Current Cross-Jurisdictional LHD Collaborations in Ohio

Current Levels of Cross-Jurisdictional Collaboration in Ohio's Local Publi...

AOHC is currently leading an effort to develop a proposed model for Ohio's local governmental public health system. One important step is to describe the collaboration that currently exists among local public health district jurisdictions. Input from EACH jurisdiction is needed to create an accurate and comprehensive picture of this.

Thank you in advance for providing this valuable information!

Gene Nixon and Kathleen Meckstroth, Co-Chairpersons of AOHC Public Health Futures Steering Committee

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1. Agency Name

	Select One
Agency Name	

2. Please indicate your jurisdiction type.

- ◯ City
- ◯ County
- ◯ Combined

3. For the current fiscal year (2012), does your jurisdiction have any Shared Services? Shared services involve agencies jointly contributing funds and sharing governance responsibility for decision making in a given program (i.e. CFHS).

- ◯ Yes
- ◯ No

4. Do you share program services in your jurisdiction with agencies other than LHDs? Some examples could be running a CERT program or a corporate wellness program or acting as the administrative agent for Family & Children First Council.

- ◯ Yes
- ◯ No

5. Does your jurisdiction either provide or receive Contractual Services? Contractual services would be one health department providing a service to another under some funding arrangement. These may include a formal contract for services between two agencies (i.e. epidemiology, plumbing).

- ◯ Yes
- ◯ No

6. If your jurisdiction receives contractual services, how are these services funded? Please select all that apply.

- ☐ Grant funded
- ☐ Billed by the other health department
- ☐ Fees
- ☐ Insurance billing

Other (please specify)

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7. Does your agency provide Cross-jurisdictional Services? These would be a program or service provided by your agency on behalf of several health departments through a regional or district contract (BCCP, PHEP regional coordination, HIV/AIDS). These may include, but generally do not, contracts between local agencies.

- ◯ Yes
- ◯ No

8. If yes, please consider the project that involves the largest number of jurisdictions. How many health departments do you provide this service for?

- ◯ 1
- ◯ 2
- ◯ 3
- ◯ 4
- ◯ 5
- ◯ 6
- ◯ 7
- ◯ 8
- ◯ 9
- ◯ 10
- ◯ 11
- ◯ 12
- ◯ 13
- ◯ 14
- ◯ 15
- ◯ 16
- ◯ 17
- ◯ 18
- ◯ 19
- ◯ 20
- ◯ 21

9. How has your use of shared, cross-jurisdictional, or contractual services changed over the past 4 years?

- ◯ More shared/cross-jurisdictional/contractual services to meet population needs
- ◯ Less shared/cross-jurisdictional/contractual services
- ◯ No change

10. What is the reason(s) for changes to your levels of shared/cross-jurisdictional/contractual services? Please select all that apply.

- ☐ Loss of qualified staff to continue the program ourselves
- ☐ Local funds could not support this program entirely
- ☐ Grant funding requires multiple county collaboration
- ☐ Unable to meet minimum grant funding levels as single county

Other (please specify)

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11. Could you share a few comments about what has made these shared, cross-jurisdictional, or contractual service relationships successful?

12. Could you share a few comments about any barriers you have experienced with shared, cross-jurisdictional, or contractual services?

13. Any other comments you have about collaboration between health departments?

14. Thinking about NURSING SERVICES: For each program, please indicate if you RECEIVE this service from another agency or if you PROVIDE this service to another jurisdiction. If you are not currently sharing, please indicate your level of interest in sharing services in the future for this program. Choose one response per row.

	I RECEIVE this service from:	I PROVIDE this service to:	Not currently sharing but HIGH INTEREST in future sharing	Not currently sharing and LOW INTEREST in future sharing	Not currently sharing and NO INTEREST in future sharing
Childhood Immunizations					
Travel Immunizations					
Local Disease Investigation					
STD Testing & Treatment					
HIV Testing					
Vision/ Hearing with ODH					
Prenatal Care					
Family Planning					
Breast and Cervical Cancer Project					
Infant Home Visiting (not HMG)					
Help Me Grow					
Blood Pressure Screening					
Lead Screening					
Primary Medical Care					
School Nursing					
TB Services					

Others (please specify)

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15. Thinking about ENVIRONMENTAL HEALTH SERVICES: For each program, please indicate if you RECEIVE this service from another agency or if you PROVIDE this service to another jurisdiction. If you are not currently sharing, please indicate your level of interest in sharing services in the future for this program. Choose one response per row.

	I RECEIVE this service from:	I PROVIDE this service to:	Not currently sharing but HIGH INTEREST in future sharing	Not currently sharing and LOW INTEREST in future sharing	Not currently sharing and NO INTEREST in future sharing
Lead Assessment					
Lead Abatement					
Built Environment Initiatives					
Inspections of Food Service Operations					
Inspections of Retail Food Establishments					
Commercial Plumbing					
Solid Waste					
Smoke-free Ohio Enforcement					
Vector Control					
Parks/Camps					
Radon					
Water					
EPA Small Flow Program					
General Sewage					

Other (please specify)

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16. Thinking about HEALTH EDUCATION/OTHER SERVICES: For each program, please indicate if you RECEIVE this service from another agency or if you PROVIDE this service to another jurisdiction. If you are not currently sharing, please indicate your level of interest in sharing services in the future for this program. Choose one response per row.

	I RECEIVE this service from:	I PROVIDE this service to:	Not currently sharing, but HIGH INTEREST in future sharing	Not currently sharing, and LOW INTEREST in future sharing	Not currently sharing, and NO INTEREST in future sharing
Chronic Disease Reduction					
Corporate Wellness Program					
General Health Education					
Medical Reserve Corps					
Citizens Corps					
Emergency Preparedness					
Recyling/Litter Prevention					
Vital Statistics					
Car Seats					
Safety Net Dental					
WIC					
Traffic Safety					
Community Health Assessment Services					
Community Health Improvement Planning					
Epidemiology Services for Outbreaks & Trending					

Others (please specify)

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17. Thinking about ADMINISTRATIVE/PLANNING SERVICES: For each SERVICE, please indicate if you RECEIVE this service from another agency or if you PROVIDE this service to another jurisdiction. If you are not currently sharing, please indicate your level of interest in sharing services in the future for this program. Choose one response per row.

	I RECEIVE this service from:	I PROVIDE this service to:	Not currently sharing, but HIGH INTEREST in future sharing	Not currently sharing, and LOW INTEREST in future sharing	Not currently sharing, and NO INTEREST in future sharing
Legal Services					
Purchasing					
Information Technology					
Human Resources/Recruiting					
Laboratory					
Insurance					
Fiscal					
Marketing					
Public Relations/Public Information Officer					
Accreditation Guidance					
Evaluation/Quality Improvement					
Policy Development					
Subject Matter Experts					
Leadership Development					

Others (please specify)