Consolidating Health Departments In Summit County, Ohio: A One Year Retrospective

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Executive Summary

In January 2011, three health agencies in Summit County, Ohio -- the Summit County Health District (SCHD), the Akron Health Department (AHD), and the Barberton Health Department (BHD) – began implementing a consolidation of their operations into one county-wide health agency. Since that time, the new organization has addressed a number of challenges, and this has required its leaders and staff to make personal and professional adjustments. The progress made thus far is impressive, but much work remains to be done if the new agency is to fully realize its goals. Even so, the new organization, now called Summit County Public Health (SCPH), already reports $1.5 million in cost savings and it appears to have laid groundwork for enhancing capacities and improving services in the future.

In January 2012, at the request of SCPH leadership, Kent State University's (KSU) Center for Public Administration and College of Public Health undertook an assessment of the new agency's challenges, progress, and outcomes after one year of operation. Their assessment methodology included:

- Identifying and reviewing key documents involved in the Summit County merger and literature relating to collaboration and consolidation of public health services;
- Interviewing senior SCPH managers and external stakeholders from the three health districts to gain their perspectives on the goals and process of consolidation, as well as their assessment of the challenges, progress, and outcomes associated with it;
- Surveying members of the Boards of Health (BoH) for SCPH, the City of Akron, and the City of Barberton, and;
- Collecting information from SCPH staff members on their perspectives regarding the transition through focus groups and an organization-wide survey of staff members.

Consolidating three separate organizations -- each with its own culture, personnel, policies, and practices -- is a difficult task. The new agency faced eight major strategic and operational challenges as it worked through its first year of transition to a unified public health organization.

Since January 2011, SCPH has addressed three major *strategic* challenges. First, it has established new strategic directions to guide its work. To do so, it created a new management infrastructure to guide its strategic thinking and decision-making. It also implemented a strategic planning process to define its mission and goals, and this culminated in the release of a formal Strategic Plan in September of 2011. And finally, SCPH initiated ongoing efforts to combine disparate policies and practices from the three original health agencies into new sets of county-wide public health policies and practices. The second major strategic challenge was to build credibility and engage key external stakeholders. Toward this end, the new agency teamed with other key Summit County health organizations to successfully pursue a community transformation grant from the Centers for Disease Control (CDC) and it submitted an application for national accreditation by the Public Health Accreditation Board (PHAB). The third and final strategic challenge was to understand its own progress, and SCPH has sought to do this through multiple efforts to share experiences and gain feedback from other local, state, and national groups.

SCPH has also addressed five major *operational* challenges. First, the consolidation has required the integration of approximately 250 employees into one new organization. This integration process included reassigning employees to positions within the new agency, and adjusting pay rates and benefit packages in a number of cases. Not surprisingly, this has proven to be a difficult and controversial process. While there was disappointment in the results for at least some staff members, the re-assignment process was in fact completed during the first year of the transition. A second major challenge involved technological conversions, including the conversion of the computer and telephone systems of the three agencies into new and unified systems. These conversions required re-tooling more than one hundred computers and setting up new back-up systems, as well as establishing new phone numbers for employees

and establishing inter-operability across phone systems in multiple facilities. While these unavoidable changes have now been largely accomplished, they were disruptive to agency personnel, operations, and services. A third major operational challenge related to the adoption of fifteen different facilities from the three original departments (Nixon, 2012). The new agency assessed them to align personnel assignments with the space available. While some staff members remained in their original buildings and locations, others were re-assigned to new places of work. The end result was dissatisfaction on the part of some employees and fragmentation of organizational units across multiple facilities in some cases. As a result, SCPH began a search for a new and integrated campus during the latter months of 2011.

There have also been major challenges relating to cultural change and communications. The three original Summit County health agencies each brought their own practices and beliefs to the new organization and it appears that assimilating these differing cultural orientations into one organization has proven to be difficult. Cultural integration does not occur quickly, and facilitating it continues to be a point of discussion and effort within SCPH. And finally, a fifth major operational challenge has involved communicating within the organization and engaging staff members in defining and implementing new directions for its work. During the run up to January 2011 and during the first year of transition, the need to keep staff members updated with new information often clashed with the constantly evolving negotiation, planning, and implementation processes in the new organization. The results were difficulties for managers in determining when and how best to communicate with staff and dissatisfaction among employees about communications. Efforts to improve communications are needed and it is our hope that this report can contributed productively to this process.

While making progress on these strategic and operational challenges, the new agency has also been making progress on finances, organizational capacities, and services. One goal of the consolidation was to save money through more efficient service delivery. According to a recent assessment of the costs of providing public health services in Summit County with three separate departments in 2010 and one unified department in 2011 (SCPH, 2012), Summit County taxpayers saved about $1.5 million through the consolidation. The majority of these savings– about $1.3 million – accrued to the City of Akron. The City of Barberton saved about $186,000, while contributions from other Summit County communities were maintained at existing levels -- just under $3.1 million across all of the other contributing communities. And, despite a challenging grant situation, the consolidation process has also enabled reductions in financial liabilities for employee leaves, as well as an end of year general fund cash balance of 12.69% of expenditures (SCPH 2012b). The new and unified Summit County public health system, it appears, is on stronger financial footing than the fragmented one that existed prior to consolidation.

After one year, it is pre-mature to assess fully the changes in capacities and services that will occur as a result of consolidation. However, while the evidence about current capacities is mixed, there are also positive signs for the future. By bringing persons with public health expertise across Summit County into one organization, the new agency has made itself richer in knowledge and capability than any of the organizations it replaced. Having all of these public health service capabilities available in one entity holds the potential to clarify messages to the public regarding where they need to go to access these capabilities. On the other hand, staffing and grant funding from federal and state agencies has declined and this has limited the resources available to make use of SCPH's expanded expertise. Even so, external stakeholders we interviewed asserted that the unified agency is enabling the development of partnerships that expand public health system capacities in Summit County, and the recently acquired community transformation grant appears to support this contention. However, SCPH staff members – who are still feeling the effects of the organizational disruptions discussed above – perceive slower rates of progress in capacity development than the external stakeholders with whom we communicated. In spite of these differences, however, the vast majority of professionals with whom we communicated – both external and internal to the new organization -- believed that the consolidation would yield improved public health

capacities over time. The challenge now is to facilitate ongoing capacity development and to create more specific measures to enable an understanding of whether or not it is actually occurring.

Another goal of the consolidation is to improve public health services. To assess service provision, we collected data to identify: 1) changes in quantitative measures of services; 2) perceptions about areas of service improvement and decline, and; 3) perceptions of overall service trends. SCPH provided quantitative assessments of public health service outputs in 2011 through the consolidated agency and similar information from the three original agencies in 2010. The quantitative measures were split about evenly between increases and decreases in public health service outputs between the two years. We also asked SCPH staff and stakeholders about specific cases of service change, and learned of multiple examples of both asserted service improvements and asserted service declines. And finally, we asked those with whom we communicated about their overall views of public health services in Summit County before and after January 2011. While a majority suggested that there had been no overall service improvement since January 2011, a majority also suggested that existing levels of public health service had been maintained. The challenge now, it appears, is to work toward improving services, and to create measures of public health service that are appropriately tied to SCPH goals and objectives and to monitor them to determine if progress actually occurs over time.

There are both differences and similarities in perceptions of the consolidation among the public health professionals with whom we spoke. In general, SCPH senior managers and supervisors had more positive views of the consolidation and its impacts than some others, particularly non-supervisory SCPH staff members. For example, SCPH senior managers, key external stakeholders, and SCPH supervisors have more favorable views regarding the pace of progress in implementing the consolidation than SCPH line staff or even some of the BoH members who were surveyed. Senior SCPH managers and, to a somewhat lesser extent, key external stakeholders also appear more optimistic about the impacts of consolidation to date than BoH members or SCPH staff across the board. And finally, SCPH employees who used to work for the AHD expressed greater concerns about some aspects of the consolidation than employees who worked for the Summit County Health District prior to the consolidation. In addition, outside of SCPH senior managers, there appears to be a fair amount of uncertainty regarding recent impacts of the consolidation for a number of the audiences consulted, including external stakeholders, BoH members, and SCPH staff. In spite of these differences, however, there are points of relative agreement across the audiences with whom we communicated. While there are significant variations in viewpoints about the effects of the consolidation on *current* capacities and public health services, the vast majority of stakeholders and staff believe that consolidation will enable *future* improvements in public health capacities and services. Perhaps because of this widespread viewpoint, approximately two-thirds of those public health professionals with whom we communicated indicated that they thought the consolidation was a good idea – in spite of its disruptive effects over the past year.

The past year has been difficult and disruptive, but much has been accomplished. Consolidating three organizations is an enormous task. Challenges relating to computer and phone systems, personnel classifications, and the adequacy of facilities, must be thoroughly addressed, as they impact staff morale and the effectiveness of services. Effectively managing the assimilation of organizational cultures and communications from management to line staff also has an impact on morale and the work environment. Despite these challenges, consolidation appears to have saved about $1.5 million, while stabilizing the Summit County public health system's financial base and also enabling the maintenance of existing public health services for the public. The consolidation is also enabling a re-examination of how best to provide public health services. This is a significant benefit at a time of economic and governmental transition. There is also optimism about potential future increases in public health capacities and services. From our vantage point, it appears that SCPH has taken on challenges that needed to be addressed and – in so doing – it has laid a foundation for improved capacities and services in the future. The task now is to build on that foundation to provide needed public health services for the people of Summit County.

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I. Introduction

Throughout the United States (US), public health professionals are discussing the merits of consolidating local health departments to achieve cost savings, enhanced capabilities, and public health service improvements. There are more than 2,800 local health departments (NACCHO, 2005a) in the US, and they are organized on both county and municipal bases. In Ohio alone, there are 125 health districts serving citizens in 88 counties (Nixon, 2012). Recent reform efforts in Ohio have raised questions about numbers of local government units generally and about the impact of large numbers of local health districts on both taxpayer burdens and the adequacy of public health services.

Much of the discussion about local health district consolidation focuses on costs and the availability of resources to fund needed public health services. The "Great Recession", which enveloped the US in 2008, slowed revenues to state and local governments. Growing federal budget deficits have put a squeeze on federal grant dollars for public health. These financial difficulties have raised questions about how to organize public health services to assure cost-effective public health investments and services.

There is also concern about the capacities of the local health departments and their ability to provide needed services. Toward this end, national public health organizations have been defining expectations regarding the kinds of public health services that should available to citizens throughout the US. In November of 2005, the National Association of County and City Health Officials (NACCHO) published a report defining a functional local health department (NACCHO, 2005b). And, in May 2011, the national Public Health Accreditation Board (PHAB) issued standards for accrediting local health departments that are based on the ten essential services that NACCHO used to define a functional health department in 2005. These and other national efforts provide a means by which local governments can measure and improve their public health capabilities.

> "We need one health department to work with communities versus three health departments to manage limited resources. Consolidation is an opportunity to focus on a unified strategy to address public health issues."
>
> Russ Pry
> Summit County Executive

In addition, observers of the overall public health system are expressing concern about the adequacy of services provided by multiple small local health departments that serve citizens in fragmented and overlapping fashion. At least three concerns are evident in this context. First, these kinds of public health delivery systems do not yield public health jurisdictions of sufficient scope to address public health problems that are multi-jurisdictional in character (disease transmission, public health emergency response, etc.). Second, smaller jurisdictions may duplicate services and they may not be able to achieve economies of scale that are necessary for efficient and effective service delivery. And third, multiple local health departments pose problems of coordination as they compete for grant funds and/or leadership in major public health initiatives that are needed to address pressing public health problems.

For these and other reasons, studies have been undertaken to assess the factors determining whether local health departments consolidate their services (Bates et al., 2009) and the determinants of public health system performance (Mays et al., 2006; Santerre, 2009). Taken together, these studies suggest that the economies of scale achieved through health department consolidation may improve the efficiency of service delivery (Santerre, 2009) and improve the "performance of essential (public health) services" (Mays et al., 2006). In short, consolidating public health services appears to hold the potential to improve public health services for citizens *and* save money through more efficient service delivery.

While recent research suggests that consolidating public health departments can improve the efficiency and effectiveness of public health services, there is a need for research that documents the challenges that health departments face in consolidating with one another and the ways in which those challenges can be addressed. There is also a need to understand whether or not the benefits thought to accrue after consolidation actually occur and in what time frames. In other words, while recent research does suggest that consolidation is likely to have beneficial long term effects, there is a need to build a knowledge base to illuminate what happens after health departments do in fact consolidate.

In January 2011, three local health districts in Summit County, Ohio -- the Summit County Health District (SCHD), the City of Akron Health District (AHD), and the City of Barberton Health District (BHD) -- consolidated their operations into a single organization. According to documents created as the consolidation was being developed and adopted, the merger was done to improve efficiencies and save money, enhance public health system capacities, and improve public health services in Summit County. In late 2011, the leadership of the new organization, now known as Summit County Public Health (SCPH), requested that Kent State University (KSU) provide an external assessment of the challenges, progress, and outcomes associated with merging the three health departments after one year of effort. While the one year time frame underlying the study almost guarantees that the challenges, progress, and outcomes identified are likely to focus heavily on a disruptive period of transition, knowledge of what happens during that period of time may be particularly valuable in enabling an improved understanding of the transition process and ways to manage it effectively.

This report represents KSU's response to the SCPH leadership's request for a "one year after" assessment. It presents the results of our effort to identify challenges, assess progress, and ascertain outcomes and accomplishments one year after initial consolidation of three health districts in Summit County, Ohio. We find that implementing the consolidation has given rise to challenges and that the new department has made progress in addressing these challenges. Our findings also suggest that this process has been a difficult one for a number of the health department staff members, and that there is a need to continue working to fully integrate several organizational cultures into one new organization that works and communicates effectively toward shared goals and objectives. Notably, we also find evidence that the new organization has continued to provide baseline services during the transition process, in spite of the inevitable disruptions associated with implementing a transition of this magnitude.

We also find documentation of significant cost savings, based on data provided by the department's administrative staff. Unfortunately, however, a complete assessment of public health capacity development and service impacts appears to be premature at this point in time, as the evidence we have collected thus far is mixed and inconclusive – at least with respect to long term effects. And finally, we find a range of opinion regarding the process and impacts of the consolidation during its first year of implementation, even as we also find that the majority of the public health professionals we consulted believed that the consolidation would yield enhanced capacities and public health service improvements over the long term.

The report that follows expands upon these baseline findings. After providing background on the Summit County Health District merger and reviewing our research methods and data, we identify eight major strategic and operational challenges faced by the new department during the first year of the merger. We also document progress made by the new department in addressing these challenges, and assess outcomes and accomplishments of the consolidation after one year of transition. We then summarize the varying perspectives that were expressed to us during the course of this research, and offer

our own conclusions based on the challenges and accomplishments associated with the Summit County health department merger after one year of experience as a consolidated health district.[1]

II. Background

Historically, the public health needs of Summit County, Ohio have been served by three separate local health agencies: the Summit County Health District (SCHD), the Akron Health Department (AHD), and the Barberton Health Department (BHD). The three health agencies provided separate sets of services, addressed the public health needs of different sub-populations in Summit County, and – at times – they even competed with one another for grant funds from external organizations. While this situation was recognized as counter-productive by some, there was no overwhelming catalyst to motivate a merger among the health districts until after the turn of twenty-first century.

Over time, and prior to the consolidation, staff members from the three health agencies did create multiple collaborative arrangements in various areas of public health service. They coordinated on vaccination campaigns, surveys, grant applications, and other collaborative efforts (Beechey et al., 2012). For example, staff from the three departments set up a system whereby they coordinated their efforts to administer nutrition services for women and children under the federal Women Infants and Children's (WIC) program. They also worked together to share information with one another to enable improved disease tracking and follow up efforts of various kinds (see Beechey et al., 2012). In spite of these positive efforts across the three departments, issues remained. The benefits of information sharing were limited by differences in Information Technology (IT) systems in the three departments, and – not surprisingly – coordinating management processes across the departments was a continuing challenge.

The onset of the "Great Recession" in 2008 yielded new financial challenges, particularly for the Akron and Barberton health agencies. Between 2008 and 2010, federal, state and local grants to these two departments diminished from about $7.6 million to just over $6.9 million (SCPH, 2012c). During this same time period, program revenues to the two departments declined from about $4 million in 2008 to about $2.4 million in 2010 (SCPH, 2012b).[2]

> "Public Health should not be defined by the border of a city. It should be defined by the need of a population."
>
> SCPH Manager

These financial challenges led to responses in both Akron and Barberton, as staffing and capital outlays at the two city health agencies diminished considerably. Between 2008 and 2010, the two health agencies reduced their combined staffs from 172 to 127 and they reduced capital outlays from almost $27,000 to $0 (SCPH, 2012b). During this same time period, tax-based contributions to support city health department services also came under stress, as ongoing municipal funding for public health services in the two cities declined (SCPH, 2012b). Maintaining strong and independent health departments in the two cities became an increasingly unsustainable endeavor, as the Great Recession yielded reduced local tax revenues during the years between 2008 and 2010.

During this same time period, discussions accelerated across the health departments and the jurisdictions involved about ways in which they could continue to provide meaningful public health services during this time of financial challenge. In 2009, the SCHD and the AHD submitted a proposal to

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[1] This report summarizes the research and conclusions reached as a result of it. In separate documents, we offer observations and recommendations for SCPH and other public health professionals who are working to improve the efficiency and effectiveness of public health service delivery through public health department consolidation.

[2] While the recession also created challenges for SCHD, it appears to have been less affected than AHD and BHD. SCHD's grant revenues fluctuated between about $6.5 and $7.3 million in the years immediately preceding the 2011 consolidation, and its program revenue increased gradually between 2008 and 2010 from $2.78 million to $3.05 million.

the Fund for Our Economic Future's Efficient Government Now (EGN) program to seek funding to help moderate the costs of implementing a system that would allow them to more easily share information. While their proposal was selected as a finalist in the first round of the EGN program, they did not end up getting any funding through this program.

However, talks between SCHD and AHD moved forward, as Summit County Executive Russ Pry and Akron Mayor Donald Plusquellic supported a formal Health District Feasibility Committee (HDFC) of community members, led by Akron Children's Hospital Chief Executive William Considine, to discuss the consolidation of the two departments. Funds from AHD and SCHD, the local GAR Foundation, and area hospitals also supported a study of the feasibility of consolidation which was completed in 2010.

The Center for Community Solutions (CCS), a non-profit research organization based in northeast Ohio, was enlisted to examine the feasibility of a potential consolidation between the SCHD and the AHD. The CCS worked closely with the appointed committee throughout the entire process of examining critical issues and evaluating barriers and solutions to improving public health services in the county. On February 11, 2010, the CCS released its report, which found that a merger between SCHD and AHD was indeed feasible.

> "It is critical to bring leadership to lend credibility to the effort, to lend a level of confidence in the project, to lend legitimacy in the community."
>
> Mayor Donald Plusquellic
> Mayor of Akron

With the release of the CCS report, and with support from County Executive Russ Pry, Akron Mayor Don Plusquellic, and Committee Chairman Bill Considine, broader support for the health department consolidation began to build. A number of retirements of organizational leaders in Akron also provided for the possibility of a smooth transition without battles for power in the newly formed health district. In the end, the HDFC committee also concluded unanimously that a consolidation of the AHD and SCHD was feasible. Akron Mayor Plusquellic argued for a condition that no jobs be lost during any consolidation. The Mayor's and some employee concerns were placated after leaders of the SCHD agreed to this condition[3], thus yielding conditions that were conducive to support for a merger of AHD and SCHD.

Soon after, Barberton Mayor Bob Genet announced that he favored merging the BHD with Summit County and Akron's departments. Immediately, a hurdle to Barberton's joining the consolidation emerged in the form of a lawsuit against Mayor Genet from the city's own health district. The BHD sued the Mayor, citing a city ordinance that stated the city must have a health district; however, lacking evidence that the ordinance required the city to run its own district, the department dropped the lawsuit and plans to merge all three districts moved forward. Despite the initial lawsuit against the merger, BHD became the first city department to merge with the newly formed Summit Combined Health District in October of 2010. AHD followed and merged with SCHD and BHD in January of 2011.

III. Data and Methods

We used a multiple method approach to assess the new combined Summit County health district's challenges, progress, and outcomes. Our efforts were cumulative, so information gained at one stage of the research process informed activities undertaken at subsequent stages. As a result, our survey and interview inquiries became progressively more complete as the research project evolved. A total of

[3] However, there were also concerns about other impacts of the consolidation. For example, concerns about the impact of the merger on the net income of AHD employees continued up to the time that the contract between the City and the SCHD was signed (Quade, 2012). To at least some degree, these concerns about net income resulted from differences in the length of the work week between the two organizations. Until the merger, the standard AHD work week was 40 hours per week, while the standard SCHD work week was 35 hours.

almost 300 individuals were contacted during the course of our research, so we heard a wide range of perspectives on the motivations for the consolidation, the challenges associated with it, progress made during the first year of the process, and the initial outcomes and accomplishments of the merger.

The remainder of this section of the report reviews our data collection processes, the methods we used to analyze and present information, and the pros and cons of the research approach we used. Our research approach is useful for identifying challenges, progress to date, and overall outcomes and accomplishments after one year of consolidation effort. It is also useful for informing future efforts. However, further research is needed to identify longer term impacts of the consolidation, particularly as they relate to effects on public health capacities and on the nature and extent of public health services.

> "Our research approach is useful for identifying challenges, progress to date, and overall outcomes… after one year of consolidation effort."
>
> Study Authors

A. Data Collection

We collected information in a number of ways. We began by identifying and reviewing important documents involved in the Summit County merger and literature relating to collaboration and consolidation of public health services. These documents included documents provided by SCPH and its leadership, as well as publicly available documents from other sources[4].

We interviewed senior SCPH managers to gain their perspectives on the goals and challenges of consolidation, as well their assessment of progress and outcomes associated with it. We interviewed the Health Commissioner, the two Deputy Health Commissioners, Division Directors of the four major divisions, and several other key managers in specialized positions. In total, we conducted ten of these interviews. For each interview, we prepared a standard set of questions, some closed ended and some open ended. We also asked similar questions to produce data that could be compared across interviews.[5] We took notes during each interview and recorded them after the interviews were completed.

We also interviewed key external stakeholders who played roles in the process of forming the consolidation and/or implementing it. These individuals included elected chief executives of each of the jurisdictions involved, as well as the leader of an area hospital and leaders of other stakeholder groups involved in providing public health services in Summit County. We used a standardized set of questions, and included common questions across interviewees to enable comparisons. In total, we interviewed a half-dozen external stakeholders. Our written notes from these interviews provide a foundation underlying several of our analyses.

We also surveyed members of the Boards of Health (BoH) for SCPH, the City of Akron, and the City of Barberton. We developed the survey to get additional external perspectives regarding the consolidation from individuals who are likely to be knowledgeable regarding public health in Summit County. The surveys assessed BoH members' perceptions of the quality and quantity of public health services provided to their communities before and after the consolidation, as well as their perceptions regarding the manner in which the consolidation had been implemented to date.

BoH's include representatives from the Townships, Villages, and Cities that benefit from services provided by the SCPH, so they provide a means to obtain client input on the consolidation and its impacts. To administer the survey, we attended meetings of the three BoH's and provided a written

[4] A listing of the documents relating to the Summit County consolidation is provided in the Appendix A.

[5] Because we used a range of approaches to collect data and administered them differently by audience, we asked similar questions in different ways in some cases. However, we sought to maintain core ideas across data collection approaches to enable useful comparisons across data sources.

survey instrument and a postage paid envelope to enable return of the survey. Several reminders were provided to encourage participation. In total, we received 17 completed surveys from BoH members across the three boards, an overall response rate of about 59% (17/29). We received 11 survey responses from SCPH board members, and 3 each from the Akron and Barberton board members.

We also collected information from SCPH staff members. We did this at the request of the SCPH leaders, as they were aware that their staff had insights to share about challenges associated with the consolidation process. The first element of this effort to get SCPH staff input was to conduct focus groups. The purpose of the focus groups was to gain in depth perceptions about the consolidation and its impacts from persons who had been involved in public health service delivery in Summit County both before and after the consolidation. The focus group discussions centered on challenges associated with implementing the transition to a consolidated department, accomplishments during the consolidation's first year of operation, and the perspectives of participating staff members regarding the agency's future.

Three to 10 individuals participated in each of four focus groups, and two different locations were used to hold the focus group meetings on two separate days. We conducted purposeful sampling to select focus group attendees, and a total of 22 SCPH employees participated. Across the four focus groups, we enabled participation by supervisory, professional, and administrative support staff, employees of each of the major SCPH divisions, and employees from more than one of the original health departments (eg. Akron and SCHD were both represented). The purposeful sampling was done to enable placement of individuals within groups where they were likely to be comfortable engaging in open and active discussions. We took notes regarding major points that were made and the differing perspectives that were offered.

Drawing on information gained through the focus groups and interviews, we developed a survey to administer to all SCPH employees. To facilitate comparisons across audiences, we included questions similar to those that had been asked during interviews and in the BoH survey. However, drawing on information received during earlier portions of the research process, we also added questions that we had not asked previously of other audiences. Like our other information collection efforts, the survey sought to lend insight regarding key challenges associated with the consolidation, progress made in administering it, and outcomes and accomplishments that had become apparent to date. We administered the survey electronically, using KSU's Qualtrix electronic survey management system. After pilot testing the survey both internally and with a handful of selected SCPH employees, we administered it electronically during the first two weeks of May. We received a total of 175 responses, a response rate of 66.8%.[6]

B. Analyzing and Presenting the Data

We then analyzed the data from the documents we collected and received from SCPH, the interviews we conducted, our focus groups, and the surveys. For information provided by SCPH staff, we reviewed the materials provided and identified key pieces of information to use in this report. Where necessary, we inquired further of SCPH staff for clarifications. Key documents provided by SCPH staff include a summary of public health service changes over the first year of the consolidation and a financial analysis providing estimates of cost savings and other information relevant to the financial health of Summit County health agencies. Information from these two documents have been incorporated into our analyses.

We reviewed our transcriptions from each of the interviews to identify key themes and comments. We also tabulated the responses to the quantitative questions and entered those data into excel and a statistical software package, SPSS, for summarization and analysis. In addition, we drew

[6] Our data collection procedures were approved by the KSU Institutional Review Board (IRB) in February, 2012.

quotations provided by those interviewed that could be used in presenting key concepts growing from the research. We sought out and gained permission to use quotations from those interviewed. In the report, we included names of the Health Commissioner and some external stakeholders who approved use of their quotations and names in the report. Quotations drawn from SCPH managers and staff are presented anonymously.

To analyze the focus group information, we reviewed notes and concepts presented during the four focus group sessions. While a primary purpose of these groups was to inform construction of the SCPH staff survey, we found the in-depth perspectives offered to be insightful. We have thus drawn from those discussions in some cases to help us interpret and supplement the quantitative information that is presented in this report.

After receipt of the surveys from respondents, we tabulated and cross-tabulated the data. For the BoH surveys, data were combined, where appropriate, with interview data to enable the development of summaries and analyses across audience categories. For the SCPH staff survey data, we downloaded and summarized the data using Qualtrix. Cross tabulations were run as well, and this enabled comparisons of responses across supervisory and non-supervisory employees, as well as across employees from the originating health departments. These cross tabulations are used in some of the analyses presented.

When presenting quantitative data from the surveys and interviews, we typically report only direct responses to the questions asked. For example, in cases where we ask questions with "yes" and "no" responses, we typically exclude "I don't know" responses (or other responses, such as "does not apply" or "neither agree nor disagree") when presenting the resulting quantitative information in percentage terms. We present the data in this manner for ease of interpretation, and because we often found that large numbers or respondents answered "I don't know". Where this occurs, we often report these "I don't know" responses separately. We report the data in this manner because it highlights a broader finding of our research, which is that there is a continuing need to build a deeper information base to support the new organization's ongoing decision-making and to disseminate that information to staff. In addition, while we used all of the surveys provided to us in our tabulations and analyses, incomplete survey and interview responses mean that the sample sizes vary across the data that are reported.

C. Pros and Cons of the Research Approach

All research efforts require choices about data to be collected and methods to be used, and these choices are often constrained by external parameters such as the time and resources that are available. This research project is no exception. Working with senior SCPH managers, we made choices regarding data and methods to be used in this study, and these choices yield both advantages and disadvantages.

> "[F]urther research is needed to identify longer term impacts of the consolidation, particularly as they relate to effects on public health capacities and on the nature and extent of public health services."
>
> Study Authors

The research methods we used carried several key advantages. First, while our data collection and analysis efforts were intensive, they were also relatively simple and this has allowed us to complete this work within a relatively rapid time frame. Second, at the request of SCPH senior managers, we sought a wide range of perspectives on the consolidation from a large number of persons. This allows us to report extensively on differing views and concerns associated with the consolidation. And third, we worked directly with SCPH managers and staff in some areas so we could benefit from their knowledge and expertise, even as we retained independence regarding the content of the report.

However, our research approaches are not perfect, and they carry certain disadvantages. First, and perhaps most importantly, this research was conducted just one year after the consolidation began, so

it does not (and cannot) be used to assess the full impacts of the consolidation – particularly in relation to impacts on public health capacities and services, both of which are likely to take some time develop. Second, in part because we drew on perspectives of different audiences and individuals, we relied on a preponderance of evidence to reach conclusions in some cases where targeted and/or objective evidence is not available. However, we do express differing viewpoints as perspectives or opinions in our analyses, so readers should be able to separate objective evidence from prevailing opinions as they read this report. And third, our research approach does not allow us to dis-entangle conclusively the effects of the consolidation from external trends such as reduced grant funding nationally and/or concurrent decisions made by department leaders to move in new strategic directions.

While alternative research designs calling for more complete and specific data collection relating to public health capacities and service quality and/or larger samples of health agencies to investigate could correct or minimize some of the disadvantages identified above, implementing these alternative research approaches would have required more time and resources than were available for this study. Nevertheless, we do believe that the information presented here does provide a foundation for identifying challenges, gauging progress, and improving our understanding of initial (one year) outcomes and accomplishments associated with the consolidation of health departments in Summit County.

IV. Key Challenges: Progress and Remaining Issues

The final merger of all the three Summit County health departments began on January 1, 2011, the date that had been set by Summit County and the City of Akron for the consolidation of their departments to take effect[7]. As one might expect, the transition from three separate local health departments to one consolidated health district presented significant challenges, both strategically and operationally. The challenges we identify are summarized in the box below, organized by whether they are strategic or operational challenges, respectively. The new department has made substantial progress in addressing these challenges. Even so, continuing efforts are appropriate (and, in at least some cases, are underway) to address some of them further as the department moves forward in the second year of its transition.

Key Challenges

Strategic

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

Operational

Adjusting personnel roles and working arrangements
Converting technological systems
Assessing and altering facility arrangements
Managing changing organizational cultures
Communicating and engaging staff

[7] As is noted above, the integration of the Barberton and Summit County Departments occurred several months prior to this time, beginning on October 1, 2010.

A. Strategic Challenges

During the first year after the consolidation, the new combined Summit County Health department faced at least three major strategic challenges. First, it had to establish strategic directions to guide its work and activities. Second, it had to establish ties to key external stakeholders and re-affirm its credibility as a consolidated organization. And finally, it needed to establish processes for understanding its progress and for making adjustments that are needed to assure its long term success. These major challenges, and the steps taken to address them, are described in the subsections that follow.

1. Creating New Strategic Directions

Like any new organization, the new consolidated department needed to establish new and recognized areas of focus for its activities. To do this, it needed to establish a senior management infrastructure to make decisions in this area and implement them. It also needed to enable the development of its mission and goals, and to take steps to develop a shared understanding of its strategic directions. The new organization also had to face the challenge of combining disparate policies and practices that it assimilated when the three original health departments were merged to create the new consolidated department. We discuss these efforts in turn.

a. A New Senior Management Infrastructure

> "When we strengthen management capacity, we provide the seeds for generating more ideas. We are focusing in new ways on deliverables and (we are being) forced to think in new and different ways."
>
> Gene Nixon
> Summit County Health Commissioner

To enable progress, it was necessary to establish a management infrastructure at the outset to guide the new organization's choices and activities. An organization chart displaying this new infrastructure is provided in Appendix B. At the apex of the new organization lies the Commissioner of Health, who provides strategic and management leadership for the new agency. He reports to a Board of Health comprised of representatives from Summit County communities that are served by the new organization. The Health Commissioner is now assisted by two Deputy Commissioners, one for planning and one for Quality Assurance. The Deputy Commissioner for Planning works with the agency's program directors to assure that program development is aligned with the organization's strategic planning and that planning processes are appropriately aligned with community and public health needs in Summit County.

The Deputy Commissioner for Quality Assurance, by contrast, assures that mechanisms are put in place to measure outcomes and to assure the quality of processes that are put in place to accomplish those outcomes. The Deputy Commissioner for Quality Assurance also works to develop continuous quality improvement (CQI) processes for the organization and is involved in pursuing national accreditation for the new organization (Quade, 2012). The programs and operations of the new organization are structured around four divisions. These divisions are: Community Health, Clinical Services, Environmental Health Services, and Administration. This re-organization of functions draws on staff from units in the three original health departments and it was orchestrated to re-structure the delivery of services within Summit County strategically toward key public health activities. Each of these divisions is led by a Director, who is assisted by one or two Deputy Directors, and these four Directors have primary responsibility for moving forward with programs and initiatives in their areas of responsibility. The Division Directors report directly to the Commissioner of Health.

Some time prior to the consolidation, the Akron and SCHD agencies were both organized in more traditional functional alignments, such as "Nursing", and – shortly before the consolidation – both organizations made structural changes to reflect new strategic directions as they were beginning to conceptualize the move toward consolidation. As a result, the new organizational arrangement reflects these changes and appears as an effort to match organizational structure with recent perceptions of community needs.

It is also worth noting that the senior management team is not exclusively drawn from the original county health district, and that former Barberton and Akron officials also hold supervisory positions. The Health Commissioner is the former SCHD Commissioner, while the Deputy Commissioner for Quality Assurance and the Deputy Commissioner for Planning are drawn from the AHD and SCHD, respectively. The Division and Deputy Division Directors of the four major divisions are drawn from the SCHD and the AHD. While officials who had worked for the smaller Barberton Health District are not among the new agency's senior managers, some former BHD employees do hold supervisory roles within the new organization. Together, all of these agency officials now provide strategic leadership for the department, as it crafts a new course for public health services in Summit County.

b. Strategic Planning

Soon after the January 2011 merger, the new department initiated a strategic planning process to develop a written mission and goals to help guide the new organization's activities. The effort involved staff meetings, a staff values survey, management planning meetings, a summer planning retreat, and an effort to draw from existing community assessment initiatives.[8] Taken together, these efforts were designed to provide a foundation of values and knowledge upon which to base the strategic directions and decision-making for the new organization. As an outgrowth of this process, a decision was made to name the new consolidated department "Summit County Public Health" (SCPH), a name intended to reflect "the unique function of the agency in the community" (SCPH, 2012a).

In September of 2011, the new SCPH completed and released its strategic plan. It identified the following statement as its mission:

> "Protect and promote the health of the entire community through programs and activities designed to address the safety, health, and well-being of the people who live in Summit County. We seek to create a healthful environment and insure the accessibility of health services to all."

In pursuit of this mission, the Strategic Plan sets forth a series of five strategic goals. They are as follows:

1. Addressing Social Inequities: Systematic differences in health status between different socioeconomic groups are amenable to change. Actions should be adopted to tackle social determinants of health and health equity.
2. Improving Health: Overall measureable health status changes should be the result of all planning efforts.
3. Attaining National Accreditation: The quality and performance of the agency will be improved and demonstrated by meeting established national standards.
4. Strengthening Organizational Capacity: The agency will continue to strengthen the organizational capacity through improved communications, information technology, sound fiscal management, data collection, and a commitment to staff development.
5. Assuring Access to Services: Care coordination is the facilitation of access to and coordination of medical and social support services for high-risk populations across different providers and organizations resulting in improved health and quality of life. Access must include oral health care and behavioral health care support.

[8] According to the SCPH Strategic Plan (p. 5) document, the 2012 SCPH Strategic Plan was "designed in alignment with the Summit County Quality of Life Assessment and the recent Phase I Environmental Assessment of Summit County report".

These goal statements are noteworthy at least in part because they are consistent with overall movements in the public health community toward management paradigms that emphasize the role of public health practitioners as facilitators of health improvements and a healthy environment, rather than as simply providers of public health services. This movement toward conceptualizing public health practitioners as facilitators rather than service providers is consistent with broader trends in the public management field that have been developing over the past several decades (Hood, 1991). For public health practitioners, it is increasingly envisioned that this facilitation can be successfully achieved by addressing social determinants of public health and by enabling populations to access a range of community public health services. A brief table summarizing the emphases of this new paradigm in comparison to more traditional forms of public health management is provided in Appendix C.

The 2012 Strategic Plan also includes a listing of specific transformational initiatives which are to be undertaken by the major Divisions within the organization. The initiatives listed are numerous, and many include specific timetables for completion. For the most part, they also include clear deliverables. As a result, progress in implementing the new strategic plan does appear to be measureable in a number of respects.

> "There are now wrap around public health services to address the social determinants of health and unmet needs such as prescription access, dental, and health partnerships. The goal is to build a better public health system."
>
> SCPH Manager

The new department moved quickly to develop a strategic plan to guide its efforts and activities. To a significant degree, the quick progress made in this area was due to planning and forethought, as key elements of the strategy appear to draw from a 2009 concept paper created as initial discussions regarding the potential merger were developing. Nevertheless, within the first several months, the new department's leadership took pulse of the overall values of the organization and engaged the Summit County Board of Health, the new department's governing body in providing feedback on the strategy. The end result was an approved strategic plan for the new department, which provided both overall direction and specificity regarding key activities and the time frames within which they were to be accomplished.

c. Merging Policies to Yield More Consistent Approaches

When the new department was created, it essentially adopted three different sets of policies and practices from the three original health departments. The first year of consolidation thus yielded a number of efforts to compare, evaluate, and integrate existing policies, particularly in areas relating to environmental health, clinical services, and administration. The Community Health Division appears to have been relatively less affected by this need because it had operated more uniformly across the county in the old Summit County Health Department (SCHD).

In the new Environmental Health Division, which manages most of the public health regulatory programs that are administered for Summit County, a number of policy unification efforts occurred in areas relevant to environmental regulations and inspections. While many of these programs – such as drinking water well oversight, septic system regulation, and licensing and inspection of food services – are administered under state rules, local jurisdictions do exercise discretion in interpreting state requirements and in administering their programs on a day to day basis. As a result, prior to consolidation, the three original health departments administered their programs in these areas in somewhat different ways. During the first year of the consolidation process, efforts were made to create a new set of policies and procedures which were to apply more uniformly throughout the county.

> "The grant's funded efforts include fostering of community health leadership development; investigation of regional health programs; analysis of health policy areas including the areas of tobacco-free living, active lifestyles and healthy eating; and, identifying the areas of greatest need in Summit County"
>
> Austen Bio-Innovation Institute, Akron, 2011

Similar policy unification efforts were also undertaken in the Clinical Division, which manages public health services for specific clientele audiences. Communicable disease follow up services were unified across the county, with the result that Summit County infection control practitioners could interact with SCPH staff on a more consistent basis as they provided follow up care in cases where communicable diseases were identified. Similar changes to make policies and practices more consistent were made in the SCPH's efforts to enable common clinical experiences for nursing students completing their clinical rotations in public health.

There was also a need to administer the new agency using standardized practices and procedures for human resource management, purchasing, budgeting, and other administrative functions. From what we could gather, existing SCHD policies were largely adopted wholesale. This is attributable to the fact that many of the staff members in the administrative division were drawn from the SCHD, as well as to the fact that the two city health departments were embedded in larger municipal administrations that possessed their own procedures and process that operated across multiple service areas (in addition to public health) within their jurisdictions. Information we gathered from interviews and focus group suggests that former Akron staff members noticed some improvements in purchasing and budgeting processes relative to what they had experienced previously.

Thus, during the course of the first year of the transition, SCPH staff members from differing departments worked together to assess practices in the three original departments and arrive at a more unified set of practices in each of these areas. While these policy unification processes have been the subject of significant discussions and, in some cases disagreement, they continue to be fine-tuned. In spite of the need for further resolutions in some areas, we were told during the course of our investigations that a number of SCPH programs now benefit from more unified and consistent approaches to program implementation on a county-wide basis.

2. Building Credibility and Engaging Key Stakeholders

As a newly combined organization, SCPH needed to assure its credibility with external stakeholders and engage these stakeholders to support its mission. This effort was particularly important given the broader philosophical approach they had adopted in their strategic plan. While the new department had some advantages in this area because many members of its staff had been engaged in fostering public health improvements in Summit County for a number of years, the new agency nevertheless required both active engagement of key external stakeholders and the demonstration of success early on in the transition process to establish itself as a key contributor to public health in the county and the region. As a result, during the first year of the consolidation, senior managers looked outward toward partners in Summit County, Northeast Ohio and beyond for both engagement in their activities and means to credibly build and expand their capacities. They also made contact with state and national organizations which had ongoing interests and expertise in delivering public health services.

One successful example of this kind of effort was the SCPH's work in partnering with a number of other Summit County organizations to develop and submit a community transformation proposal to the federal Centers for Disease Control (CDC). Its partners in this effort included the Austen Bio-Innovation Institute in Akron (ABIA), the Akron General Health System, Akron Children's Hospital, the Northeast Ohio Medical University, the Summa Health System, the University of Akron, and the John S. and James L. Knight Foundation.

In September of 2011, the group received word that it had been awarded a $500,000 grant to coordinate and build health capacities in Summit County. Recently, the group has begun to gear up for implementation of a range of community public health initiatives called for in their grant proposal. According to a September 2011 press release issued by the ABIA, the "grant's funded efforts include fostering of community health leadership development; investigation of regional health programs; analysis of health policy areas including the areas of tobacco-free living, active lifestyles and healthy eating; and, identifying the areas of greatest need in Summit County". (ABIA, 2011).

This successful grant proposal falls squarely within the scope of the SCPH's new Strategic Plan, and enables SCPH to become a key partner in a larger public-private partnership to improve public health capacities in Summit County. At least one key external stakeholder in the health care community who we interviewed during course of our research suggested that other partnerships of this kind may develop in the future. He emphasized that – with one health department now in place in the county – it is easier to engage the health department in partnerships because they no longer have to choose among competing health departments as they build initiatives relevant to public health.

During its first year, the SCPH also took on another major effort to pursue a key goal in its new Strategic Plan. It prepared and submitted an application for accreditation by the PHAB. The SCPH is now one of the early public health departments in the country to prepare and submit this kind of application, and senior managers with whom we spoke indicated that they believe the expansion of staffing and experience resulting from the consolidation will serve the new department well as its application is being considered.

> "I was convinced that there was a better model (than three separate health agencies) to be more competitive for dollars – grants, funds, etc. and the successful transformation grant proposal to the Centers for Disease Control is an example of the kind of success we can now achieve."
>
> William Considine
> President,
> Akron Children's Hospital

Through its involvement in a successful county-wide community transformation grant application and its early application for accreditation by the PHAB, the SCPH is demonstrating an outward focus that is enabling it to build credibility and engage key external stakeholders. In so doing, it is also taking strategic steps toward fulfilling the mission and approaches defined its Strategic Plan.

3. Assessing the Consolidation and its Progress

It was also important for the transitioning health agency to develop means for assessing and understanding the progress it was making. This kind of effort allows leaders and staff to be reflective in carrying out their responsibilities and it also allows them to identify issues and concerns that they might not otherwise notice. In the months following the consolidation, members of the SCPH leadership have been active participants in regional, state, and national efforts to foster both community-wide collaborations and the restructuring of public health services. In addition to the Transformation Grant proposal discussed above, SCPH leadership has been actively involved in northeast Ohio's Efficient Government Now initiative, which is seeking ways to foster more collaborative governance in northeast Ohio. The Health Commissioner and the senior staff have attended EGN meetings and conferences, and they have presented information on their consolidation efforts in a number of forums which materialized as a result of their involvement in this area. For example, the SCPH Health Commissioner was a key speaker in the October 2011 EGN Conference in Akron, where he overviewed the Summit County health consolidation effort and sought input from others on appropriate next steps.

The SCPH leadership has also been actively participating in state and national efforts to share information on public health collaborations and to enable productive learning processes to support efforts

at collaboration and continuous improvement. In fact, the Summit County Health Commissioner has been one of several leaders statewide, who have been guiding a study of collaborative opportunities being conducted by the Health Policy Institute of Ohio, and he has also been making presentations at national conferences on health agency consolidation. Later this year for example, he is expected to participate in national panels on consolidation that are sponsored by the National Association of County and City Health Officials (NACCHO) and the American Public Health Association (APHA). Through these and other efforts, the new department is fostering and engaging in dialogues that are likely to yield useful feedback and benefits over time.

Through these efforts, and through its work in commissioning this study, the new department has been taking active steps to assess and communicate about the Summit County consolidation, while enabling a learning process that holds the potential to bring value to current SCPH consolidation efforts. Overall, the new SCPH has been aggressively pursuing a strategic transformation in its efforts. Based on our review of documents, interviews with key managers, and discussions with external stakeholders, it appears that the new consolidated health department has made substantial progress, both in crafting new strategic directions and in beginning to implement them.

> "Planning is critical. There is never 'enough' planning!"
>
> SCPH Manager

B. Operational Challenges

An old adage says, "The devil is in the details". That adage also appears to apply to the operational details surrounding Summit County's health department consolidation. In addition to the strategic changes highlighted above, the new department also faced significant operational challenges during its first year, and addressing these challenges required major efforts, many of which required investigations and follow up actions that were detailed, multi-faceted and wide ranging. Five of the most significant of these operational challenges are discussed in the subsections that follow, each of which describes a significant challenge, actions taken to address it, and issues that remain to be addressed.

1. Adjusting Personnel Roles and Working Arrangements

When the health districts merged, about 250 employees from three different departments needed to be re-integrated into a single unified local health department. This was necessary not only to re-organize the strategic management structures discussed above, but also to enable the operational flow of day to day work. This process required assessing the work and capabilities of more 200 public health staff members to determine ways in which they might be best integrated to help meet strategic needs within the new organization. This was a major effort, but the new department was able to accomplish multiple changes over the course of 2011 to produce a new and operational personnel structure for the delivery of public health services in Summit County.

Relatedly, as these re-assignments were made, it was also necessary to establish salary and benefit levels that were consistent with Summit County personnel and human resource policies and procedures. In some cases, this was a matter of some complexity. For example, while City of Akron employees worked a 40 hour week and were compensated on that basis, the county operates on the basis of a 35 hour work week.

In addition, the three jurisdictions had also negotiated different kinds of benefit packages, so the move to employment by Summit County involved changes in benefits in a number of cases. The end result was that the process of personnel re-assignment involved changes in not only workflows and responsibilities, but also compensation in many cases.

Similarly, in a number of cases, it was necessary to assign staff members to new facilities and locations of work in order to facilitate transitions to a new department organization. This required finding and assigning space, acclimating staff to new physical and social environments, and – in a number of cases – producing new operational routines for the conduct of basic functions such as entering and leaving work, retrieving needed supplies, and other matters that are typically routine in an operating health department. Notably, in some cases, these changes also had significant impacts on employees because they affected commuting times, physical and social conditions of work, and work related monetary costs such as parking and fuel.

Table 1: SCPH Employee Perceptions about Changes in Compensation, Opportunities for Advancement, and Job Security: Fall 2010 vs. Spring 2012

	Better	About the Same	Worse***
"Net Annual Pay" (n=135)*	14%**	47%**	39%**
"Non-Salary Fringe Benefits" (n=137)*	0%**	46%**	54%**
"Opportunities for Advancement" (n=134)*	9%	50%	41%
Job Security (n=136)*	8%	47%	45%

Notes:
* "I don't know" and "Not applicable" responses are excluded from these figures.
** These figures are perceptions conveyed to us by SCPH staff in their survey responses. We did not seek to verify actual net salary levels or fringe benefit changes.
*** Former employees of the AHD were more frequently negative about the impacts of the consolidation on their pay, benefits, and job security than former employees of SCHD, and – to a lesser extent -- BHD. About 68% of former AHD employees indicated worse "net annual pay", about 82% indicated worse "non-salary fringe benefits", and about 57% reported worse job security.
Source: KSU survey of SCPH employees, May, 2012.

While the managers and employees of the new SCPH made these changes successfully over the course of the new department's first year, our interviews, focus groups, and staff survey results indicate that employees were not always happy about the outcomes associated with these efforts. In some cases, they were disappointed. Employee concerns included salary determinations, fringe benefits, job security, and opportunities for advancement. Table 1 above shows perceived changes in these areas between Fall 2010 and Spring 2012.

The re-assignment of personnel was a major operational task for the new department. However, it was also complex, and in some cases, it was a point of controversy and disagreement. As the data above indicate, more than a third of our respondents felt that their compensation, opportunities for advancement, and job security were less favorable after consolidation than prior to it. In addition, 19% of the responding staff indicated that addressing "personnel, salary, and/or benefit issues" was the "most significant (obstacle) slowing progress of the new consolidated (department) towards its goals". At the same time, however, the data also show that a majority of respondents thought their net annual pay, opportunities for advancement, and job security were "about the same" or "better" than they were previously. Even so, staff disappointment with various aspects of the changes in their work arrangements still lingers and represents a challenge to be overcome as the new agency seeks to build momentum toward the future.

> "It's the employees that will make it (the consolidation) work."
>
> SCPH Staff Member

In spite of the concerns expressed to us by SCPH employees, the task of personnel re-assignment and re-classification – however difficult -- was largely completed by the time we began to interview and collect information for this report during the first several months of 2012. A new and unified system of personnel classifications and working arrangements is now largely in place in SCPH.

2. Converting Technological Systems

Not surprisingly, prior to the consolidation, the three existing health departments – SCHD, AHD, and BHD – utilized different kinds of technology to accomplish their work. A key challenge for the new department was therefore to integrate their technological capabilities across multiple facilities and locations to enable operations in the new department to move forward smoothly. While a range of different technological conversions were needed, two of the most prominent of these conversions involved computer and telephone systems.

Computer Systems:

The three original health departments possessed different kinds of computer resources and expertise, as well as different hardware, software, and management routines. As staff members in the three departments had known for some time, these differences also had very practical implications, because public health management requires the use of many types of information and differences in information technology across the departments had presented management challenges in their past efforts to collaborate with one another (see Beechey et al., 2012).

During the course of 2011, the SCPH IT staff, with direction and assistance from the administrative management staff, successfully undertook a major effort to advance computer capabilities in multiple facility locations, establish inter-operable communications systems across facilities, and establish consistent and advanced systems for backing up work related information on a regular basis. A total of 130 computers and laptops were replaced or refurbished. In addition, all "computers are now running on a standardized software baseline and are in a planned replacement cycle" (SCPH, 2012a). Accomplishing these changes was a major task by almost any accounting, and it was one that appears to have been largely achieved during the first full year of operation for the new department.

Telephone Systems:

Public health systems such as those in Summit County also rely on telephone services to enable communications with citizens, external service providers, and fellow public health department staff members. Furthermore, because telephone numbers are frequently exchanged in informal ways that cannot be tracked easily, they are often difficult to manage during a transition.

During the course of 2011, the new department undertook a major effort to re-assign telephone numbers and phone equipment, share information on phone numbers with other staff members and external contacts, and establish inter-operable telephone call management procedures across facilities. While these changes in telephone systems and operations are now largely in place, employees reported that the process of making these telephone system changes caused significant disruptions in some cases. Some telephone numbers were effectively abandoned (at least for periods of time) and resulted in messages left by callers that were not returned in timely fashion. In other cases, calls were routed to numbers with misleading messages.

Overall, technological conversions were rated by some SCPH staff members as a significant challenge during the course of the transition. Fourteen percent of our SCPH survey respondents suggested that technological problems represented the "most significant (obstacle) slowing progress of the new consolidated (department) towards its goals". As we were collecting information during the first few months of 2012, improvements in processes and procedures relating to telephone systems were still being made.

3. Assessing and Altering Facility Arrangements

> "Location is a major concern. We are scattered among four main campuses. Being in one facility would certainly promote some unity… and maybe improve communication."
>
> SCPH Staff Member

When the three health departments merged in January 2011, they brought together about fifteen different public health facilities under the roof of one organization (Nixon, 2012). These facilities can now be used in pursuit of the new organization's public health mission. Two of the facilities – the Graham Road facility in Stow and the Morley Health Center in Akron – are administrative centers for the new department and the other facilities serve a range of more specialized purposes.

While the new department is fortunate to have these facilities in locations around the county to enable citizen access, they are not ideally suited to a new and integrated public health operation. In fact, the need to make adaptations in facilities to enable more productive work has been – and continues to be -- a significant challenge. This challenge was called to our attention in focus groups and in the SCPH employee survey we conducted.

It is worth noting, however, that a number of staff members have remained in their original work locations. At this point, it appears that many members of the clinical services staff – which were disproportionately housed in the former AHD – have remained in the Morley Health Center and other facilities that were previously operated by the AHD. Conversely, many former SCHD staff members in the Community Health Division have remained in the Graham Road facility, where they worked prior to the merger. However, they have now been joined by Community Health Division staff who previously worked for AHD. The Environmental Health Division, by contrast, is widely spread out across a number of facilities, and staff members in this division voiced concern about the impact of this geographic separation on the coordination of their work and activities. Overall, at least seven percent of our SCPH survey respondents indicated that staff assignment to facilities represented "the most significant (obstacle) slowing progress of the new consolidated (department) towards its goals".

While there have been a number of cases where staff members were relocated to meet strategic needs, it appears that these relocations and other adjustments have not yet yielded a system of facilities and personnel assignments to them that support efficient and coordinated operations. As a result, toward the latter part of the first year of the transition, the SCPH management initiated a search for a new and centralized public health facility. In June of 2012, as this report is being written, this search is underway.

4. Managing Cultural Change

> "Building trust among new staff from other health departments was the biggest challenge."
>
> SCPH Manager

Another challenge that we heard about frequently during the interviews and focus groups related to merging different organizational cultures into one new organization. Because AHD and SCHD were the largest two of the three organizations merged, much of this feedback focused on the difficulties associated with merging the cultures of the AHD and the SCHD.

In general, the culture in AHD prior to the merger was described to us as informal and task oriented. Many of the comments we heard from former AHD staff emphasized the importance of the services they provide to needy persons and urban residents. By contrast, the SCHD culture prior to the merger was described as more structured and accountable, as well as more focused on the development and maintenance of broad public health systems for multiple population categories. To some degree, these descriptions appear to mirror the two public health philosophies that are summarized in Appendix C.

In general, discussions in our focus groups with former AHD employees suggested that the SCHD culture was becoming the more dominant culture in the new organization. They expressed concern about the potential impacts of this change on what they had learned over the years would work with urban residents. They expressed particular concern about the need to recognize that some urban residents with limited economic means might be scared away by discussions regarding fees for communicable disease and other services that the former AHD staff perceived might not be easily afforded by these residents. At the same time, however, some former AHD staff members expressed appreciation regarding improvements in staff accountability that they perceived had occurred since the merger, and these perceptions were verified by overall survey responses which suggested that a majority of respondents (61 vs. 46) who provided direct substantive responses[9] felt that employees had become more accountable for their work and actions since implementation of the consolidation.

> "There is still a very strong 'us' and 'them' mentality, which may be difficult to overcome, but hopefully, will improve when the department is merged into one space."
>
> SCPH Staff Member

Our discussions with former SCHD staff also yielded comments about their experiences with respect to culture change in the new organization. In general, their comments focused on the need to deal with urban populations and their unique needs, as well as the importance of developing and maintaining widely accepted systems of accountability for work progress and products. Some also commented that the new department now contained a number of professionals with widely varying skill sets.

Some SCPH employees also perceived that cultural differences are inhibiting progress of the new organization toward its goals. In total, 24% of (direct) respondents viewed culture change as "the most significant (obstacle) slowing progress of the new consolidated (department) towards its goals". Staff members also suggested that the process of cultural change had not yet run its full course. Table 2 presents information from our survey of SCPH staff regarding the progress of cultural integration in the new organization.

Table 2: SCPH Staff Perceptions of How Successfully Differing Cultures Were Integrated into the New Organization, May 2012

Perceived Extent of Success in Integrating Cultures	# (%) of responses
Extremely Successful – we now have one integrated culture ….	0 (0%)
Successful – we are progressing quickly in integrating … cultures …	13 (8%)
Somewhat Successful – we have made steady progress in integrating cultures ….	68 (44%)
Not very successful – In many areas, we still operate as ... different cultures	63 (40%)
Not at all successful – … common name, (but) … operate as different work cultures	12 (8%)
Total	156 (100%)

Source: KSU Survey of SCPH employees, May, 2012.

While these data clearly suggest that there is some perceived progress occurring in integrating cultures, they also suggest that employees still perceive significant cultural differences within their new organization. Notably, there were only minor differences among the response received from former employees of three original health agencies (SCHD, ADH, and BHD). Cultural integration remains a significant challenge for the department to manage and facilitate as it moves forward into the future.

[9] This calculation excludes the 52 respondents who answered "I don't know" and a number of non-responses.

5. Communicating and Engaging Staff

Perhaps the most commonly mentioned operational challenge mentioned during our interviews and focus groups related to communications and staff engagement. Some senior managers emphasized their commitment to communicate about the changes made prior to and during the consolidation quickly and transparently. At the same time, however, they expressed disappointment because – in their efforts to be transparent – they sometimes found that they would announce preliminary decisions, only to find that their announcement had to be corrected later due to changes in decisions that were made in the process of negotiating terms of the consolidation and its implementation with other parties.

> "Communication with staff on all levels is key. Sometimes this is hard because you run the line on what detail you want to give. How do you stem rumors, allay fears, how to give information when there is nothing new to give? In hindsight, it is necessary to set out a strong communication plan throughout the process – and even through the first year."
>
> SCPH Manager

> "Rumors spread quickly and fires needed put out. Management would discuss, but (the message) didn't always funnel down to the staff on what was really going on."
>
> SCPH Staff Member

SCPH staff members across the board also expressed frustration about communications. While about a quarter of respondents (24%) indicated that they "almost always" or "often" received clear communications from SCPH management about upcoming changes, 40% reported that they "rarely" or "almost never" received these kinds of communications. The remaining 36% said that they "sometimes" received clear communications regarding forthcoming changes.

Similar concerns were expressed about the engagement of staff in providing input regarding implementation of the consolidation effort. Managers sited multiple efforts to engage staff, including the survey of values conducted to support the strategic plan, planning committees that were established to address key issues, and the emphasis that was placed on staff input as a part of this study and report[10].

A number of SCPH staff expressed concerns about the extent to which their views had been taken into account during the consolidation process. Seventy-two percent of survey respondents, for example, indicated that they had "few" or "no" opportunities to "provide meaningful input into decisions and processes related to how the consolidation is implemented". In addition, overall, 35% percent of respondents, a plurality of the overall sample[11], indicated that communications represented the most significant obstacle "slowing progress of the new consolidated (department) towards its goals".

Maintaining good communications across management levels is a challenge for virtually all organizations. This challenge is magnified in environments that are experiencing rapid changes and increases in size, as has been the case with public health services in Summit County over the last year and a half. The feedback we received, and the information presented above, reflects these realities. Communications and engagement continue to be key challenges for the new department to address as it moves forward.

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[10] When the authors of this report were discussing its parameters with SCPH senior management, the SCPH management made it very clear that seeking staff input and viewpoints was a central element of what they were seeking from this research project and this report.

[11] In other words, of the responses available, communications was the most frequently cited as the most significant obstacle slowing the progress of the organization toward its goals.

C. Overall Flow of the Transition

The discussions above demonstrate that the new SCPH has faced multiple challenges during the course of its transition to a new and unified public health agency. They also show that the new organization has made explicit attempts to address these challenges, even though some of them remain significant challenges for the months and years ahead.

We asked SCPH employees to comment on the overall flow and progress of the transition, and their responses are summarized in Table 3. While the results of the survey suggest a range of responses, they also recognize the difficulties associated with the transition discussed above – even if the summary descriptions of the transition that are thought to be most accurate vary across survey respondents.

Table 3: SCPH Staff Descriptions of the Transition to One Integrated Health Department

Description of Progress to a Consolidated Department	# (%)*
Smooth and without problems	0 (0%)
Orderly, given the magnitude of the challenges …	9 (6%)
An ongoing process, with expected ups and downs	98 (62%)
Very difficult and problematic	35 (22%)
A major problem with very negative consequences	17 (11%)
Totals	159 (100%)

Note:
* Percentages may not add to 100% due to rounding.
Source: KSU Survey of SCPH employees, May, 2012.

V. Taking Stock After Year One: Outcomes and Accomplishments

SCPH also sought to achieve cost efficiencies and savings, build public health capacities, and maintain and improve services during the first year of the transition to a consolidated public health organization. This section of the report reviews outcomes and accomplishments in these areas after approximately one year. In each case, we draw on data collected through multiple aspects of the research strategy to highlight outcomes and accomplishments achieved in pursuit of these goals.

Overall, as might be expected during a transitional period, it appears that fluctuations have occurred in both capacity and service provision within the new agency over the past year. However, a majority of those with whom we communicated suggest that public health services – when viewed as a whole – have been maintained at existing levels during the course of the transition, in spite of the challenges and associated disruptions discussed above. Given the magnitude of the changes that have been implemented, this is a notable accomplishment. The discussions below also suggest that there have been cost savings as a result of the transition to a consolidated health department. Thus far, however, the impacts of the consolidation on public health capacities and services are less clear – in part due to the relatively short time horizon for this study and cuts in external grant funds, as well as to disruptions associated with the transition period. Overall though, the new department does appear to be on a course which can enable it to build stronger capabilities and improve public health services in Summit County in the months and years ahead.

A. Financial Changes: Monetary Savings and Fiscal Health

One key goal of the consolidation was to enable more efficient service delivery. During winter and spring of 2012, the SCPH's Division of Administration conducted an assessment of the costs of providing public health services in Summit County with three separate departments in 2010 and one unified department in 2011 (see SCPH 2012b). The assessment produced information on the finances

associated with the provision of public health services in Summit County and the savings accruing as a result of the consolidation. Here, we summarize key aspects of this SCPH report relating to cost savings achieved after the consolidation and the overall financial health of the public health system in Summit County.

> "[The consolidation] allow(s) for combined resources to service the county in a more cost effect(ive) and efficient manner."
>
> SCPH Staff Member

Local health departments gain revenues from several major sources: 1) contributions from local political subdivisions (ie. taxes and/or other local revenues); 2) fees for public health services (ie. program revenues), and; 3) external grants and contracts. The largest proportion of the SCPH budget is external grants and contracts (about 38.8% in 2011), followed by jurisdictional tax/fee revenue (29.7%) and fees for public health services (18.5%), respectively (SCPH, 2012b). State subsidy and other miscellaneous revenues account for the remaining 13%.

The analysis used here to estimate savings occurring in the first year after the consolidation focuses on the jurisdictional revenue portion of the SCPH budget because this is the portion of the budget that is paid for by Summit County taxpayers and citizens. Citizens and taxpayers provide these revenues to the local governments in which they live and/or work through their tax bills, and these local governments – in turn – use portions of their revenues to fund SCPH services for their citizens. Table 4 below summarizes "Local Taxation/Political Subdivision Contributions" from Akron and Barberton to Summit County Health Departments in 2010 and 2011.

Table 4: Local Government Contributions to Summit County Health Departments and Savings After Consolidation

	2010 Funding	2011 Funding	Savings After Consolidation
City of Akron	$6,578,830*	$5,260,410	$1,318,420
City of Barberton	322,474	135,800	186,674
Totals	$6,901,304	$5,396,210	$1,505,094

Notes:
* Funding from other Summit County Local Government jurisdictions remained the same across these two years (2010 and 2011) at $3,094,875.
Source: Summit County Public Health, 2012b.

According the 2012 SCPH report, consolidating health departments appears to have saved Summit County taxpayers approximately $1.5 million, the vast majority of which – $1.318 million – accrued to the City of Akron. The City of Barberton saved about $186,000, while contributions from other Summit County communities held steady at just under $3.1 million across all of the other contributing communities. It is worth noting in this context that these savings are ongoing for Akron because its expenditures are not currently scheduled to increase under its current contract with SCPH.

While the consolidation saved taxpayer funds between 2010 and 2011, external grants declined during this same time period. In fact, external grant funds to Summit County health departments had been declining since the onset of the Great Recession in 2008, from $14,584,028 to $11,096,095 – a decrease of almost 24% over the four year period (SCPH 2012b). However, the decline was most precipitous between 2010 and 2011 because of "cuts in federal categorical spending and the loss of temporary stimulus and preparedness funding" (SCPH, 2012b, p. 4). Given these larger trends, which have affected public health grant funding across the country, it seems likely that the declines in external grants in 2011 are not related to the consolidation. Rather, information we received from participants in the development of the Community Transformation Grant application, for example, suggests that the consolidation served as an advantage in that particular grant proposal. However, while the successful

community transformation grant provides anecdotal evidence of the new consolidated department's competitiveness for external funding, ongoing success will be required if the new department is to be effective in maintaining and improving its fiscal health.

In spite of a challenging external grant environment, however, the new consolidated department appears to be in relatively sound financial condition, at least in comparison to the situation that appeared to exist prior to the consolidation. Between 2008 and 2011, the City of Akron, the City of Barberton, and SCPH were able to pay out $2,653,085 in existing liabilities for severance and leave benefits. A large portion of these payouts -- $1,071,029 -- were paid out to employees of the City Akron in 2010 in anticipation of the merger (SCPH, 2012b). The net result of these payouts was to reduce leave liabilities in future years.

The SCPH also closed its books on 2011 with a general fund cash balance of $2,755,702, or 12.69% of its expenditures in that year (SCPH 2012b). According to SCPH (2012b), this cash balance would be considered adequate for general purpose local governments according to standards used by the Government Finance Officers Association and the Standard and Poor credit rating agency.

Based on our assessment of the SCPH analysis, when one compares the financial condition of local health departments in Summit County before and after consolidation, it seems likely that the consolidation has yielded a financial situation that is improved over what it was in 2010 and over what it likely would have been in the absence of the consolidation. Not surprisingly, therefore, the SCPH analysis concludes that "the County Health District was in sound financial position entering the second year post consolidation" (SCPH, 2012b).

> "The SCPH has resources and capabilities that we did not have before. They are easy to work with and they are responsive. If we need something, their capabilities can be made available in our community."
>
> William Judge
> Mayor of Barberton

B. Capacity Changes

Another key goal of the consolidation was to expand public health capacities in Summit County. We collected information of several kinds that can be applied to help us understand the impacts of the consolidation on public health capacities. These include information on the types of public health programs and expertise becoming available to the new department, trends in public health staffing and grant resources, and the views of key audiences and individuals about current and future public health capacities. Overall, these data suggest a growth in *potential* capacities, negative trends in external grant funding (extending back several years), and differing views among those with whom we spoke regarding current public health system capacities in Summit County. However, our interviews and surveys also suggest that health professionals in Summit County perceive that improvements in public health capacities are likely to manifest themselves over time as a result of the consolidation.

The new consolidated department has greater expertise and programmatic capacity than any of the individual health departments that preceded it. Table 5 lists programs and services that were available from the three original Summit County health agencies before January 2011. Because many of the listed services and programs have now been transferred to SCPH, it appears likely that the *potential* public health capacity for the county as a whole has also been expanded. This is because the capacities of any one of the original departments can now be made available to citizens throughout the county without referrals across organizations. This – in turn – may increase the likelihood that these capacities will be consistently utilized and maintained. [12]

[12] It is important to note that many of these services were available on a county-wide basis prior to the consolidation. The three agencies did have good collaborative relationships and SCPH staff members therefore pointed out that capacities of the three

Table 5: Summit County Health Agencies: Program and Service Capacities Prior to Consolidation

Summit County Health Agency	Available Programs and Services
Akron Health Department	Mercury Spills; Right to Know Chemical Registry; Ohio Smoking Ban Enforcement; Home sewage evaluations; Rodent Control; Exotic animal permits; Litter Control; Prenatal Clinic; Perinatal Clinic; Community Health Assessment; Nutrition Information Program; STD/AIDs Clinic; Drug and Alcohol Counseling; Air quality services and education; Minority Health Office/Services; Lead based paint hazard control; Child lead poisoning prevention; Fitness for Akron Police Officers; Health promotion programs; Housing Complaint response; Help Me Grow services; Public Health Lab Services; Hypertension Clinic. Food safety and service operations; Private Water Supply; Pools, spas, & Bathing Beaches; School Sanitation; Family Day Care for Children; Mosquito Control, Rabies, etc.; Tattooing, Body Piercing, & Massage Establishments; Solid Waste Facilities; Services/Bureau for Children with Medical Handicaps; Communicable Disease ; Immunizations – action plan, adult & child services; Women, Infants and Children (WIC) nutrition services; Women's Health Services; Vital Statistics; Public Health Emergency Preparedness; Disease outbreak investigation; Lead Poisoning Management;
Barberton Health Department	Prenatal Clinic; Dental Program; Child/adolescent physical activities; Head Start Screenings; Food Safety/Vending Machine Locations/ Temporary Food Operations / food service operations; Private Water Supply; Swimming Pools and Spas/Bathing Beaches; School Sanitation/Family Day Care Homes for Children; Mosquito Control/Rabies/Aviaries; Tattooing/Body Piercing/Massage Establishments; Solid Waste Facilities ; Bureau for Children with Medical Handicaps; Communicable Disease ; Immunization Action Plan; Supplemental nutrition program for Women, Infants and Children (WIC); Women's Health Services; Vital Statistics; Public Health Emergency Preparedness; Disease outbreak investigation; Lead Poisoning Management; adult and childhood immunization
Summit County Health District	Public Health Nuisances/ Housing/ Jails; Ohio Smoking Ban Enforcement; Home Sewage Treatment Instillation and Site Evaluations; Semi-public Sewage Disposal System Evaluations; RV Park & Day Camp Evaluations; Manufactured Home Parks; Motel Inspections; Solid Waste Hauling/Infectious Waste; Construction Demolition Debris landfills Facility; School Health Program; Healthy Living Outreach & Care Link; Welcome Home: Home Visit; Access to Care; Breast/cervical Cancer Screenings; Komen Mammogram Education; Child/family health services & Council; Dental Sealant Program; Cardiovascular Health; Information Services; Epidemiology Services; Healthy Summit 2010; Help Me Grow; Summit County Cluster for Youth; Teaching Accountability Changes Kids Lives Every Day (TACKLE) Food safety and service operations; Private Water Supply; Pools, spas, & Bathing Beaches; School Sanitation; Family Day Care for Children; Mosquito Control, Rabies, etc.; Tattooing, Body Piercing, & Massage Establishments; Solid Waste Facilities ; Services/Bureau for Children with Medical Handicaps; Communicable Disease ; Immunizations – action plan, adult & child services; Women, Infants and Children (WIC) nutrition services; Women's Health Services; Vital Statistics; Public Health Emergency Preparedness; Disease outbreak investigation; Lead Poisoning Management;

Note: *This list of services is for illustrative purposes; it may not include all services provided.
Source: Sources include feasibility studies conducted prior to the actual consolidation of the three departments (see, for example, Ackerman et al. 2010 and Genet, 2009).

departments have been shared informally in the past. Even so, one could argue - probably persuasively -- that informal sharing of capacities is not the same thing, nor ultimately as powerful, as the institutionalization of capacities to meet needs through one agency on a county-wide basis.

> "With one department, we (in the private and non-profit sectors) have a single place to go to make things happen in our county. We no longer have to worry about competition among health departments when we try to do something to improve public health. The power of collaboration is a much better business and service model"
>
> William Considine, President, Akron Children's Hospital

However, while the existence of a *potential* for expanded institutional capacity is an advantage, improved potential capacities may not be fully utilized or maintained if the resources available are not sufficient. The budget figures provided by SCPH showed that it now has slightly fewer Full Time Equivalent (FTE) employees, 239.08, than were available in 2010 when there were 241.87 FTE across the three existing health departments (SCPH, 2012b).[13] As was noted above, grant funds have also been diminishing over time, and this has contributed to a sense among some employees that their overall capabilities have been diminishing.

The importance of maintaining adequate resources to support existing capacities was apparent as we communicated with SCPH staff. They also expressed concern about the impacts of disruptions in their operations occurring during the transition. In this context, it is perhaps not surprising that employees saw the growth in departmental capacities to be occurring slowly. When asked to rate the pace of progress in building capacities on a 1 to 5 Likert scale (with 5 being very fast and 1 being no change at all), the mean response provided by SCPH staff was 2.33, which corresponds to something a bit faster than "slow" progress in the descriptive scale used in this survey question. In addition, more than half of the direct responses received from SCPH staff (75 of 120, or 63%) indicated that they did not perceive increases in Summit County public health agency capacities between fall of 2010 and the early 2012.

This response from the SCPH staff is notably different than the responses we received to similar questions asked of outside stakeholders, most of whom perceived capacity improvements during this time period. At least part of the reason for this discrepancy, however, may be the ways in which internal and external parties view the concept of "public health capacity". William Considine, President of Akron Children's Hospital, pointed out that the new department may be more capable because it can leverage external support more effectively. "With one department, we (in the private and non-profit sectors) have a single place to go to make things happen in our county. We no longer have to worry about competition among health departments when we try to do something to improve public health." He pointed to the SCPH's successful Community Transformation Grant as an example of the kind of success that can be accomplished when there is a unified voice for public health in Summit County.

One stakeholder also indicated that he thought fund raising for public health would become easier with one unified department. In his view, the growth in capacity that he saw had as much to do with positive leadership and productive relationships with external entities as it did with the internal capacities of the organization. And in this sense, he saw greater capacity developing already, with additional potential for further development over time**.** "There is more good here than we even know", Mr. Considine suggested.

> "There is more good here than we even know"
>
> William Considine President, Akron Children's Hospital

This county health leader was not alone in his assessment that the capacities of the new agency were likely to grow over time. Optimism about the future of public health capacities in Summit County was apparent not only among external stakeholders, but among others we consulted – including the SCPH staff. Of 108 direct responses received from SCPH staff to a survey question about the long term impact of the

[13] It is useful to note, in this context, that the number of FTE's across all three departments in 2008 was 278.88, which means that the overall number of FTEs available to Summit County health agencies dropped by 37 persons – or about 13% -- between 2008 and the end of 2011.

consolidation on public health capacities, 82 – or about 76% -- indicated that they thought the newly consolidated department would yield greater public health capacities in the future.[14] As one SCPH employee indicated, "There have been changes for everyone involved, some good and some not so good … change is difficult for everyone, and hopefully as the years roll on, this agency will be better and more equipped to deal with a changing economy". Another employee added that the consolidated department would (at least eventually) yield "more capacity to serve the entire county, (with) better resources, (and) less duplication".

> "[The consolidated department has] more capacity to serve the entire county (with) better resources, (and) less duplication".
>
> SCPH Staff Member

The evidence presented above suggests that the consolidation has contributed *potential* for the development of greater public health capacities in Summit County. However, it also highlights the importance of external revenue to the department's operations and reveals a view among a number of SCPH employees that cuts in grant funding and disruptions in operating systems during the transition negatively affect public health capacities – at least temporarily. Fortunately, over time, the disruptions of the transition should subside, while opportunities to interact as one department with externally based health professionals and organizations may increase competitiveness for external funding. As a result, while actual current capacities may not have been improved over the first year of the transition to a consolidated agency, there does appear to be opportunity for the new consolidated department to build greater capacities over time.

C. Public Health Service Changes

> "There have been changes for everyone involved, some good and some not so good … change is difficult for everyone, and hopefully as the years roll on, this agency will be better and more equipped to deal with a changing economy".
>
> SCPH Staff Member

Another key goal of the consolidation is to improve public health services. We collected several kinds of information that can be used to help us understand the effects of the consolidation on public health services. These include information on: 1) changes in quantitative measures of services actually provided across various public health program areas between 2010 and 2011; 2) perceptions regarding specific areas of service improvement and decline between 2010 and early 2012, and; 3) perceptions regarding overall service maintenance and performance during the first year of transition to a new and consolidated health department. In this subsection of the report, we present information on Summit County public health service provision in these areas.

1. Quantitative Measures of Public Health Service Output

Table 6 (following page) summarizes quantities of public health services provided in 2010 by all three original health departments and in 2011 by the SCPH. The data were provided by SCPH staff, based on monthly reports submitted by each SCPH division. While most of the data reported come in the form of numbers of persons served, other units of service provision are provided and highlighted in the table as appropriate.

[14] However, a large number of respondents, 60, indicated that they did not know whether capacities will improve in the future as a result of the consolidation. By contrast, 26 respondents indicated that they did not expect capacities to improve.

Table 6: Public Health Services: People Served, by Program Area

Program	2010 People Served (other units)	2011 People Served (other units)
	Separated Health Departments	Summit County Public Health
Clinical Services		
Dental	(3,372-staffing dentists)	2,091-staffing dentists
Maternal and Child Health/Prenatal Clinic	449	426
STD Clinic	3,143	3,117
Communicable Disease	4,224	4,366
WIC	12,000	11,284
Laboratory Services	Not Provided	Not Provided
Access to Care (average monthly caseload)	1,500	1,500
School Health (# of students with established medical concerns)	2,485	2,485
Bureau for Children with Medical Handicaps (BCMH)	1,589	2,021
Environmental Health Services		
Food Inspections/Vending/Temporary/Mobile Services	6,913	8,503
Complaint/Housing/Radon	1,383	1,537
Methamphetamine	20	53
Home Sewage/ Home Sewage maintenance/ Semi-public sewage disposal systems	1,985	1,427
Private Water Supply	566	478
Swimming Pools/Spas/ Beaches/RV Parks	281	611
Manufactured Homes	112	79
Motel	95	116
Mosquito Control/Rabies/Aviary	(73 Set/83,242 trapped)	(1,162 set/ 134,651 trapped)
Animal Bites	(374 bites)	(712 bites/ 12 inspections)
Tattooing and Body Piercing	24	40
Landfill/Solid Waste- Facilities	44	32
Landfill/Solid Waste-Complaints	341	212
Construction-Demo Sites	36	24
Infectious Waste	8	8
Lead	Not Provided	Housing for Akron Sub-grantee
Air Quality	Not Provided	Monitoring sites constant from year to year
Garbage/Refuse Transportation	Not Provided	Not Provided
School Inspections	276	966
Scrap Tire Inspections	574	316
Compost Facility Inspections	203	75
Community Health Services		
Family and Children First Council	N/A	No direct services
Health Living Outreach	N/A	No direct services
Care Link	N/A	No direct services
Help Me Grow	N/A	No direct services
Early Childhood	N/A	No direct services

Source: Figures provided by SCPH

Overall, the quantitative measures of service provision are almost evenly divided between measures that have increased and measures that have decreased. Eleven of these service output categories experienced increases in service output between 2010 and 2011, while twelve service output categories experienced decreases during that same time period. In addition, three service areas remained the same in terms of quantitative outputs.

Specific findings emerging from this table include an increase in the number of food and methamphetamine inspections from 2010 to 2011. There have also been increases in inspections of swimming pools/spas/beaches/RV Parks and tattoo and body piercing parlors. There was also an increase in mosquito control/rabies/aviary trappings between 2010 and 2011. Other areas experienced a decrease in service outputs from 2010 to 2011. One such program is the dental program and this may be related to a reported decline in the availability of volunteer dentists to provide services. There was also a decrease in the private water supply inspections. Lastly, while no data were provided which enable the evaluation of the extent of laboratory services provided, information emerging from one of our focus groups suggested that there had been a reduction in laboratory service activities in recent months.[15]

Overall, these data appear to suggest that while changes in individual service areas varied, currently monitored public health services as a whole were maintained at roughly existing levels between 2010 and 2011. This point is significant because it is consistent with the perceptions of a majority of the staff and stakeholders with whom we communicated during the course of our research (see further discussion below).

However, these data also suggest a need for the new agency to begin focusing more systematically on how to measure its progress. It is hard to know, for example, whether increases in mosquito trappings are good or bad, or whether one should be concerned about (asserted) reductions in laboratory services if there is an actual reduction in need for those services from the health department. In short, the quantitative measures we highlight here do not (at least yet) appear to be tied systematically to the organization's strategic goals and objectives, so – even if the indicators were uniformly trending upwards quantitatively – it would be hard to discern whether this would actually reflect true progress toward the agency's goals and objectives.

2. Quality of Services

We queried public officials and stakeholders about service quality in our interviews, focus groups, and in the SCPH staff survey. In addition, the SCPH's brief assessment of service changes over the past year also informed our understanding of service quality and the discussion below.

There were a number of areas that were noted by those with whom we communicated as experiencing changes in service quality. Table 7 summarizes assertions made by one or more individuals we interacted with during the course of our research.

A review of the table yields a handful of insights. First, there are a number of service changes that have been asserted by SCPH staff, some of which are perceived as improvements and some of which are perceived as declines.

[15] Our subsequent discussion during this focus group suggested that there had been a significant reduction in lead related testing, which may very well be traceable – at least in part – to the elimination of the lead abatement grant that used to be provided to AHD by the U.S. Department of Housing and Urban Development, but which was eliminated this past year.

Second, some service changes are viewed differently by different persons with whom we spoke or interacted. For example, some viewed the decision to close the hypertension clinic as a service decline, while others viewed it as a gateway to improved and more comprehensive services through external health care providers. Third, differences in opinion about certain service areas may reflect differences in philosophical approaches to public health services, with some viewing public health agencies as services providers for persons who need services and others viewing public health agencies as facilitators of relationships between population groups and community health service providers.

Finally, while the ability to make programs more uniform and consistent across jurisdictions within the county does seem to be attributable to the consolidation, many of the other service changes appear as though they may be driven by factors outside of the consolidation such as changes in external funding levels and/or changes in philosophical approaches to public health service delivery.

Table 7: Service Changes Asserted by Various SCPH Staff Members: 2010 - 2012

Selected Service Areas Asserted to be *Experiencing Improvements*		Selected Service Areas Asserted to be *Experiencing Declines*	
Service Area	**Description of *Asserted Improvement***	**Service Areas**	**Description of *Asserted Decline***
Septic Installation and Well Drilling	Improved and more uniform code & practices		
		Lead Abatement & Healthy Homes	Reduced activity due to loss of HUD Grant
Food Service Inspection	Improved & more uniform inspections, & reduced fees in Akron	**Food Service Inspection**	Less thorough inspection because follow up time is more limited & increased fees in Barberton
Environmental Health licenses & permits	Overall, fees have been reduced	**Environmental Health licenses & permits**	Tattoo parlor fees have increased
Mosquito Control Program	More uniform code and practices	**Mosquito control program**	Less spraying in Akron to address mosquito nuisances
Emergency Preparedness	More coordinated planning- there is now one PH agency leader, instead of three.	**Emergency Preparedness: Targeted Service Reductions – eg. pandemic flu, etc.**	Anticipated and time funding reductions
Hypertension Services	More comprehensive services being developed thru external partnerships	**Hypertension Services**	Closing of existing clinic
Pre-natal Care	Use of national (ACOG) standards		
Clinical Services	Centralized appointment line, thus reducing wait times & enhanced follow ups for HIV and Sexual Disease due to funder change.	**Clinical Services**	Increased clinical fees, which may deter participation by lower income person who need services
		Laboratory Services	Reduced volume, perhaps due to reductions in lead services and clinical services
		School Health Program	Reduced level of effort
		Access to Care	Instable funding
Refugee Services	A new Patient Navigator has enabled more timely testing, better cost control, & improved interface with external health providers.		
Student Clinical Experiences	More standardized & consistent experiences for health practitioners		
Vital Records	More consistent & centralized services	**Vital Records**	1 day wait for requests made at Barberton facility

Sources: KSU administered focus groups, surveys of SCPH staff and BoH members, and interviews with SCPH Senior Managers and external stakeholders, February – May, 2012.

3. An Overall Assessment of Service Changes

To get a sense regarding overall perceptions of public health services during the 2011 transition year, we asked interviewees and survey respondents whether services had been maintained at existing levels, whether services had improved, and whether they thought services would improve in the future as a result of the consolidation. While there were differing views expressed regarding whether specific areas of public health service had improved or declined during the 2011 year (as noted above), the interview and survey data we collected – in the aggregate – suggested a somewhat different story. The story emerging from these broad inquiries is reflected in Table 8.

Table 8: Perceptions of Overall Service Change During the First Year of Transition to an Integrated Summit County Health Department

Survey Inquiry	#(%) Answering Affirmatively	#(%) Answering Negatively
Have services been maintained at existing levels since January 1, 2011? *	83/137 (61%)	54/137 (39%)
Have services improved since January 1, 2011? **	43/106 (41%)	63/106 (59%)
Will the consolidation have positive impacts on public health services in the future? ***	95 (87%)	14 (13%)

Notes:
*This is an aggregated figure that accounts for affirmative or negative answers provided by SCPH staff, external stakeholders, and Board of Health members in Akron, Barberton, and Summit County. Notably, an additional 42 persons queried indicated that they did not know or said they neither agreed nor disagreed with a statement to this effect.
** This is an aggregated figure that accounts for affirmative or negative answers provided by SCPH staff, external stakeholders, and Board of Health members in Akron, Barberton, and Summit County. Notably, an additional 71 persons queried indicated that they did not know or said they neither agreed nor disagreed with a statement to this effect.
*** This figure is drawn from the SCPH staff survey. Notably, 52 respondents to this survey indicated that they did not know the answer to this question.
Sources: KSU Surveys and Interviews, February-May 2012.

The conclusions to be drawn from the perceptual data in the table seem generally consistent with the conclusions to be drawn from the quantitative service output data presented above. These perceptual data suggest that most respondents to our inquiries believed that public health services in Summit County were maintained at existing levels during the transition to a consolidated department. This view was held by more than 60% of those who were asked this question. It is important to note, however, that a number of the SCPH staff members with whom we spoke suggested that this maintenance of services was achieved primarily through the efforts of committed staff members who sought to maintain services in spite of operational difficulties experienced during the transition. The data presented also suggest that while most respondents believed that services as a whole were maintained at existing levels, they did not believe that services actually *improved* during the first year of the transition (59% of respondents suggested this latter view). At the same time, however, the SCPH staff as a whole suggested overwhelmingly that the consolidation would help public health services improve in the future (87%).

D. A Summary of Outcomes and Accomplishments to Date

In summary, the overall impacts of the consolidation to date are positive in a number of respects, even as they appear to be mixed and unclear in other respects. The consolidation has saved money, as the SCPH reports a reduction of about $1.5 million in contributions from local governments to Summit County health agencies in 2011 (SCPH, 2012b). These savings, and prudent efforts to maintain an adequate cash balance, provide greater financial stability for public health services in Summit County than appeared possible under the old three department structure.

The data presented above provide a mixed picture regarding public health capacities and services during the first year of the transition to a consolidated county-wide health agency. While potential programmatic capacities in the new agency exceed the capacities of any of the original health departments, reductions in staffing and external grant funding yield questions about the resources available to support these capabilities – particularly in areas in which grant funding has been reduced. At the same time, however, there may also be benefits associated with the expanded potential capacity of the new organization and clear means to access them through a single health agency. Linkages between SCPH and community based organizations also appear to be developing and this may enable expanded public-private-non-profit sector linkages that create additional capacities within the public health system as a whole. Combined with SCPH's new strategic plan, these linkages suggest a transformation of the public health system in Summit County toward the new public health paradigm that has been evolving in recent years (see Appendix C for a brief description of this paradigm).

The impacts of the consolidation on public health services also appear mixed and inconclusive at this point in time. Quantitative data provided by SCPH yields a mix of positive and negative changes in Summit County public health system service outputs between 2010 and 2011. With regard to service quality, some staff members report efficiencies and improvements stemming from enhanced coordination and more consistent practices, while others assert that service reductions have occurred in certain areas since the initiation of the consolidation. Perceptual data from our surveys and interviews also yield a mixed picture. On one hand, a majority of responding SCPH staff members do not believe that services have improved since the initiation of the consolidation. On the other hand, however, a majority of those surveyed and interviewed also seem to be suggesting that existing public health services have been maintained during the transition period. More than 61% of those queried believed that overall public health services were maintained at existing levels during the course of the transition.

However, in spite of significant uncertainties, the vast majority of those with whom we spoke shared optimism about the future. While some employees have been frustrated by operational difficulties encountered during the transition, a number of them expressed a desire to help the department move forward positively in taking advantage of its new institutional arrangements. If SCPH can continue to refine its strategic approaches, continue working to better understand its capacities, services, and service goals through additional research and investigation, and engage its employees and external stakeholders productively in the process, it holds the potential to achieve much in the months and years to come. Perhaps sensing these potentialities for the future, those with whom we communicated were overwhelmingly positive not only about the potential for greater cost-efficiency, but also about the potential for developing expanded capacities and improved public health services over time. More than three-quarters of those who responded directly to our queries suggested that the consolidation was likely to yield enhanced capacities and improved public health services in the future. As a result, while it appears that many involved in the consolidation may be weary of the transition process, the vast majority of them appear to see long term value in the efforts they are undertaking.

Additional research and investigation are necessary to establish useful and ongoing measures of public health capacities and service provision in Summit County and perhaps also to identify more clearly the ways in which capacities and services have been affected by the consolidation. The relatively large numbers of those queried answering "I don't know" to questions about recent changes in public health capacities and services suggests that those who are involved in the transition process may perceive a need for additional information. Fortunately, in this context, the new agency does appear to be actively focusing attention on measuring its progress and in developing an information base to guide and support its efforts.

VI. Perspectives

In addition to developing an objective base of information upon which to make decisions, another thing that can be helpful in steering a new organization through periods of significant change is to understand the viewpoints of key stakeholders involved the organization's work. As we noted in the description of our research methods above, the senior management of the SCPH asked us to survey employees and interview key stakeholders as a part of this research. Consequently, we collected information from a range of audiences and individuals who are in a position to have unique perspectives on the consolidation of health departments in Summit County.

The major of audiences from whom we collected information included SCPH Senior Managers, SCPH supervisors (including senior managers), SPCH staff members, BoH members, and external stakeholders. Among the SCPH staff (including supervisors and senior managers), we were also able to differentiate responses based on the staff members' agencies of origin (AHD, SCHD, and BHD). The two subsections that follow provide a sense of the variations in perspectives that we encountered among the differing audiences with whom we communicated and SCPH staff members from differing agencies of origin, respectively.

A. Variations in Perspective Across Audiences

Across these various interviews and surveys, we asked common (or similar) questions of those representing the audiences we queried. We asked about perceived goals of the consolidation, as well as the pace of progress in pursuing these goals. We also asked about the overall impacts of the consolidation, including its impacts on: 1) the maintenance of existing services; 2) improvements in public health service delivery; 3) public health in the county; 4) public health opportunities for the future, and; 5) financial benefits and savings. In addition to this broad based inquiry, we asked specific questions of SCPH supervisors and line staff regarding the impact of the consolidation on public health capacities and services both now and in the future. And finally, we asked all of these audiences whether, in retrospect, they thought that consolidating health departments was a good idea. The subsections that follow compare and contrast the responses we received in these areas.

i. Goals of the Consolidation

In general, the groups and individuals we communicated with during the course of this research had similar conceptions of the goals of the consolidation. However, responses to the survey questions from SCPH staff members, while largely in agreement with the goals forwarded by their leaders and external stakeholders, suggested greater skepticism about the extent to which public health service improvement goals were actually guiding the consolidation process. During our interviews with senior managers and external stakeholders, we asked open ended questions about the primary goals driving the consolidation. Almost without fail, the individuals we interviewed highlighted some combination of needs for cost savings and more efficient operations, enhanced public health capacities, and improved public health services.

An analysis of foundational documents produced by the jurisdictions involved revealed written goal statements that were also consistent with these goals. Board of Health members in the three jurisdictions also concurred that the consolidation was undertaken in pursuit of these three goals. Fifteen of the seventeen BoH members responding our survey (88.2%) concurred that the goals of the consolidation were to improve public health services, enhance capacities, and save money.

Responses to the survey of SCPH staff members indicated broad concurrence regarding these same goals, particularly with respect to the goals relating to finances. In comparison to senior management, external stakeholders, and Board of Health members, however, the SCPH staff appeared more skeptical regarding the importance of the goals relating to public health service capacities and improvements. While 89% (129 of 145) of SCPH staff agreed or strongly agreed that a goal of the consolidation was to save money, only 60% (78 of 130) of responding SCPH staff members agreed or strongly agreed that the consolidation was carried out to "expand public health service capacity in Summit County". Similarly, only 68% (93 of 136) of responding SCPH staff believed that a goal of the consolidation was to "improve the effectiveness of public health services". Notably, supervisory SCPH staff members were more likely than non-supervisory staff members to believe that capacity and service related goals were actually important goals underlying the consolidation. They agreed or strongly agreed that "expanding public health service capacity" and improving the "effectiveness of public health services" were goals of the consolidation 77% (20 of 26) and 88% (23 of 26) of the time, respectively.

These results suggest a high degree of consensus around key goals of the consolidation among public health leaders in the county. However, they also suggest that SCPH staff members may be skeptical about the community's commitment to strengthening public health capacities and services.

ii. The Pace of Progress

There were notable differences among audiences in relation to their perceptions regarding the rate of progress that the new consolidated department has been achieving in pursuing its goals. All of the audiences we consulted were asked to rate the pace of progress on a five point scale, on which a value of "5" suggests "very fast" change and a value of "1" indicated "no progress" at all. Table 9 summarizes the mean responses given by individuals in each of the key audiences we queried.

Table 9: Perceived Pace of Progress in Pursuing Goals of Consolidation among Key Audiences

Audience	Mean Perceived Rate of Progress (Scale: 5 = "very fast"; 1 = "no progress")
SCPH Senior Managers	3.25 (Between "steady" and "Rapid")
External Stakeholders	3 ("steady")
SCPH Supervisory Staff	2.7 – 3 (Between "steady" and "slow")*
Board of Health Members	2.24 (Between "slow" and "steady")
SCPH Non-supervisory Staff	2.11 – 2.27 (Between "slow" and "steady")*

Note:
*SCPH staff members – both supervisory and non-supervisory -- were asked to comment on the pace of progress relating to five potential goals separately. The lower range means in both cases (2.7 and 2.11, respectively) apply to progress in increasing public health service effectiveness, while the higher range means apply to progress in saving money (3 and 2.27 respectively).
Sources: KSU Surveys and Interviews, February-May 2012.

Here again, it appears that SCPH senior managers, key external stakeholders, and SCPH supervisors have more favorable views regarding the pace of progress in implementing the consolidation than SCPH line staff or Board of Health members across the various jurisdictions[16].

[16] The differences of viewpoint here may related to differing assessments of the actual pace of progress, or to differing conceptions of the pace at which progress in consolidation should make. While our survey question does not specifically address this issue, it does provide a measure of the perspectives of differing audiences regarding the progress of the transition.

iii. Overall Impacts of the Consolidation

Differences of viewpoint are also apparent with respect to the overall impacts of the consolidation to date. To assess the perceived impacts of consolidation in a range of areas, we asked a series of five questions, each of which referred to a different kind of potential impact of the consolidation. The questions asked focused on the following potential impacts of the consolidation: 1) the maintenance of existing services; 2) improvement in public health service delivery; 3) public health effects in the county; 4) the availability of public health opportunities for the future, and; 5) financial benefits and savings. Table 10 summarizes the percentage of affirmative responses (either agree or strongly agree) from all audiences queried with respect to each of these areas of potential impact.

The table yields several insights regarding perceptions of key audiences. First, senior SCPH management and, to a somewhat lesser extent, key external stakeholders appear more optimistic in general about the impacts of consolidation to date than either Board of Health members or SCPH staff across the board. Second, across audiences, there appears to be greater unanimity of opinion about the availability of new opportunities for the future and the success of the effort to maintain services at existing levels than about any of the three other areas of potential impact. And finally, outside of senior SCPH management, there appears to be a fair amount of uncertainty regarding the impacts of consolidation among external stakeholders, board of health members, and even the SCPH staff.

In the table, this uncertainty manifests itself in the numerical differences between the number of responses received shown in the far right column of the table and the samples sizes of direct responses that are shown as denominators in the cells in the other columns. The differences between these figures reflect uncertain responses, such as "I do not know" or "neither agree or disagree". At bottom, this suggests that a significant proportion of respondents do not yet have a good sense of the impacts of the consolidation.

Table 10: Overall Impacts of Consolidation: Perceptions of Key Audiences

Audience	% Affirmative Response*: Maintain Services @ Existing Levels	% Affirmative Response*: Services have Improved	% Affirmative Response*: Increased public health impacts	% Affirmative Response*: Yielded New opportunities for the future	% Affirmative Response*: Yielding financial benefits & savings	Total Number of Responses Received
SCPH Senior Management	100% (7/7)	100% (5/5)	100% (5/5)	100% (7/7)	100% (6/6)	7
External Stakeholders	75% (3/4)	50% (1/2)	100% (2/2)	80% (4/5)	100% (1/1)	6
BoH Members	89% (8/9)	10% (1/10)	13% (1/8)	71% (5/7)	43% (3/7)	17
SCPH Staff	58% (72/124)	44% (41/94)	47% (40/86)	74% (80/108)	54% (48/89)	161-175
Summaries across audience categories**	62.5% (90/144)	43% (48/111)	48% (48/101)	76% (96/127)	56% (58/103)	N=4 categories

Notes:
*Affirmative response means those that answered "Strongly Agree" or "Agree". The percentage figures reported account for only clear substantive responses – "Strongly Agree", "Agree", "Disagree" and "Strongly Disagree". They exclude responses of "Neither agree nor disagree" and "I don't know".
**These summary figures exclude the responses from senior SCPH managers because they were also asked to participate in the SCPH survey.
Sources: KSU Surveys and Interviews, February-May 2012.

iv. Public Health Capacities

As was noted above in the discussion of outcomes of the consolidation relating to capacities, the overall responses we received across the audiences interviewed suggested mixed views regarding the impacts of the consolidation to date, but optimism about its future impacts in this area. In this subsection, we briefly review the range of responses we received among key audiences who were asked about the impact of the consolidation on both *current* and *future* capacities.

Table 11: Percent of Key Audiences Indicating Improvement in *Current* Public Health Capacities

Audience	% Indicating Improved *Current* PH Capacities	Number of Usable Responses	Total Number of Responses
External Stakeholders*	100% (5/5)	5	6
Board of Health Members*	83.3% (5/6)	6	17
SCPH Supervisors**	75% (18/24)	24	31
SCPH Non-Supervisory Staff**	28% (27/96)	96	137
Summary Totals	42% (55/130)	130	

Notes:
* The data here came from interviews, and focused on capacities in the communities of those interviewed. **Data from SCPH Supervisory and Non-supervisory employees, who were queried by an electronic survey, applied to Summit County as a whole.
Sources: KSU Surveys and Interviews, February-May 2012.

The data displayed in the Table 11 suggest a range of opinion regarding the impact of the consolidation on current public health capacities. Strong majorities (of at least three-quarters) of external stakeholders, Board of Health Members, and SCPH Supervisors appear to believe that the consolidation has improved current public health capacities in Summit County. Line SCPH staff members do not appear to share this belief, as fewer than 30% of them suggest that public health capacities have increased since the consolidation.

In comparison to the data in the table above, the data in the table below suggest (once again) that SCPH employees are far more optimistic about the impact of consolidation on public health capacities *in the future* than they are about its impacts on *current* capacities. While only about 28% of non-supervisory staff perceived improvements in current capacities compared to January 2011 (see table above), about 68% of these employees believe that the department's capacities will improve in the future. Once again, however, supervisory staff members are considerably more optimistic than line staff, even though majorities believing that consolidation will have long-term positive impacts on public health capacities exceed two-thirds in both cases.

Table 12: Percent of Key Audiences Indicating Improvement in *Future* Public Health Capacities

Audience	% Indicating Improved Future PH Capacities	Number of Usable Responses	Total Number of Responses
SCPH Supervisors	96% (27/28)	28	31
SCPH Non-Supervisory Staff	69% (55/80)	80	137
Summary Totals	76% (82/108)	108	167

Note: SCPH Senior Managers and Board of Health members were not asked identical/similar questions about *future* public health capacities.
Source: KSU Survey of SCPH employees, May, 2012.

v. Public Health Services

As was noted in the discussion of outcomes of the consolidation relating to public health services, the overall responses received across the audiences queried suggested mixed views regarding the impacts of the consolidation on services to date, but optimism about its future impacts in this area. Here, we briefly review the range of responses we received in these areas among key audiences who were asked about the impact of the consolidation on both *current* and *future* capacities.

Table 13: Percent of Key Audiences Indicating Improvement in *Current* Public Health Services

Audience	% Indicating Improved *Current* PH Services	Number of Usable Responses	Total Number of Responses
SCPH Supervisors	86% (24/28)	28	31
Board of Health Members	57% (4/7)	7	17
External Stakeholders	50% (1/2)	2	6
SCPH Non-Supervisory Staff	32% (32/98)	98	133
Summary Totals	45% (61/135)	135	

Sources: KSU Surveys and Interviews, February-May 2012.

The data displayed in Table 13 suggest a range of opinion regarding the impact of the consolidation on current public health services. At least half of responding external stakeholders, Board of Health Members, and SCPH Supervisors appear to believe that the consolidation has improved current public health services in Summit County. Line SCPH staff members do not appear to share this belief, as roughly a third of them suggest that public health services have improved since the consolidation.

A comparison of the data in Table 13 and Table 15 suggest that SCPH employees are far more optimistic about the impact of consolidation on public health services *in the future* than they are about its impacts on current services. In this case, however, both supervisory and non-supervisory staff members appear to be very optimistic, as more than 80% of each of these groups of SCPH employees suggested that the consolidated health department is likely to have positive impacts on public health services in the future.

Table 14: Percent of Key Audiences Indicating Improvement in *Future* Public Health Services

Audience	% Indicating Improved *Future* PH Services	Number of Usable Responses	Total Number of Responses
SCPH Supervisors	100% (26/26)	26	31
SCPH Non-Supervisory Staff	83% (70/84)	84	131
Summary Totals	87% (96/110)	110	

Source: KSU Survey of SCPH Employees, May 2012.

vi. The Advisability of the Consolidation

Across our research inquiries, we asked the professionals with whom we communicated whether they thought that – in retrospect, one year later – consolidating health departments in Summit County was a good idea. Table 15 (following page) presents the information we collected in relation to this question.

Table 15: Perceptions on the Advisability of the Summit County Public Health Consolidation

Audience	% Indicating They Think Consolidation was a Good Idea	Number of Usable Responses	Total Number of Responses
Senior Managers	100% (10/10)	10	10
External Stakeholders	100% (6/6)	6	6
Board of Health Members	94% (15/17)	16	17
SCPH Supervisors	89% (25/28)	28	31
SCPH Non-Supervisory Staff	53.3% (49/92)	92	129
Summary Totals*	69% (105/153)	150	

Note:
*These summary figures exclude the responses from senior SCPH managers because they were also asked to participate in the SCPH survey.
Sources: KSU Surveys and Interviews, February-May 2012.

Several observations are in order. First, as with the other common questions we asked, it appears that SCPH senior managers and external stakeholders are more optimistic than the others with whom we communicated – particularly the line SCPH staff. Second, the Board of Health members appear to be quite positive as a whole here, even though some of them expressed reservations about the extent to which the consolidation has yielded improved capacities and public health services. This may be traceable, at least in part, to their desire for more information on impacts of the consolidation, as a good number of them refrained from directly answering some of the questions addressed above. And finally, even though variations among audiences continue, a substantial majority – about two-thirds of all of those queried – think the consolidation was a good idea. This is significant, perhaps most importantly in relation to the non-supervisory staff, because of the concerns they expressed in relation to the challenges of the transition to a consolidated department.

B. Variations in Perspective Across Health Agencies of Origin

The SCPH employee survey data can also be differentiated based on the departments from which the current staff originated. While we find similarities in the responses received from employees across departments of origin, we also find some notable differences. The discussion that follows highlights several areas in which differences in perspective across departments of origin that emerged from the data. Because a relatively limited number of former BHD employees responded to the SCPH employee survey, the discussion here focuses primarily on differences between the responses of former employees of AHD and former employees of SCHD.

While most SCPH employees from across the various agencies of origin (AHD, SCHD, BHD) believed that saving money was a goal of the consolidation, former SCHD employees seemed somewhat more likely than former AHD employees to believe that improving the efficiency of service delivery and expanding public health capacities were goals of the consolidation. About 84% (67/80) of former SCHD staff providing direct responses (to the survey question) believed that improving service delivery efficiency was a goal of the consolidation, while about 56% (29/52) of former AHD employees expressed this belief. Similarly, while 65% (47/72) of former SCHD staff members providing direct responses believed that expanding public health service capacities was a goal of the consolidation, only 47% (24/51) of former AHD employees communicated this belief.

Former SCHD employees also appeared somewhat more positive than former AHD employees about the impacts of the consolidation to date on public health services. For example, less than a third (21/68, or 31%) of direct responses from former SCHD employees indicated a belief that the

consolidation has had a negative impact on public health services, while 56% (27/48) of former AHD employees indicated this belief. In addition, while most directly responding SCPH employees reported that they were aware of some form of service reduction occurring since January 2011, the proportion of SCPH employees doing so was higher for former AHD employees (79%, 44/56) than it was for former SCHD employees (63%, or 48/76). Given the AHD's past focus on providing direct services in urban areas and recent cuts in programs focused toward these audiences, these differences in perspective are understandable.

Perhaps the greatest differences in perspective between former AHD and former SCHD staff members relate to compensation. For example, while 68% (30/44) of directly responding former AHD employees said that their net pay is now less than what they earned prior to the consolidation, only 21% (17/82) of former SCHD employees said that their net pay had been reduced during this same time period.[17] Similarly, while 82% (36/44) of former AHD employees providing direct responses for this question indicated that their non-salary fringe benefits are now "worse" than their fringe benefits prior to the consolidation, only 39% (32/83) of former SCHD employees indicated this was the case in their situation. In interpreting these figures regarding compensation, it is important to understand that former AHD staff members became employees of the county through this consolidation, and they therefore lost benefits that they had previously received as employees of the City of Akron as a result (and, at least generally, gained benefits from the county). In this context, the reactions of former AHD staff members regarding their benefits appear logical and understandable.

Given these differences, it is perhaps not surprising that former employees of AHD as a whole were less likely than other SCPH employees as whole to report that they thought the consolidation, in retrospect, was a good idea. Overall, 49% (23/47) of former AHD employees reported that they thought the consolidation was a good idea, while 69% (43/62) of former SCHD employees expressed this point of view.

"For long-term delivery of public health (services), consolidation will have a very positive impact on the community. However, the 'growing pains' have, at times, been quite frustrating and painful."

SCPH Staff Member

VII. Conclusions

So what conclusions can we draw "one year later", as we review the evidence presented above? In general, we have to recognize that consolidating public health departments is not an easy task, although – if we thought enough about it – we might have reached this conclusion without even undertaking the study we have just completed. The idea of merging three separate organizations into one organization within a one year period is not something that most people would view – even on the face of it -- as a simple exercise. In this context, it is perhaps less surprising that the new department has experienced disruptions than it is that a majority of those with whom we spoke felt that public health services were maintained at existing levels during the first year of the transition.

This does mean, however, that one lesson to be drawn here is that it is critically important to plan and manage details like phone systems, personnel classifications, and the adequacy of facilities because – ultimately – they do impact staff members and their morale, organizational capacities, and the services provided, at least in the short term. At SCPH, for example, necessary judgments about compensation and other conditions of work affected a number of employees and – in some respects -- these effects tend to

[17] The perceptual data presented here are drawn from survey responses provided by current SCPH employees. We did not seek to verify beliefs and/or assertions about pay, benefits, or other conditions of work with other sources. In addition, with respect to reported net pay information, it is useful to remember that current SCPH employees work a 35 hour week, while AHD employees worked 40 hours per week prior to the consolidation.

linger. The results here, therefore, suggest that it is important to manage not only the physical transitions, but also the human ones. As one SCPH Staff member said, "For long-term delivery of public health (services), consolidation will have a very positive impact on the community. However, the 'growing pains' have, at times, been quite frustrating and painful."

According to survey data we collected from SCPH staff, the biggest obstacles now hindering progress are communications and changing organizational cultures. These are difficult issues to manage in any organization, but they are particularly difficult – and important – to manage during the transition to a consolidated local health department. While leaders and organizations may never achieve perfect communication within their organization, or seem-less processes for integrating different organizational cultures, it is important to be cognizant of these challenges and to work to address them.

In the case of Summit County's transition to a new consolidated health department, therefore, the largest conclusion to draw is that combining health departments has been a hard job that has been tackled aggressively. These efforts appear to be yielding benefits. Let's review some of the benefits briefly.

First, the consolidation of health departments is providing an opportunity to re-think public health in Summit County, from the bottom up. The new department has initiated a strategic planning process that is cognizant of recent research and holds the potential to enable development of new and enduring partnerships for public health. It is important and appropriate for the department to take advantage of this opportunity to establish a new and improved course for the organization and its mission. It is also important for the department to continue efforts to engage its staff in both informing and guiding this process. Not everyone will take advantage of the opportunity to participate actively in charting new directions for public health in Summit County, but the chances for long term success will increase as staff members become more involved in the process.

Second, the consolidation of the departments is yielding potential increases in capacity that can be multiplied over time. While overall staffing for public health has been reduced in Summit County over the past few years and grant dollars are more difficult to come by, the new organization is inheriting a potpourri of capacities from the original departments. It also enjoys significant support from public health and other professionals in Summit County and this support can translate into external expansions of the capacities for the organization and its mission. In this context, it is not surprising that a majority of those with whom we spoke believed that the consolidation will expand future public health capacities in Summit County.

Third, while the transition has been disruptive for the persons involved, there have been public health service improvements identified by SCPH staff and other participants in the process, and most of those with whom we spoke believed that these improvements were likely to be multiplied in the future. As a result of the transition to a consolidated department, teams of public health professionals are re-thinking how best to deliver baseline public health services like onsite wastewater evaluations, food service inspections, and public health emergency preparedness, to name just a few. While the process may be difficult, it is a good thing. It requires the public health professionals involved to think carefully about how best to address the needs of the full range of communities that comprise Summit County, and – to the extent possible – tailor programs and services so they are appropriate for both urban areas and outlying communities. While it may be taking time to get to and implement the "best" solutions, the end result should be more consistent, clear, and appropriate processes for handling key public health issues in Summit County.

And finally, the consolidation is saving money. The figures presented above and the analyses underlying them suggest the consolidation has resulted in a total of about $1.5 million in savings during the first year alone. These savings are accruing to the Cities of Akron and Barberton, and the Mayors of both of these communities are no doubt pleased about the ability to re-allocate those resources to meet other needs during tight fiscal times, even as their citizens continue to benefit from public health services.

Thus, based on the data collected and the analyses presented above, it appears clear that consolidating public health services is a good idea that is likely to pay rewards for Summit County and its citizens. It is providing a basis for saving money, improving coordination in key areas of public health service, reducing duplication and service inconsistencies, and building longer term public health capacities. The challenge now is to develop better and ongoing mechanisms for understanding and measuring progress, and for sharing that information with SCPH employees and the public health community that can benefit from it. From what we have learned, SCPH is making efforts in these areas. However, the job is not yet complete. Consolidation is not an event that *occurred* on January 1, 2011; it is a process. Much progress has been made and much good work remains to be done.

VIII. References

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IX. Appendices

Appendix A: Documents Related to the Summit County Public Health Consolidation

Appendix B: SCPH Organizational Chart

Appendix C: Philosophical and Cultural Differences in Public Health Approaches

Appendix A: Documents Related to the Summit County Public Health Consolidation

A. Ackerman, Susan; Wendy Feinn and Ken Slenkovich, consultants. 2010. "Summit County Health District and Akron Health Department Consolidation Feasibility Study." Center for Community Solutions.

B. Akron City Council. 2010. "Akron, Ohio Council Agenda for July 26, 2010."

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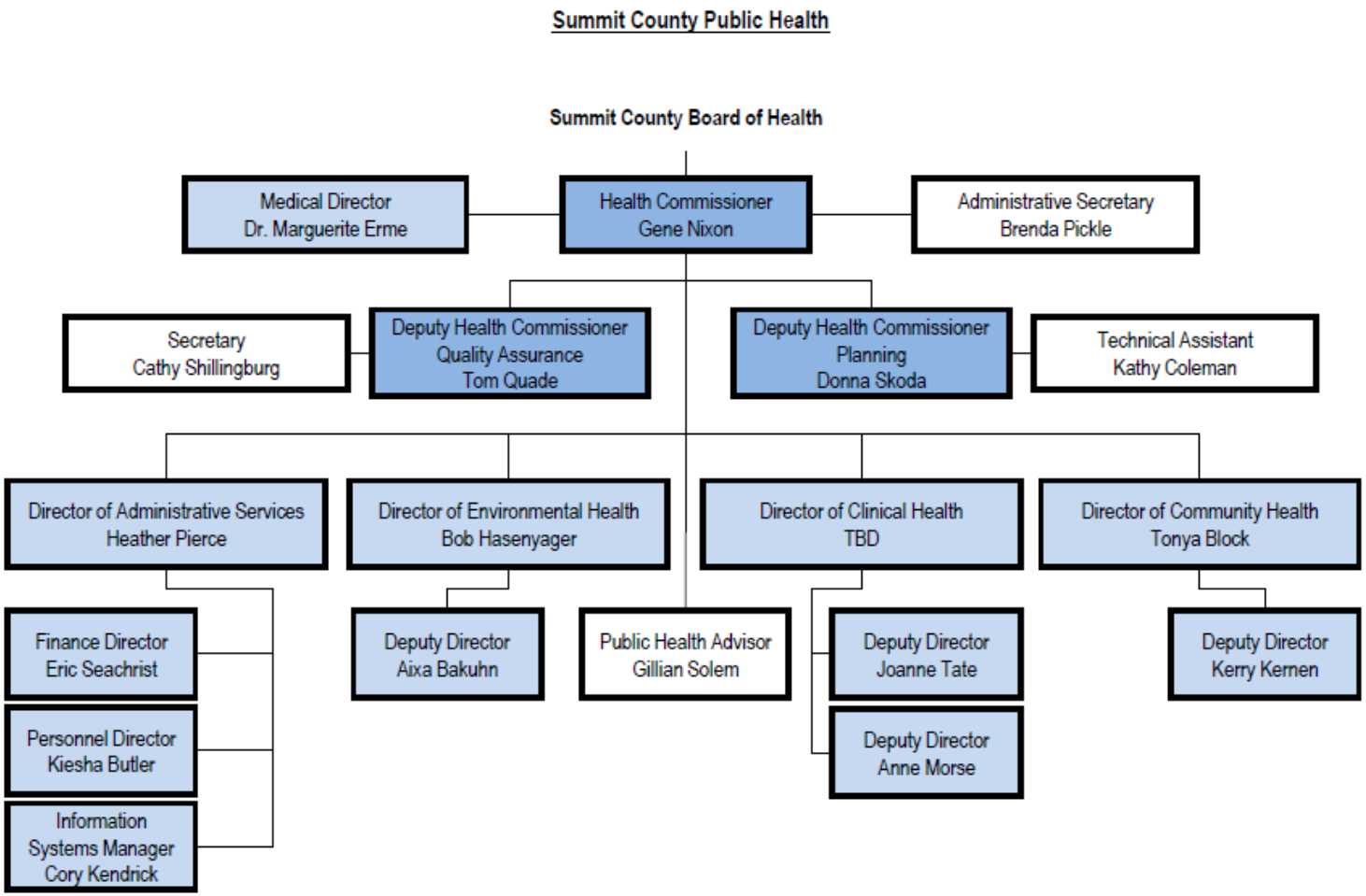
Appendix B: SCPH Organizational Chart



Appendix C: Philosophical and Cultural Differences in Public Health Approaches

Cultural differences within SCPH may be related to the public health approach that has been taken by predecessor departments in the past. AHD's services appear to have been focused on providing individual services or providing safety net programs to address gaps in health services in the area. Summit County Health District, now Summit County Public Health, appears to have adopted the "new public health philosophy," defined by the core functions - assessment, assurance and policy development (See Novick et al, 2008, for further explanation). Some of the "cultural" gaps may be related to these differences in ideas about what public health is and what services public health departments should provide for their communities. Some examples that highlight differences between the two public health paradigms are illustrated below.

Akron Health Department	**Summit County Combined Health District**
"Old Public Health Paradigm"	*"New Public Health Paradigm"*
Service delivery	3 core functions of public health: assessment, assurance, and policy development
Regulations and Code Enforcement	Providing 10 Essential Public Health Services
Individual based approach to deliver public health services	Population based approach to deliver public health services
Mosquito program to eliminate nuisance factors in the city	Mosquito program to address vectors of disease carrying species
Providing individual medical care services such as hypertension clinic, prenatal and STD clinic	Working to establish a medical home for individuals outside of the health department clinic
"Traditional" Public Administration	Business model of responsible spending