Legislative Committee on Public Health Futures
Summary Draft Recommendations and Concepts
As Discussed and Considered by the Committee September 25, 2012

1. **Performance Standards and Accreditation**

The Ohio Department of Health should implement a process to engage an independent review team to verify the data reported by local health departments related to the Ohio performance standards which "mirror" the Public Health Accreditation Board (PHAB) standards.

COMMENT:

2. **Outcomes and Data**

The Ohio Department of Health and local health departments should work toward identifying a standardized process of specific data collection and identification of common public health data indicators.

COMMENT:

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3. **Boards of Health**

Local health department board members should participate in continuing education requirements related to public health practice, ethics, and governance.

COMMENT:

4. **Multiple Agency Program Administration**

Identify and refer programs currently administered by two agencies (Ohio Department of Agriculture and Ohio Department of Health) such as food safety and waterpark / swimming pools to the Common Sense Initiative (CSI) for further review and recommendations related to program efficiency.

COMMENT:

5. **Multi-District Public Health Levy**

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

COMMENT:

6. **Shared Services Resources**

Encourage and enhance shared services at the local health department level by developing model contracts and memorandum of understanding (MOUs and/or qualifying Councils of Governments (COG).

COMMENT:

7. **Consolidation of Non-Contiguous Cities or Counties**

Revise Ohio Revised Code sections 3709.051 and 3709.10 to allow city and county health districts to contract/consolidate/merge together within a "reasonable" geographic distance (consider AOHC regions).

COMMENT:

8. **Reimbursable Services**

Local health departments should work to enhance their ability to contract and credential with private payers and Medicaid managed care for clinical services such as immunizations and other public health and clinical services.

COMMENT:

9. Chronic Disease Block Grant Funding

ODH initiate review of federal and state authorities for a "blended funding" approach that integrates all state/federal public health funding using block grants (when/where possible) to reduce fragmentation in public health funding.

COMMENT:

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SUGGESTED/ADDITIONAL TOPICS: