Local Strategies for Cross-Jurisdictional Sharing

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Why?

Rational

- Enhance efficiencies
- Gain greater joint capacity
- Strengthen existing collaborative relationships

Critical Criteria

- Governance
- Personnel
- Finances
- Public health services
- Facilities
- Legal issues
- Community and stakeholder participation

Lessons Learned

- Willingness
- Strong champion(s)
- Institutional Administrative Capacity
- Expect Hurdles (Roadblocks?)
- Establish a “why”; remember the “why”

Post Consolidations

- The City of Barberton saved $186,674 during the first year of consolidation.

- The City of Akron saved $1,318,420.

- 2008 - 2011, the three health districts paid $2,653,085 in accumulated sick and vacation leave entitlements, which significantly reduced future liability.

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 Affirmatively	#(%) 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%)

Overall Impact

Public Health Capacities

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

Overall Impact

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")*

Public Health Futures

Considerations for a New Framework for Local Public Health in Ohio

Current Collaboration

Since 1919, the number of functioning LHDs in Ohio decreased from 180 to 125

- City-county unions (mergers)
- Contract arrangements

LHDs currently engage in a great deal of collaboration and resource sharing (2012 AOHC survey results)

- 90% reported contractual arrangements
- 66% reported shared services or “pooling”
- 51% reported more sharing over the past four years (42% no change, 8% less)

Funding

- Ohio ranks 33rd in median per-capita LHD expenditures and 41st in state public health expenditures
- Local funding = about 75% of revenue
  - Varies widely by jurisdiction
  - Vulnerable to local political conditions
- State-generated revenue = about 6%

  Although 22% of revenue flows through the state (including federal pass-through)

Local Public Health Structure

Decisions about the jurisdictional structure of local public health in Ohio should be based upon LHDs' abilities to efficiently and effectively provide the *Minimum Package of Public Health Services*.

Additional factors to consider:
a) population size served by the LHD
b) number of jurisdictions within a county, and
c) local geographic, political, and financial conditions. (see structure diagram and checklist)

Local Public Health Structure

- Relationships, leadership, purpose
  - History of collaboration
  - Trust, personal relationships, leadership
  - Clarity of purpose
- Local geographic, political, and financial context
  - Geographic density, dispersion, and size
  - Customer service and public visibility
  - Community identity and engagement
  - Naturally-occurring regional boundaries
  - Demographics
  - Local funding
  - Local political support

Local Public Health Structure

- Most LHDs, regardless of size, may benefit from CJS. However, LHDs serving populations of <100,000 in particular may benefit from pursuing CJS or consolidation to ensure adequate capacity to provide the *Minimum Package*.

- LHDs in counties with multiple LHDs should consider the feasibility of voluntary consolidation.

Cross-Jurisdictional Sharing Spectrum

Informal and Customary Arrangements	Service Related Arrangement	Shared Functions with Joint Oversight	Regionalization
• "Handshake" • MOU • Information sharing • Equipment sharing • Coordination	• Service provision agreements • Mutual aid agreements • Purchase of staff time	• Joint projects addressing all jurisdictions involved • Shared capacity • Inter-local agreements	• New entity formed by merging existing LHDs • Consolidation of 1 or more LHD into existing LHD

Contact Information

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