.

7 (Thereupon all Commission Members voted
8 affirmatively.)

9 Those opposed nay.

10 The ayes carry, No. 4 is approved as read.

11 No. 5, Multi-District Public Health Levy.

12 Revise Ohio Revised Code 3709.29 to allow for permissive
13 multi-county levy authority for public health services.

14 Any discussion on this recommendation?

19 MS. FOUGHT:

8 I mean it is truly a barrier in a
9 multi-jurisdictional levy it's just an options, folks,
10 this is not mandating that they go down this route. It
11 really is a smart way to handle it.

12 CHAIRMAN BURKE: Okay. We have a motion by
13 Dr. McFadden to approve.

14 MS. FOUGHT: Second.

15 CHAIRMAN BURKE: Motion is to approve point
16 No. 5, reading, revised Ohio Revised Code 3709.29 for
17 allowing permissive multi-county levy authority for
18 public health services.

19 All those in favor signify by saying aye.

20 (Thereupon all Commission Members voted
21 affirmatively, with the exception of Commissioner
22 Edwards.)

23 Opposed nay.

24 COMMISSIONER EDWARDS: Nay.

25 CHAIRMAN BURKE: In the opinion of the Chair

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1 the ayes carry.

2 No. 5 passes as read.

3 No. 6, Shared Services Resource. Encourage
4 and enhance shared services in the local health
5 department by developing model contracts and memorandums
6 of understanding, MOUs, and/or qualifying Councils of
7 Government, COG.

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CHAIRMAN BURKE: So if we were to consider

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1 Heidi's No. 6, improvement on our current No. 6, any
2 additional discussion to that recommendation?

3 It would read, the Ohio Department of Health
4 should encourage and enhance shared services by local
5 health departments by sharing model contracts and
6 memorandums of understandings that are easily adaptable
7 by local boards, (MOUs and/or all qualifying Councils of
8 Government (COG).

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VICE-CHAIRMAN PRESS: Thank you. Heidi,
13 would you accept a friendly amendment to change, by to
14 including or including -- in other words, I'm trying to
15 take out the limitation on the -- that limits ODH to
16 this specific thing?

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2 MS. FOUGHT: Yeah, I'm fine with
3 that, opening the door for other alternatives of sharing
4 of certain documents or whatever, yeah, absolutely.

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MS. SCOFIELD: Do we need to
8 include something as specific as Councils of
9 Governments?

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MS. FOUGHT: I guess I would see it
23 by intent should be more broad, not just limited to

24 those two, I would want it to be as broad as possible.

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3 CHAIRMAN BURKE: Sure. The Ohio Department
4 of Health should encourage and enhance shared services
5 by local health departments, such as the sharing of
6 model contracts and memorandums of understanding that
7 are easily adaptable by local boards. Now, parentheses
8 e.x., now we do kind of restate MOU, and that's
9 duplicative, and other qualifying Councils of
10 Government, financial and technical assistance.

14 COMMISSIONER SCOTT-JONES: Mr. Chairman,
15 point of clarification, the gentleman that was on-line,
16 where does his change of including come in?

17 CHAIRMAN BURKE: Such as the sharing of
18 model contracts.

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9 CHAIRMAN BURKE: All right. Let me see if I
10 can give it a clean read then.

11 The Ohio Department of Health should
12 encourage and enhance shared services by local health
13 departments, such as the sharing of model contracts and
14 memorandums of understanding, financial and other
15 technical assistance that are easily adaptable by local

16 boards.

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2 DR. MCFADDEN: I would hope that our intent
3 would be that there would be no barriers, you know, to
4 shared services, so the COG is the intent of the group
5 to share, that should be allowed, so --

6 CHAIRMAN BURKE: I would assume silence
7 means approval.

22 CHAIRMAN BURKE: Okay. Clean read then, the
23 Ohio Department of Health shall encourage and enhance
24 shared services by local health departments, such as,
25 but not limited to, the sharing of model contracts,

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1 memorandums of understanding, financial and other
2 technical assistance that are easily adaptable by local
3 boards.

4 COMMISSIONER NIXON: Move.

5 CHAIRMAN BURKE: Motion.

6 MS. FOUGHT: Second.

7 CHAIRMAN BURKE: All those in favor signify
8 by saying aye.

9 (Thereupon all Commission Members voted
10 affirmatively.)

11 Opposed nay.

12 Ayes have it.

13 Recommendation 9 passes as read, correction
14 6, had it flipped over already.

15 No. 7, Consolidation of Non-Contiguous
16 Cities and Counties. Ohio Revised Code sections
17 3709.051 and 3709.10 to allow city and county health
18 districts to contract, consolidate, merge together
19 within a reasonable geographic distance, consider AOHC
20 regions.

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23 MS. FOUGHT: I would just -- I just
24 think we want to be very clear two non-contiguous
25 entities have the ability to do it, and I know, for

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1 example, in township law, and, again, I can only speak
2 to what I know, in township law we had to explicitly say
3 in the Ohio Revised Code during the budget process last
4 year that non-contiguous entities could do something.

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20 COMMISSIONER SCOTT-JONES: Could you not
21 just say contract, consolidate and merger of contiguous
22 or non-contiguous cities and counties in the title?

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4 CHAIRMAN BURKE: So the title for No. 7

5 would read, contract, consolidate and mergers of
6 contiguous and non-contiguous cities or counties, and
7 we've got a motion already on the floor, No. 7 as read.

8 We have a second by Heidi, any additional
9 discussion?

10 All those in favor signify by saying aye.

11 (Thereupon all Committee Members voted
12 affirmatively.)

13 All opposed nay.

14 No. 7 stands as read.

15 Now, we have two more to go before we get to
16 any new topics, No. 8 and No. 9. We'll go then until
17 2:30 before we break.

18 No. 8, Reimbursable Services. Local health
19 departments should work to enhance their ability to
20 contract and credential with private payers and Medicaid
21 Managed Care for clinical services such as immunization
22 and other public health and clinical services.

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11 COMMISSIONER INGRAM: I don't disagree with
12 what either of my colleagues are saying. My reality
13 check on this is we're not structured to be a force
14 enough to negotiate in this market place today. We're
15 not big enough.

16 We don't have the clout, and unless you give
17 us, the legislature all of a sudden gives us an upper
18 hand we've got to fix it another way, which we've kind

19 of passed over here, quite frankly, and that's okay, I
20 understand, but my point is the marketplace is changing.

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23 DR. MCFADDEN:

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16 I do think, you know, to Tim's point, you
17 know, if an association or a region or a district in an
18 area, we get together and approach insurance companies,
19 it could be easier to get credentialed.

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11 CHAIRMAN BURKE: The statement would ask the
12 Department of Insurance -- The Department of Insurance
13 should work to enhance the ability of local health
14 departments to contract and credential with private
15 payers -- Department of Insurance should work to enhance
16 the ability of local health departments or districts,
17 whatever the right wording would be, to enhance their
18 ability to contract and credential with private payers
19 and Medicaid Managed Care for clinical services, et
20 cetera, et cetera.

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3 CHAIRMAN BURKE: So it would read, the
4 Department of Insurance should work to enhance the
5 ability of local health districts to contract and
6 credential in private payers and Medicaid Managed Care
7 clinical services such as immunizations and other public

8 health clinical services, integrated health management
9 and other care models.

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7 MR. TREMMEL: Correct. I'm not sure what
8 the statutory language is, maybe it could say something
9 to the effect that the Ohio Department of Insurance in
10 research of current Ohio statute and rules, while some
11 consistency --

12 CHAIRMAN BURKE

16 And, again, I understand too people when
17 they get this draft document to you so that you can
18 comment on that so we can leave No. 8 open with the
19 intent of it shall be as read, how about --

21 CHAIRMAN BURKE: Do we have a motion then to
22 accept intent as read, No. 8.

23 COMMISSIONER NIXON: So moved.

24 COMMISSIONER SCOTT-JONES: Second.

25 CHAIRMAN BURKE: All those in favor signify

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1 by saying aye.

2 (Thereupon all Commission Members voted
3 affirmatively.)

4 All those opposed nay.

5 No. 8 passes as read. Leaves us just number
6 nine. We'll take a ten minute recess.

9 CHAIRMAN BURKE: Call the committee back to

10 order. We have one other recommendation to look at that
11 we have under No. 9, Chronic Disease Block Grant
12 Funding.

13 It reads, the Ohio Department of Health to
14 initiate review of federal and state authorities for a
15 blended funding approach that integrates all state,
16 federal, public health funding using block grants
17 when/where possible to reduce fragmentation in public
18 health funding. Any thoughts?

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1 REPRESENTATIVE ANTONIO: Thank you, that
2 helps me understand where the could be. What is it
3 we're changing; what does this change?

4 COMMISSIONER INGRAM: Right now it's all
5 categorical funding, so we're always -- you probably
6 know this, we're always chasing the next grant, at least
7 we are.

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21 MS. SCOFIELD: If I might add, at
22 least this is how it worked when I was still at the
23 local health department, and it's been a few years, but
24 there might be a diabetes prevention grant and a
25 cardiovascular health promotion grant, but they were

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1 never able to intersect.

2 So we weren't really able to leverage, even
3 if they did come down in the silo you weren't able to
4 lever that, you had to come up with a different action
5 plan and different ways of spending the money, and you
6 couldn't leverage those two grants, so it made it, you
7 know, difficult to really --

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4 COMMISSIONER INGRAM: Not to rain on it, I
5 actually like the idea, but then I just, practically
6 speaking, I think that if I'm in the state's seat, and
7 I'm not, they might have a problem trying to pull this
8 off, because the fact that the money they're getting
9 from the feds aren't categorical, and so I don't know
10 how we address that question for now, but it would be
11 interesting perhaps, Marty, looking at all the grants
12 that you guys have on your website that are available
13 through multiple organizations throughout the state, how
14 many of those could actually be blended and what would
15 not be allowed to be blended.

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8 COMMISSIONER INGRAM: Do we know why we're
9 so low? Why -- why are we competing so poorly to bring
10 all these grants; why are the other states ahead of us?

11 MR. TREMMEL: Well, we don't know, that

12 would be one way of saying it. The short answer is that
13 Ohio is not alone.

14 It would appear that when we look at the
15 demographics across the country some or a number of the
16 states in the lower quartile of funding at the federal
17 level for states in the midwest, West Virginia,
18 Tennessee, Michigan, Pennsylvania, Indiana, but we don't
19 know why that disconnect exists.

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13 MS. SCOFIELD: Another thing that
14 I've always thought was -- at least in my experience has
15 been missing is any kind of real relationship with the
16 staff in the regional office in Chicago, which is often
17 an opportunity to get to know what's coming down the
18 pike, to get to know some of those senior administration
19 officials, and that would be the same kind of approach.

20 But you've got all of those types of
21 agencies for the most part are in the regional office in
22 Chicago, so that's another opportunity, I don't think
23 we've taken advantage of in the past.

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22 CHAIRMAN BURKE: Okay. I got you. You want
23 me to read this one more time from what I have, ODH
24 initiate, review and advocate federal, state and

25 regional authorities for a blended funding approach that
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1 integrates all state, federal, public health funding
2 using block grants when/where possible to reduce
3 fragmentation in public health funding in an effort to
4 leverage and increase funding.

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16 CHAIRMAN BURKE: So give it one read here
17 then, the Ohio Department of Health initiate, review,
18 advocate federal, state and regional authorities for a
19 blended funding approach that integrates all
20 state/public health funding using block grants
21 when/where possible to reduce fragmentation in an effort
22 to leverage and increase public health funding.

23 COMMISSIONER NIXON: I'll move to support
24 it.

25 REPRESENTATIVE ANTONIO: Second.

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1 CHAIRMAN BURKE: Okay. All those in favor
2 signify by saying aye.

3 (Thereupon all Commission Members voted
4 affirmatively.)

5 All those opposed nay.

6 The ayes have it. Recommendation 9 stands
7 as read.

8 That is the last of the recommendations that
9 we had left over to finalize from the previous meeting.

19 Is there any intent for a recommendation to
20 ask for any kind of reconvening of this body or another
21 body, two, three, four, five years down the road; is
22 that a reasonable recommendation to ask at least to have
23 out there whether or not it gets acted on or not?

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15 COMMISSIONER SHAPIRO: Reconvening, one
16 association that was left out of this whole discussion
17 was the health educator group, SOPHE, so maybe
18 reconvening, maybe not, that was the public health
19 association that was not included, so I know they wanted
20 to be, trying to be all inclusive.

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6 MS. SCOFIELD: I think we made a
7 compromise on that, because I'm a member of Sophie.

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9 CHAIRMAN BURKE: Within three years from the
10 day of the report submission; does that make sense then?

11 Okay. Paraphrasing this, I guess just to
12 make sure that everybody's on board, so the body would
13 reconvene for review within three years of the date of
14 report submission. That kind of general wording, you
15 get the idea.

21 CHAIRMAN BURKE: Whoever, I mean it's
22 possible you could put this -- if somebody picked up
23 these recommendations, then could put it in a budget
24 bill or another bill, you know, then going to act an it.
25 I would hope if you're going to call to reconvene that

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1 you should do it because you're acting on something that
2 we've done, just thinking out loud.

3 Okay. With that being said, are there any
4 additional topics anybody else would like to work on for
5 recommendations.

6 DR. MCFADDEN:

22 I realize that there are difficulties
23 politically to make this happen, but I would feel like I
24 would have not done my job if I didn't suggest that we
25 make a recommendation for new mechanisms for funding

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1 public health, such as excise tax, be included in that.

2 So I would -- I understand the other forces
3 at work here, but I would feel like I wasn't doing my
4 job if I didn't at least make that recommendation.

8 CHAIRMAN BURKE: -- Of an excise tax as a
9 source of revenue --

10 DR. MCFADDEN: -- For the public health
11 system.

14 COMMISSIONER SHAPIRO: Are you talking
15 specific excise taxes or are you just leaving that
16 broad?

17 COMMISSIONER NIXON: Well, we've talked a
18 soda pop tax --

19 COMMISSIONER SHAPIRO: -- Like tobacco,
20 sugar sweetened beverages.

21 CHAIRMAN BURKE: So the investigation of
22 excise tax or other mechanisms as a source of revenue
23 for funding local health districts. Anybody else want
24 to add anything to that?

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1 COMMISSIONER INGRAM: If we're going to get
2 tax is that just additional or redistribution of
3 existing.

4 DR. MCFADDEN: No.

5 COMMISSIONER SHAPIRO: No.

6 DR. MCFADDEN: My sense would be that we do
7 something that's additional, rather than redistribute.

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8 CHAIRMAN BURKE: We're just talking about
9 using excise taxes as a source of funding -- new excise
10 tax revenue or existing as a source of additional
11 funding.

12 COMMISSIONER INGRAM: You know, I guess it

13 will come as no surprise to the group by now, so I have
14 no -- there's no question, I would hope, to the group
15 that we're woefully under funded for the work that we
16 need to do, and that's expected of us to do.

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3 I will also say to you being in a system for
4 a few decades that I don't believe we can just throw --
5 put more money in the system without looking at the
6 structure, and so I would just put that attachment to
7 it, I don't know what the answer is.

12 I just know that there does -- this does not
13 have to be a win, lose, this can be a win, win, and
14 that's how we should approach it, but we should create a
15 structure that will allow us to be better funded while
16 we're building better efficiency and effectiveness, and
17 I know that's generalizing statements there, but I would
18 be the first one to go in front of the health committee
19 asking for money with a structural change in the system
20 that made sense.

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16 COMMISSIONER NIXON:

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7 So it is something that ought to be
8 acknowledged in the report, so whether or not we put an
9 amount to recognize that I think it's appropriate. But
10 as Tim says, there's also a burden on the public health

11 system to demonstrate the value of that, and I think
12 we've put together some things that should do that with
13 accountability and verification, and I think we put some
14 things in there that should demonstrate to legislators
15 and to the State of Ohio that some steps have been taken
16 in the right direction.

17 COMMISSIONER EDWARDS: To add on to what
18 Gene was saying, I think that should really come at the
19 beginning of the report, and really public health hand's
20 have been strapped, I think, in some areas about doing
21 that, changing things and doing things without
22 significant dollars to be able to do this. So I think
23 that should come at the beginning of the report.

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1 CHAIRMAN BURKE: But I think you just built
2 a great cause for the things you're going to do, and
3 then if I were to take some of what I heard here and put
4 it into a sentence, it would be investigation of excise
5 tax and/or mechanisms as a source of additional revenue
6 for funding local health districts, noting that the
7 current 17 cents per capita per year is inadequate for
8 incentivizing compliance to outcomes at the local level.

9 MS. FOUGHT: So moved.

10 COMMISSIONER EDWARDS: It's done.

11 CHAIRMAN BURKE: Really.

12 COMMISSIONER NIXON: No, I like that, but I
13 would just add and improve health for Ohioans.

14 CHAIRMAN BURKE: Well, but outcomes, that's
15 what we're looking for, because I just say that, because
16 it's hard for the state to ask you all to do something
17 when all you have to do is say only 17 cents, have a
18 nice day, you know what I mean.

19 I'm not going to pay 25 cents to get your 17
20 cents, use more of a carrot and a stick approach, right,
21 chronic disease partner with us and all those other
22 things that we stated up there on the list then help me
23 get there, that to me is what you say at the end. I can
24 do those things, but you have to help me get there.

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16 COMMISSIONER INGRAM: If we could just set
17 aside the physician, the public health physician for a
18 moment. I mean I think what this person was saying was,
19 you know, Health Commissioner, Directors of Nursing,
20 Directors of Environmental Health, that complement
21 probably needs to be full-time if you're going to be a
22 health district.

23 COMMISSIONER NIXON: I'm not sure that's
24 true.

25 COMMISSIONER INGRAM: Okay.

24 CHAIRMAN BURKE: And I do think those are
25 good questions. I know that we did have a comment

1 related to finance and I heard a motion on the
2 investigation of excise tax or other mechanisms --
3 additional revenue for funding local health districts
4 noting that the current 17 cents per capita per year is
5 inadequate for incentivizing compliance and outcomes at
6 the local levels. So D.J. you made a motion to approve.

7 COMMISSIONER SCOTT-JONES: Second.

8 CHAIRMAN BURKE: Second by Anita, all those
9 in favor signify by saying aye.

10 (Thereupon all Commission Members voted
11 affirmatively, with the exception of Vice-Chairman
12 Press.)

13 All those opposed, nay.

14 CHAIRPERSON PRESS: Opposed.

15 CHAIRMAN BURKE: In the opinion of the Chair
16 the ayes have it, no request for roll call vote, that
17 will go into the record as Recommendation -- was that 10
18 or 11?

19 Reconvening was 10; 11 is finance.

24 MS. FOUGHT: Yeah. May I ask --
25 I'm sorry, Mr. Chair, what was the -- I know this has

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1 come up with some of commissioners, but the
2 establishment of fees, like raising the fee level and
3 that -- I mean that's in 17, is that something that
4 needs to be addressed? It's not been addressed yet, is
5 that still something --

6 CHAIRMAN BURKE: Well, we kicked around
7 earlier like the standardization of fees and how that
8 would look and never seemed to get a whole lot of
9 movement on that.

10 MS. FOUGHT: Yeah, that's just why
11 I just wanted to raise that. All right. Guess not,
12 move on. It was just in the report.

13 COMMISSIONER NIXON: It is a problem.

14 COMMISSIONER SHAPIRO: It costs different
15 things to do different services in different places.

16 COMMISSIONER INGRAM: There's a variability
17 of fee structure across the state for the services that
18 we carry out, the variability of public health delivery
19 throughout the state at the local public health level,
20 period. I don't know how to say it.

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12 CHAIRMAN BURKE: Just a topic, kick it out
13 there, if there's any other -- if we don't have a firm
14 recommendation on that, any other items that anybody
15 feels that we should address?

16 COMMISSIONER INGRAM: Structure.

17 CHAIRMAN BURKE: Well, I don't disagree with
18 you there, and I think to be honest with you, if there's
19 nothing else before us, I'll just say all your time is
20 very valuable taking you away from your communities to
21 come here to try to improve health, and the work that
22 we've done over the last -- what has it been, four
23 months now, I think has been actually fairly good, a lot
24 of open discussion on issues.

25 We took the recommendations and I think

1 brought clarity to that and moved that forward into a
2 set of recommendations that actually set a path with
3 direction that I believe is fairly concise considering
4 what we had to start with, a good sense of the direction
5 and the legislative process and the administration and
6 start to act on those recommendations.

7 What we will do with these recommendations
8 is e-mail them to you, allow you to look at them, and
9 then if we don't have a problem, I hate to call us all

10 back here for one day to just vote on these
11 recommendations.

12 I mean some of you come a pretty far
13 distance just to vote on a recommendation, but I don't
14 know any other way to either approve these individually.

15 I don't know if anybody feels compelled to
16 approve them as a group, but we do have a little
17 word-smithing on No. 8, and I believe there was another
18 one that we just needed to work with one or two words on
19 depending on what the current law was on another issue.

20 So we can communicate those out to you, if I
21 don't hear any complaints from anybody, we don't have to
22 meet.

23 DR. MCFADDEN: Mr. Chairman, just a
24 question, how the report is actually coming. Is the
25 report then just a list of our recommendations or how

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1 does it -- in what form does the legislature --

2 CHAIRMAN BURKE: It will just basically be a
3 list of our recommendations. I tell you what I will do
4 then, until I get a definitive answer on what we're
5 going to produce, because I'm teaming up with the
6 Department of Health, using their clerical services to
7 do this drafting and other kind of work, we'll go ahead
8 and leave the meeting of October 23rd on the agenda. If
9 I can work around not having that meeting, we'll cancel
10 it.

11 But we have approved each and every
12 individual -- even the ones that we agreed to that
13 required word-smithing as long as there is no objection
14 to that then we will not meet again, but I won't know
15 that until I get that to you, and that will be the
16 actual document that we will submit.

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10 COMMISSIONER SCOTT-JONES: Mr. Chairman, I'm
11 just going to put my in-put in for what it's worth. I
12 have almost a two hour drive here, but I would rather do
13 the two hour drive on the last meeting, make sure that
14 we have completely gotten to the point where we really
15 need to get to, just to give you an example, and not to
16 throw off on anyone who sent the information to us, but
17 if we don't get that until the weekend before the
18 meeting and you have work constraints or you have other
19 constraints that you have to do and usually you're maybe
20 reading it on the way down here, if someone's driving or
21 you're reading it the night before, I just think the
22 last meeting will offer opportunities for clarification
23 or questions or whatever most of us, not everyone, but
24 most everybody is in person, and then can really
25 solidify it, that's just my opinion.

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2 REPRESENTATIVE ANTONIO: I would just say
3 from my specific, because we did go through them item by

4 item, and unless there's something that comes back that
5 I think really substantively changes the meaning or
6 intention of what we agreed on, I -- while I understand
7 certainly the interest in seeing the entire document and
8 all that, I feel that we have vetted this process so
9 well that while it's on my calendar too and I'm happy to
10 attend, at the same time if there's not substantive
11 changes I can think of, you know, that five and a half
12 hours would be better served somewhere else than my
13 transportation. So it almost -- it definitely seems
14 also redundant to me, if we've agreed point by point
15 today.

20 CHAIRMAN BURKE: That's what we'll do, we'll
21 solicit that from each of you in it's finalized form and
22 should there be strong need to come back and have a
23 meeting we will do that, Heidi.

24 MS. FOUGHT: Mr. Chairman, can I
25 just ask that we maybe try to get it a week before, as

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1 opposed to weekend before, can I just try to emphasize
2 that? Joe, you're doing a great job, okay. I'm just
3 trying to think if we could try a week before, that
4 would be helpful.

20 CHAIRMAN BURKE: I appreciate everybody's
21 time, it's valuable, spend time away from your family

22 and business during the summer, and I think we actually
23 moved the ball forward.

24 I feel very positive about what we've done.
25 Representative Antonio and I personally will continue to

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1 drive that thought forward.

2 I hope I've served you well as the Chairman,
3 I appreciate your confidence in me allowing me to be
4 Chairman, but most of all I appreciate, again, your time
5 and input, and we look forward to having that document
6 to you next Tuesday, with your reply no later than the
7 end of business on Thursday, and then have that same
8 time frame to decide whether or not to have that
9 meeting. Thank you.

10 (Thereupon the Commission meeting was
11 adjourned at 4:03 p.m.)