

# Navigating the Currents:

Positioning Local Health Departments for the Future

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## Consolidating Health Departments in Summit County, Ohio:

### A One Year Retrospective

**Gene Nixon  
Health Commissioner  
Summit County Public Health**



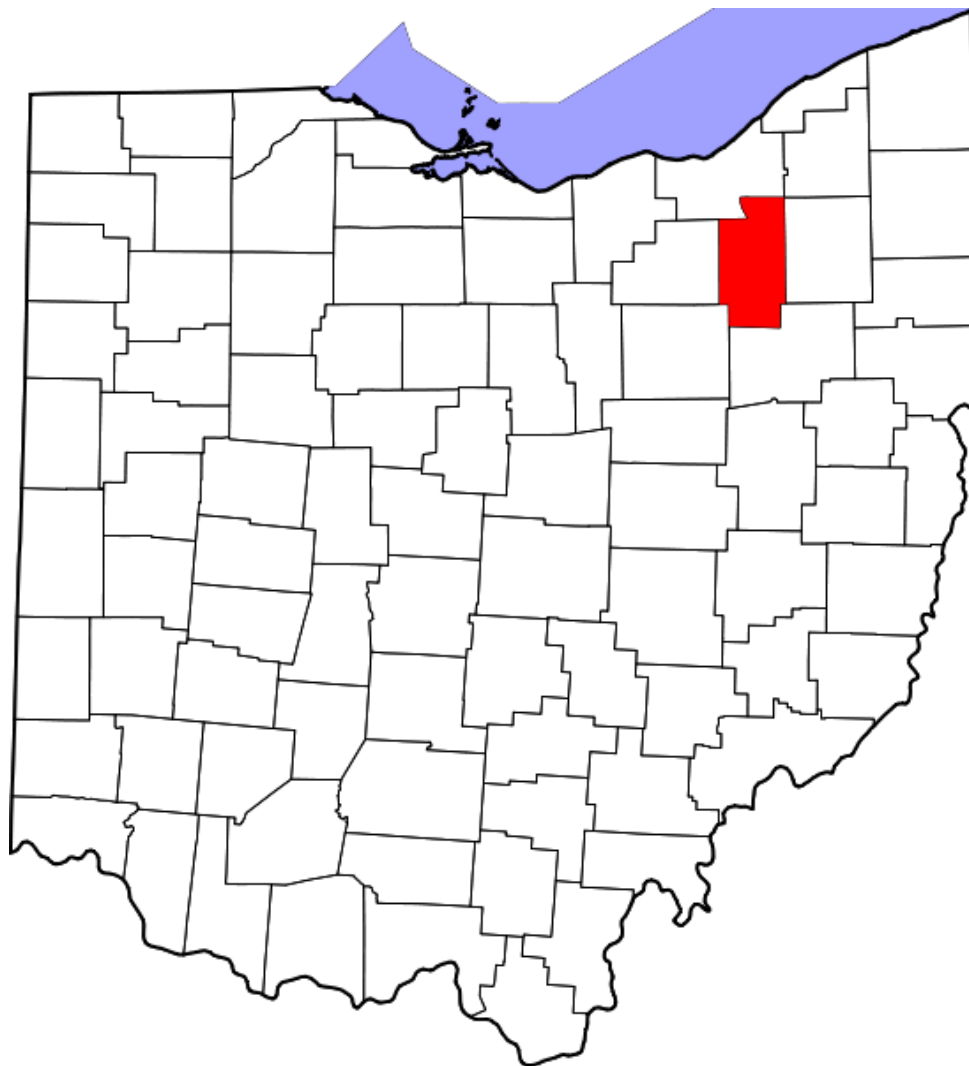
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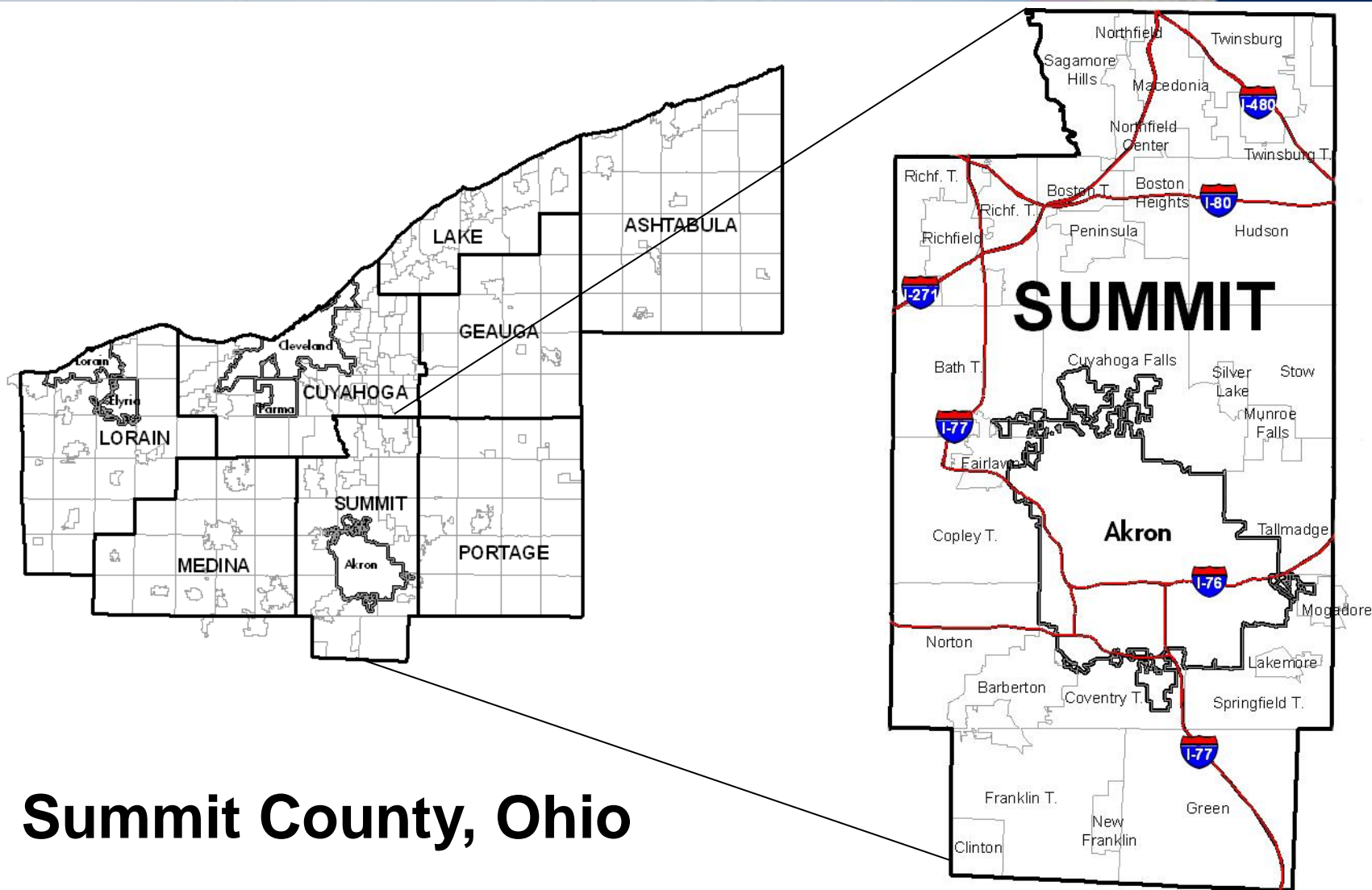
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## Summit County, Ohio



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## Key Challenges

### Strategic

- Creating New Strategic Directions
- Building Credibility and Engaging Key Stakeholders
- Assessing the Consolidation and its Progress

### Operational

- Adjusting personnel roles and working arrangements
- Converting technological systems
- Facility arrangements
- Managing changing organizational cultures
- Communicating and engaging staff



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## Outcomes and Accomplishments

### Financial Changes

#### Local Government Contributions to Summit County Health Departments and Savings After Health Department Consolidation

	2010 Funding to Local Health Departments	2011 Funding to SCPH	Savings After Consolidation
City of Akron	\$6,578,830	\$5,260,410	\$1,318,420*
City of Barberton	322,474	135,800	186,674*
Other Summit County Jurisdictions	3,094,875	3,094,875	0*
Totals	\$9,996, 179	\$8,491,085	\$1,505,094*



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## Outcomes and Accomplishments

### Public Health Service Changes

Perceptions of Overall Service Change During the First Year  
of Transition to an Integrated Summit County Health Department

Survey Inquiry	#(%) Answering Affirmative ly	#(%) Answering Negatively
Have services been maintained at existing levels since January 1, 2011? *	83 (61.5%)	52 (38.5%)
Have services improved since January 1, 2011? **	42 (40%)	63 (60%)
Will the consolidation have positive impacts on public health services in the future? ***	95 (87.2%)	14 (12.8%)



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## Outcomes and Accomplishments

### Overall Impacts

#### Public Health Capacities

<b>Audience</b>	<b>% Indicating Improved Future PH Capacities</b>	<b>Number of Usable Responses</b>	<b>Total Number of Responses</b>
<b>SCPH Supervisors</b>	96.4% (27/28)	28	31
<b>SCPH Non-Supervisory Staff</b>	68.4% (54/79)	79	136
<b>Summary Totals</b>	75.7% (81/107)	107	167



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## Outcomes and Accomplishments

### Overall Impacts

#### Perceived Pace of Progress in Pursuing Goals of Consolidation Among Differing Audiences

Audience	Mean Perceived Rate of Progress (Scale: 5 = “very fast”; 1 = “no progress”)
SCPH Senior Managers	3.2 (Between “steady” and “Rapid”)
External Stakeholders	3 (“steady”)
SCPH Supervisory Staff	2.71 – 2.9 (Between “steady” and “slow”)*
Board of Health Members	2.23 (Between “slow” and “steady”)
SCPH Non-supervisory Staff	2.11 – 2.26 (Between “slow” and “steady”)*





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## Outcomes and Accomplishments

### Overall Impacts

#### The Advisability of the Consolidations

<b>Audience</b>	<b>% Indicating They Think Consolidation was a Good Idea</b>	<b>Number of Usable Responses</b>	<b>Total Number of Responses</b>
<b>Senior Managers</b>	100% (10/10)	10	10
<b>External Stakeholders</b>	100% (4/4)	4	4
<b>Board of Health Members</b>	93.8% (15/16)	16	16
<b>SCPH Supervisors</b>	89.3% (25/28)	28	31
<b>SCPH Non-Supervisory Staff</b>	53.3% (49/92)	92	128
<b>Summary Totals*</b>	66.4% (93/140)	150	



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## Public Health Futures: Considerations for a New Framework for Local Public Health in Ohio

### Final Report

**Gene Nixon**  
**Health Commissioner**  
**Summit County Public Health**



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## Purpose

- The Association of Ohio Health Commissioners (AOHC) established the Public Health Futures Project in 2011 to explore new ways to structure and fund local public health. The project has guided AOHC members through a critical look at the current status of local public health and a careful examination of cross-jurisdictional shared services and consolidation as potential strategies for improving efficiency and quality.



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## Current Collaboration

- Since 1919 the number of functioning LDHs decreased from 180 to 125
  - City-county unions (mergers)
  - Contract arrangements
- LHDs current engage in a great deal of collaboration and resource sharing (2012 AOHC survey results)
  - 90% report contractual arrangements
  - 66% report shared services or pooling
  - 51% report more sharing over last four years
  - (42% no change, 8% less)



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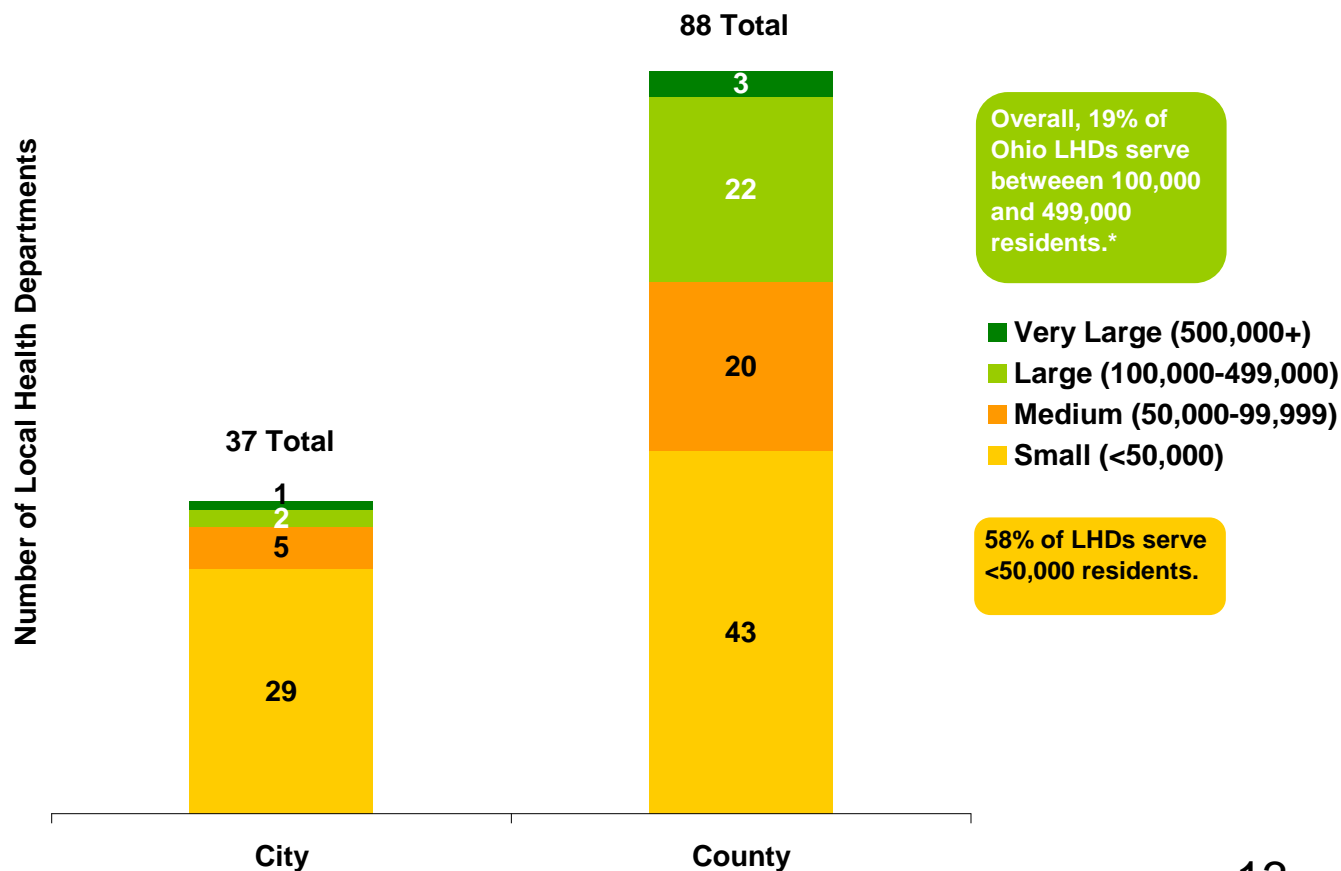
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## Number of city and county LHDs, 2011



Source: Ohio Local Health Department Census 2010, Ohio Department of Health, 2011

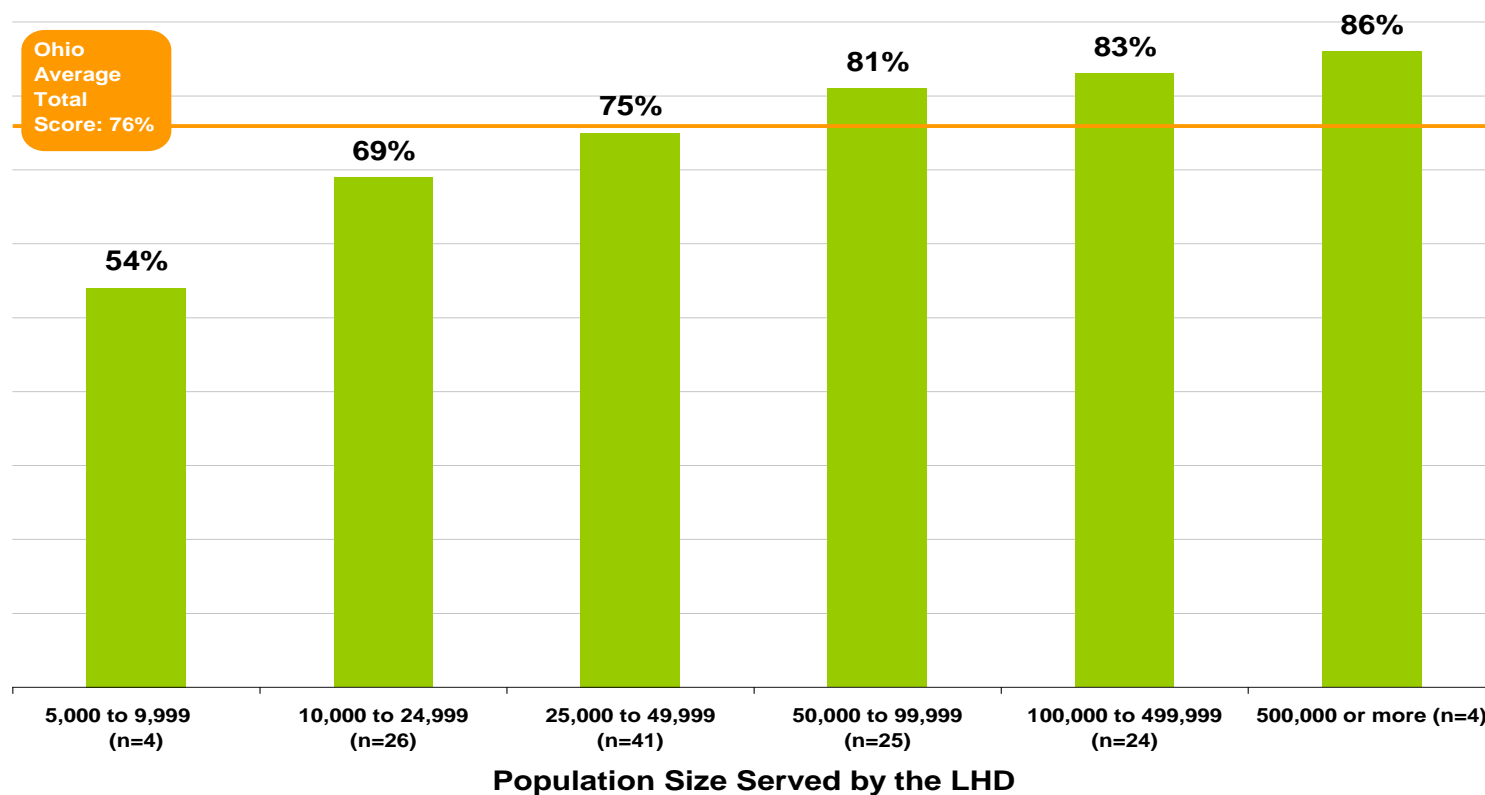
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Figure 1. Average Total Score, by Population Size Served by the LHD (n=124 LHDs)



Source: ODH, 2012 Ohio's Profile Performance Database (LHD self-assessment using PHAB measures)



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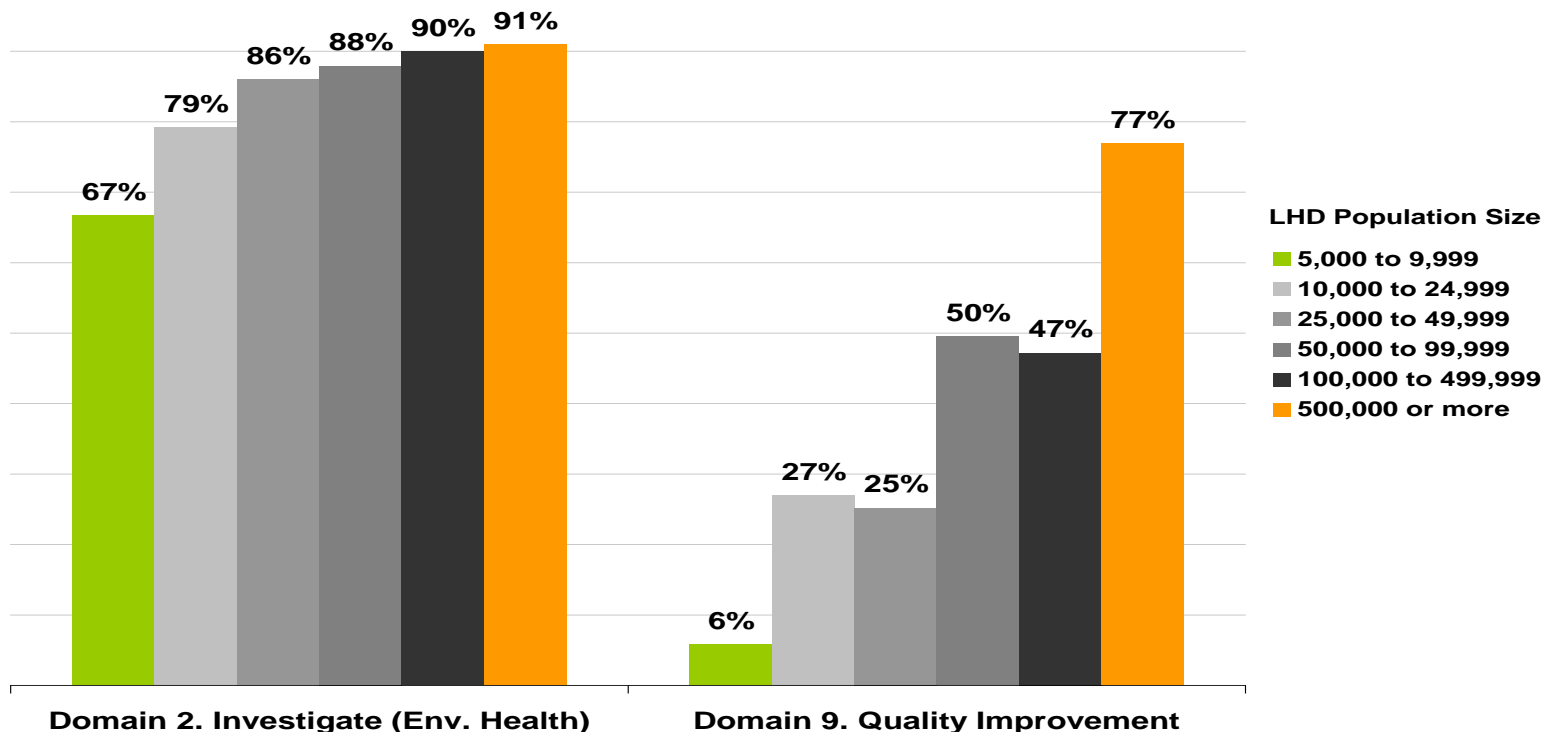
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**Figure 3. Total Domain Score, by Population Size Served by the LHD: Domain 2 (Investigate) and Domain 9 (Quality Improvement) (n=124)**



Source: ODH, 2012 Ohio's Profile Performance Database (LHD self-assessment using PHAB measures)



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## Recommendations

- **Local public health capacity, services, and quality**
  - **Core Public Health Services**
  - **Other Public Health Services**
  - **Foundational Capabilities**
- **Financing**
- **Jurisdictional Structure**



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Does the Local Health Department (LHD) have the capacity to efficiently provide the Ohio Minimum Package of Public Health Services?

- Adequate funding to support FTEs necessary for Core Services, and
- Adequate funding to support FTEs necessary for Foundational Capabilities, and
- Able to complete PHAB accreditation pre-requisites and apply for accreditation

Yes

Maintain continuous quality improvement, maximize efficiency, and seek accreditation

No

Number of Jurisdictions in County  
AND  
Population Size Served by LHD



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**County has more than one LHD  
OR  
LHD population size is <100,000**

**County has one LHD  
OR  
LHD population size is 100,000+**

**Assess feasibility and local  
conditions for LHD consolidation**

**Obtain needed capabilities from  
formal cross-jurisdictional  
sharing (such as Council of  
Government, Service Center, or  
other contractual arrangements)**

**If yes, pursue  
consolidation**

Local choice based on feasibility  
assessment

- Relationships and leadership
- Local geographic, political, and financial context
- Potential impact on efficiency, capacity, and quality

Is consolidation feasible and beneficial?

**No**



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## Acknowledgments and Further Information

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*“Public Health Futures: Considerations for a New Framework for Local Public Health in Ohio, Final Report”* June 15, 2012

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