

Summit County Health District and Akron Health Department Consolidation Feasibility Study

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Akron Tomorrow
City of Akron
County of Summit
GAR Foundation
Greater Akron Chamber of Commerce
Summit County Health District



William H. Considine
President

February 11, 2010

I am pleased to present the Summit County Health District and Akron Health Department Consolidation Feasibility Study. This report encompasses extensive analysis of the critical issues that could potentially support or impede a successful merger as well as thoughtful deliberation and guidance from the health care community.

The leadership of the Summit County Health District and the Akron Health Department showed tremendous enthusiasm for the benefits that the collaboration can bring to the community as a whole. Their hard work and spirit of collaboration provides an example to others of how to build efficiencies and improve the quality of services.

The commitment and support that the community has shown demonstrates the unique level of collaboration in Summit County, and how it can enhance the quality of life for everyone. This cooperation will improve health services through better coordination of services, greater collaboration in the community, increased ability to leverage resources, new efficiencies, and the ability to plan for the evolving role of public health.

Sincerely,

A handwritten signature in cursive script that reads "Bill".

William H. Considine
Chair, Health District Feasibility Committee

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EXECUTIVE SUMMARY

For a number of years there have been discussions within Summit County concerning the combining of the two largest health districts in the county – Akron City Health Department and Summit County Health District. In 2009, with the support of local hospitals, universities, and elected officials, both agencies agreed to explore the feasibility of consolidating their operations and administrative structures. Fundamental to the agreement was the commitment by both health departments to ensure the best interests and health of the residents of the City of Akron and Summit County.

A Health District Feasibility Committee (HDFC) was formed, chaired by Mr. William Considine, President & CEO, Akron Children’s Hospital, to determine whether it is feasible at the present time to consolidate the two health districts. The Committee included 21 members who represented a broad cross-section of key stakeholders including local hospitals, health foundations, universities, members of the boards of health of the two health districts, city planners, community representatives, legal professionals, labor, and elected officials (see Appendix A). The HDFC was charged with engaging a consultant to analyze a set of critical issues related to the proposed merger and to provide a recommendation to the Akron Health Commission and the Summit County Board of Health (SCHD).

The Center for Community Solutions (CCS), a Cleveland-based, nonprofit health and human services organization, was contracted to conduct the analysis and provide the HDFC with data and information necessary to develop its recommendation. The analysis was conducted between July, 2009 – February, 2010. Eight critical issue areas were examined by CCS. After carefully considering each of the critical issues, the Consultant determined that it is feasible for the Akron City Health Department and Summit County Health District to consolidate their operations and administrative structures.

1. **Governance:** The Consultant concluded that consolidation was feasible relative to issues of governance by executing a contract with governance features identical to the governance features of the contracts between other health districts and the SCHD.
2. **Personnel:** The Consultant concluded that consolidation was feasible relative to issues of personnel as demonstrated by the creation of an organizational chart that included all current personnel and by securing the commitment of the City of Akron that financial support would be sufficient such that all employees in good standing would have employment in the consolidated health district and from the SCHD that the employment commitment was mutual.
3. **Finance:** The Consultant concluded that consolidation was feasible relative to issues of sustainable financing of a consolidated health district through cost reduction from natural attrition

of some staff, increasing economies of scale, and a possible increase in non-general fund revenues as the merger will better position the department to compete for federal grant dollars.

4. **Public Health Services:** The Consultant concluded that consolidation was feasible relative to issues of public health service as evidenced by the construction of a programmatic organizational structure that fostered the delivery of all of the essential public health services and identified opportunities for the delivery of improved public health service.
5. **Facilities:** The Consultant concluded that consolidation was feasible relative to issues of facilities inasmuch as a no-change model was satisfactory in the short-term, and the consolidation would highlight new opportunities to better match facilities with services through collaborative relationships with public health system partners.
6. **Legal Issues:** The Consultant concluded that consolidation was feasible relative to issues of law, particularly regarding existing contractual obligations as the time-limited service contracts would be able to be realigned to the consolidated model, and the labor contracts would not be relevant to a new employment environment.
7. **Timetable and Target Dates:** The Consultant concluded that consolidation was feasible relative to issues of the timeline for the transition to a consolidated health district as the leadership of both the Akron Health Department and the Summit County Health District have collaborated to develop an executable plan of transition to be completed by December 31, 2010.
8. **Community and Stakeholder Participation:** The Consultant concluded that consolidation was feasible relative to opportunities for community input inasmuch as there are scheduled stakeholder meetings to provide such an opportunity during the transition period, as well as a plan to engage in community outreach as the consolidation date approaches to both reassure and inform all stakeholders of any changes in service.

Further, the Consultant concluded that such a merger is in the best interests of the residents living in the two health jurisdictions. This conclusion is based on the fact that a combined health district can reduce duplication of services, increase operational efficiencies, develop new programs that address current and emerging health needs of the community, and improve the delivery of services in a cost-effective manner. The Consultant, therefore, recommends that the HDFC support the proposed merger of the Akron City and Summit County health districts.

Chapter 1: INTRODUCTION

BACKGROUND

Ohio's Public Health System and the Need for a Re-Examination

The existing Public Health System in Ohio is antiquated, fragmented and its effectiveness has been called into question by some. The current legal basis for the public health structure was established by the Ohio Legislature in 1919 under the Hughes and Griswold Acts immediately following the Great Influenza epidemic and during a time when infectious diseases were the primary cause of morbidity and mortality. That system remains virtually unchanged today.

Based on a system of city health districts serving a city, general health districts serving townships and villages, and combined general health districts serving cities, townships, and villages, there are currently 130 health districts in Ohio with a broad range of available resources, capabilities, and capacity to manage core public health functions and necessary change within their communities. Each of these districts is governed by a Board of Health which appoints a health commissioner. Although there is a distinct advantage knowing the micro-local community's unique public health care needs, those benefits become marginal as funding streams decline. In recent years, a number of communities in Ohio have decided it was in the best interests of their residents to examine how their public health system is organized and determine whether consolidation of health departments would improve the delivery of services and increase efficiencies.

Currently in Summit County there are three health districts: Summit County Health District, Akron City Health Department, and Barberton Health District. Each health district provides a consistent set of mandated services, but each also has specific programs unique to its agency. The health districts already work closely, especially during the last 10 years. For example, they cooperate in the areas of communicable disease and disaster prevention. The climate between health districts is highly collaborative, but operational structures and governance remain distinctly independent.

The opportunity to reconsider the configuration of the public health districts in Summit County presented itself in 2009. Support for the idea of conducting a study to determine the feasibility of consolidating the Akron City and Summit County health districts was expressed by

a number of key constituents including city and county officials, health department leadership, university officials, and hospital leadership.

The rationale for conducting the study was based on the experience of other Ohio communities: a restructuring of the health districts could strengthen the local public health system's ability to better identify and address disease, improve poor health status, and address the causative factors that affect the quality of life in Summit County.

The Merger Feasibility Study initiative was, thus, undertaken to determine whether it is feasible for the Akron City and Summit County health districts to consolidate under one administrative structure. This initiative was undertaken in response to a number of factors that presented a unique opportunity to explore consolidation. Two of the most pressing issues are the changing role of local health districts and the economic outlook for public-funded agencies.

First, local health districts (LHDs) are faced with a number of new roles. As the health care delivery system evolves, it is necessary to reassess the need for local health departments to serve as safety net health care providers. Traditional environmental health responsibilities of LHDs are also changing from code enforcement to a broader policy development role addressing the impact of the built environment on health. Local health districts are finding it necessary to shift their focus to assessing and interpreting health status, assuring services and access to health care, and participating in local policy development.

Second, the economic outlook for public-funded agencies is tenuous at best. There have been significant cuts in Ohio's current biennium budget. These cuts make it increasingly difficult to continue to provide meaningful state support to local health districts. Consolidation is seen by many as a practical strategy for optimizing the use of limited resources. According to the *Trust for America's Health*, Ohio ranks 47th in federal fiscal support for local public health.

In addition, several other factors and environmental forces also influenced the leadership of the City of Akron and Summit County to conduct this analysis.

Federal and state efforts are moving towards launching a basic but vigorous set of accreditation standards for public health agencies. These standards are founded in the expectation that health districts will maintain the capacity to assess health status and risk, assure access to fundamental health services, and actively develop policy aimed at promoting health and preventing disease. A study of the current organization of local public health services in Summit

County can determine if they are best positioned to meet these emerging challenges and accreditation standards.

A feasibility study of merging the health districts provides the opportunity to comprehensively measure existing programs and services for cost-effectiveness and community benefit. Quantifying and qualifying the impact of existing programs can lead to recommendations for a better, more responsive public health system. The study can demonstrate a value-based return on investment of public funds to community leaders and the public.

Summit County is not alone. More than 60 local health districts have consolidated in Ohio choosing a combined general health district model as the best organizational structure. Successful local mergers include Toledo City/Lucas County in 2000, Dayton City/Montgomery County in 1970, Findley City/Hancock County in 2008, and Marion City/Marion County in 2009-2010. The Ohio Department of Health (ODH) has not historically initiated or promoted the consolidation of local health districts. However, ODH does support friendly mergers and has begun to distribute funding based on more regional considerations and robust local capacity.

The health districts in Summit County, not unlike most other local health districts in Ohio, share a common mission and are similarly structured to deliver a uniform set of state-mandated programs. In Summit County, each health district has a professional staffing structure that includes sanitarians, registered nurses, dietitians, social workers, health educators and a complement of administrative staff. This similarity of mission and staffing provide a common base for comparison and the opportunity to identify duplicative efforts. Despite the high degree of similarity, there are distinct programs unique to each health district; these, too, were assessed and incorporated into the study process.

The precipitous decline in federal and state funding streams necessitates the need for local governments to seek greater efficiency in program delivery. The feasibility study examined the financial viability of a merger including potential cost savings related to personnel, administration, and/or facilities expenditures. Entering discussions on merger feasibility assumes some fiscal savings due to greater efficiency. Fiscal savings has not always been the rule in the experience of other health district mergers, and care must be taken in estimating the true economic impact of a merger. A properly designed assessment can accurately forecast the costs of merging as well as estimate ongoing operation expenses.

The success of the feasibility study depended on the sincerity and candidness of participants and their willingness to enter into discussions assuming a spirit of community collaboration. As important was the local political will to accept and facilitate potential change and to accept compromise as an inevitable outcome of the process. The current leadership of both health departments supported the merger study and remains committed to implementing its recommendations.

PURPOSE

The primary purpose of the merger feasibility study was to determine if consolidating the operations and administrative structures of the Akron City and Summit County health districts would be possible, and if it would provide opportunities to strengthen the public health system in Summit County to better meet the needs of residents. To that end, the following vision statement and goals guided the study process.

Vision: Develop a comprehensive public health system that will protect and improve the health and wellbeing of all people in Summit County, as defined by per person healthy years lived. Whenever possible, employ strategies, policies, and interventions, and leverage partnerships and collaborations to reduce health disparities.

Goals: To create...

1. An advanced public health district structure able to respond to the needs and demands of rapidly changing social and economic conditions, assuring access to quality health care and eliminating health disparities.
2. An integrated public health system as a pivotal part of the continuum between hospitals, academic centers, government, and businesses, coordinating targeted interventions, investments of resources, and evaluation of programs aimed at improving the health and lives of local residents.
3. A focused public health system implementing health promotion, disease prevention, emergency response, and epidemiology and disease data management activities aimed at current health issues in the community.

KEY COMPONENTS OF AN ADVANCED PUBLIC HEALTH DISTRICT

The following elements were identified as necessary components of a consolidated public health district in Summit County. The leadership of the two health districts insisted that each of these components must not be negatively impacted by a merger, and, in fact, any reorganization of the health districts must enhance the consolidated organization’s ability to support these elements.

Data Management and Epidemiology

The Health District’s Data Management and Epidemiology capacity will track infectious and chronic disease; respond to emergent events, be they newly emerging infections, natural disasters, or terrorism; and study public health problems, such as unintentional injuries, environmental exposures, cardiovascular disease, obesity, tobacco use, and injuries. Public and academic partners will utilize analytic tools and technologies available, interpret the data, and report on health status to the community.

Health Promotion & Disease Prevention

The Health District will develop programs designed to affect the community health status through the empowering of individuals with resources, data and information, and the built environment to encourage personal responsibility for maximum health status. Relevant stakeholders, including employers, will participate in integrating and coordinating human resource activities, personnel benefit designs, occupational health and safety policies, environmental health, wellness programs and practices, and disability management towards health promotion and disease prevention.

Assurance of Care and Community-based Disease Management

The Health District will identify gaps in the quality and accessibility of health care services. They will serve as a facilitator for individuals, agencies, and organizations seeking to improve access to personal health services, including culturally competent preventive and health promotion services. Based on the on-going community assessment, they will inform and educate the public and providers on issues related to the quality and accessibility of health care services

in the community and actively identify and link people to appropriate services, including “medical homes.”

Increasingly, evidence indicates that comprehensive health management models integrating medical and social services together with care management programs for specific chronic disease conditions would improve care and health outcomes in the community.

The Health District will facilitate development of collaborative care management models that strengthen and support self-management of chronic illness while assuring that effective preventive, medical, and health maintenance interventions take place. Care management will be broad-based utilizing information systems, research, and team approaches and will maximize input and participation of providers, hospital systems, academia, insurers, and other stakeholders.

Environmental Health and the Built Community

The public's health depends on basic fundamentals: clean water, clean soil, clean air, adequate waste disposal, pest-free homes and businesses, hygienic restaurants, and wholesome food. To prevent disease and promote health, the Health District's Environmental Health staff will educate and inform customers and clients about healthy environmental practices, utilizing state and local rules and regulations to safeguard the health of people.

In addition, an expansion of public health focus on the built environment should compliment efforts to address health disparities and access to health. This could improve environmental aspects such as water quality and quantity, wastewater, air quality, opportunities for physical fitness, transportation, injury prevention, noise, natural and manmade hazards, solid and hazardous waste disposal, past site uses, bulk storage facilities, zoonoses, and health equity.

Assurance of Health Equity

The Health District will identify populations, environments, and social determinants that are correlated with subpar health outcomes and act to mobilize and support community stakeholders, social policy, and relevant legislation.

Academic Public Health Partnership

The Health District will be recognized as a leader in an academic-public health partnership by maintaining a formal relationship with academic institutions to advance community-based teaching, research, internships, and workforce development. This association between academe and the local public health agency will advance a more comprehensive and participatory approach to public health research and practice.

Chapter 2: STUDY PROCESS

SCOPE OF THE STUDY

The study involved analyses of several critical areas to determine the feasibility of consolidating the Akron City and Summit County health districts. Eight “critical issues” were identified as follows:

Critical Issue #1: Governance

The Consultant convened a subcommittee of the HDFC to examine possible governance models. The goal of the analysis was to identify at least one model of governance that would be acceptable to all involved entities that is consistent with City of Akron, Summit County, and State of Ohio rules and regulations regarding the governance of a local health jurisdiction.

Critical Issue #2: Personnel

The Consultant and senior staff of the two health districts examined the relevant personnel data for each health district. The goal of the analysis was to identify an organizational structure that would adequately accommodate the management of the existing programs for each health district and provide positions for each of their existing employees. The process involved comparing existing job classifications and accompanying pay schedules within each health district to determine comparable positions, salaries, and benefits.

Critical Issue #3: Finance

The Consultant and fiscal officers of the two health districts examined existing and potential funding streams to determine if adequate and sustainable funding could be identified to satisfactorily operate a consolidated health district.

Critical Issue #4: Public Health Services

The Consultant and senior staff of the two health districts examined the relevant program data to determine whether a consolidated health district could conduct or assure that local public

health essential services would be provided in a manner that meets or exceeds current levels of performance.

Critical Issue #5: Facilities

The Consultant convened a subcommittee of the HDFC to examine the facilities needs as well as the financing and location of potential office and program/clinical locations for a consolidated health district. The goal was to determine whether adequate facilities to house all personnel, equipment, and programs could be identified that are financially sustainable within reasonable geographical proximity to the consumers of the health district services.

Critical Issue #6: Legal Issues

The Consultant convened a subcommittee of the HDFC to examine the legal issues associated with the merging of health districts. In addition to examining the scope of service contracts, this included issues associated with existing labor and collective bargaining agreements, commitments to retirement benefits, accumulated sick time and vacation leave, transfers, bumping rights, liability insurance, and vendor contracts. The goal was to determine if all existing contractual issues could be resolved such that consolidation was feasible.

Critical Issue #7: Timetable and Target Dates

The Consultant and senior staff of the two health districts prepared timetables that included the specific steps that have to be taken by each health district to complete a merger. The goal was to determine whether all such activities could be accomplished in a reasonable period that allows adequate time to transition from the current model to a consolidated model.

Critical Issue #8: Community and Stakeholder Participation

The Consultant assured that community members and stakeholders had ample opportunity to express their views and concerns regarding the proposed merger. A series of community forums will be conducted to obtain feedback from residents of Akron and Summit County, particularly those who are users of services provided by the health districts. Their input will assist the health district leadership as they develop implementation plans. The HDFC

members represented key stakeholders who provided valuable input that has been incorporated into this report.

Chapter 3: CRITICAL ISSUE #1—GOVERNANCE

Under Ohio law, the governing body of local health districts is the Board of Health. Ohio law permits a city health department to merge with a county health district with the approval of the governing boards of the merging health districts. There are several relevant statutes: O.R.C. sections 3709.01, 3709.07, 3709.071, 3709.081, and 3709.10 (see Appendix B).

The Consultant convened a subcommittee of the HDFC to examine governance models (see Appendix C). The goal of the analysis was to identify at least one model of governance that would be acceptable to all involved entities that is consistent with City of Akron, Summit County, and State of Ohio rules and regulations regarding the governance of a local health jurisdiction. Under each of these models, the City of Akron would eliminate its health department and receive public health services from the Summit County Health District.

Option #1 - The first option that was considered was to implement the existing governance structure that governs the Summit County Health District. Under this structure, known as a Combined Health District, members of the Board of Health are appointed by the District Advisory Council (DAC), the mayors of the contracting cities, and the Licensing Council. The DAC consists of the President of the Township Trustees of each Township, the mayor of each Village, the mayor of each contracting City, and the County Executive. The DAC appoints four (4) members. Each contracting city mayor (with DAC concurrence) appoints one (1) member to the Board of Health. The Licensing Council, which represents state-mandated licensed businesses (food services, pools, waste haulers, etc.), appoints one (1) member to the Board of Health.

A consolidation of the two health districts using this governance model would result in a 17-member Board of Health, including one member appointed by the mayor of Akron. The mechanism for consolidation would be a contract between the SCHD and the City of Akron. The contract would specify the services that the SCHD would provide to Akron residents and may include any other provisions the city would require (e.g., location of facilities, use and/or transfer of Akron City Health Department facilities and equipment, etc.). The City of Akron would pay an agreed-upon amount for these services.

Option #2- The second option that was considered was the General Health District simple contract model. Under this structure, the District Advisory Council appoints four (4) members and the Licensing Council appoints one (1) member. This approach would abolish the existing Summit County Board of Health and replace it with a five- (5-) member Board of Health. The City of Akron would be served by the newly created Summit County General Health District and new Board of Health. The mayor of Akron would not appoint a member to the Board of Health. The General Health District would enter into contracts with each of the cities it would serve, including Akron.

Option #3 – The third option considered was a model that has been recently implemented in Ohio. In this model, the citizenry of the affected health districts can sign a petition for the union of a city health district with a general health district. The DAC would establish criteria for appointing members of the Board of Health based on geographic representation, political subdivision representation, or population. The size of the Board of Health would be determined by the by-laws and city contracts. An example of this approach is described below.

The Marion City Health Department and Marion County Health Department merged via this approach effective January 1, 2010, into The Marion Public Health Department. The new health department will be the General Health District for Marion County. The citizens of Marion were presented with a ballot issue and voted by 58 percent to combine the two health departments. The issue was placed on the ballot by an initiative brought on by local chapters of the League of Women Voters and the Chamber of Commerce. The City Council appointed three members to the new board and the DAC appointed three members to the board. The Health District Licensing Council appointed the seventh member. This model could allow the mayor of Akron and Akron City Council to appoint at least one member to the Board of Health.

Option #4 – Because Summit County is a charter county, a fourth governance option that was considered was a charter amendment. The voters of Summit County could vote to establish a county department or agency for the administration of public health services. The authorities established by the amendment would exercise all the powers and perform all the duties that are vested in or imposed upon the authorities of city or general health districts. All health districts would be abolished within the county, and the county would succeed to the property, rights and

obligations of such districts. The department of health would have the same powers with respect to a county health department or agency as it possesses with reference to a general health district. It would be under the legislative control of the county council. There is no precedent for this governance model in Ohio.

Consultant Recommendation

Following a review of these four governance models, the Consultant recommended to the Governance Subcommittee that Option #1 was the most feasible. The subcommittee subsequently recommended that the HDFC concur with this conclusion that a contractual agreement between the City of Akron and the Summit County Health District, similar to those executed by the other cities that are members of the combined health district, would represent the best governance model for a merger. Several reasons were identified for this recommendation.

1. The existing governance structure has been in place for many years and is working well. All current members of the health district are satisfied with the type and level of public health services they receive from the Summit County Health District.
2. Adopting this model would allow the consolidation to occur with the least amount of complexity and in a relatively short time. The City of Akron would ensure that its residents will receive adequate levels of services through a single contractual agreement with the SCHD and would have representation on the Board of Health. Although the city would eliminate its health department, the Akron Health Commission, established in the Charter of the City of Akron, would remain to assure the delivery of public health services via the contract with the SCHD.
3. This governance model would provide maximum flexibility for the merging of assets and personnel between the two health districts. The SCHD could accommodate the hiring of staff from the Akron Health Department and could facilitate the transfer of equipment and supplies. This flexibility would also enable the expansion of the SCHD to incorporate programs run by the Akron Health Department and develop new programs as appropriate.

Chapter 4: CRITICAL ISSUE #2—PERSONNEL

The Consultant and senior staff of the two health districts examined the relevant personnel data for each health district. The goal of the analysis was to identify an organizational structure that would adequately accommodate the management of the existing programs for each health district and provide positions for each of their existing employees. The process involved comparing existing job classifications and accompanying pay schedules within each health district to determine comparable positions, salaries, and benefits. A calibration was proposed such that all personnel in good standing within a given service classification would be reasonably and equitably compensated relative to their seniority within their classification.

The analysis showed that the Akron Health Department (AHD) has a larger staff with approximately 150 employees while the Summit County Health District has approximately 123 employees. SCHD also has more part-time employees while AHD has few. A merger of the two health districts under the Combined Health District governance model would mean that the current AHD employees would become employees of the SCHD.

A merger would substantially change the work environment by requiring all employees to adjust from working in a medium-sized health department to a much larger organization. It would also likely require all staff to adjust to working with new “teammates,” new procedures and protocols to follow, new responsibilities, new work schedules, new supervisors to report to, and potentially a change in location where they would report to work. The administration and management of both health districts are clearly aware of the adjustments that would be required by staff and are making plans to address them. They identified the need to hold orientation and training sessions, arrange for informal gatherings of staff, and/or conduct a staff retreat as ways to ease the transition for staff.

One example of the differences between SCHD and AHD work environments is the number of hours that constitute a workweek. For SCHD, the workweek consists of 35 hours while the AHD has a 40-hour workweek. Other examples of differences that will need to be reconciled include the following:

- Pay ranges for similar job classifications
- Position title for similar positions
- Fringe benefit differences

- Vacation, paid holidays, and other paid time off policies
- Travel reimbursement and/or use of company vehicles

The Consultant met with the management of each division of both health districts to discuss these issues and to design a merged organization plan that would minimize disruption, maintain the current level of services, and use the combined strengths of the two organizations to improve the quality and effectiveness of services. The teams met multiple times and drafted an organizational chart that identified where individual staff could be assigned (see Appendix D). The exercise demonstrated the feasibility of creating a new, expanded organizational structure that could accommodate all existing staff from both organizations as well as produce an improved alignment of staff and programs to enhance the combined health district's ability to meet the essential public health needs of the City of Akron and Summit County.

The analysis also found that job classifications, job duties, and salary ranges were generally very comparable between the two health districts such that combining the staff would pose relatively few challenges. There were only a few situations where it would be necessary to adjust salaries to align with the SCHD salary ranges, and it was determined that these adjustments would not substantially increase personnel costs. All AHD employees meet the qualifications of the positions they would hold in the SCHD. In the proposed organizational charts, each current employee would hold a similar position in which they could provide valuable contributions to the merged health district.

Consultant Recommendation

As a result of the analysis, the Consultant determined that personnel issues in a merged health district could be adequately addressed and concluded that the analysis supported the feasibility of merging.

Chapter 5: CRITICAL ISSUE #3—FINANCE

The Consultant and fiscal officers of the two health districts examined existing and potential funding streams to determine if adequate and sustainable funding could be identified to satisfactorily operate a consolidated health district.

One of the goals of the proposed merger is to improve efficiency and effectiveness of the public health system in Summit County. This analysis assumes that current levels of programming will be maintained and staff currently employed by either health district will have a position in the combined organization. Given these assumptions, the study concluded that the merger is feasible from a financial perspective given current funding levels and organizational structure.

The analysis also assumes that there will likely be limited immediate savings as a result of the merger. However, there are projected savings over time from natural attrition of some staff, increasing economies of scale, and a possible increase in non-general fund revenues as the merger will better position the combined district to compete for federal grant dollars. Any calculation of savings should be made relative to what the budgets would be in a stable rather than an adverse Akron/Summit County economy. That is, it is the belief of the Interim Director of the Akron Health Department that the current 2010 budget of the Akron Health Department is not one that will sustain public health services adequately beyond what is anticipated to be a year spent in transition to a consolidated health district. Therefore, while the consolidation may not represent a significant savings between 2010 and 2011, it does represent significant savings relative to a budget needed to sustain appropriate public health services in Akron in 2011 and beyond. In addition, the merger will increase the consistency and coordination of public health policies across the county.

Budget History of the Two Health Departments

Total spending for the two departments over the past three years has averaged \$29.5 million per year. Program revenues support about two-thirds of the overall budget in each health district, and major sources of program revenues include state and federal grants, and licensing and inspection fees. Over the past three years, local tax support has grown in Summit County

from \$2.8 million in 2008, to almost \$3.2 million in 2010. At the same time, the City of Akron has proposed a decrease in the general fund budget for public health of greater than 17 percent. Table 1 shows actual expenditures for 2008, and the budgets for 2009 and 2010, by source for each department.

Table 1: Budget History for Each Department by Source

	2008 Actual Expenditures		2009 Budget		2010 Budget	
	Akron	Summit	Akron	Summit	Akron	Summit
Total Expenses	\$16,445,449	\$12,392,436	\$15,838,357	\$13,786,694	\$16,204,879	\$13,219,855
Program Revenue	\$10,482,381	\$9,584,870	\$9,186,912	\$10,693,587	\$10,286,139	\$10,044,980
General Revenue	\$5,963,068	\$2,807,566	\$6,651,445	\$3,093,107	\$5,918,740	\$3,174,875
<i>Program Revenues as % of total</i>	64%	77%	58%	78%	63%	76%

While many of the core functions of each district are similar, the AHD provides services not offered by the SCHD and, therefore, has a larger annual budget. The AHD manages the air quality control program for the region through a contract with and funding from the Ohio Environmental Protection Agency, provides drug and alcohol counseling services through a contract with and funding from the Summit County Alcohol, Drug Addiction, and Mental Health Services Board, and maintains a laboratory. In addition, as the AHD serves a disproportionate share of uninsured or underinsured individuals, the city department provides more clinical safety net services. These services will be maintained in the combined department.

2010 Proforma Budget

The 2010 proforma budget for the proposed combined health district that was developed for this study totals \$29.2 million (see Table 2). Of this amount, general revenue dollars will provide \$8.5 million, or 29 percent of the total. The SCHD is expected to provide about \$3.2 million and the City of Akron about \$5.3 million. Based on a review of the funding formulas and discussion with the Ohio Department of Health, this merger will not change any state or federal funding allocations for the two districts.

Table 2: 2010 Proforma Budget for the Combined Department

	Summit	Akron	Total
Personnel	\$ 7,333,885	\$ 9,026,418	\$ 16,360,303
Contracts	\$ 4,157,249	\$ 4,323,639	\$ 8,480,888
Maintenance	\$ 1,193,367	\$ 2,125,464	\$ 3,318,831
Equipment	\$ 87,004	\$ 87,500	\$ 174,504
State Fees	\$ 448,350	\$ 453,874	\$ 902,224
Total Budget	\$ 13,219,855	\$ 16,016,895	\$ 29,236,750
<i>Program Revenue</i>	<i>\$ 10,044,980</i>	<i>\$ 10,679,076</i>	<i>\$ 20,724,056</i>
<i>General Revenue Need</i>	<i>\$ 3,174,875</i>	<i>\$ 5,337,819</i>	<i>\$ 8,512,694</i>

Personnel costs will continue to be the largest expenditure for the combined district. The work of a health district is labor intensive through its regulatory responsibilities and the provision of health care services. The proforma budget will fund the current staff of each district (268 full-time equivalents).

Contracts represent the second largest expense category. Major expenses in the contracts budget include contracts with medical professionals, including physicians, dentists, pharmacists, and custodial services. Major maintenance expenses include rent, maintenance, and utilities costs for all currently occupied facilities; medical supplies for the clinics and lab; professional liability insurance; insurance for facilities and vehicles; travel, gasoline, and vehicle maintenance; and software, copying, and office supplies. State fees refer to the portion of fees collected on behalf of and remitted to the state such as vital statistics, construction and demolition debris, and food service.

Key Assumptions

The analysis and proforma budget are based on the following key assumptions.

1. Morley Health Center – This analysis assumes that the City of Akron will not charge rent for use of the Morley Health Center for at least three years, but that the combined district will pay routine maintenance and insurance expenses for the building.
2. Accrued Leave for Akron Employees – Separation costs are not included for City of Akron employees who have accrued leave balances. This analysis assumes that the City

of Akron will pay this liability at the time employees are transferred to the combined agency.

3. Employee Health Insurance – This analysis assumes that City of Akron employees who select health insurance coverage through the combined health district will pay 15 percent of this cost. Currently, the City of Akron pays 100 percent of this cost for their employees.
4. One-Time Costs – The combined district will be roughly double the size of each current organization and the current Information Technology (IT) infrastructure and telephone systems are insufficient to meet the increased volume. One-time costs for improvements to the IT infrastructure and telephone system, as well as moving costs, are expected. Unrestricted program fund cash balances totaling \$1.5 million will be necessary for these expenses.
5. Pay Equalization – While decisions will be needed to establish a uniform workweek and work year, this analysis assumes that hourly rates of current employees will be adjusted for changes in the hours worked so that the annual salary for each employee will remain the same. While wages are fairly comparable between the two departments, there will be some inequities due to compensation based on years of service. It is expected that these inequities will diminish through salary adjustments over time; therefore, salary increases for this situation are not included in this analysis.
6. General Fund Support – The City of Akron will maintain annual general fund support at \$5,337,819 for at least three years following date of the merger. The budget for programming in the City of Akron will be tracked separately to ensure that Akron’s dollars continue to support programming in the City of Akron.

Grant Funding

Each health department manages a number of different grants from state, federal, or private sources and must track expenses within each grant’s unique grant period. The largest grants are for the Women, Infants and Children (WIC), Early Intervention for Infants and Toddlers with Disabilities (IDEA Part C), and Air Quality programs and are fairly stable funding sources. Below is a listing of all of the grants currently managed by the two departments. As grants expire, renewal will be sought by the combined district.

MERGER FEASIBILITY STUDY FOR THE AKRON CITY AND SUMMIT COUNTY HEALTH DISTRICTS

CURRENT GRANTS AND GRANT PERIODS

SUMMIT COUNTY HEALTH DISTRICT

IMMUNIZATION ACTION PLAN	JANUARY 1-DECEMBER 31
CARDIOVASCULAR HEALTH	JANUARY 1-DECEMBER 31
DENTAL SEALANT	JANUARY 1-DECEMBER 31
ACCESS TO CARE	JANUARY 1-DECEMBER 31
QUALITY OF LIFE	JANUARY 1-DECEMBER 31
EMA/MRC	JANUARY 1-DECEMBER 31
KOMEN	APRIL 1- MARCH 30
ROBERT WOODS JOHNSON	JUNE 15 - JUNE 14
BREAST AND CERVICAL CANCER	JUNE 30- JUNE 29
CHILD AND FAMILY HEALTH SERVICES	JULY 1 -JUNE 30
WOMEN'S HEALTH	JULY 1 -JUNE 30
PUBLIC HEALTH INFRASTRUCTURE	AUGUST 9 - AUGUST 8
REGIONAL BIOTERRORISM COORDINATION	AUGUST 9 - AUGUST 8
PUBLIC HEALTH EMERGENCY RESPONSE (PHER)	AUGUST 9 - AUGUST 8
PHER PHASE III	AUGUST 9 - AUGUST 8
WOMEN, INFANTS AND CHILDREN	OCTOBER 1-SEPTEMBER 30
AGING OUTREACH	OCTOBER 1-SEPTEMBER 30

AKRON CITY HEALTH DEPARTMENT

AIR QUALITY EPA	OCTOBER 1-SEPTEMBER 30
COUNSELING ADM BOARD	JULY 1 -JUNE 30
WOMEN, INFANTS AND CHILDREN	OCTOBER 1-SEPTEMBER 30
STD GRANT	JANUARY 1-DECEMBER 31
HIV PREVENTION	JANUARY 1-DECEMBER 31
SOLID WASTE MANAGEMENT AUTHORITY	JANUARY 1-DECEMBER 31
HRSA - HIV GRANT	APRIL 1- MARCH 30
PUBLIC HEALTH PREPAREDNESS (H1N1)	AUGUST 9 - AUGUST 8
PUBLIC HEALTH PREPAREDNESS	AUGUST 9 - AUGUST 8
HUD LEAD	JANUARY 1-DECEMBER 31
OFFICE OF MINORITY HEALTH	JULY 1 -JUNE 30

SUMMIT COUNTY FAMILY AND CHILDREN FIRST COUNCIL

CLUSTER/SHARED POOL	JANUARY 1 - DECEMBER 31
FCFC LOCAL GRANT	JULY 1 -JUNE 30
FCFC ADMIN GRANT	JULY 1 -JUNE 30
HELP ME GROW GRF	JULY 1 -JUNE 30
CHILD FIND	JULY 1 -JUNE 30
OHIO CHILDRENS TRUST FUND	JULY 1 -JUNE 30
SYSTEM OF CARE	JULY 1 -JUNE 30
IDEA PART C	JULY 1 -JUNE 30

Funding Challenges and Opportunities

In general, the nation’s public health system is neither sufficiently nor stably funded. In fact, Ohio’s public health system ranked 47th out of 50 states in 2008 for federal funding per capita for public health.¹ Currently, many federal grants for public health are awarded on a competitive basis. The merger of the Akron City and Summit County health districts is expected to increase the competitiveness of its grant applications and secure outside revenues to help support the work of the combined department.

1. **Federal Health Care Reform** – While there is currently much uncertainty around federal health care reform, and it is likely that this uncertainty will persist for some time, we expect that a bill will pass. The bill will likely offer new opportunities as well as new challenges for public health agencies. The combined health district should remain flexible to take advantage of health care reform. This may mean becoming a service provider with Medicaid or other health care insurer or changing what services are offered to best address new health care gaps in the community.
2. **State Budget** – State funding will remain extremely tight for the foreseeable future due to the current recession, growth in entitlement spending, and structural problems in the state’s revenue system. Even with significant new revenues, it will be difficult for the state to maintain current levels of funding support for local health departments and other programs in the next (FY 2012-2013) biennium.

Consultant Recommendation

After reviewing the data and analysis concerning financial issues, the Consultant concluded that financial issues would not impede the consolidation of the two health departments, and that a merger would be feasible.

¹ Trust for America’s Health. “Shortchanging America’s Health 2009: A State-By-State Look at How Federal Public Health Dollars are Spent.” March, 2009.

Chapter 6: CRITICAL ISSUE #4—PUBLIC HEALTH SERVICES

The Consultant and senior staff of the two health districts examined the relevant program data to determine whether a consolidated health district could conduct or assure that local public health essential services would be provided in a manner that meets or exceeds current levels of performance.

Population Demographics

The populations that the AHD and SCHD serve vary in some regards. These differences impact the types and levels of services that are needed by the various communities served by the districts.

Urban vs. Rural

Both the AHD² and SCHD³ serve primarily urban populations, with AHD's being almost exclusively urban (99.9 percent⁴) and SCHD's mostly urban (92.3 percent⁵). In addition, the AHD jurisdiction includes a dense urban core not seen elsewhere in the county. As a result, services provided by the SCHD target the needs of smaller communities, such as school nursing services on a contract basis, and regulation of wells, septic systems, RV parks, and manufactured home parks. SCHD services are also scattered across larger areas to maximize access. Because the AHD jurisdiction is denser and geographically smaller, residents can more readily utilize public transportation to access services. The AHD also provides more vital statistics services since more of the county's births and deaths occur in the hospitals located within the City of Akron.

² Includes data for the city of Akron.

³ Includes data from Bath township, Boston township, Boston Heights village, Clinton village, Copley township, Coventry township, Cuyahoga Falls city, Fairlawn city, Franklin township, Green city, Hudson city, Lakemore village, Macedonia city, Mogadore village, Munroe Falls city, Northfield village, Northfield Center township, Norton city, Reminderville village, Richfield township, Sagamore Hills township, Silver Lake village, Springfield township, Stow city, Tallmadge city, Twinsburg city, and Twinsburg township, unless otherwise stated.

⁴ US Census 2000 data.

⁵ US Census 2000 data.

Race and Ethnicity

The City of Akron has a more racially and ethnically diverse population. Sixty-seven percent of Akron's population is White, while 95 percent of the population served by the SCHD is White.⁶ The AHD currently offers services that SCHD does not to meet the needs of a more diverse population including an Office for Minority Health and refugee services.

Age

The AHD and SCHD populations have similar proportions of children and seniors. In both districts, 25 percent of the population is under age 18, and 14 percent of the population is aged 65 and over.⁷ The AHD and SCHD provide similar types and levels of services targeted to children and older adults.

Poverty

With regard to socioeconomic status, the two health districts serve very different populations. The City of Akron has a 22 percent poverty rate while the four largest municipalities in the SCHD jurisdiction,⁸ for which data is available, have a poverty rate of 6.8 percent.⁹ This difference is reflected in the greater level of safety net clinical services that the AHD offers to those who do not otherwise have access to medical care.

Services

The Summit County Health District and Akron Health Department both provide a full range of public health services to the citizens of their respective jurisdictions. These services can be broadly categorized as follows:

- Administration of the health department.
- Services to protect the public from environmental health threats by regulating specific industries and monitoring environmental changes.
- Safety-net clinical services to protect and treat the public with respect to diseases and injuries resulting from biological and environmental agents.
- Community-based services to protect the public from health threats.

⁶ US Census 2000 data.

⁷ US Census 2000 data

⁸ Includes Cuyahoga Falls, Green, Hudson, Stow

⁹ American Community Survey 3-Year estimate for 2006-2008

- Monitoring and tracking health threats, analysis of community-specific health data, and emergency preparation.

The health districts are organized to carry out these functions somewhat differently, although some similarities exist between the two. The Summit County Health District is organized under five divisions:

1. Administration
2. Environmental Health
3. Nursing
4. Family and Children First Council
5. Policy and Planning

The Akron Health Department is organized under five divisions:

1. Administration
2. Environmental Public Health
3. Community Public Health Services
4. Clinical Public Health Services
5. Epidemiology and Public Health Data

Environmental Health—Similarities and Differences

Both the SCHD and AHD provide a wide array of environmental health programs that are carried out through inspections, licensing, investigations, sampling, education, and surveillance, including:

- Food safety.
- Nuisance abatement, including secondhand smoke.
- Communicable disease.
- Home sewage and private water systems.
- School inspections.
- Pool and spa inspections.
- Mosquito and animal control.
- Solid and infectious waste control.
- Tattoo and body piercing safety.
- Lead poisoning prevention.

Each health district also provides programs and services that are unique:

- AHD manages the outdoor air quality program for the three-county region of Summit, Medina, and Portage.

- AHD conducts a program to regulate dangerous and exotic animals within Akron city limits.
- AHD assists the Ohio Department of Health with mercury spills when needed.
- AHD administers a right-to-know chemical registry.
- SCHD manages indoor air quality.
- SCHD's construction demolition debris program monitors landfill compliance.
- SCHD ensures compliance of motels, manufactured home parks, recreational vehicle parks, day camps, and day care centers.
- SCHD monitors sanitation and other environmental factors at local jails.

Nursing and Community Public Health Services—Similarities and Differences

Both health districts provide nursing and other clinical services that focus on disease prevention and wellness promotion in a variety of clinical settings:

- Child and adult immunizations.
- Nutrition services:
 - AHD administers the Women, Infants, and Children (WIC) project for Summit County, and SCHD provides WIC as a subcontractor of AHD.
- Case management and service coordination for children with medical handicaps.
- Home visits for new mothers.
- Disease surveillance.
- Referrals to community resources.

Each health district also provides unique programs and services:

- AHD provides sexually transmitted disease/HIV screening and treatment.
- AHD operates a hypertension clinic.
- AHD provides women's health services.
- AHD provides health promotion for city employees and fitness promotion for police officers.
- AHD includes a program to promote minority health.
- SCHD provides Access to Care, which links low-income uninsured adults with medical services volunteered by local providers.
- SCHD provides school nurse services via contracts with local schools.
- SCHD provides dental screenings and restorative services to Barberton residents.
- SCHD provides case management services to link residents with needed health and behavioral health services.

Family and Children First Council and Community Health Services—Similarities and Differences

The SCHED houses the Summit County Family & Children First Council which improves access to education and services to increase safety, prevention, early intervention, and service integration. The AHD Community Public Health Services division also provides early intervention services. Each health district offers unique prevention and early intervention services:

- AHD provides drug and alcohol counseling.
- AHD provides refugee health screening and treatment.
- SCHED provides youth development services to youth-serving agencies.
- SCHED provides teen pregnancy prevention.

Policy & Planning and Epidemiology and Public Health Data—Similarities and Differences

Both health districts provide the following services:

- Emergency preparedness.
- Health data analysis (SCHED partners with University of Akron).

Services unique to one department include:

- SCHED uses GIS mapping to develop strategies to address safety, health, and wellbeing.
- SCHED addresses quality of life with community partners.

Reorganization to Strengthen Capacity

The SCHED and AHD health commissioners have continually stated that they intend to continue offering the current level of services and use the merger as an opportunity to improve and expand services in areas with the greatest potential to improve public health. This analysis suggests that a merger could accomplish this by increasing consistency and coordination of public health services across the county.

The organizational chart (see Appendix D) that was developed as a part of this study was designed to maximize the use of existing resources to strengthen services in critical areas such as disease prevention and health promotion, addressing social and environmental risk factors, infectious disease control, and coordinated community health improvement.

In the area of Environmental Health, the merged organization would be able to expand preventive services such as creating a healthy homes/healthy places unit to build upon the current

lead abatement program and better address issues such as asthma prevention, injury prevention, and indoor air quality. This unit would have a link to the Clinical and Community Health units to increase coordination and collaboration, resulting in multidisciplinary interventions. The merged organization would also be able to address sustainability and built environment issues and improve public environmental health education. While the plan does not eliminate any environmental health services, the Housing Division and the Litter Control Program, formerly operated by the AHD, have transferred to the City of Akron.

In terms of clinical services, possible program expansions would also focus on prevention and include greater tobacco cessation services, providing school health services in a more coordinated manner, an increased focus on lifestyle issues and chronic disease prevention, injury prevention, and increased cross-training of staff.

The opportunities created by a reorganized, merged health department could also result in new community health improvement goals that the combined staff can develop across divisions.

Fees

A number of the services and programs provided by the SCHD and AHD charge fees to the recipients of those services. There are both similarities and differences between the fee structures of the two health departments. On the whole, the AHD tends to have higher fees for nursing and clinic services and environmental health food permits, while the SCHD tends to charge higher fees for environmental health private water systems. There are services that only one of the two departments currently provides, where fee comparisons are not needed. Aligning fees is a task that the management of both health departments is aware of and would address during the transitional period.

Consultant Recommendation

The analysis of the services and programs offered by the SCHD and AHD revealed both differences and similarities between the two organizations. The consultant and the management teams of both health departments carefully reviewed them and developed an organizational chart of how a merged health district could be organized to best administer the existing programs, enhance the delivery of services, and allow for flexibility and capacity to effectively address the future needs of the health district.

MERGER FEASIBILITY STUDY FOR THE AKRON CITY AND SUMMIT COUNTY HEALTH DISTRICTS

After reviewing the relevant data and information, the Consultant concluded that merging of the two health districts would strengthen the community's public health system, and would therefore be feasible.

Chapter 7: CRITICAL ISSUE #5—FACILITIES

The Consultant convened a subcommittee of the HDFC to examine the facilities needs as well as the financing and location of potential office and program/clinical locations for a consolidated health district (see Appendix E). The goal was to determine whether adequate facilities to house all personnel, equipment, and programs could be identified that are financially sustainable within reasonable geographical proximity to the consumers of the health district services.

The two health districts combined have eleven (11) facilities (see Appendix F). The AHD's largest facility is at the Morley Health Center, which the City of Akron owns. The SCHD's largest facility is its main office in Cuyahoga Falls, which it owns. The Morley Health Center includes a laboratory for the AHD, while the SCHD does not have its own laboratory. The AHD also has a facility for its Air Quality program which SCHD does not since AHD serves the entire region for the Ohio EPA. The SCHD and AHD each operate three WIC clinics. The AHD also rents spaces for the Lead Poisoning Prevention program and the Office of Vital Records.

Division Management Recommendations

The management of both the SCHD and AHD clinical units made recommendations for the facility needs for combined clinical operations. The recommendations call for a main clinic site in a central location near the greatest concentration of the district's population. The location would offer easy access to the public through public transit, sufficient and free parking, and Americans with Disabilities Act accessibility and universal design features. This central clinic would have a reception area, examination rooms, teaching/counseling rooms, vaccine/medication storage, medical/dental supply storage, medical record storage, client restrooms, and an area for specimen collection and simple lab testing, which would ideally be located in close proximity to the clinic area. The facility would also include storage space and a loading dock to accommodate large amounts of WIC supplies. The facility would also need sufficient space for approximately 115 staff. Another 25 staff would be located at satellite WIC sites. The

recommendations include continued use of the existing satellite offices in the northern and southern sectors of the county.

Likewise, the management of both the SCHD and AHD environmental health divisions examined the space needs for a combined environmental health division. The recommendations estimate a need for approximately 19,400 square feet plus common areas and at least 2,400 square feet of garage space to accommodate general programs and water quality, healthy homes/healthy places, mosquito control, and air quality.

In early 2010, the two health districts will assess infrastructure needs, including phone systems, wiring, Internet communication lines, servers, and other IT issues such as databases, software licenses, and backup systems. They will also examine modifications to facilities vendor contracts that would be required with a merger.

Facilities Subcommittee

The Facilities Subcommittee examined issues related to space allocation and related costs and how those issues could affect the feasibility of the merger. The subcommittee discussed the facilities that the two health districts currently utilize, the benefits and shortcomings of the facilities, the direction that the programs are likely to take following the merger, and both long- and short-term solutions.

Central to the discussion was the use of the Morley Health Center, located at 177 S. Broadway in Akron. This facility provides the space for many of AHD services. Morley Health Center serves more AHD clients than any other facility with the exception of Vital Records. Approximately two-thirds of the AHD staff work at the Morley location.

The Facilities Subcommittee discussed the benefits of the City of Akron's in-kind support since the AHD does not pay rent for the Morley Health Center. The subcommittee also discussed some of the building's deficits, such as HVAC, elevators, and security that would require significant capital investment to address. There was agreement among committee members that the Morley Health Center could continue to meet the health districts' short-term needs, but that the combined health district should pursue other options for the longer term. It was suggested that the leadership of the combined health district begin discussions with local institutions, including Northeastern Ohio Universities Colleges of Medicine and Pharmacy, The Austen BioInnovation Institute in Akron, and University of Akron, to identify possible

alternative sites that meet the long-term needs and can increase collaborations with public health system partners. One important criterion that was agreed upon is that any new facility plan must include a presence in downtown Akron and provide good accessibility for the public.

The Facilities Subcommittee also discussed the location for Vital Statistics. Most of the public's requests for Vital Records are currently handled by the AHD. They agreed that AHD's current Vital Records facility meets the needs well because, as a former bank building, it offers a drive-through service and has adequate security, including a vault.

Consultant Recommendation

The Consultant concluded that both the short-term and long-term facilities needs of a merged health district can be adequately met under an assumption that the health district can continue to use the Morley Health Center for three additional years, during which time the health district would be responsible for routine maintenance and insurance expenses only. The subcommittee recommended that the HDfC accept this conclusion.

Chapter 8: CRITICAL ISSUE #6—LEGAL ISSUES

The Consultant convened a subcommittee of the HDFC to examine the legal issues associated with the merging of health districts (see Appendix G). This included issues associated with existing labor and collective bargaining agreements, commitments to retirement benefits, accumulated sick time and vacation leave, transfers, bumping rights, liability insurance, and vendor contracts.

The Consultant and Legal Subcommittee concluded that the merger is feasible, and it is possible for the health districts to develop a plan for the legal issues that will evolve as a result of the merger, particularly those related to bargaining units. The subcommittee encouraged the districts to work through issues as soon as possible so that they can focus on the merger itself in the months before it becomes official.

Bargaining Units

The Consultant and Legal Subcommittee concluded that, unless any of the bargaining unit agreements addresses a successor or merger situation, the bargaining agreements with the City of Akron would become null and void once the AHD merges with the SCHD. Upon review, it appears that the only bargaining agreement with such a successor clause is the agreement between the SCHD and the Ohio Nurses Association, which has no effect because those members would continue to work for the SCHD.¹⁰ The subcommittee agreed that the employees and unions should stay informed about the merger process as it evolves, and that they should have their options explained to them in detail as well as the effects that the merger may have on them.

Vendor Agreements

The Consultant and subcommittee members agreed that they did not anticipate significant issues in the transfer or assignment of vendor agreements, but that the districts should review the

¹⁰ Agreement between the Ohio Nurses Assoc. and SCHD section 27.1 (p. 33) makes the agreement binding on all successors or assigns of the Board of Health. The other Agreements (Akron Nurses Assoc, CSPA) do not appear to have successor clauses.

lists of vendor agreements to make appropriate preparations to transfer the agreements and to identify situations where a vendor might be looking for a reason to avoid fulfilling an agreement.

Memorandum of Understanding

The subcommittee indicated that executing a Memorandum of Understanding between the two health districts as soon as possible would provide the good will and direction to move things forward until a formal merger agreement takes effect.

Merger Agreement

The merger agreement contract should include its effective date, the composition of the board of health, the cost allocation to deliver services, facilities and other equipment and services, provisions for modification of the contract, description of the resulting changes regarding employees, and assignment of contracts or grants.

Personnel Policies

The subcommittee agreed that the differences in personnel policies that currently exist between the two health districts would not create a barrier to merging. Employees from the AHD would become employees of the SCHD and be subject to the policies of the SCHD. It was suggested that it is important to explain these policies to the new employees as early as possible in the process.

Environmental Health Regulations

There are a number of environmental health services that the AHD currently provides that comply with local regulations. In a merged district, all of these would have to be reviewed and, in some cases, may require action by the Akron City Council. The environmental health management team is aware of these issues and has begun their review.

Consultant Recommendation

The Consultant concluded that there are no significant legal issues that cannot be adequately addressed to allow a merger of the two health districts to occur. The Legal Subcommittee recommended that the HDFC concur with this conclusion.

Chapter 9: CRITICAL ISSUE #7—TIMETABLE AND TARGET DATES

The Consultant and senior staff of the two health districts prepared timetables that included the specific actions and steps that have to be taken by each health district to complete a merger. The goal was to determine whether all such activities could be accomplished in a reasonable period of time that allows adequate time to transition from the current model to a consolidated model.

The timetable was developed with the assumption that the entire year of 2010 would constitute a transition period for the merger. It identifies several important milestones that need to be achieved in order to allow a formal consolidation to occur on January 1, 2011 (see Appendix H).

The first milestone is to have a Memorandum of Understanding (MOU) signed by the District Advisory Council at its next meeting in March, 2010, and by the City of Akron shortly thereafter. This MOU will demonstrate that each district is pursuing the merger under good faith, and allow each party to move forward as necessary for the merger to proceed. The MOU will show the intent of each party that the other can rely on as they enter into a final merger agreement. The contract for the two health districts to merge would become effective January 1, 2011.

The assignment of grants and contracts will begin in the spring of 2010. As the AHD grants and contracts expire, they will be renewed under the SCHD.

The review and modification of local regulations and fees would continue throughout 2010.

While the merger will not become effective until January of 2011, aspects of the merger will be phased-in during 2010. The health districts will continue to have regular open communications with staff about the merger process, its timeline, and how it will affect each person's employment. The two staffs will spend time together beginning in the first half of 2010 to become acquainted. A staff retreat is planned. Program coordination and staff training will continue throughout 2010.

Programs will begin to merge as soon as feasible during 2010. It is expected that the state-mandated programs will merge first because they have the least local variation and would

offer a smooth transition. Grants typically have different year cycles which would create convenient times to consolidate as well.

In early 2010, both health districts will review both sets of policies and procedures to identify strengths and weaknesses and to build upon the strengths of each health district. The health districts are identifying areas for revision at the division and department levels to adopt the most efficient and appropriate protocols and procedures. Employees will receive training on policy and procedure training prior to the start of 2011.

Staff from both health districts will work throughout the second half of 2010 to combine administrative and financial procedures. This will require cross-training and duplicated tracking in parallel systems for some time. They will also review equipment maintenance contracts, dues, memberships, and subscriptions to avoid cost duplication.

Plans to combine caseload and data information will begin in early 2010 to allow sufficient time to address coding issues and quality assurance, and determine record retention policies. Caseloads and information technologies will begin to combine during the fall of 2010. The health districts will work with the Ohio Department of Health to combine the Bureau of Children with Medical Handicaps caseloads during the fourth quarter of 2010.

Decisions about facilities will be made in mid-2010. The transfer of services, equipment, and personnel to new locations, if necessary, will begin in middle to late 2010, but all programs might not move to a permanent address until some time after the merger becomes final.

In the months preceding and following the official merger, the SCHED will convene a public outreach program to inform the public about pending changes and to assure the public that their services will not be disrupted or compromised and that the quality of services will be maintained. If the merger will result in changes that affect how the public obtains services, such as location or hours of service, the SCHED will provide public outreach to assure that the public has this information well in advance of any changes.

Consultant Recommendation

After reviewing the timetable, the Consultant concluded that one year is a feasible timeframe for the two health districts to plan and prepare for a merger.

Chapter 10: CRITICAL ISSUE #8—COMMUNITY AND STAKEHOLDER PARTICIPATION

The Consultant assured that community residents and stakeholders had ample opportunity to express their views and concerns regarding the proposed merger. A series of community forums will be conducted to obtain feedback from residents of Akron and Summit County, particularly those who are users of services provided by the health districts. Their input will assist the health district leadership as they develop implementation plans. The HDFC members represented key stakeholders who provided valuable input that has been incorporated into this report.

Community and stakeholder participation plays a crucial role in the process of merging the two health districts. One of the primary reasons for merging is to be able to improve and expand public services without additional expenditures from local coffers. As the health districts work together to meld the two sets of programs into one, a central consideration in deciding how the merged health district should design and deliver services is how it will affect the community. The public who utilizes those services can best describe their own public health needs. The leadership of both health districts is committed to receiving input from the communities they serve to assist them in their decision-making process.

Public Forums

Community members will provide input through a series of public forums designed by the Consultant in consultation with the Akron Urban League. As a trusted source of information, the Akron Urban League was engaged to facilitate the forums and to provide public outreach to engage as much of the community as possible in this process.

The public forums will target key areas of the district, particularly within the City of Akron, that have been shown to have the greatest unmet health and social service needs as determined by the needs assessment of Summit 2010: A Quality of Life Project.¹¹ Residents from these neighborhoods are most likely to be dependent upon existing public health services,

¹¹ http://www.healthysummit.org/QOL/qol_about.cfm

and are potentially those who would be most impacted by any service changes. Forums are scheduled to be conducted during February-March, 2010.

The health districts will use the information gathered at the public forums during the transition period and in a public outreach campaign preceding the merger to specifically address the concerns that have been raised about the merger.

Stakeholder Participation

The HDFC represented individuals from a variety of sectors that have a vested interest in the future of the public health system in Summit County. They were charged with the task of determining whether a merger of the Akron City and Summit County health districts is feasible based on an analysis of several key factors. The Committee met six times to review information gathered about the two health districts, to consider each critical issue separately to determine its feasibility, and to advise effective approaches to deal with issues that are likely to arise. The Committee included 21 members who represent local hospitals, health foundations, universities, members of the boards of health of the two health districts, city planners, community representatives, legal professionals, and elected officials. William Considine, President and CEO of Akron Children's Hospital, chaired the Committee. The Committee commenced meeting in June of 2009, and met every one to two months through February, 2010.

The Committee stated from its initial meetings that the goal was to determine whether consolidation would result in the Summit County public health system's ability to preserve key services, expand and evolve programs to improve the public health system, and create more efficiency in the delivery of services. The Committee agreed that the current climate provided an opportunity for considering consolidation and could benefit the community. The Committee also agreed that although the merger may not immediately produce "colossal" savings, the timing is particularly ripe given the ongoing national health care reform debate, and the ability that a merged organization could have to take advantage of opportunities that health care reform might present. The Committee also stated that the consolidation process should focus on managing expectations of change and help employees assimilate to the changes.

To further increase stakeholder participation, subcommittees were formed to review issues related to governance, facilities, and legal issues. The subcommittees included the SCHD and AHD health commissioners, members of the HDFC, as well as members of the community

with expertise in each issue. The subcommittees provided their findings to the Committee, which the Committee used in its determination of feasibility.

Finally, the health commissioners of the AHD and SCHD have maintained communications with elected officials of the City of Akron and Summit County. They have kept these officials apprised of the study process and have received input from them.

Consultant Recommendation

The Consultant concluded that an adequate mechanism exists for community residents and key stakeholders to provide input into the decision making process concerning the proposed merger.

CONCLUSION

This analysis focused on eight critical issues that were deemed most critical to determining the feasibility of merging the Akron City and Summit County health districts.

1. Governance
2. Personnel
3. Finances
4. Public Health Services
5. Facilities
6. Legal Issues
7. Timetable and Target Dates
8. Community and Stakeholder Participation

Consultant Recommendation

After a careful review of these issues, the Consultant concluded it is feasible for the two health districts to merge without compromising services or requiring increases in local general fund support. The Consultant, therefore, recommends that the HDfC support the proposed merger of the Akron City and Summit County health districts.

APPENDIX A
Health District Feasibility Committee

Roxia Boykin, VP, Summa Foundation

Tracy Carter, Representative, Akron Health Commission

Dr. Cynthia Capers, Special Assistant to Provost, University of Akron

William Considine, President & CEO, Children's Hospital, Committee Chair

Lewis Debevec, SCHD Board Member, Fairlawn

Ned DeLamatre, League of Women Voters

Richard Dobbins, Law Director, Summit County

Megann Eberhart, Advocacy Manager, Greater Akron Chamber

Jon Fiume, Akron Health Commission

Dr. Kristine Gill, SCHD Board Member, Cuyahoga Falls

Renee Greene, Akron City Council Representative

Sue Hobson, Akron General Medical Center

Bob Howard, Director of Planning, Children's Hospital

Dr. William Keck, MD, Retired City of Akron Health Commissioner

John Moore, Director of Planning, City of Akron

Michelle Mulhern, Northeastern Ohio Universities Colleges of Medicine and Pharmacy

Dr. Lois Nora, President, Northeastern Ohio Universities Colleges of Medicine and Pharmacy

Jeff Snell, SCHD Board Member, General Health District

Herb Stottler, Tri County Labor

Dr. Jay C. Williamson, Northeastern Ohio Universities Colleges of Medicine and Pharmacy

John York, City of Akron Law Department

APPENDIX B
OHIO REVISED CODE SECTIONS

3709.01 Health districts.

The state shall be divided into health districts. Each city constitutes a health district and shall be known as a “city health district.”

The townships and villages in each county shall be combined into a health district and shall be known as a “general health district.”

As provided for in sections 3709.07, 3709.071 , and 3709.10 of the Revised Code, there may be a union of two or more contiguous general health districts, not to exceed five, a union of two or more contiguous city health districts to form a city health district, or a union of a general health district and one or more city health districts located with or partially within such general health district.

Effective Date: 12-11-1967

3709.07 Union of city with general health districts.

Except as provided in section 3709.071 of the Revised Code, when it is proposed that one or more city health districts unite with a general health district in the formation of a single district, the district advisory council of the general health district shall meet and vote on the question of union. It shall require a majority affirmative vote of the members of the district advisory council to carry the question. The legislative authority of each city shall likewise vote on the question. A majority voting affirmatively shall be required for approval. When the majority of the district advisory council and the legislative authority have voted affirmatively, the chair of the council and the chief executive of each city shall enter into a contract for the administration of health affairs in the combined district. Such contract shall state the proportion of the expenses of the board of health or health department of the combined district to be paid by the city or cities and by the original general health district. The contract may provide that the administration of the combined district shall be taken over by either the board of health or health department of one of the cities, by the board of health of the general health district, or by a combined board of health. Such contract shall prescribe the date on which such change of administration shall be made. A copy of such contract shall be filed with the director of health.

The combined district shall constitute a general health district, and the board of health or health department of the city, the board of health of the original general health district, or the combined board of health, as may be agreed in the contract, shall have, within the combined district, all the powers granted to, and perform all the duties required of, the board of health of a general health district.

MERGER FEASIBILITY STUDY FOR THE AKRON CITY AND SUMMIT COUNTY HEALTH DISTRICTS
APPENDIX B con't

The district advisory council of the combined general health district shall consist of the members of the district advisory council of the original general health district and the chief executive of each city constituting a city health district, each member having one vote.

If the contract provides that the administration of the combined district shall be taken over by a combined board of health, rather than the board of health of the original health district, the contract shall set forth the number of members of such board, their terms of office, and the manner of appointment or election of officers. One of the members of such combined board of health shall be a physician, and one member shall be an individual appointed by the health district licensing council established under section 3709.41 of the Revised Code. The contract may also provide for the representation of areas by one or more members and shall, in such event, specify the territory to be included in each such area.

The appointment of any member of the combined board who is designated by the provisions of the contract to represent a city shall be made by the chief executive and approved by the legislative authority of such city. If a member is designated by the contract to represent more than one city, the member shall be appointed by majority vote of the chief executives of all cities included in any such area. Except for the member appointed by the health district licensing council, the appointment of all members of the combined board who are designated to represent the balance of the district shall be made by the district advisory council.

The service status of any person employed by a city or general health district shall not be affected by the creation of a combined district.

Effective Date: 11-21-2001

3709.071 Election for union into single general health district.

If at least three per cent of the qualified electors residing within each of one or more city health districts and a general health district sign a petition for union into a single general health district, an election shall be held as provided in this section to determine whether a single general health district shall be formed. The petition for union may specify regarding the board of health of the new district:

- (A) The qualifications for membership;
- (B) The term of office;
- (C) The number of members or a method by which the number may be determined from time to time;
- (D) The method of appointment.

MERGER FEASIBILITY STUDY FOR THE AKRON CITY AND SUMMIT COUNTY HEALTH DISTRICTS
APPENDIX B con't

Such petition shall be filed with the boards of county commissioners of the respective counties affected, subject to approval of the director of health, and such boards shall promptly certify the text of the proposal to the boards of election for the purpose of having the proposal placed on the ballot at the next general election occurring more than seventy-five days after the filing of the petition with the boards of election. The election procedures provided in Chapter 3505. of the Revised Code for questions and issues shall be followed. If a majority of the electors voting on the proposal in each of the health districts affected vote in favor thereof, the union of such districts into a single general health district shall be established on the second succeeding January 1.

When the establishment of a combined health district has been approved by the electors of a general health district and one or more city health districts, the chairman of the district advisory council and the chief executive of each city uniting with the general health district shall enter into a contract for the administration of health affairs in the combined district. Such contract shall conform to the provisions of section 3709.07 of the Revised Code regarding the contract for the administration of health affairs in a combined district, except that the date of the change of administration shall be as provided in this section and except for the specifications as to the board of health of the new district contained in the petition and submitted to the electors in the proposal to establish such district.

Effective Date: 03-23-1981

3709.081 Contracts of general health districts.

A general health district may enter into a contract for public health services with the chief executive of a city constituting a city health district with the approval of a majority of the members of the legislative authority of said city or with the chairman of the district advisory council of another general health district with the approval of a majority of the members of the district advisory council. Such proposal shall be made by the general health district seeking health services and shall be approved by a majority of the members of the district advisory council and a majority of the members of the county budget commission. Such contracts shall:

- (A) State the amount of money or the proportion of expenses to be paid by the general health district for such services and how it is to be paid;
- (B) Provide for the amount and character of health services to be given to the general health district;
- (C) State the date on which such services shall begin;
- (D) State the length of time such contract shall be in effect.

No such contract shall be in effect until the department of health determines that the health department or board of health of the city or general health district providing such service is

organized and equipped to provide adequate health service. After such contract has been approved by the department of health, the board of health or health department of the city or general health district providing such services shall have, within the general district receiving such service, all the powers and shall perform all the duties required of the board of health of a general health district.

Effective Date: 11-24-1967

3709.10 Union of general health districts.

When it is proposed that two or more contiguous general health districts, not to exceed five, unite in the formation of one general health district, the district advisory council of each general health district shall meet and vote on the question of union. An affirmative majority vote of the district advisory council shall be required for approval. When the district advisory councils have voted affirmatively on the question, they shall meet in joint session and shall elect a board of health for the combined districts. Each original general health district shall be entitled to at least one member on the board of health of the combined districts.

When such union is completed, such district shall constitute a general health district and shall be governed in the manner provided for general health districts. When two or more general health districts unite to form one district, the office of the board of health shall be located at the county seat of the county selected by the joint board of district advisory councils.

When two or more general health districts have been combined into a single district, the county auditor of the county selected by the joint board of district advisory councils as the location of the central office of the board of health shall be the auditor of such district and the county treasurer of such county shall be the custodian of the health funds of such district. When the budget of such combined general health district is a matter for consideration, the members of the budget commissions of the counties constituting the district shall sit as a joint board for considering and acting on such budget.

Effective Date: 08-13-1976

APPENDIX C
Governance Subcommittee Roster

Virginia Robinson, Akron Health Commission/Retired Personnel Director, City of Akron

Jon Fiume, Akron Health Commission

John York, Akron City Law Department

Laraine Duncan, Deputy Mayor/Akron Health Commission

Renee Greene, Akron City Council

Jeff Snell, Summit County Health District Board of Health, attorney

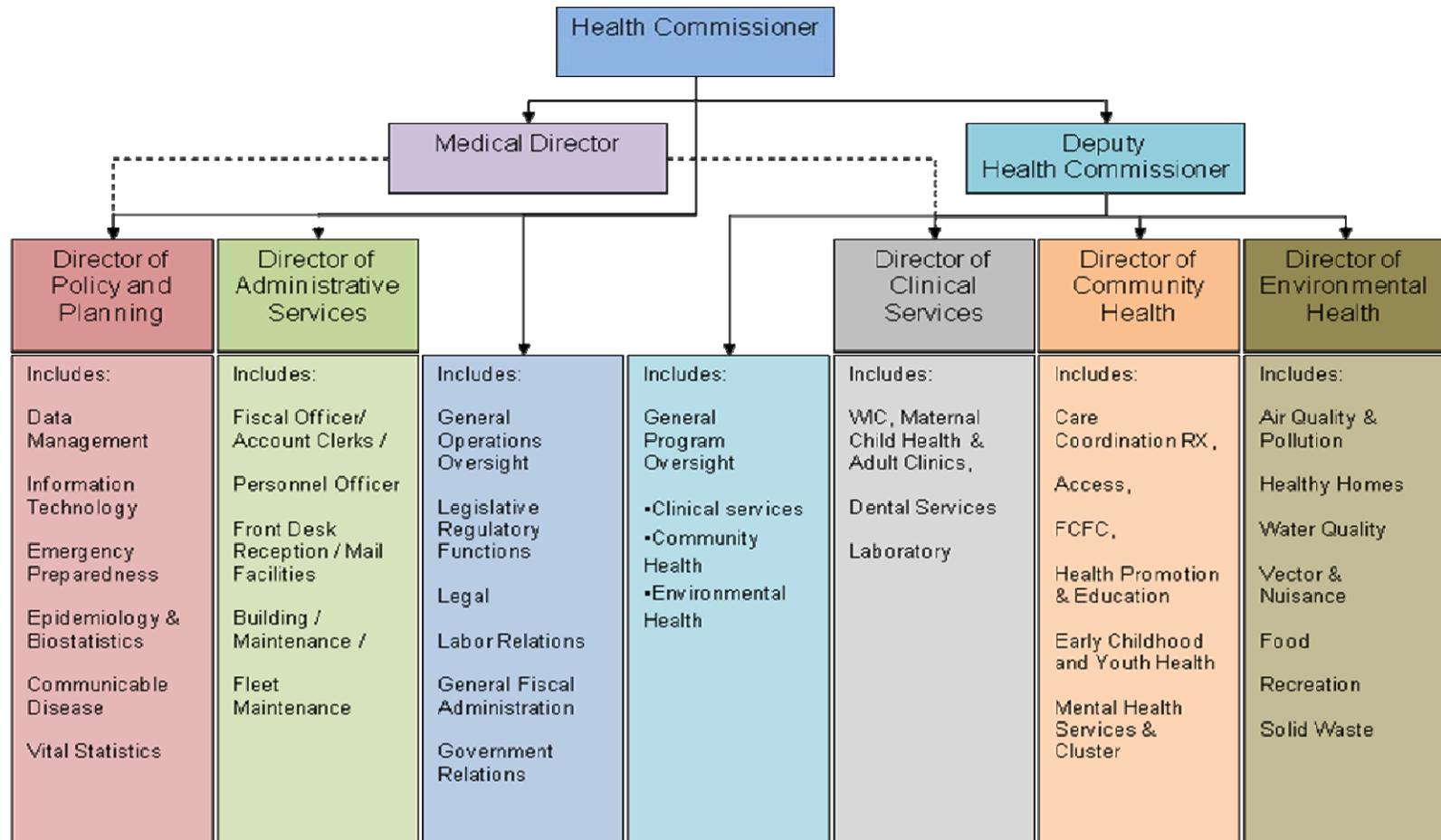
Rick Dobbins, County Executive's Office

Lewis Debevec, Summit County Health District Board of Health

Jim Nelson, Summit County Health District, District Advisory Council

Mayor William Roth, City of Fairlwan

APPENDIX D
Proposed Consolidation Organizational Chart



APPENDIX E
Facilities Subcommittee

John Moore, Director of Planning, City of Akron

Ralph Coletta, City Engineer, City of Akron

Dr. Cynthia Capers, Special Assistant to Provost, University of Akron

Population Below Poverty Level, 2000 Health Facility Sites, 2009 Summit County

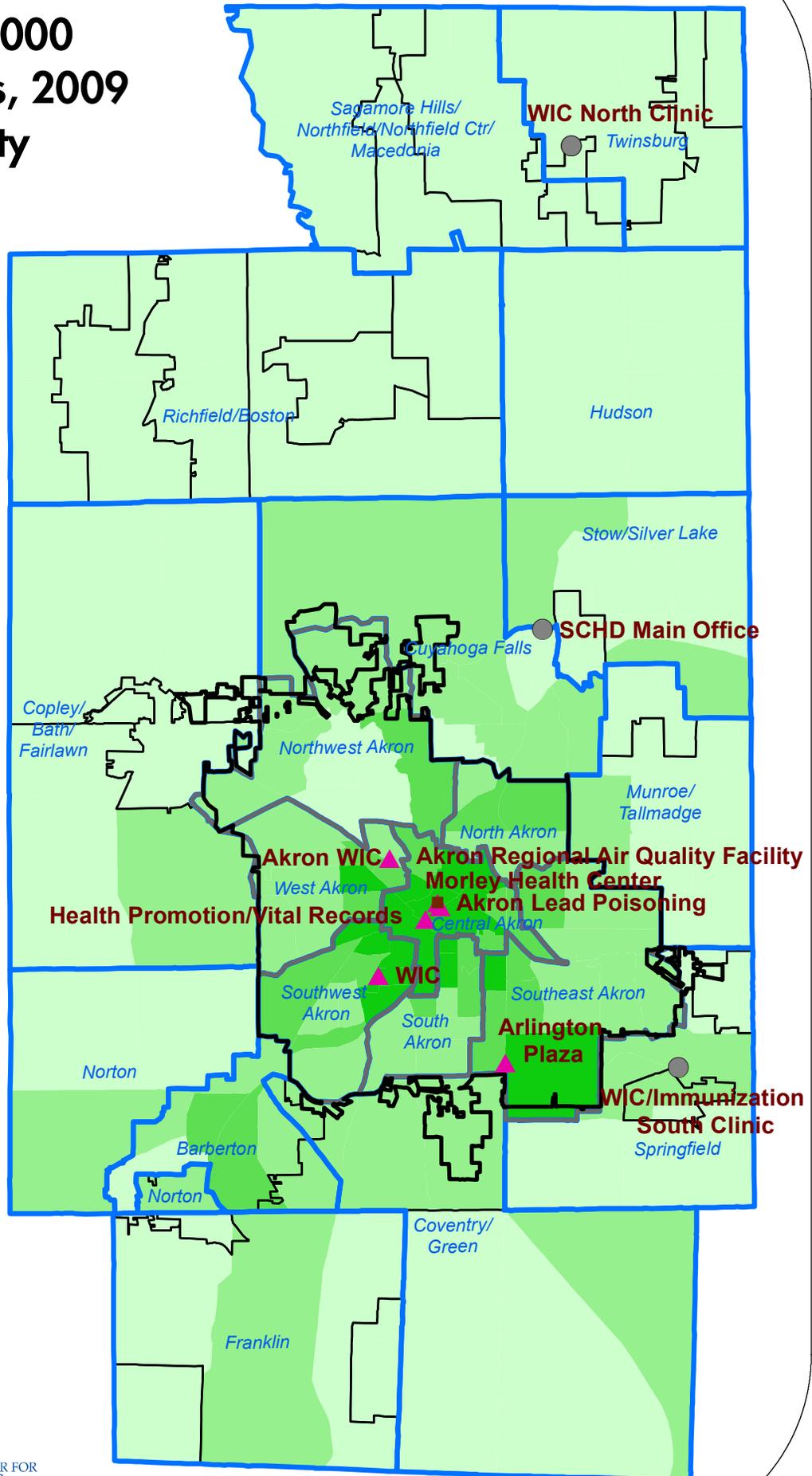
Health Facility Site by Service Area

- ▲ Akron
- Summit County
- Summit/Medina/Portage

Poverty Rate by Census Tract

- 30% or higher
- 15% to 29.9%
- 5% to 14.9%
- Lower than 5%

- ⊕ Akron
- Akron Clusters
- Summit County Cities, Villages, and Townships
- Summit County Clusters



Source:
U.S. Census Bureau (poverty population)

Prepared by:



*SCHD Mosquito Building not shown

Metro RTA Routes and Health Facility Sites, 2009 City of Akron, Summit County

Health Facility Site by Service Area

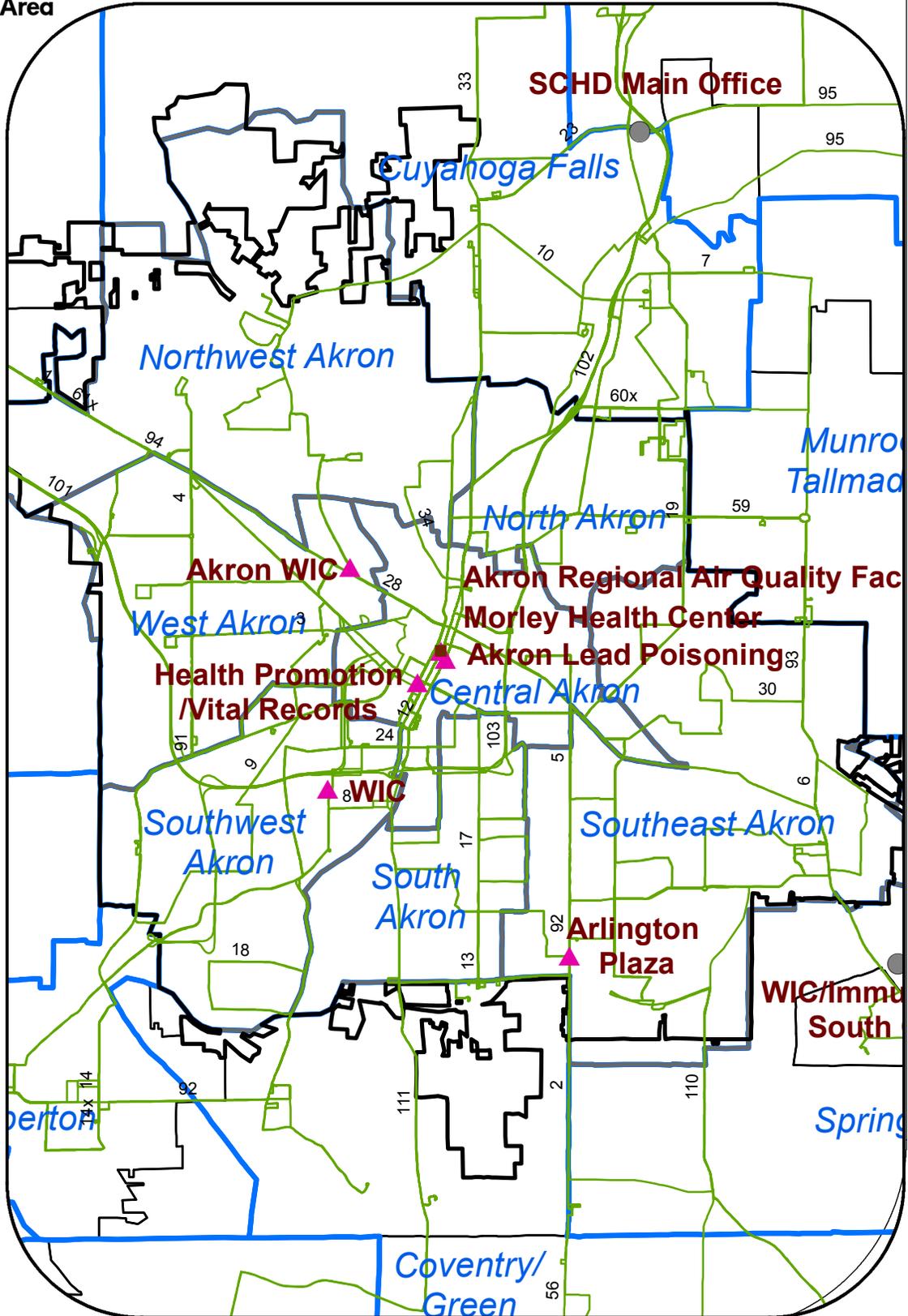
- ▲ Akron
- Summit County
- Summit/Medina/Portage

— Metro RTA Routes

- ⊕ Akron
- Akron Clusters
- Summit County Cities, Villages, and Townships
- Summit County Clusters

Source:
Akron Metro Regional
Transit Authority

Prepared by:



*SCHD Mosquito Building not shown

Population Distribution, 2000 Health Facility Sites, 2009 Summit County

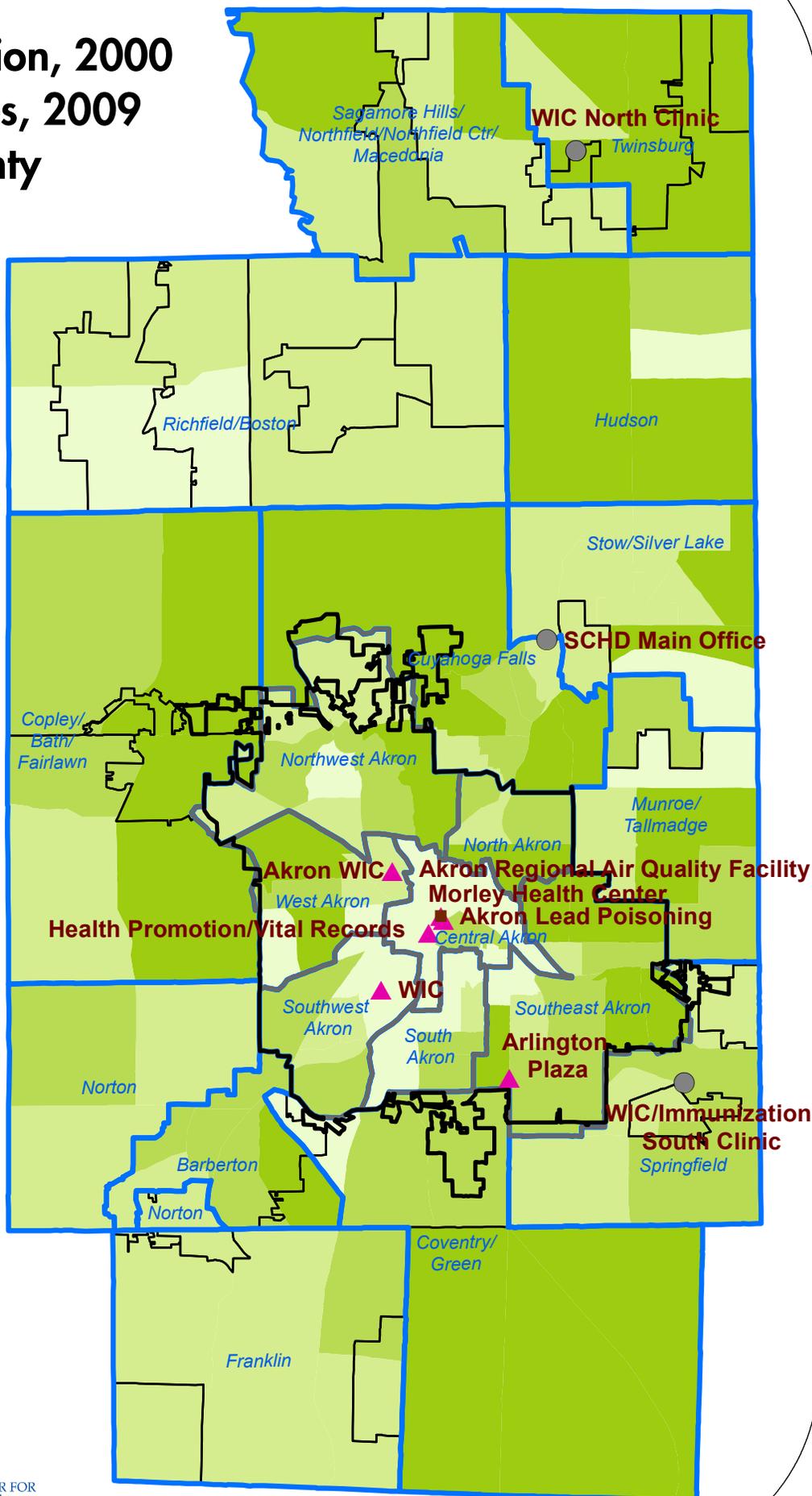
Health Facility Site by Service Area

- ▲ Akron
- Summit County
- Summit/Medina/Portage

Percent of Total Population by Census Tract

- 1.0% to 1.8%
- 0.75% to 1.0%
- 0.5% to 0.75%
- 0.16% - 0.5%

- ⊕ Akron
- Akron Clusters
- Summit County Cities, Villages, and Townships
- ▭ Summit County Clusters



Source:
U.S. Census Bureau (population)

Prepared by:



*SCHD Mosquito Building not shown

APPENDIX G
Legal Subcommittee

James Masturza, retired Deputy Mayor for Labor Relations, City of Akron

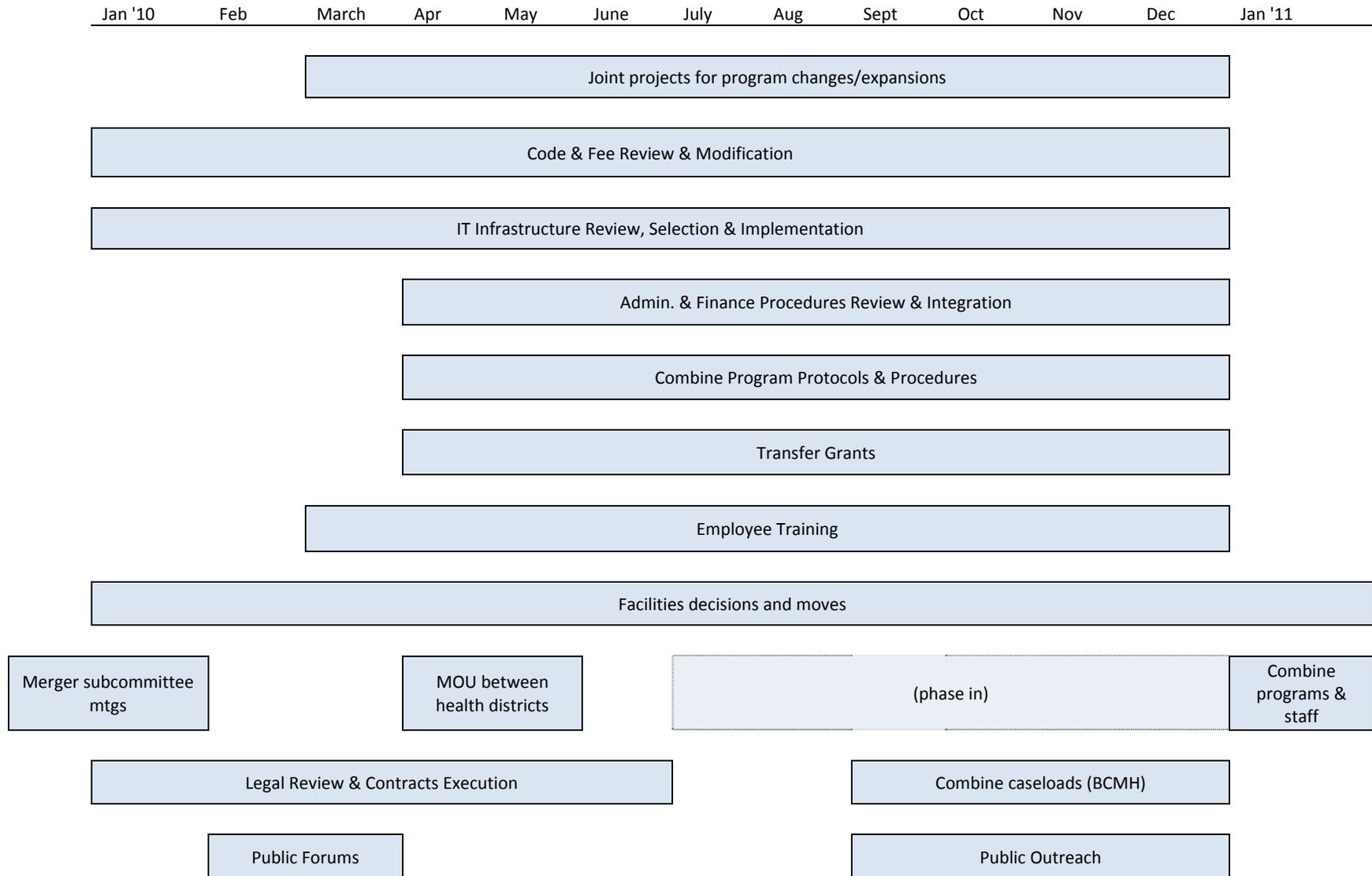
Virginia Robinson, Retired Personnel Director, City of Akron

James Kurak, Attorney

Jeffrey Snell, Summit County Health District Board of Health, Attorney

MERGER FEASIBILITY STUDY FOR THE AKRON CITY AND SUMMIT COUNTY HEALTH DISTRICTS

APPENDIX H Timeline



MERGER FEASIBILITY STUDY FOR THE AKRON CITY AND SUMMIT COUNTY HEALTH
DISTRICTS

APPENDIX I

Health District Feasibility Committee Meeting Minutes

Health District Feasibility Committee

Meeting Minutes

June 17, 2009

Present: Bill Considine, President & CEO, Children's Hospital, Committee Chair
Bob Howard, Director of Planning, Children's Hospital
Richard Dobbins, Law Director, Summit County
John Moore, Director of Planning, City of Akron
Tom Quade, Interim Director, Akron Health Department
Jon Fiume, Akron Health Commission
Gene Nixon, Health Commissioner, Summit County Health District
Jeff Snell, SCHD Board Member, General Health District
Lewis Debevec, SCHD Board Member, Fairlawn
Dr. Kristine Gill, SCHD Board Member, Cuyahoga Falls
Michelle Smith, Executive Assistant, SCHD
Dr. Lois Nora, President, NEOUCOM
Dr. Cynthia Capers, Special Assistant to Provost, University of Akron
Roxia Boykin, VP, Summa Foundation
Tony Gorant, Sr. VP, Akron General Medical Center
Megann Eberhart, Advocacy Manager, Greater Akron Chamber
Cheryl Powell, Akron Beacon Journal

Next meeting: Consultant Interview, June 26, 2009, 3:30 p.m.

I. Announcements

Bill Considine indicated the intent of today's meeting was to begin the journey of exploring the feasibility of merging the Akron Health Department and the Summit County Health District. This is not a new idea; however, it was discussed at an Akron Tomorrow meeting late in 2008 and by County Executive Russ Pry and Akron Mayor Don Plusquellic as a possible project in 2009. Akron Tomorrow is a group of community leaders who come together for the purpose of facilitating new ideas and ventures to benefit the community. Both the Mayor and County Executive asked Bill Considine to convene a study committee and facilitate the review of possible savings and improved efficiencies of a single public health entity.

MERGER FEASIBILITY STUDY FOR THE AKRON CITY AND SUMMIT COUNTY HEALTH DISTRICTS
APPENDIX I con't

II. Discussion

Gene Nixon shared that it is exciting to talk about consolidation possibilities, but wants to keep in mind that we want to assure key services, not just create a bigger health department. Tom Quade agreed with Gene and shared the same vision of serving the community.

The question was raised as to what prevented consolidation efforts in the past from happening. Bill Considine indicated that there's been a change in the public health arena as well as changes in leadership that allow this idea to progress at this time. There is hospital support at this time and Roxia Boykin echoed that it is perfect timing as public health will be a big part of healthcare reform.

The group felt it would be helpful to have people on the committee that participated in previous conversations as well as community representatives; Dr. Keck and Dr. Williamson of NEOUCOM, and Herb Stetler of the Tri County Regional Labor Council were invited, but were unable to attend today.

It was discussed that the feasibility study should move forward with the assumption that a consolidated public health entity carries substantial benefits of public health service. If determined to be feasible, those assumptions would be validated prior to a recommendation being made regarding the appropriateness of a consolidated public health entity.

Tom Quade wanted to be sure we manage expectations of change. Both health departments run lean and work well collaboratively as state mandates and grants have forced collaboration. Jeff Snell echoed this idea and stated that the next logical step is consolidation. Jon Fiume shared again his concern about Akron Health Department employee support and moral. Employees fear job loss. The group agreed that concern for all staff should be paramount.

III. Roundtable

Gene shared handouts regarding a preliminary itemized project list/deliverables to be shared with the consultant. There have been three recent mergers of this size in Ohio. These models were used to develop the project list.

MERGER FEASIBILITY STUDY FOR THE AKRON CITY AND SUMMIT COUNTY HEALTH DISTRICTS

APPENDIX I con't

The group agreed that a consultant should be used and a small committee of Bill, Gene, and Tom should interview the candidate (Center for Community Solutions.) The question of the cost of using a consultant was raised and Bill advised the group that he was assured by the City/County that the funds will be available for the consultant/study.

It was also agreed that we should base the study on the following core principles:

- ensure the best interest of the health of the community
- review any best practices currently being done
- funding, legal, time tables, governance, capacity, and facility issues.

Rick Dobbins shared results of a County Charter Review which referenced an ordinance stating the county can create a county health district which essentially would eliminate and replace the Akron, Barberton, and Summit County Health Districts. As we are the only chartered county in the state, we can establish our own rules and Charter Review Committee could recommend this change which could place the governance of this new health department under the County Executive or they could choose to adopt an independent governance authority. The Charter Review Committee is postponing any further discussion until this Feasibility Committee completes their study and provides a recommendation.

It was agreed that the group will be call the HEALTH DISTRICT FEASIBILITY COMMITTEE and that the group shall reconvene in July after the consultant has been interviewed and selected.

MERGER FEASIBILITY STUDY FOR THE AKRON CITY AND SUMMIT COUNTY HEALTH DISTRICTS
APPENDIX I con't

Health District Merger Feasibility Study Committee

Meeting Minutes

August 3, 2009

Present: Dr. Cynthia Capers, Special Assistant to Provost, University of Akron
Tracy Carter, Representative, Akron Health Commission
Bill Considine, President & CEO, Children's Hospital, Committee Chair
Lewis Debevec, SCHD Board Member, Fairlawn
Richard Dobbins, Law Director, Summit County
Megann Eberhart, Advocacy Manager, Greater Akron Chamber
Jon Fiume, Akron Health Commission
Dr. Kristine Gill, SCHD Board Member, Cuyahoga Falls
Renee Greene, Akron City Council Representative
Sue Hobson, Director, Community Health, Akron General Medical Center
Bob Howard, Director of Planning, Children's Hospital
Dr. William Keck, Retired, Akron Health Department
John Moore, Director of Planning, City of Akron
Gene Nixon, Health Commissioner, Summit County Health District
Dr. Lois Nora, President, NEOUCOM
Tom Quade, Interim Director, Akron Health Department
Michelle Smith, Executive Assistant, SCHD
Jeff Snell, SCHD Board Member, General Health District
Dr. Jay Williamson, SCHD Board Member, Tallmadge

Next meeting: TBD

I. Announcements

Bill Considine shared the agenda for this meeting included the sharing of results of the consultant interview process, review core values, and look at the charter amendment processes.

II. Discussion

Tom Quade shared that the Center for Community Solutions was chosen to be interviewed for the consultant role in this project. He shared that the Center previously led the

Summit County Quality of Life Project and that most people in the community would be familiar with their name and quality products.

The question was raised as to why only one interview took place and was this sufficient in securing a consultant. Tom confirmed that a request was sent to the Ohio Department of Health and the Ohio Public Health Association for consultant recommendations that would be able to handle such a project. No other recommendations were received.

Bill Considine recommended hiring CCS as the consultant for an amount not to exceed \$50,000.00. Dr. Gill moved and __ seconded the acceptance of the proposal and engagement of the Center for Community Solutions to perform the requested consulting services. The motion was approved by voice vote.

III. Roundtable

The group has been approved for a \$10,000.00 Presidential Award from the GAR Foundation and Bill is waiting to hear if we'll receive matching funds from the Akron Community Foundation. The City and County will pay the balance after other funding sources have been exhausted. We will need to determine who should be the contract parties so checks can be issued.

Both the City and County law departments are researching what if any requirements will be needed in order to amend the City/County Charters with respect to the Health Departments.

Gene Nixon and Tom Quade are developing a summary of what the new Public Health System should look like to compliment the Core Values Statements that are being developed. This information will be shared with the group in the next 2-3 weeks.

A brief presentation was made by Ken Slenkovich from the Center for Community Solutions in which he discussed his 20 years experience with governance, public health and non-profit groups. He also shared his proposed process for the study which starts with data gathering in August and ends with a report phase in November/December. As part of the information gathering, he plans to hold community forums that he hopes to coordinate with a subcontract with the Akron Urban League. In addition, it was decided that we seek additional input from the four community

MERGER FEASIBILITY STUDY FOR THE AKRON CITY AND SUMMIT COUNTY HEALTH DISTRICTS

APPENDIX I con't

groups identified in the Quality of Life project: Barberton, Buchtel, Lakemore, and Twinsburg. He will also ask volunteers from this committee to participate in smaller sub-committees to focus on the issues at hand, such as governance, facilities, etc. Ken will contact the group to form these groups.

The meeting ended with the plans to meet again in 2-3 weeks.

MERGER FEASIBILITY STUDY FOR THE AKRON CITY AND SUMMIT COUNTY HEALTH DISTRICTS
APPENDIX I con't

Health District Merger Feasibility Study Committee

Meeting Minutes

September 23, 2009

Present: Dr. Cynthia Capers, Special Assistant to Provost, University of Akron
Tracy Carter, Representative, Akron Health Commission
Bill Considine, President & CEO, Children's Hospital, Committee Chair
Ned DeLamatre, League of Women Voters
Richard Dobbins, Law Director, Summit County
Megann Eberhart, Advocacy Manager, Greater Akron Chamber
Jon Fiume, Akron Health Commission
Dr. Kristine Gill, SCHD Board Member, Cuyahoga Falls
Sue Hobson, Director, Community Health, Akron General Medical Center
Bob Howard, Director of Planning, Children's Hospital
Dr. William Keck, Retired, Akron Health Department
Gene Nixon, Health Commissioner, Summit County Health District
Dr. Lois Nora, President, NEOUCOM
Tom Quade, Interim Director, Akron Health Department
Ken Slenkovich, Consultant, Center for Community Solutions
Michelle Smith, Executive Assistant, SCHD
Jeff Snell, SCHD Board Member, General Health District
Dr. Jay Williamson, SCHD Board Member, Tallmadge
John York, Law Department, City of Akron

Next meeting: TBD

I. Announcements

Bill Considine shared that Akron Tomorrow met this morning and the group was happy to hear the merger study is moving along well.

Motion by Dr. Gill and seconded by Mr. Quade to approve the August 3rd meeting minutes.
Approved by voice vote.

II. Discussion

MERGER FEASIBILITY STUDY FOR THE AKRON CITY AND SUMMIT COUNTY HEALTH DISTRICTS
APPENDIX I con't

Tom Quade shared that the Core Value Statement paper developed by Tom and Gene Nixon. The paper summarizes the evolution of public health including the built environment and assurance of health. Drs. Gill and Williamson endorsed the core value statement and its use in helping to drive the rest of the process.

Ken Slenkovich stated that most of the data collection from AHD and SCHD has been completed. Because many AHD employees have been taking advantage of the Voluntary Separation Plan, AHD has been doing some re-organization and this may be helpful with future transitions. Some programs may not exist after January 1.

Ken expects to complete the spreadsheets this week that compare all programs from both health departments. This will help move us forward with decisions regarding continuation or elimination of certain programs.

Discussion took place regarding the Toledo/Lucas County merger, which is the closest example to what we are trying to accomplish here. We would like to use some of their benchmarks, but everyone needs to understand that there may not be “colossal” savings in money and we may need to focus more on increased capacity. Dr. Keck agreed that the environment is very fluid with all the current healthcare talks which provides for some uncertainty with health department priorities and missions. Focus should be on quality of service.

It was agreed that if community forums were held, most people would not know enough details to be able to voice an opinion. The plans are to go ahead and meet with the Butchel Group and some “block groups” that are already established forums, but any other information would probably be best gathered through a survey of some kind.

III. Roundtable

Ms. Carter motioned and Dr. Gill seconded the motion to appoint subcommittees and provide charge statements for each one. Gene Nixon and Tom Quade will be present at each subcommittee meeting.

MERGER FEASIBILITY STUDY FOR THE AKRON CITY AND SUMMIT COUNTY HEALTH DISTRICTS
APPENDIX I con't

Health District Merger Feasibility Study Committee

Meeting Minutes

November 4, 2009

Present: Roxia Boykin, VP, Summa Foundation
Dr. Cynthia Capers, Special Assistant to Provost, University of Akron
Tracy Carter, Representative, Akron Health Commission
Bill Considine, President & CEO, Children's Hospital, Committee Chair
Lewis Debevec, SCHD Board Member, Fairlawn
Ned DeLamatre, League of Women Voters
Richard Dobbins, Law Director, Summit County
Dr. Kristine Gill, SCHD Board Member, Cuyahoga Falls
Renee Greene, Akron City Council Representative
Sue Hobson, Director, Community Health, Akron General Medical Center
Bob Howard, Director of Planning, Children's Hospital
John Moore, Director of Planning, City of Akron
Gene Nixon, Health Commissioner, Summit County Health District
Tom Quade, Interim Director, Akron Health Department
Sheri Shields, Greater Akron Chamber
Ken Slenkovich, Consultant, Center for Community Solutions
Michelle Smith, Executive Assistant, SCHD
Jeff Snell, SCHD Board Member, General Health District
Dr. Jay Williamson, SCHD Board Member, Tallmadge
John York, Law Department, City of Akron

Next meeting: TBD

I. Announcements

Bill Considine welcomed the group.

Motion by Tracy Carter and seconded by Sue Hobson to approve the September 23, 2009 meeting minutes. Approved by voice vote.

II. Discussion

MERGER FEASIBILITY STUDY FOR THE AKRON CITY AND SUMMIT COUNTY HEALTH DISTRICTS
APPENDIX I con't

Gene Nixon shared that the Governance Subcommittee met prior to this meeting via phone to discuss whether a contract or charter amendment would work best. The Mayor of Akron and County Executive met previously and agreed that a contract was a good idea as it matches what currently works with SCHD. The contracted dollar amount will need to be worked out as Akron is much larger than any other city currently in the Health District; however, it was agreed that one board of health representative is acceptable. There will be no need for a charter amendment as Akron will keep their health commission to direct the new SCHD board member.

Motion by Jeff Snell and seconded by Lewis Debevec to endorse the Governance recommendation of a contract between the City of Akron and the Summit County Health District. Approved by voice vote.

It was agreed that both boards are well informed with current committee status. Discussions are going well with the study process. Handouts were provided listing the eight critical issues at hand with target dates for recommendations to the committee. Attendees were asked to note what subcommittee groups they wanted to be part of on the sign in sheet.

III. Roundtable

Bill Considine asked the status of the Barberton Health District talks. Gene Nixon shared that Mayor Genet is working through Board of Health issues as an attorney representing the BHD has threatened to sue if council moves forward. Mayor Genet seems determined to move forward, but it won't likely happen before January 1, 2010. Mayor Genet may ask for this group's guidance and assistance.

Bill commended both health departments with the communication and handling of the current H1N1 outbreak and vaccination.

MERGER FEASIBILITY STUDY FOR THE AKRON CITY AND SUMMIT COUNTY HEALTH DISTRICTS
 APPENDIX I con't

Critical Issue	Committee Volunteers
#1 – Governance	G. Nixon, T. Quade
#2 – Personnel	L. Debevec, G. Nixon, T. Quade, J. York
#3 – Finance	L. Debevec, G. Nixon, T. Quade,
#4 – Public Health Services	R. Boykin, C. Capers, T. Carter, K. Gill, S. Hobson, G. Nixon, T. Quade, J. Williamson
#5 – Space Allocation and Related Costs	C. Capers, J. Moore, G. Nixon, T. Quade
#6 – Legal Issues	L. Debevec, G. Nixon, T. Quade, J. Snell, J. York
#7 – Timetable and Target Dates	G. Nixon, T. Quade,
#8 – Community and Stakeholder Participation	R. Boykin, C. Capers, T. Carter, K. Gill, R. Greene, S. Hobson, G. Nixon, T. Quade, J. Snell

MERGER FEASIBILITY STUDY FOR THE AKRON CITY AND SUMMIT COUNTY HEALTH DISTRICTS
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Health District Merger Feasibility Study Committee

Meeting Minutes

January 6, 2010

Present: Susan Ackerman, Consultant, The Center for Community Solutions
Dr. Cynthia Capers, Special Assistant to Provost, University of Akron
Tracy Carter, Representative, Akron Health Commission
Bill Considine, President & CEO, Children's Hospital, Committee Chair
Lewis Debevec, SCHD Board Member, Fairlawn
Ned DeLamatre, League of Women Voters
Richard Dobbins, Law Director, Summit County
Megann Eberhart, Advocacy Manager, Greater Akron Chamber
Wendy Feinn, Consultant, The Center for Community Solutions
Jon Fiume, Akron Health Commission
Dr. Kristine Gill, SCHD Board Member, Cuyahoga Falls
Sue Hobson, Director, Community Health, Akron General Medical Center
Bob Howard, Director of Planning, Children's Hospital
Dr. William Keck, Retired, Akron Health Department
John Moore, Director of Planning, City of Akron
Gene Nixon, Health Commissioner, Summit County Health District
Tom Quade, Interim Director, Akron Health Department
Ken Slenkovich, Consultant, The Center for Community Solutions
Michelle Smith, Executive Assistant, SCHD
Jeff Snell, SCHD Board Member, General Health District
Dr. Jay Williamson, SCHD Board Member, Tallmadge
John York, Law Department, City of Akron

Next meeting: February 9, 2010

I. Announcements

Bill Considine welcomed the group. Bill Considine commended both health districts their diligent work in finding ways to combine the departments to improve services, and for remaining transparent throughout the process.

Ken Slenkovich introduced Susan Ackerman and Wendy Feinn of the consulting team.

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II. Discussion

Ken Slenkovich reviewed the status of the eight critical issues and reminded the group that the question they must recommend on the feasibility of each issue:

Governance: Ken Slenkovich reviewed that the committee decided to recommend a contract between the Summit County Health District and the Akron Health Department.

Personnel and Public Health Services: Ken Slenkovich showed a model organization chart for the merged department, and stated that they feel comfortable saying that under the model, it would be feasible to provide services that meet the need. The proposed organization includes all current employees and would require only a few salary adjustments. They have 2010 to transition and work through issues as they arise. Tom Quade explained that the staffs are aware and receive regular updates on the proposed merger. Ken Slenkovich referenced a report that shows that health behaviors and socioeconomic factors play a larger role in health outcomes than access to and quality of care, and explained that the proposed organization model would allow more focus on behavioral and socioeconomic factors. Housing code enforcement and some lead services would move outside of the health department. Dr. Cynthia Capers asked whether the proposal would be budget neutral. The response was that they are working towards that goal. Gene Nixon explained that that over the course of several years, they expect to reduce the burden on Akron general fund. Tom Quade explained that the grants would likely remain constant, but that they expect to save on the general fund portion of the 2010 budget, which was decreased from the previous year.

Finance: Ken Slenkovich shared a draft combined budget for the two districts using 2010 funding levels. The draft budget uses a high-end estimate that does not include anticipated attrition. Gene Nixon explained that he intends to use two budgets for a couple of years to track Akron general fund savings, and that he expects to enter into an agreement with the City of Akron to cap the use of general funds. The budget does not include moving costs, Akron employee pay-out, or IT expenses, but there are some carry over funds available for these purposes. Akron Health Department's maintenance expenses nearly double those of Summit County Health District's because of higher rents and lab maintenance. Ken Slenkovich noted that the merger would create a good sized department with more opportunities to leverage funding opportunities.

Space Allocation and Related Costs: Ken Slenkovich announced that a subcommittee will meet next week to look into these issues including arrangements with the City of Akron and options for the continued use of Morley Health Center. Dr. Cynthia Capers asked whether Morley might not be used. Tom Quade explained that Mayor Plusquellic would like a downtown presence. They can plan to use Morley as a default although it is not ideal, but they may consider other opportunities in the next couple of years.

Legal: Ken Slenkovich announced that a subcommittee will also meet next week to consider legal issues and to look at contracts. In response to a question, Ken Slenkovich explained that no state law issues have been identified, and they do not expect many issues because much of the health districts' current services already follow state law. Tom Quade followed that some city ordinances will require changes. The legal subcommittee can help draft an MOU between the departments. A question was asked whether the State Health Director is supportive and whether the state health department can assist with the merger. Ken Slenkovich replied that the Director is supportive, and that the state health department can help with transferring grants.

Timetable and Target Dates: Ken Slenkovich showed a merger timeline, and he explained that the major tasks will be accomplished throughout 2010 and will start quickly. The directors and staff have already begun and have developed more detailed timelines for each division. Gene Nixon explained that the departments intend to enter into a non-binding MOU in March as a good faith agreement that they can use to move forward with the merger. The formal union and contract would be effective in January 1, 2011. A question was raised about the status of Barberton in the consolidation. Bill Considine answered that a suit has tied up the process, but that as this merger progresses, it will answer many of the questions are slowing things down. The question was raised about how the process to select leadership will involve the commissions. Gene Nixon explained that a recommendation would go to the board of health. He further explained that the Deputy Director would be a new position at Summit County Health District, and the Director would fill that position with the approval of the Board. Tom Quade added that Gene Nixon has a lot of experience and would be his choice for Director.

Community and Stakeholder Participation: Ken Slenkovich said that the Committee previously agreed that the process should include public forums. He explained how the consultants are working with the Akron Urban League to plan the forums for February. It may be appropriate for members of the Committee to attend and speak about the process. The forums will target a diverse audience of users, including the expansion of users due to H₁N₁ and changing perceptions of health departments. The consultants will attend, and the Akron Urban League will write up a community response based on the meetings. Tom Quade explained that community input is essential to the feasibility of the merger to assure that the process involves the public and is transparent. Bill Considine explained that the forums will be able to answer likely questions

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about the reasons for and implications of the merger that could not have been answered a few months ago.

III. Next Steps

Bill Considine explained that the Committee will receive a final report on the feasibility of the merger and responses to the public forums that the Committee can then use to endorse the merger. Gene Nixon suggested that the final report should be distributed to the Committee before it meets again. Bill Considine noted and others agreed that the two departments have shown a commitment and willingness to work together that goes a long way to show the feasibility of the merger.

Health District Merger Feasibility Study Committee

Meeting Minutes

February 9, 2010

Present: Roxia Boykin, VP, Summa Foundation
Dr. Cynthia Capers, Special Assistant to Provost, University of Akron
Tracy Carter, Representative, Akron Health Commission
Bill Considine, President & CEO, Children's Hospital, Committee Chair
Lewis Debevec, SCHD Board Member, Fairlawn
Megann Eberhart, Advocacy Manager, Greater Akron Chamber
Wendy Feinn, Consultant, The Center for Community Solutions
Jon Fiume, Akron Health Commission
Dr. Kristine Gill, SCHD Board Member, Cuyahoga Falls
Renee Greene, Akron City Council Representative
Sue Hobson, Akron General Medical Center
Bob Howard, Director of Planning, Children's Hospital
Dr. William Keck, Retired, Akron Health Department
Gene Nixon, Health Commissioner, Summit County Health District
Cheryl Powell, Medical Writer, Akron Beacon Journal
Tom Quade, Interim Director, Akron Health Department
Ken Slenkovich, Consultant, The Center for Community Solutions
Michelle Smith, Executive Assistant, Summit County Health District
Jeff Snell, SCHD Board Member, General Health District
John York, City of Akron Law Department

I. Announcements

Bill Considine welcomed the group and introduced Cheryl Powell, medical writer for the Akron Beacon Journal. Bill Considine thanked Gene Nixon and Tom Quade for their work because it set the groundwork for the merger and will provide an example to others on how to build efficiencies.

II. Discussion

Ken Slenkovich described the recommendations of the Labor and Facilities Subcommittees, both of which met since the last Health District Merger Feasibility Study Committee meeting. Ken Slenkovich said that the Legal Subcommittee concluded that no legal barriers exist that would make consolidation unfeasible. He explained that the bargaining agreements would no longer apply once the current Akron Health District employees become employees of the Summit County Health

District (SCHD) because those bargaining agreements contain no assignment clauses. The bargaining units that currently represent Akron Health District employees can attempt to organize with them again once they become employees SCHD. The health districts can renegotiate Akron Health District's contracts as each comes up.

Ken Slenkovich said that the Facilities Subcommittee found that there are adequate facilities to house the merged health district provided that the City of Akron continues to provide in-kind support through the use of the Morley Health Center in the short-term. The subcommittee recommended that the Morley Health Center may not be ideal for the longterm, and that the health district begin to facilitate conversations now to learn about opportunities to relocate in the community. Dr. Cynthia Capers suggested and others agreed that the feasibility report mention some of the potential partners, such as universities and bioenterprise efforts. Bill Considine said that there had been concerns in the community that the health district would no longer have a major presence in Akron, but that the health district remains committed to keeping a downtown presence, and that a move would be timely because many things are evolving in the community. Dr. William Keck noted that obtaining new facility space provides opportunities to improve population health status by aligning with what is going on in the community.

Gene Nixon reported that he and Tom Quade met with Mayor Plusquellic, and Mayor Plusquellic supports the merger under reassurance that the health district will retain a downtown presence and that all employees will remain employed. Mayor Plusquellic provided assurance that the health district could continue to use the Morley Health Center, paying only for routine maintenance, and that Akron general revenues would provide a stable level of funding. There are future meetings planned with the SCHD and the City of Akron finance director to reach further detail on financial estimates. A question was raised about whether consideration had been given to the name and branding of the merged health district. Gene Nixon offered to bring the issue to the health district board.

Feasibility Report

Ken Slenkovich presented a summary of the Feasibility Report. He described the process that the consultants, committee members, and health district staff went through to arrive at its finding that each of the eight critical issues is feasible. The report found that a merger would be feasible with regards to issues of 1) Governance, 2) Personnel, 3) Finance, 4) Health Services, 5) Facilities, 6) Legal, 7) Timetable and Target Dates, and 8) Community Participation.

The report lists four possible governance models and recommends a combined health district through a contractual arrangement between City of Akron and SCHD. The report found that a merger would not affect the public health funding streams. Estimations show that the merger would bring

limited immediate savings, but would bring increased savings over time. This assumes continued in-kind use of the Morley Health Center and a stable level of Akron general revenue support. A question was raised about whether funds have been identified for IT and other one-time costs. Ken Slenkovich answered that funds have been identified, and that the City of Akron will pay the employee buy-out costs. Tom Quade explained that they expect to have an estimation of the buy-out costs in one month, and that they will weigh the benefits of a complete buy-out with an option to allow employees to carry over some time after they transition. Ken Slenkovich described the process used to review personnel and services issues to arrive at a model organizational chart for the merged health district which would increase efficiency and coordination to strengthen the health system. Ken Slenkovich said that the facilities analysis was assisted by recommendations provided by the staff of each health district.

Ken Slenkovich described the community participation aspects of the process including 1) the participation stakeholders as members of this Health District Merger Committee, and 2) the upcoming public forums that will be facilitated by Akron Urban League. He invited committee members to attend the forums. He explained that SCHD and the Akron Urban League are using their resources to promote the public forums. He suggested that the health districts send a letter to the regulated communities to seek their input. The health commissioners will discuss the merger at related meetings to gain additional community input and inform more audiences about the process. SCHD had sent a press release the previous day, and the final Feasibility Report will be published on the health district websites. The public's responses at the forums will be recorded and summarized in a separate report.

There was a Motion to endorse the Feasibility Study. The Committee unanimously approved the motion by a voice vote.

III. Next Steps

Gene Nixon explained that the city and county governments must approve the merger. The health districts will focus on the challenges of change, and the merged district will probably re-establish its goals and vision early next year.

Bill Considine said that this would likely be the last official meeting of the committee, but that he'd like them to gather again in the fall to receive updates on the progress of the merger and continue to provide guidance. He thanked the committee members for their input and applauded the level of collaboration.