

The Consolidation of the Health Departments in Summit County, Ohio

At a breakfast meeting in fall 2008, Gene Nixon, the Health Commissioner of the Summit County (Ohio) Health District, sounded out Dr. Jay Williamson, a member of the county's board of health and a mentor to Nixon, about proposing the combination of the Summit County Health District with its counterparts in the cities of Akron and Barberton – a move that would create a single public health district for all of Summit County.¹ Dr. Williamson reminded Nixon that the same merger had been proposed in the past but had encountered serious opposition. Why, he asked, would this time be different, and how would the communities they serve benefit? Nixon argued that consolidation was timely in part because Akron's Health Director had just announced his retirement, which would ease other changes at the same time. He also noted that the severe economic downturn then starting to grip Ohio and the rest of the country would make the merger's potential cost savings more compelling. Above all, Nixon emphasized that there were currently three agencies independently attacking challenges that crossed jurisdictional boundaries. A single health district, by contrast, could create comprehensive strategies. Convinced by these arguments and confident in Nixon, Dr. Williamson encouraged Nixon to pursue consolidation.²

One year later, pushing forward with the merger, Nixon was grappling with substantial political and administrative challenges. The political problems lay in Barberton where the health district had filed a lawsuit that halted merger discussions. The organizational difficulties, on the other hand, featured prominently in Akron where a committee was analyzing a bevy of legal, financial, operational, and labor questions. Indeed, Nixon was confronted with the same questions that had stymied his predecessors: Could he foster a consensus to merge, and would combining the departments be administratively feasible?

Background

In 2008, Summit County had three local health departments: the Barberton Health District, serving Barberton and the city of Norton; the Akron Health Department, tending to Akron; and the Summit County Health District, covering the rest of the county. Their boundaries stemmed from the 1919 Hughes and Griswold Acts, which formed the basis for subsequent state law stipulating that every city in Ohio was a health district, that the townships and villages in a county constituted a "general health district," and that city and general health departments could merge to create "a combined general health district" (See Appendix 1 for a detailed description of the merger process.).³ Summit County originally had a general health district (the Summit County Health

¹ Summit County is located in northeast Ohio approximately 35 miles south of Cleveland. See maps in Exhibits A and B.

² Interview with Jay Williamson, by telephone, March 21, 2012; and interview with Gene Nixon, Stow, Ohio, March 20, 2012. Hereafter cited as "Williamson interview" and "Nixon interview." Unless noted, subsequent quotations from and attributions to Williamson and Nixon come from these interviews as well as several follow-up telephone interviews with Nixon.

³ Susan Ackerman, Wendy Feinn, and Ken Slenkovich, "Summit County Health District and Akron Health Department Consolidation Feasibility Study," The Center for Community Solutions, February 11, 2010, available at

District) along with numerous city health districts. However, during the 20th century, the county health department became a combined district by merging with all of the existing city health districts except those in Akron and Barberton. Then, in 2000, the City of Norton demerged from the county and instead signed a contract with Barberton, establishing the health department borders that existed when Nixon raised the merger issue in 2008.⁴

A semi-autonomous board of health or health commission governed each of Summit County's health districts. Each board independently selected the health commissioner and implemented public health rules for its jurisdiction. However, elected local government officials appointed board members (who served renewable five-year terms) and could decide to pursue a merger without the board's consent (See Appendix 2 for a detailed description of the process for appointing board of health members.).⁵ The boards of health were also partially financially dependent on local governments.⁶ According to feasibility studies carried out at the time of the merger discussions, the Summit County Health District received approximately 23% of its funds from the county government, while the Akron Health Department and Barberton Health District obtained 36% and 33% of their respective budgets from their municipal governments.⁷

In fall 2008, Summit was the only county in Ohio (out of 88) to have a chartered government. In this set up, a popularly elected county executive – Russell Pry – was the chief administrator, while a county council exercised legislative power.⁸ In shaping policy, Pry worked closely with Akron Mayor Donald Plusquellic, who was in his sixth four-year term in office in 2008. He governed Akron along with the city council and had recently collaborated with County Executive Pry to combine the Akron and county building departments.⁹ Like Akron, Barberton had a popularly elected mayor – Bob Genet – and a city council. Unlike Akron, though, Barberton, had an inward-looking political culture. The city was founded in 1891 with the intention of creating a manufacturing center that replicated and rivaled Akron's success. "Barberton has always snubbed its nose at the City of Akron and [Summit County]," said William Judge, who was a city councilman in 2008 and became the Mayor of Barberton in 2011.

http://www.scphoh.org/PDFS/PDF-Reports/Final_Merger_Report_021210.pdf [accessed May 2, 2012], 9. Hereafter cited as Ackerman, Feinn, and Slenkovich, "Summit County..."

⁴ In a maneuver permitted under Ohio law, Norton signed a contract with the Barberton Health District without actually merging. Cheryl Powell, "Norton Switches To County for Health Services," *The Akron Beacon Journal*, June 3, 2009.

⁵ State of Ohio, "Ohio Revised Code: Chapter 3709: Health Districts," available at <http://codes.ohio.gov/orc/3709> [accessed on June 21, 2012]. Sections 3709.02, 3709.05, 3709.09, and 3709.11 are especially relevant.

⁶ In 2012, Ohio ranked 49th in the country in state funding for public health. In part because of this, health departments received on average 75% of their funds from local sources, 20% from state sources, and 4.3% from federal and private sources. Association of Ohio Health Commissioners, Inc., "Ohio's Local Health Districts: An Overview of Ohio's Public Health System," available at <http://www.aohc.net/displaycommon.cfm?an=1&subarticlenbr=3> [accessed on September 12, 2012].

⁷ Ackerman, Feinn, and Slenkovich, "Summit County...", 25; and "Health Department Assessment Committee Report Presented to the Barberton City Council," Section IV, June 22, 2009, personal files of Gene Nixon, Stow, Ohio. Hereafter cited as "Health Department Assessment Committee Report..."

⁸ Summit County, "FAQ's Charter Government," available at <http://co.summit.oh.us/executive/pdfs/Charter%20Gov%/20FAQ.pdf> [accessed on June 26, 2012].

⁹ Interview with Russell Pry, Akron, Ohio, March 22, 2012; interview with Donald Plusquellic, Akron, Ohio, March 23, 2012; and Donald Plusquellic, personal communication, September 6, 2012. Hereafter cited as "Pry interview," "Plusquellic interview," and "Pry personal communication." Unless noted, subsequent quotations from and attributions to Plusquellic and Pry come from these interviews and this personal communication.

“And, in turn, they’ve always turned around and snubbed their nose at us.”¹⁰

The Akron Health Department, which had 150 staff members in 2010 and a \$16.4 million budget, was the largest of the three public health agencies. Because the city’s poverty rate was 23.9% and 31.5% of Akron’s 199,110 residents were African American, the Akron Health Department offered services not found elsewhere in the county, including STD/HIV screening and treatment and a minority health office.¹¹ With 123 personnel and a \$12.4 million budget, the Summit County Health District was comparable in size to Akron’s department. However, the approximately 300,000 people it served were 95% white, had a poverty rate of only 6.8%, and in some cases lived in rural townships abutting Cuyahoga Valley National Park. As a result, the county health district had programs to monitor wells, manufactured home parks, and septic systems.¹² The Barberton Health District was the smallest of the three departments with a \$1.7 million budget and 24 staff members. It served approximately 38,635 people (over 90% of whom were white), including a high concentration of low-income residents in Barberton (where the poverty rate was 20.6%).¹³

Past Merger Discussions

Since at least the 1960s, officials in Summit County had discussed the possibility of combining the region’s health departments; but initially the health districts rarely cooperated, let alone seriously explored consolidation, because they were wary of ceding power and resources to one another. Then, following the recession in the early 1980s, the three organizations jointly applied for and won two block grants from the federal government, one for maternal and child health and another for preventive services. The county’s health directors subsequently began to meet quarterly to review the grants and discuss common challenges. By the 1990s, these conversations led to partnerships on community assessments, nursing, and communicable disease response, as well as some joint meetings of their boards of health.¹⁴

¹⁰ City of Barberton, “Town Founding and Early Growth (1891-1911),” available at <http://www.cityofbarberton.com/live/history/1891-1911.shtml> [accessed on September 27, 2012]; and interview with William Judge, Barberton, Ohio, March 22, 2012. Hereafter cited as “Judge interview.” Unless noted, subsequent quotations from and attributions to Judge come from this interview.

¹¹ Ackerman, Feinn, and Slenkovich, “Summit County...,” 22, 25, and 30-31; and U.S. Census Bureau, “State and County Quickfacts: Akron, Ohio,” available at <http://quickfacts.census.gov/qfd/states/39/3901000.html> [accessed on September 12, 2012].

¹² Ackerman, Feinn, and Slenkovich, “Summit County...,” 22, 25, 30-31, and 33; and U.S. Census Bureau, “State and County Quickfacts: Summit County, Ohio,” available at <http://quickfacts.census.gov/qfd/states/39/39153.html> [accessed on September 12, 2012]. The estimated size of the population served by Summit County does not include the populations of Barberton, Norton, and Akron.

¹³ “Health Department Assessment Committee Report...,” Sections III and IV; U.S. Census Bureau, “State and County Quickfacts: Barberton, Ohio,” available at <http://quickfacts.census.gov/qfd/states/39/3903828.html> [accessed on September 13, 2012]; and U.S. Census Bureau, “State and County Quickfacts: Norton, Ohio,” available at <http://quickfacts.census.gov/qfd/states/39/3957260.html> [accessed on September 13, 2012]. The estimated size of the population served by the Barberton Health Department includes the populations of Barberton and Norton.

¹⁴ Interview with William Keck, Akron, Ohio, March 22, 2012. Hereafter cited as “Keck interview.” Unless noted, subsequent quotations from and attributions to Keck come from this interview.

In 2000, the Summit County Board of Health hired Gene Nixon as health commissioner. Nixon had previously been involved in a merger of several health districts in neighboring Cuyahoga County (which included Cleveland) while serving as the Director of Policy and Planning and Director of Community Health for the county board of health. He was enthusiastic about the transition to Summit County because it returned him to the community where he grew up and presented an opportunity to build on a collaborative climate. However, only days after taking office, he learned that the City of Norton was ending its contract with the Summit County Health District and instead signing an agreement with the Barberton Health District. Nixon, recalling the incident several years later, blamed Norton's move in part on encouragement to defect from Barberton Health Commissioner Joe Harrison.

But the most difficult moment in Nixon's early tenure came in 2002-2003 when he explored the possibility of consolidating the county's three health districts. Nixon first presented the idea to the Summit County Board of Health, arguing that the timing for a merger was ideal because Akron Health Director William Keck was planning to retire. However, the board opposed the move, as board member Jay Williamson later explained, in part because of their limited experience with Nixon as well as their sense that other jurisdictions opposed the merger. In Barberton, then City Councilman Bob Genet argued that a merger would save the city money, but his colleagues preferred to maintain the localized services of the Barberton Health District.¹⁵ In Akron, retiring health director William Keck warned Mayor Donald Plusquellic that the pool of candidates who satisfied the city's stringent requirements for a health director and would also be willing to move to Akron could be extremely small.¹⁶ Therefore, Keck later recalled, he said that it was an opportune time to explore a merger. Mayor Plusquellic, however, did not seriously consider consolidation at this time. Instead, the Akron Health Commission hired a new health director, Dr. Michael Moser, in 2003. From Nixon's perspective, the response from the Summit County Board of Health seemed so negative that he feared for his job. In retrospect, he recalled, he internalized a lesson about how *not* to pursue consolidation. "If you move too quickly," he concluded, "you can cause personal and professional harm."

August 2008-January 2009: Re-Considering a Merger

After the failed 2002-2003 merger discussions, the three health departments deepened their collaboration in several areas, including communicable disease monitoring and response, grant applications, and dental health and hypertension treatment. However, no one broached the possibility of consolidation again until late 2008. That August, Akron Health Director Michael Moser notified the city's health commission that he intended to retire in

¹⁵ Interview with Bob Genet, Barberton, Ohio, March 21, 2012. Hereafter cited as "Genet interview." Unless noted, subsequent quotations from and attributions to Genet comes from this interview.

¹⁶ Akron's Charter required that the city's health director have a medical degree as well as public health training (usually evidenced by a master's degree in public health).

March.¹⁷ Soon thereafter, Akron Mayor Donald Plusquellic and Nixon independently received the news of Moser's retirement and began to reconsider consolidation. During the previous five years, according to Plusquellic, there had been friction with Moser, and the mayor was unenthusiastic about the Akron Health Commission going through the laborious process of hiring another health director with whom he might conflict. Nixon, meanwhile, felt that the retirement mooted a potentially difficult debate about who would lead a combined agency if both large health departments had incumbent leaders. Both men also believed that the severe economic downturn then beginning to grip the nation would strengthen the argument for the merger, which was expected to create economies of scale, eliminate redundant administrative positions and operations, and increase grant revenue.¹⁸ *Ex ante*, Summit County's separate health districts were not large or diverse enough to apply for federal grants that targeted districts with more than 500,000 people and high-need sub-populations. However, the merged health department would meet both of these criteria.¹⁹

At first, conversations about a potential merger went on independently in each jurisdiction; but they soon began to intertwine. Initially, Nixon scheduled private meetings with Dr. Jay Williamson and other Summit County Board of Health members. The board members asked Nixon how the merger would benefit the communities they served, and Nixon responded by emphasizing the need for county-wide public health strategies. Compelled by Nixon's argument and now more confident in Nixon's leadership skills and the consolidation's political viability in the poor economic climate, the board members offered their support. Nixon also discussed with his senior staff whether the agency had the leadership, legal, financial, and operational capacity to pursue a merger. Together, they concluded that the organization was ready. Meanwhile, Mayor Plusquellic turned to County Executive Russell Pry, who indicated that he supported the plan. Plusquellic and Pry then informally discussed the idea with Bob Genet, who had become Barberton's Mayor in 2008 and said that he was already considering the merger. Subsequently, in late 2008, Nixon and Plusquellic became aware of one another's interest in consolidation and began to discuss a strategy for the merger.

The merger talks became public in January 2009. Early that month, local media outlets reported that Akron Health Director Michael Moser planned to retire in March, leading Mayor Plusquellic to notify the Akron Health Commission of his intent to pursue consolidation.²⁰ At about the same time, Plusquellic and Pry discussed the merger at a meeting of Akron Tomorrow, a non-profit organization made-up of 25 prominent Akron business and

¹⁷ Interview with Michael Moser, by telephone, April 16, 2012; and Michael Moser, personal communication, July 5, 2012. Hereafter cited as "Moser interview" and "Moser personal communication." Unless noted, subsequent quotations from and attributions to Moser come from this interview and personal communication.

¹⁸ Beginning in 2007, the United States experienced "The Great Recession," a prolonged economic downturn that resulted in high unemployment and severe fiscal problems for states and localities. Although the recession lasted several years, conditions were particularly severe in fall 2008 when several major financial firms collapsed or sold their assets to avoid filing for bankruptcy.

¹⁹ Interview with Tom Quade and Donna Skoda, Stow, Ohio, March 20, 2012. Hereafter cited as "Quade and Skoda interview." Unless noted, subsequent quotations from and attributions to Quade and Skoda come from this interview as well as a follow-up telephone interview with Quade.

²⁰ "Akron Health Department's director Moser plans to retire," *The Akron Beacon Journal*, January 6, 2009, available at <http://www.ohio.com/news/akron-health-department-s-director-moser-plans-to-retire-1.137434> [accessed on September 25, 2012].

civic leaders who discussed ways to improve the community. The group – which included the CEOs of Akron’s three main hospitals – was enthusiastic about the merger, Summit County Executive Pry later explained, in part because of progress with the Akron biomedical corridor, a partnership among Akron’s three largest hospitals, the University of Akron, and the Northeast Ohio Medical University, to lure health-related ventures to the region.²¹ With Akron’s private sector health leaders working together more closely, it seemed logical to the members of Akron Tomorrow simultaneously to align the public health sector. Then, at the end of January, Nixon told a reporter from *The Akron Beacon Journal* that informal merger talks had begun.²²

News of the talks proved controversial. In *The Akron Beacon Journal* article that quoted Nixon, outgoing Akron Health Director Michael Moser said that the consolidation was “a legitimate question to be explored” but warned that a merger of health departments was not guaranteed to save money. Paulette Kline, who had become Barberton’s Health Commissioner in 2006, added in the same piece that to improve public health, the health departments needed to make better use of existing resources.²³ Another particularly contentious exchange occurred in a private meeting between Mayor Plusquellic and the President and Vice President of the Akron Health Commission. The commissioners, concerned that the position of health director required medical expertise, warned the mayor that in a merged health department, the health commissioner would not be required to have a medical degree. (Akron’s Charter required that the city’s health director be a board-certified physician, but this did not preclude a merger with a health department led by someone without a medical degree.) Plusquellic replied that the CEOs of Akron hospitals did not have medical degrees; and shortly thereafter, two commissioners resigned in protest.²⁴

January-June 2009: Two Negotiation Tracks Emerge

Throughout January, Nixon and County Executive Pry continued to have separate conversations with Akron Mayor Plusquellic and Barberton Mayor Genet about how to pursue consolidation. In these discussions, they assumed that the Akron and Barberton City Councils were more likely to vote in favor of the merger if there was already broad-based consensus about its viability and advantages. Therefore, before approaching the city councils, they decided to assemble committees consisting of prominent citizens to evaluate the merger’s viability. Mayor Genet, Nixon, and County Executive Pry also agreed that getting the Barberton City Council to approve the merger would be especially challenging. This was both because of the city’s independent political culture as well as the fact that former health commissioner Joe Harrison (who had had friction with Nixon and supported the health

²¹ Ackerman, Feinn, and Slenkovich, “Summit County...,” 63; GuideStar, “Organization Report: Akron Tomorrow,” available at <http://www.guidestar.org/ReportOrganization.aspx?ein=34-1691902> [accessed on September 28, 2012]; and Cheryl Powell, “Partnership in Health: 3 hospitals, UA and med school create BioInnovation Institute in Akron, a multimillion-dollar medical research program,” *The Akron Beacon Journal*, October 17, 2008.

²² Cheryl Powell, “Health Agencies Consider Merger,” *The Akron Beacon Journal*, January 23, 2009, available at <http://www.ohio.com/news/health-agencies-consider-merger-1.123839> [accessed on September 25, 2012]. Hereafter cited as Powell, “Health Agencies...”

²³ Quoted in Powell, “Health Agencies...”

²⁴ “Plusquellic interview” and “Plusquellic personal communication.”

district's independence) remained active in local politics. Not wanting to have Barberton's politics affect Akron's negotiations, the leaders chose to create two assessment committees: one involving Summit County and Akron to be established by Nixon, Plusquellic, and Pry and another only for Barberton that Mayor Genet would design.²⁵

The Akron-Summit County Track

From February through June 2009, Nixon, Akron Mayor Plusquellic, and County Executive Pry recruited the members of the Summit County-Akron merger assessment committee. They asked Bill Considine, the CEO of Akron's Children's Hospital and the Chairman of Akron Tomorrow, to head the committee. (Children's Hospital was often called "Switzerland" because it remained neutral when Akron's other two large hospitals had disagreements.) Considine was aware of the previous failed consolidation attempts and therefore sought assurance from Nixon, Plusquellic, and Pry that they were committed to the merger. The three men then emphasized to Considine that they supported combining the departments, and he agreed to chair the committee.²⁶ After receiving Considine's commitment, Plusquellic, Pry, Considine, and Nixon recruited the 20 remaining members of the assessment committee. They included leaders from local universities, hospitals, health departments, labor groups, and boards of health and agreed to meet for the first time at the end of June.

The Barberton-Summit County Track

Meanwhile, Barberton Mayor Genet assembled the Barberton Health Assessment Committee. Officially created on February 25, 2009, the group was tasked with evaluating the city's options for health services and consisted of six Barberton residents (including a registered nurse and several local business owners). To analyze the city's alternatives, the committee reviewed the Barberton Charter, assessed the health department's finances, and consulted with local public health officials (including Gene Nixon, retiring Akron Health Director Michael Moser, then Barberton Health Commissioner Paulette Kline, and former Barberton Health Commissioner Joe Harrison). Among these leaders, Harrison offered the most forceful opposition, contending that the city and the health district could resolve their financial problems without a merger, that a local health department would provide the best services, and that Barberton's political establishment – especially the Mayor – did not like the health department having so much autonomy in the status quo. Nonetheless, on May 28, 2009, the assessment committee voted to support the merger, citing the opportunity to save money as its primary rationale.²⁷

Following this vote, in late June 2009, Mayor Genet signed a non-binding Memorandum of Understanding with Gene Nixon, representing the county health department. It signaled their aim to merge the health departments on January 1, 2010, maintain an office facility and all services in Barberton, and make every effort to

²⁵ This section of the case draws heavily from previously cited interviews and personal communication with Nixon, Pry, Plusquellic, and Genet.

²⁶ Interview with Bill Considine, by telephone, April 2, 2012. Hereafter cited as Considine interview. Unless noted, subsequent quotations from and attributions to Considine come from this interview.

²⁷ "Health Department Assessment Committee Report...;" and Rich Muller, "Mayor's Panel Calls for Cutting Ties with Barberton Health District," *Barberton Herald*, June 25, 2009, A1. Hereafter cited as Muller, "Mayor's Panel..."

retain all Barberton employees in the combined district.²⁸

H1N1

Although Nixon supported separating the Barberton and Akron discussions, he also helped simultaneously in winter and spring 2009 to orchestrate a collaborative response to H1N1. Having first appeared in Mexico and the southwestern United States in April, H1N1 reached Ohio later that month. The disease was poorly understood and spreading quickly, leading the WHO to declare it a pandemic in June. The rapid proliferation of the disease, combined with the uncertainty and growing public fear about its severity (early reports out of Mexico indicated a very high fatality rate), prompted Nixon and his counterparts in Barberton and Akron to enter into a joint command structure and cooperate on disease surveillance. Looking back, several Summit County and Akron employees recalled that the H1N1 effort provided timely evidence to the public and the departments' employees that the health districts were more effective when they collaborated.²⁹

The H1N1 response, however, grew tense at a meeting to establish a command structure at the county Emergency Operations Center. Nixon was unable to attend, so he sent Summit County Environmental Services Director Bob Hasenyager to meet with Tom Quade – who had just become Akron's interim health director – and Barberton Health Commissioner Paulette Kline. Kline argued that she should be the incident commander because she had the most experience. Quade, who had begun working closely with Nixon on the Akron-Summit assessment committee, remembered thinking, "This is not the time to have a power struggle."³⁰ He therefore suggested that they have a rotating command structure and that Summit County's representative, Hasenyager, hold the post first. Hasenyager agreed, creating a two to one vote against Kline and Barberton.

July 2009-February 2010: Consensus in Akron and Discord in Barberton

Meanwhile, throughout summer 2009, the merger discussions continued to proceed along two separate tracks. On one hand, Nixon and Akron interim health director Tom Quade led the efforts of the Summit County-Akron feasibility assessment committee along with Bill Considine, the group's chairman. And in Barberton, Mayor Genet attempted to answer concerns that citizens, public health officials, and government leaders were raising about the merger.

²⁸ Muller, "Mayor's Panel...;" and "Memorandum of Understanding: Creating a Union of the City of Barberton Health District and the Summit County Health Combined District," June 22 2009, personal files of Gene Nixon, Stow, Ohio.

²⁹ Interview with Marguerite Erme, Stow, Ohio, March 20, 2012; and Interview with Tom Quade, by telephone, April 13, 2012. Hereafter cited as "Quade, telephone interview."

³⁰ Quade, telephone interview.

*The Akron-Summit County Feasibility Study Committee*³¹

During this time, Nixon, Considine, and Quade designed a framework for the Akron-Summit County feasibility committee's work. Most broadly, as they later explained, they felt the commission should base its analysis on two principles: 1) ensuring the best interests of the community and 2) reviewing best practices. They also wanted to create subcommittees and hire a nonprofit think tank, The Center for Community Solutions, to analyze funding, legal, timing, governance, capacity, and facility issues. Nixon, Considine, and Quade proposed this framework at the full feasibility committee's first meetings in summer 2009. The group accepted it and decided to convene approximately every six weeks.

As the committee proceeded, Nixon and the commission members became especially interested in the consolidated agency's governance model. Rick Dobbins, the legal counsel to Summit County Executive Russell Pry, reported that he had identified a line in Ohio Revised Code that allowed the county to replace the three health departments with a new agency that would formally be part of the Summit County Government. The county government could accomplish this, Dobbins explained, by creating a committee to review the county's charter, which required neither a popular vote nor approval from the Akron and Barberton City Councils.

The proposal sparked a wide-ranging debate. To some, its apparent simplicity was appealing. Others, however, expressed concerns. The line in Ohio Revised Code that permitted the maneuver only applied to chartered counties, and Summit was the only chartered county in the state. In other words, as Pry noted, no one had previously attempted the move. Nixon added a financial concern. In the status quo, he explained, a substantial portion of the Summit County Health District's revenue came from service contracts with the cities with which it had previously merged. By contrast, in the structure that Dobbins proposed, the consolidated agency would lose contract-based revenue. After weighing these arguments, the committee members decided that the best governance model would not be this untested and financially uncertain charter set up but instead the traditional system where a city combined with a general health district and signed a contract for services. (See Appendix 1 for more information about the merger process, including the role of contracts.)

Nixon and the rest of the committee also examined the distribution of facilities and the fate of Akron employees in a merger. Akron representatives insisted that the consolidated agency have a facility in downtown Akron to ensure that the city's residents – many of whom lived below the poverty line and would have difficulty traveling to Summit County's suburban facilities – could easily access public health services. However, Summit County's representatives were wary of making a long-term commitment to the Morley Building, the primary facility in downtown Akron, which had peeling paint, holes in the walls, and outdated clinics. Nixon endorsed a compromise in which the consolidated department would maintain Morley for at least three years (during which time it would not pay rent) and simultaneously explore new facility opportunities in Akron. The committee also analyzed carefully whether the combined department could employ all existing Akron Health Department employees. It concluded that this was feasible provided that the City of Akron pay more in its contract for services with the Summit County Health District.

³¹ This section draws heavily on Ackerman, Feinn, and Slenkovich, "Summit County...", especially pp. 37-39, 57, 63-65, 72, and 79-80; as well as interviews with Pry, Nixon, and Quade.

The committee also analyzed numerous additional issues, including personnel, finance, public health services, legal matters, timetable and target dates, and community and stakeholder participation. On all counts, the committee found that the merger was viable. Therefore, it voted unanimously in February 2010 to endorse the proposed consolidation.

Discord in Barberton

In June 2009, just as the Akron Feasibility Study Committee was beginning its work, Barberton Mayor Bob Genet scheduled a public forum for July 8 so that community members could ask questions about the merger. He invited Nixon, members of the board of health and city council, and Health Commissioner Paulette Kline to attend the event.³² In advance of the meeting and after reviewing the Barberton Health Assessment Committee's findings, Kline sent a letter to the board of health, city council, and community expressing her concern that the assessment committee did not interview board of health members. She also raised numerous questions about the merger: Would the new department maintain a physical presence in Barberton? Would the consolidated agency provide all services that Barberton residents currently received and care appropriately for the city's low-income residents? Would Barberton Health Department employees lose their jobs or experience substantial salary cuts because of the merger?³³ Nixon reported that the merged district would maintain existing services and ensure that a facility remained in Barberton, but he also noted that he could not guarantee jobs for all Barberton Health District employees because he and his staff were still working on budget projections for the merger.³⁴ Although Nixon emphasized financial uncertainty in his remarks, he later recalled that he was also unwilling to commit to hiring all of Barberton's staff because he had not yet finished evaluating the capabilities of Barberton personnel.

After this meeting, Nixon watched as the Barberton debate grew increasingly discordant throughout the summer. On the one hand, Mayor Genet was holding community forums and proposing the merger to Barberton City Council. On the other hand, Health Commissioner Paulette Kline and others were continuing to raise concerns about services, facilities, and the fate of Barberton employees. By October 2009, Nixon – who was in contact with Genet – feared that the Barberton discussions were not progressing. He therefore wrote a letter to Mayor Genet saying that if the merger did not occur as planned in the vicinity of January 1, it “may significantly affect our [Summit County's] capacity to easily accommodate the transfer of employees from BHD [Barberton Health Department].”³⁵

The letter spurred supporters and opponents of the merger in Barberton to take action. After receiving the correspondence, Mayor Genet, as he later recalled, shared the document with city council and encouraged its members to vote on the merger. A few weeks later, the council passed a resolution permitting the mayor to

³² City of Barberton, “Barberton Health District Merger Discussion,” Memo from the Mayor's Office, June 25, 2009, personal files of Gene Nixon, Stow, Ohio.

³³ Paulette Kline, Letter to BHD Board of Health, City Council members, and community, July 8, 2009, personal files of Gene Nixon, Stow, Ohio; and interview with Paulette Kline, Cleveland, Ohio, March 23, 2012. Hereafter cited as “Kline interview.” Unless noted, subsequent quotations from and attributions to Kline come from this interview.

³⁴ Gene Nixon, “Opening Remarks,” Barberton, Ohio, July 8, 2009, personal files of Gene Nixon, Stow, Ohio.

³⁵ Letter from Gene Nixon to Bob Genet, October 13, 2009, personal files of Gene Nixon, Stow, Ohio.

contract with the county for health services. Shortly thereafter, however, the health district filed a lawsuit against Mayor Genet and the City of Barberton. It accused them of circumventing the city's charter, which according to their interpretation, required a referendum for the merger to occur. The lawsuit halted merger discussions and appeared to leave the two sides severely divided, with Genet indicating he intended to pursue the merger and Kline promising to resist, emphasizing the need to protect Barberton's low-income residents. "When it comes to [the] human condition, I'm a big believer," she said at the time. "It's worth the fight."³⁶ Reflecting back on the lawsuit, she later explained that she also intended to convey a broader message to Mayor Genet and other politicians on behalf of public health professionals: "You don't tell us what to do," she said. "We tell you what to do."

March 2010-October 2010: Addressing Labor and Personnel Concerns

In winter and spring 2010, the health departments moved significantly closer to consolidating. After holding a series of sparsely attended community forums in Akron, Nixon and Mayor Plusquellic signed a non-binding Memorandum of Understanding (MOU) signaling their intent to merge on January 1, 2011. The agreement stipulated that services in Akron would not decline in a merger and that the combined health district would maintain a physical presence in the city and make job offers to all Akron employees.³⁷ As the Akron-Summit feasibility committee recommended, Akron would increase its payments to the health department to guarantee city employee jobs. Shortly after Plusquellic and Nixon signed the MOU, the Summit County Health District Advisory Council voted unanimously in favor of both the Akron and Barberton mergers, empowering Nixon to negotiate a contract with both districts.³⁸ Then, in June 2010, a judge in the Summit County Court of Common Pleas ruled against the Barberton Health District's lawsuit, determining that a referendum on the merger need not occur. This led the Barberton City Council to begin the multi-month process of canceling the city's contract with the Barberton Health District and voting on a new contract with the Summit County Health District.³⁹

The next step for Nixon and the mayors was convincing the Akron and Barberton City Councils to vote in favor of the merger. However, members of both councils, along with union representatives, again raised a number of questions about the fates of Akron and Barberton employees. In Akron, Nixon primarily received questions about fringe benefits, salaries, and job descriptions, whereas in Barberton, the queries addressed whether the staff would have jobs in the new department.

³⁶ Quoted in Marilyn Miller, "Barberton Health District Sues Over County Merger," *Ohio.Com*, November 20, 2009, available at <http://www.ohio.com/news/barberton-health-district-sues-over-county-merger-1.107569> [accessed on May 11, 2012].

³⁷ Cheryl Powell, "Few Residents Turn Out for Health Merger Forum," *The Akron Beacon Journal*, <http://www.ohio.com/news/few-residents-turn-out-for-health-merger-forum-1.163460> [accessed on June 11, 2012].

³⁸ The District Advisory Council's support was contingent upon the Barberton Board of Health and Akron Health Commission approving the contracts.

³⁹ Rich Muller, "Judge Rules Against Health District," *Barberton Herald*, June 17, 2010, 1.

*Concerns in Akron*⁴⁰

The Summit-Akron MOU stipulated that every Akron employee would receive a job offer from the consolidated agency. However, it did not address a number of concerns that city council members, Akron employees, and union representatives had in spring 2010. For instance, the Akron employees did not pay anything for health insurance, whereas Summit County staff paid 15% of insurance premiums. As a result of the merger, would they have to start paying for health insurance? Also, how would the transition from a 40 to 35 hour workweek affect their compensation? Finally, would they retain the same level of seniority and responsibilities? These questions were especially pressing, Nixon and Quade later explained, because the City of Akron was offering voluntary retirement packages to some municipal employees, including personnel in the health department.⁴¹

Over the course of the summer, Nixon worked intensively to address these concerns by poring over employee files with Akron Interim Health Director Tom Quade and the Summit County staff. Nixon also sought feedback from Quade about the skills and experiences of Akron employees and met extensively with the city council and labor representatives.⁴² By the end of the summer, he believed that he had viable job offers for each of the Akron employees. He also determined that the merger would only be financially feasible if Akron employees agreed to pay 15% of their health insurance premiums and accept the same annual salary at an increased hourly wage.

In part because Nixon addressed these issues, the Akron City Council voted to support the merger. This led Mayor Plusquellic and the chairman of the Summit County Health District Advisory Council to sign a contract in September pledging the departments to merge on January 1, 2011.⁴³ But in October, Nixon received a phone call from Plusquellic, who angrily informed Nixon that he had just learned that Akron employees would face a 30-day probationary period in the new department. The mayor – who felt like he had been misled – then threatened to back out of the merger and hung up. (Mayor Plusquellic, as he later explained, felt especially strongly about this because he had previously met with the Akron Health Department staff and promised them that they would still have jobs after the merger.) Shortly thereafter, Nixon received a call from Summit County Executive Russell Pry, who had heard about the exchange. According to several Summit County officials, Nixon told Pry that he was upset about how the mayor had spoken to him and was also prepared to walk away from the merger. Pry then invited Nixon to meet with him and Plusquellic at which time Nixon assured the mayor that he was planning to keep all Akron employees. The mayor then told Nixon that Akron would proceed with the plan to merge on January 1.

Job Security in Barberton

While Akron employees queried Nixon about fringe benefits, Barberton workers, city council members, and

⁴⁰ This section draws heavily on interviews with Nixon and Quade.

⁴¹ "Ackerman, Feinn, and Slenkovich, "Summit County Health District and Akron Health Department Consolidation Feasibility Study," 22-24, 27, and 70.

⁴² Nixon and interim Akron health director Tom Quade also explained to labor representatives that all bargaining agreements for Akron employees would become null and void once the Akron Health Department agreed to merge because the accords had no successor clauses.

⁴³ Cheryl Powell, "Health merger deal done," *The Akron Beacon Journal*, September 2, 2010.

union representatives repeatedly asked if they would even have jobs in the event of a merger. The original Barberton MOU indicated that the Summit County Health District would try to retain as many Barberton employees as possible but did not guarantee each person employment.⁴⁴ In the summer of 2010, staff morale plummeted when rumors circulated that no Barberton employee would have a job in the new department. “We felt like our service to the city didn’t matter,” recalled a former Barberton Health Department employee. “We felt like step children of the city. It was a terrible time for the staff.”⁴⁵ Throughout the summer, Nixon maintained that he could not guarantee the jobs of all Barberton employees.

In September, after discussing the merger for several months, the Barberton City Council announced that it was ready to vote on consolidation. A few hours before the vote was scheduled to occur, Nixon attended a meeting at Barberton City Hall with Mayor Bob Genet and Barberton City Councilman John Wagner. Wagner – who had served as the Secretary and Treasurer of the AFL-CIO in a tri-county area that included Summit County – told Nixon that he had secured enough votes on city council to block the merger unless Nixon guaranteed the jobs of all of the employees in the Barberton Health District. Nixon asked if Genet and Wagner could assure him that each Barberton staff-member had been a good employee. They said yes, and Nixon – who as he later recalled, had learned of looming efforts to resist the merger – then promised to make job offers to all Barberton personnel.⁴⁶ That evening, the city council voted 6-1 to support the merger. Within a week, Mayor Genet signed a contract with the chairman of the Summit County Health District Advisory Committee to merge on October 1.⁴⁷ At least one figure in Barberton’s political establishment, however, had mixed feelings about the arrangement. “[It’s a situation] where you understand...why things have happened,” said William Judge, who at the time was a city councilman and voted for the merger. “But the way it was handled and carried out could have used some cleaning-up.”⁴⁸

October 2010-January 3, 2011: Final Planning

Over the last three weeks in September 2010, Nixon and his colleagues planned the implementation of the Barberton merger. Each Barberton Health District employee except for Health Commissioner Paulette Kline, who had previously stated her plan to retire, was offered a position that was similar in salary and responsibilities to his/her previous post. Nixon and his colleagues also leased the Weigand public health building in Barberton. Then,

⁴⁴ “Memorandum of Understanding: Creating a Union of the City of Barberton Health District and the Summit County Health Combined District,” June 22 2009, personal files of Gene Nixon, Stow, Ohio.

⁴⁵ Interview with former Barberton Health Department employee.

⁴⁶ In advance of this meeting, there had been public reports that former Barberton Health Commissioner Joe Harrison was organizing a political action committee to oppose the merger. Barberton Health Commissioner Paulette Kline, who had announced in August that she intended to retire on October 1, had also warned Nixon via e-mail that several Barberton Board of Health members were attempting to bring Harrison back to succeed her. She wrote, “This process **needs** to be completed by October 1 (emphasis in original)!”; and e-mail correspondence between Gene Nixon and Paulette Kline, September 3, 2010, personal files of Gene Nixon, Stow, Ohio.

⁴⁷ Interview with John Wagner, by telephone, April 12, 2012; and Rich Muller, “County Taking Over Public Health,” *The Barberton Herald*, September 16, 2010, 1 (Hereafter cited as Muller, “County Taking Over...”).

⁴⁸ Minutes of Barberton City Council, September 16, 2010, obtained by author from City of Barberton.

on October 1, Nixon held an orientation for the new employees, officially marking the consolidation of the Barberton Health District with the Summit County Health District.⁴⁹

While Nixon and his colleagues incorporated the Barberton personnel relatively quickly, he and his coworkers spent several months preparing to combine the Akron Health Department and Summit County Health District. Nixon decided that the combined district would have two deputy health commissioners: Donna Skoda, who already worked for the Summit County Health District and would focus on planning; and Tom Quade, who was serving as Akron's interim health director and would specialize in quality assurance and improvement as well as the achievement and maintenance of national accreditation. During the summer of 2010, all three leaders helped to organize training and social events for the Akron and Summit teams. Simultaneously, the health districts worked on administrative elements of the merger. For example, the information technology staff planned to combine the computer networks, although some staff did not have access to the new network or a computer until 8-12 months after the merger occurred.⁵⁰ Budgeting proved similarly challenging. The staffs projected extremely conservatively; but because of uncertainty about the new department's expenses, some staff had "no idea" how accurate their department budgets would be.⁵¹

Following these final months of administrative planning, the first patients to receive treatment from the revamped agency began streaming into the Morley Health Building in Akron at 8:00 a.m. on January 3, 2011.⁵² Around 8:05 a.m., JoAnne Tate, Assistant Director of Clinical Services, visited the clinic to welcome her new colleagues and see if everything was proceeding smoothly. She found the nurses and support staff receiving direction from the office manager about how to complete a receipt for services. "This is really happening," Tate recalled thinking to herself. "It [is] going to happen whether we are ready or not."

⁴⁹ "Barberton City Union With Summit County Health District Effective October 1, 2010 Qualifying Questions," personal files of Gene Nixon, Stow, Ohio; and Agenda for "Barberton Employees Introduction Meeting," September 15, 2010, personal files of Gene Nixon, Stow, Ohio.

⁵⁰ The information technology team also worked to combine the Summit County and Barberton computer networks. However, this was less challenging because the Barberton network was much smaller than Akron's.

⁵¹ Interview with Joanne Tate and Anne Morse, Stow, Ohio, March 21, 2012. Unless noted, subsequent quotations from and attributions to Tate and Morse come from this interview.

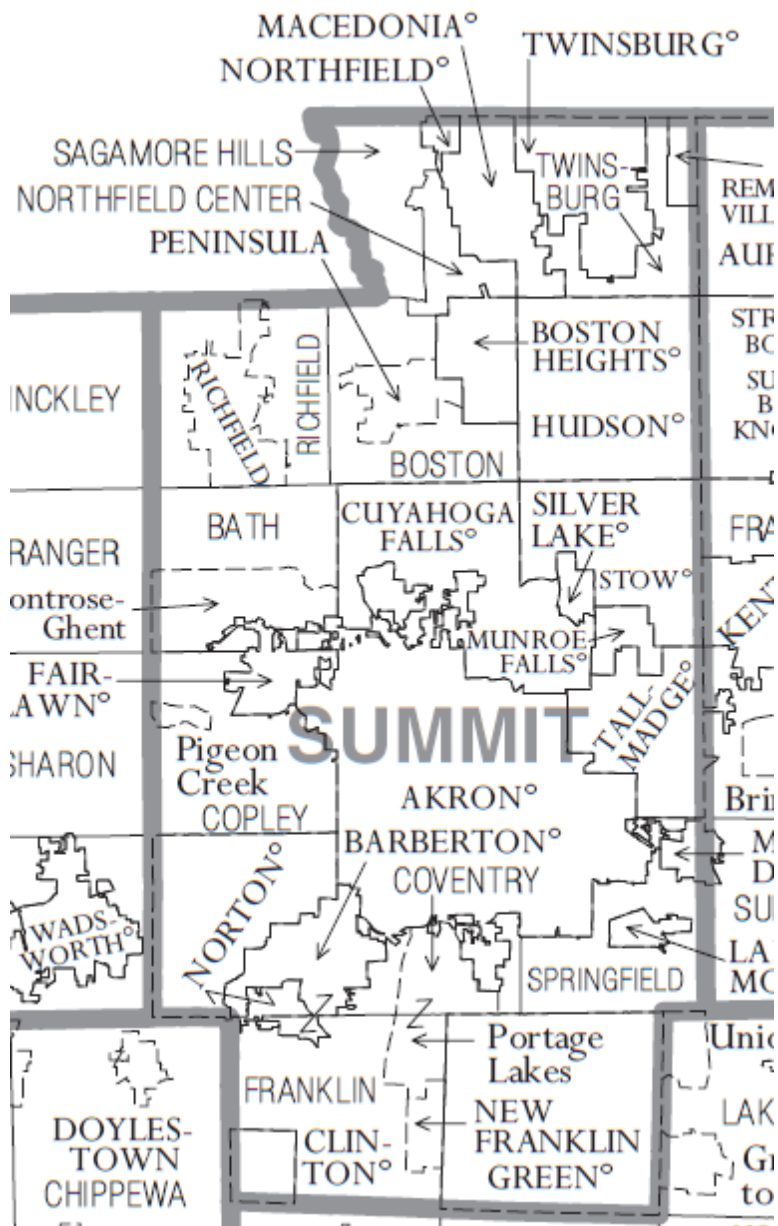
⁵² The departments formally merged on January 1, but the department's first business day was January 3.

Exhibit A: County Map of Ohio



Source: Adapted from U.S. Census Bureau, "Ohio County Selection Map," available at http://quickfacts.census.gov/qfd/maps/ohio_map.html [accessed on October 2, 2012].

Exhibit B: Map of Summit County



Source: Adapted from U.S. Census Bureau, State/County Subdivision Outline Maps, "Ohio," available at http://www2.census.gov/geo/maps/general_ref/cousub_outline/cen2k_pgsz/oh_cosub.pdf [accessed on October 2, 2012].

Note:

- Akron and Barberton are located in the southern third of the map.
- On Barberton's southern border is Norton, which previously received services from the Barberton Health District.
- In northern Summit County (and not appearing on this map) is a portion of Cuyahoga Valley National Park.

Appendix 1: The Process for Merging City and General Health Districts

In 2008, a merger between a city and general health district in Ohio could occur in one of two ways:

Scenario One: A Union Decided by Elected Officials

- If a majority of the members of the district advisory council of the general health district voted in favor of the merger. (The district advisory council included the president of the board of county commissioners, the chief executive of each municipal corporation not constituting a city health district, and the president of the board of township trustees of each township.)
- If a majority of the members of the city's legislative body then voted in favor of the merger.
- If the chairman of the district advisory council and the mayor of the city then signed a contract to merge. The contract stipulated how they would share expenses and how they would combine their boards of health.

Scenario Two: A Union Decided by Popular Vote

- If at least 3% of citizens in a city and combined health district signed a petition for union into a single health district, a referendum would be held on whether to merge.
- If a majority of voters supported the referendum, the chairman of the district advisory council and the mayor of the city then signed a contract to merge. The contract stipulated how they would share expenses and how they would combine their boards of health.

In lieu of merging, a city and general health district could also merely sign a contract for one to provide public health services to the other. This also required a majority vote from the district advisory council and the city's legislative body, but it did not result in the district receiving services having any representation on the board of health of the district providing the services.

Source: State of Ohio, "Ohio Revised Code: Chapter 3709: Health Districts," available at <http://codes.ohio.gov/orc/3709> [accessed on June 21, 2012]. Sections 3709.07, 3709.71, and 3709.08 are particularly relevant.

Appendix 2: The Process for Appointing Board of Health Members

The process for appointing board of health members varied across Summit County's health districts. In Akron, the five members of the board were appointed by the mayor and confirmed by city council. In Barberton, five board members were similarly appointed by the mayor and approved by city council. However, the mayor and one council member were also *ex officio* board of health members. In the Summit County Health District, four board members were appointed by the department's district advisory council, a committee consisting of the chief executives of each of the jurisdictions served by the health department. Additional members were appointed by each city individually (each city was entitled to appoint one member).

Source: Municode, "Charter of the City of Akron, Ohio: Department of Public Health," available at <http://library.municode.com/index.aspx?clientId=16028> [accessed on June 28, 2012]; "Health Department Assessment Committee Report Presented to the Barberton City Council," Section I, June 22, 2009, personal files of Gene Nixon, Stow, Ohio; and State of Ohio, "Ohio Revised Code: Chapter 3709: Health Districts," available at <http://codes.ohio.gov/orc/3709> [accessed on June 21, 2012].