

Toward a Comprehensive, Streamlined System of Care for the Residents of Cook County
Health & Medicine Policy Research Group
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Introduction: Cook County has the opportunity to become a world-class public health system that will improve the health of residents of the entire county. During recent decades our systems of care have eroded, but they can be reclaimed with proper attention. To that end, we call upon the mayor of Chicago, the president of the Cook County Board of Commissioners, and the governor of the State of Illinois to appoint a Blue Ribbon Commission charged with developing a plan for seamless, coordinated, comprehensive health services (including public health, physical health, mental health, and dental health) for Cook County and City of Chicago residents.

Health and Medicine recommends that the Blue Ribbon Commission give top priority to:

- Creating an independent governing structure
- Maintaining jobs when possible
- Maintaining access to services
- Improving the quality of health services
- Streamlining services to achieve cost savings
- Exploring independent taxing authority as a way to have a dependable source of support

The commission would:

- Examine how other municipalities in Illinois, Minnesota, Ohio and Wisconsin have developed combined local health systems.
- Identify opportunities and advantages to a merged system, such as the ability to serve more residents with more consistency, access Affordable Care Act funds, and create a central point for tracking and reporting communicable diseases.
- Identify potential barriers to merging, e.g., access to funding sources traditionally earmarked for either Chicago or Cook County, the need to integrate services, and others.
- Examine the possibility of establishing an independent health system taxing authority — such as those established in Dallas, Fort Lauderdale, and Phoenix — to eliminate competition for funds between health and other vital functions such as parks and criminal justice.
- Identify the governance options of a comprehensive system, such as geographic health district elections, appointments by governmental leaders. Create a timeline for implementing a comprehensive health system.
- Make recommendations to governmental leaders.

Why Now: Health systems decisions are now made in the context of a very unstable fiscal situation for public services: local, state and national budgetary shortfalls, the growing number of uninsured (even after implementation of health reform, we will have more than 250,000 uninsured residents in Cook County), failure of the not-for-profit sector to provide required charity care in return for tax exemptions, and the national movement to shrink the size of government. Locally, we have enormous public health burdens that require new approaches to improve health. The Affordable Care Act provides an opportunity to access funds that will allow

us to develop and implement creative approaches. It makes more sense for Chicago and Cook County to develop joint proposals for limited funding than to compete against one another.

Strategic planning is underway at the Cook County Health & Hospitals System, the Cook County Department of Public Health, and the Chicago Department of Public Health. Our new Cook County board president and Chicago mayor are calling for change. We have a unique opportunity to examine and redefine the way we govern and organize regional public health and health care services.

History: In 1990, Chicago, Cook County and State of Illinois elected officials convened the Chicago/Cook County Health Summit, which prepared a road map to strengthen the local health safety net. It is important to note that some of the 1990 recommendations have been implemented. Between 1990 and 2006, new problems emerged and old ones intensified. Demographic shifts, health funding shifts at the national, state and local level, and changes in patterns of health service utilization suggested that new efforts to examine the safety net and develop a roadmap for the coming decades were needed.

In 2006, Health & Medicine Policy Research Group convened a broad group of health care stakeholders in the seven-county northern Illinois region to determine priorities and recommendations for strengthening the safety net. Participants examined six key areas: governance, finance, workforce, data and information technology, population-based health services, and personal health services.

At a summit in 2009, stakeholders recommended that the northern Illinois region move toward a more coordinated planning and governance structure, balancing regional coordination with local control. Improving continuity of care and ensuring linkages among public health, primary care, and specialty care services were identified as essential to ensure the best health outcomes of residents of the region.

Public Health Departments in Crisis

Across the country, public health departments are facing huge budget cuts, forcing them to cut essential services and personnel. Large departments (those serving over 500,000 people) have suffered the largest cuts, averaging \$2.3 million.¹ In January 2010, 38% of local health departments had lower budgets than the previous year, but that number would have been as high as 53% if not for funding from the American Recovery and Reinvestment Act and emergency funding to combat H1N1.² Since that funding has ended, budget cuts for public health departments will only become more severe. The National Association of City and County Health Officials estimated that 47% of public health departments would face budget cuts in 2011.³ As a result of these financial constraints, local health departments lost an estimated 29,000 employees, approximately 19% of the 2008 national local health department workforce, while reducing the hours or furloughing up to three times more. Public health officials note that it is difficult to replace skilled staff, and they will rarely come back once let go.⁴

Also, half of departments have cut at least one program area, with 63% of the U.S. population affected. Twenty-eight percent of departments have cut three or more areas.⁵ The most commonly cut program areas include population-based primary prevention, maternal and child

health, clinical health services and chronic disease screening and treatment.⁶ These kinds of cuts endanger local health departments' delivery of public health's 10 essential services, as developed in 1994 by the Core Public Health Functions Steering Committee.⁷ The essential services most affected would include monitoring of health status to identify and solve community health problems; diagnosing and investigating health problems and health hazards in the community; informing, educating and empowering people about health issues; and assuring a competent public and personal health care workforce. If public health can no longer fulfill these essential services, more people will become ill.

The Cook County Health & Hospital System

The Cook County Health & Hospitals System is a comprehensive, integrated system of health care throughout Chicago and suburban Cook County with 3 hospitals, ambulatory clinics, a community health network, Cermak health services (correctional health facility), the Department of Public Health, and the Ruth Rothstein CORE Center.⁸ The system has sustained consistent budget cuts over the past several years, as the need for care has increased each year. The proposed closure of Oak Forest Hospital, substantial changes to the service delivery system at Provident Hospital, and the departure of the CEO continue the spiral of instability. With the rollback of another quarter percent of Cook County sales tax next year, the system will surely be facing additional significant budget reductions unless something is done quickly to ensure new funding sources.

Chicago Department of Public Health and the Cook County Department of Public Health

The Chicago Department of Public Health (CDPH) and the Cook County Department of Public Health (CCDPH) provide public health services to the over 5 million residents of Chicago and suburban Cook County (with the exception of residents living in county jurisdictions with their own health departments including Skokie, Evanston, Oak Park, and Stickney Township). The Chicago Department of Public Health faces financial, personnel, and bureaucratic problems while it attempts to provide coordinated health services to roughly 2.7 million Chicago residents. The Cook County Department of Public Health faces significant financial challenges to providing coordinated public health services to 2.4 million residents at a time when demographic shifts demand increased services in the suburbs.

While both departments are certified by the State of Illinois, each is governed and funded differently. CDPH was established by municipal code and is governed by the Chicago Board of Health appointed by the mayor. CCDPH is part of the Cook County Health & Hospitals System, which was established by county ordinance and resolution. In 2008, the eleven-member CCHHS Board of Directors was created by the Cook County President and the Board of Commissioners to improve the efficiency and delivery of health care to county residents.⁹

The total budget for CDPH is \$172 million, with 65% of funding coming from federal and state grants (including the CDC and HRSA), 22% from local tax dollars, and 13% from Medicaid. CCDPH has a budget of nearly \$40 million¹⁰, with 55% from federal and state grants and 45% from local tax dollars. CDPH accesses some CDC grants through cooperative agreements because of its status as one of the country's largest city health departments. CCDPH is not eligible for these grants. Should the two departments merge, this issue will have to be resolved so access to these funds can continue.

Both CDPH and CCDPH provide communicable disease control, epidemiologic services, public health nursing, family planning, public policy development, health planning, food protection, WIC programs, tobacco control, emergency preparedness, STD clinical services, and lead and other environmental health programs. In addition, CDPH provides services related to tuberculosis, HIV, substance abuse, mental health, primary care, and family case management. Unlike CCHHS, CDPH does not provide specialty care or hospital services and does not have enough funding to properly provide comprehensive health services. CCDPH also provides limited dental services; environmental programs for private wells and septic systems, public swimming pools, and mobile homes; and health promotion programs. See table 1 below for a full comparison of the city and county health systems.

Taxing Authority as an Option for Funding the System

Establishing an Independent Taxing Authority can provide a sustainable solution to both CCHHS's and CDPH's financial difficulties. These taxing authorities or tax districts already exist around the country and are common sources of revenue for public health and hospital systems in Texas and Florida. In Texas, many counties with major cities, including Dallas, Houston, Austin and El Paso, have created independent hospital districts to levy property (ad valorem) taxes.^{11 12 13 14} All of these Texas counties established their districts through voter referendum, some as early as the 1950s and some quite recently. Travis County Healthcare District, around Austin, was created in 2004, growing to bring in 60.9% of hospital revenue for fiscal year 2010.¹⁵ In Florida, the North Broward Hospital District around Fort Lauderdale, established in 1952 by voter referendum, and the Halifax Hospital District around Daytona Beach, established by a special act of the legislature in 1925, also raise money for public hospital systems through property taxes.¹⁶ North Broward Hospital District earned \$197 million through property taxes in 2007.¹⁷

Maricopa County in Phoenix followed these examples by creating a Special Health Care District in 2003 to bail out its struggling public hospital systems from a financial crisis. After establishment of this independent district, net assets increased from \$71.9 million in 2005 to \$140.8 million in 2008, resulting largely from increased patient revenues and capitation payments, though property taxes raised \$46 million for the district in 2008.¹⁸

States must pass a law such as Texas's Optional Hospital District Act of 1957¹⁹ allowing creation of taxing districts. Also, a system of governance would need to be established. Districts in Texas, Florida and Arizona are governed by a board appointed by the County Commissioner's Court or the governor, or elected by the people of the county.^{20 21 22 23}

Though tax districts have traditionally been used to fund public hospitals in the past, the model could be adapted to fund both public health departments and public hospitals. Thus, if CCHHS and CDPH merged, the new joint entity could be at least partially funded by property taxes from the taxing district, making distribution of funds more efficient.

Benefits of Merging

City and county health systems across the U.S. have made decisions to merge, citing positive results to the change in governance structure. While limited literature is available, the anecdotal

evidence of these positive effects is strong. In Springfield, Ill., a combined city-county health department led to better continuity of care. Workers were able to refer clients to relevant programs that were more conveniently located, permitting wider access to preventive services.²⁴ Other regions have seen this improved access to existing services as well, including Toledo-Lucas County Health Department after a merger in 2000.²⁵ Toledo-Lucas was able to increase services 30-40%, despite having a budget-neutral merger.²⁶ After a merger between Madison and Dane County health departments in Wisconsin, the department was able to offer new services, seeing its WIC program increase by 7,000 users per month, without any additional funding.²⁷

Merging two departments requires extensive planning and an intergovernmental agreement. Before the merger between Madison and Dane County health departments, an Inter-Governmental Agreement laid out the duties of both the city and the county; for example, the county became the employer of record for all staff, while the city maintained fiscal duties.²⁸ Before a merger in January 2011, Akron and Summit County conducted an extensive feasibility study covering governance, personnel, finance, public health services, facilities, legal issues, timetable and target dates, and community and stakeholder participation.²⁹ During the merger of Saint Paul and Ramsey County Departments of Public Health in Minnesota, officials created a clear list of activities, including collaborative planning; developing and communicating a mission statement and vision; and creating an organizational chart.³⁰ Also, according to officials at merged departments, negotiations with unions of various public health workers are key to making a smooth transition.³¹

The available literature supports merging as a more cost-effective and higher quality method of health care delivery. Consolidation creates a more flexible and financially stable health department with an administration better suited to addressing a broad array of health problems. Merging establishes a more uniform and coordinated approach to policy development, planning, and the provision of care,³² which was a recommendation from stakeholders at HMPRG's 2009 Summit. Furthermore, merging will allow the region to apply for available financial support through the Affordable Care Act that would likely not be accessible by the two departments independently.

Process

The task of merging health departments is not simple. Difficult political, financial, and personnel decisions would need to be made. However, the difficulties of consolidation can be mitigated with the proper preparation and process. Most of the city and county health systems that have merged have used a similar process for decision-making. Communities have appointed a committee of stakeholders, including hospital representatives, community members, public health professionals, members of the boards of health, elected officials, and providers.^{33 34 35} These committees perform a feasibility study analyzing various aspects of the health department and governance structures. During a period of months they examine governance and organizational structure, the capacities of each department, their facilities, funding and other financial aspects, legal considerations and possible timetables for consolidation.^{5 6 36 37} After considering this study, the committee formulates recommendations for the city and county councils.^{5 6 38} Opportunities for public comment throughout are vital and are often provided through public forums or hearings.^{39 40} Undergoing this open and transparent process in Cook

County would engage the professional, political, and public sectors in creating a world-class health system that people will believe in and want to support.

Governance

An effective governance structure must be established if a merger is recommended and implemented. In a report on best practices for public safety net systems, Price Waterhouse Coopers stated that “a more autonomous, self-governed and self-managed enterprise can be more effective and efficient in delivering safety net healthcare.”⁴¹ An independent taxing authority would strengthen the ability of the independent board to develop a more robust and predictable health system.

See Table 2 for a comparison of other cities/counties that have merged.

Call to Action

Health & Medicine calls on the mayor of Chicago and Cook County Board president to lead the effort to create a blueprint for a merged health care system for Cook County residents. The fiscal realities of our time, coupled with the opportunities presented by national health reform, demand such a process. A strong public sector population-based health system that integrates community care, primary care, public health, and inpatient services would be more efficient and better able to access resources, which also would lessen the strain on the private sector. With proper preparation, Cook County could become a national leader in creating a high-quality health system that meets the needs of its residents, especially the most vulnerable. Communities across the country have undergone similar processes and created robust, sustainable systems of care with predictable funding. We should do no less.

Table 1: A Comparison of the Chicago and Cook County Health Systems

	Chicago Dept. of Public Health (CDPH)	Cook County Department of Public Health (CCDPH)	Cook County Health & Hospitals System (CCHHS)
Jurisdiction covered and population size	City of Chicago 2.8 million	Suburban Cook County (with the exception of Skokie, Evanston, Oak Park, and Stickney Township w/ certified public health departments); operating unit of CCHHS 2.3 million	City of Chicago and Suburban Cook County 5.3 million ⁴²
Total Budget (2010)	\$182 million ⁴³	\$40 million ⁴⁴ (4.6% of CCHHS total budget)	\$865.7 million ⁴⁵
Funding Sources	<ul style="list-style-type: none"> State and Federal Grants; CDC Cooperative Agreement grants 	<ul style="list-style-type: none"> State and Federal Grants (47%) Cook County Corporate Fund 	FY 2009 ⁴⁷ <ul style="list-style-type: none"> Patient Service Revenue: \$240,012,000 NetDSH: \$225,000,000

	Chicago Dept. of Public Health (CDPH)	Cook County Department of Public Health (CCDPH)	Cook County Health & Hospitals System (CCHHS)
	<p>(67%)</p> <ul style="list-style-type: none"> • City of Chicago's Corporate Fund (18%) • Community Development Block Grant (5%) • Revenue from Services (9%)⁴⁶ 	<p>(34%)</p> <ul style="list-style-type: none"> • Revenue from Services; Special Local Tax Dollars (18%) 	<ul style="list-style-type: none"> • IGT: \$131,250,000 • FMAP: \$36,000,000 • Other Revenue: \$3,559,000 <p>Total Operating Revenue: \$635,821,000 Total Operating Expenses: \$1,025,320,000</p>
Total employees	Approx. 1,000	340	6,800 ⁴⁸
Governance	9 member Board of Health; Board of Health formulates health policies and advises the Mayor and the Public Health Commissioner on all health issues. The Board promulgates all health regulations, including emergency regulations ⁴⁹	<ul style="list-style-type: none"> • 11-member Board of Directors for CCHHS. • 17-member Board of Commissioners which serves as the Board of Health. 	11-member Board of Directors for CCHHS
Service Types	Public Health and Physical and Mental Health Services	Public Health Services	Hospital and Community Based Clinical Health Services, Jail Health Services, HIV/AIDS Health Services, and CCDPH Public Health Services
Planning Process	Must submit an Illinois Project for Local Assessment of Needs (IPLAN) plan for health department certification; done through the Chicago Partnership for Public Health ⁵⁰ Office of Policy and Planning monitors Chicago health care system, produces reports and policy briefs, and provides strategic planning ⁵¹	Must submit an Illinois Project for Local Assessment of Needs (IPLAN) plan for health department certification; develops the WePLAN For Action document with stakeholder involvement to assess the local public health system and community health status and develop a community health plan ⁵²	Underwent Strategic Planning Process from 2008-2010 with help of consultants; process includes an analysis of the current system and services it should provide ⁵³⁵⁴

	Chicago Dept. of Public Health (CDPH)	Cook County Department of Public Health (CCDPH)	Cook County Health & Hospitals System (CCHHS)
Clinics and Locations			
Facilities and Locations	<p>Neighborhood Clinics (7)</p> <ul style="list-style-type: none"> - Uptown (partnership with HIHC) - Englewood - Roseland (Adult only) - West Town - Lower West - South Chicago (MCH) - South Lawndale (MCH) <p>Mental Health Clinics (12)</p> <ul style="list-style-type: none"> - Auburn Gresham - Back of the Yard - Beverly Morgan Park - Englewood - Greater Grand/MID-South - Greater Lawn - Lawndale - North River - Northtown Rogers Park - Northwest - Roseland - Woodlawn 	<p>Offices (4)⁵⁵</p> <ul style="list-style-type: none"> - North District - West District - Southwest District - South District <p>Public Health Clinics* (8)</p> <ul style="list-style-type: none"> - Cicero - Cottage Grove - Des Plaines - Forest Park - Hanover Park - Harvey - Robbins - South Holland <p>* Locations may overlap with CCHHS clinic locations</p>	<p>Hospitals (3)⁵⁶</p> <ul style="list-style-type: none"> - J.H. Stroger Jr. Hospital - Provident Hospital - Oak Forest Hospital <p>Ambulatory and Community Health Network (16)</p> <ul style="list-style-type: none"> - Austin Health Center - Cicero Health Center - Englewood Health Center - Cottage Grove Health Center - Dr. Jorge Prieto Health Center - Fantus Health Center - Sengstacke Health Center - John Stroger Specialty Care Center - Logan Square Health Center - Morton East School Health Center - Near South Health Clinic - Oak Forest Specialty Health Center - Robbins Health Center - Vista Health Center - Woodlawn Health Center - Woody Winston Health Center <p>Cermak Health Services Ruth Rothstein CORE Center Cook County Dept. Public Health</p>
Payer Mix			<p>59% Self pay/charity/free 23% Medicaid 11% Medicare</p>

	Chicago Dept. of Public Health (CDPH)	Cook County Department of Public Health (CCDPH)	Cook County Health & Hospitals System (CCHHS)
			7% Private Insurance
Service Utilization	<p>2010 data⁵⁷</p> <p>STI services: 23, 627</p> <p>Tuberculosis: 4,503 clinic visits, 161 cases diagnosed</p> <p>HIV/AIDS: 80,799 HIV tests provided</p> <p>Primary care: 84,785 visits to 29,002 patients</p> <p>Women and Children: -16,682 nurse home visits -Case management services to 12,769 pregnant women and 14,458 infants -WIC services to 37,735</p> <p>Dental: 100,465 students</p> <p>Mental health: 78,456 visits for 6,389 patients</p> <p>Substance Abuse Treatment: 2,258</p> <p>Violence Prevention Training: 1,522</p>	<p>2009 data⁵⁸</p> <p>Breast and Cervical Cancer Screening: 133 cases per month</p> <p>Prenatal Intake: 2,501</p> <p>WIC: 23,407 visits</p> <p>Family Planning: 7,990</p> <p>Dental Health Services: 5,529</p> <p>Tuberculosis: 100 cases identified</p> <p>STD/STI: 8,820</p> <p>Vision/hearing screenings: 11,809</p>	<p>2008 data⁵⁹⁶⁰</p> <p>ACHN Total Visits: 603,588</p> <p>Hospital Admissions: 31,238</p> <p>ER Visits: 197,737</p> <p>Outpatient visits: 572,308 Primary = 273,743 Specialty = 244,898 Screening = 53,667</p> <p>Inpatient visits: General Medicine: 10,250 (35.8%) Cardiac: 4,454 (15.5%) Oncology: 2,523 (8.8%) General Surgery: 1,924 (6.7%) Obstetrics: 1,749 (6.1%) Neurology: 1,359 (4.7%)</p>
Services	<ul style="list-style-type: none"> • Communicable Disease Program • Emergency Preparedness • Environmental Health • Epidemiology • Family Planning • Food Safety • HIV/AIDS 	<ul style="list-style-type: none"> • Communicable Disease Program • Emergency Preparedness • Environmental Health • Epidemiology • Family Planning • Food Safety • HIV/AIDS 	<ul style="list-style-type: none"> • Adolescent/Young Adult Medicine • Allergy Clinic • Amputee Services • Arthritis Program • Asthma Program • Audiology • Brain Injury Rehabilitation Program • Burn

	Chicago Dept. of Public Health (CDPH)	Cook County Department of Public Health (CCDPH)	Cook County Health & Hospitals System (CCHHS)
	<ul style="list-style-type: none"> • Immunizations • Lead Poisoning Prevention • Nutrition • Policy Development • Prenatal Care • Public Health Inspections • Public Health Nursing • Screening Services • STI/STD Services • Tobacco Control • Tuberculosis Services • Violence Prevention • WIC Program • Women’s Health Services • Adolescent Health Program • Family Case Management • LGBT Health • Mental Health • Primary Care • Radon Testing • Substance Abuse Treatment⁶¹⁶² 	<ul style="list-style-type: none"> • Immunizations • Lead Poisoning Prevention • Nutrition • Policy Development • Prenatal Care • Public Health Inspections • Public Health Nursing • Screening Services • STI/STD Treatment Services • Tobacco Control • Tuberculosis Treatment Services • Violence Prevention • WIC Program • Women’s Health Services • Dental • Infectious Diseases • Laboratory • Vision/Hearing Screening⁶³⁶⁴ 	<ul style="list-style-type: none"> • Cancer • Cardiology • CAT Scan • Cleft Palate Clinic • Communicable Disease Control • Community Resource Center • Dental • Dermatology • Developmental Screenings • Diabetes Center • Diagnostic • Dialysis • Ear/Nose/Throat Clinic • Emergency Services • Endocrinology • Endoscopy • Family Planning • Family Practice • Gastroenterology • Genetic Counseling • Geriatric Medicine • Gynecology • Hand Clinic • Hearing Aid Services • Hematology • Hi-Risk Obstetrics • HIV/AIDS • Immunizations • Infectious Diseases • Intensive Care • Laboratory • Laparoscopic Surgery • Laser Surgery • Lead Poisoning Prevention • Mammography • Men's Health Program • Mental Health • Midwifery • MRI

	Chicago Dept. of Public Health (CDPH)	Cook County Department of Public Health (CCDPH)	Cook County Health & Hospitals System (CCHHS)
			<ul style="list-style-type: none"> • Neurology • Neurosurgery • Nutrition • Obstetrics • Occupational Medicine • Occupational Therapy • Oncology • Ophthalmology • Orthopedics • Outpatient Services • Pain Clinic/Center • Palliative Care • Pathology • Pediatrics • Pharmacy • Physical Therapy • Plastic Surgery • Podiatry • Prenatal Care • Primary Care • Psychiatry • Psychology • Public Health Inspections • Pulmonary Medicine • Radiology • Recreation Therapy • Rehabilitation • Renal Clinic • Respiratory Therapy • Rheumatology Clinic • Same Day Surgery • School Based Health Centers • Scoliosis • Senior Wellness Program • Sickle Cell • Social Work/Social Services • Speech & Language • Sports Medicine • STD Services

	Chicago Dept. of Public Health (CDPH)	Cook County Department of Public Health (CCDPH)	Cook County Health & Hospitals System (CCHHS)
			<ul style="list-style-type: none"> • Support Groups • Tobacco Cessation • Trauma Center • Tuberculosis Screening Services • Urology • Ventilator Services • Violence Prevention Services • Vision/Hearing Screening • Vocational Rehabilitation • WIC Program • Women's Cancer Center⁶⁵

Table 2: Comparison of City/County Health Departments: Governance and Systems Integration Processes

	Formal Name	Governance Structure	Scope of Services	Decision Process for Merge	Timeline	Scope of Change
Akron-Summit County, Ohio	Summit County Health District	18 member Board of Health	Clinic Services, Communicable Disease, Community Programs, Emergency Preparedness, Environmental Health, School Services ⁶⁶	Health District Feasibility Committee formed, feasibility study, explored eight areas of concern, prepared by consultants- 2009-2/2010. Followed by Memorandum of Understanding (MOU) by District Advisory Council, City of Akron, March 2010. ⁶⁷	10 months post feasibility study, began to merge. Milestones included MOU, followed by assignment of grants and contracts, review and modification of regulations, integration of staff and facilities, and public education about the merge. ⁶⁸	150 employees in Akron Health Department, 123 employees in Summit County Health Department merged. All employees retained jobs. City employees transferred to county. Created organization chart to effectively merge employees and departments. Services merged. ⁶⁹
Madison-Dane County, Wisconsin	Department of Public Health for Dane County	Separate Public Entity overseen by 8 member Board of Health for Madison and Dane County Decisions Subject to approval of the Madison City Council and Dane County Board of Supervisors. ⁷⁰	Serves almost 500,000 people; Clinic services, environmental health, WIC, Communicable Disease, HIV/AIDS Counseling/ Testing, Immunizations, Oral Health, Health Promotion, Animal Services ⁷¹	Report prepared by Joint Public Health Advisory Committee over two years. ⁷² Intergovernmental Agreement approved by City Council and County ⁷³	Report prepared between 2000 and 2002, laying out phases for unification, including recommendations for governance, staffing and collective bargaining, organizations structure, programs and services, and funding. ⁷⁴ Approx. 3 years from Phase I agreement to enactment of final IGA in 2007. ⁷⁵	Number of staff remained constant, county employees became city employees; expanded and increased services, more efficiency in tracking disease outbreaks. ⁷⁶ City Treasurer keeps Joint Fund. City handles contracts, communicable disease and animal control issues, while county handles public records and confidentiality, personnel/ human resources, child protective services, reproductive health, and both handle lawsuits, ordinance enforcement, interpretation and administrative hearings. ⁷⁷

	Formal Name	Governance Structure	Scope of Services	Decision Process for Merge	Timeline	Scope of Change
San Antonio-Bexar County, Texas	San Antonio Metropolitan Health District	Metro Health is a City/County organization, administrative control is under the City of San Antonio ⁷⁶ . A 13 member Advisory Board of Health: 11 of which are appointed by the City Council, one appointed by University Health System, and one appointed by the Bexar County Commissioners Court. The Board advises the Director of Health and the governing bodies of the City and County. ⁷⁹	Health code enforcement, food inspections, immunizations, clinical services, environmental monitoring, disease control, health education, dental health, emergency preparedness and issuance of birth and death certificates to the public.	The goal was to create a more efficient and effective model to address prevention and provide greater access to follow up care.	Spring 2007- San Antonio Metro Health (10 preventive health clinics) established a population-based service area. Feb. 2008- Metro Health integrated clinical preventive services with University Health System (UHS) (the Bexar County Hospital) through a city-county integration agreement. ⁸⁰	“This partnership is resulting in even better service to residents through not only the existing clinics but also a new model of care involving Goodwill Industries.” – 2007-2008 Annual Report

	Formal Name	Governance Structure	Scope of Services	Decision Process for Merge	Timeline	Scope of Change
St. Paul-Ramsey County, Minnesota	Saint Paul - Ramsey County Department of Public Health	Ramsey County Board of Commissioners holds governing and decision-making authority for all services provided by County. City designates the County as its agent for services agreed upon in Joint Powers Agreement but retains its own Board of Health, and County designates City as its agent for the services the City agreed to perform.	Public Health Services	MN state law (Statute 383A.12) developed in 1971 to enable cities and counties to merge or consolidate with city voter approval. Ramsey County Board and Saint Paul City Council adopted Saint Paul-Ramsey County Community Health Services Plan for 1996-1999; City and County officials prepared report in favor of merge; Joint Powers Agreement adopted in December 1996 ⁸¹	Transition during 1997. Milestones included collaborative planning, developed and communicated statement of mission, vision, values and customers, external community involvement, development of organizational chart, creation of combined budget, study of office space, process for moving staff, development and administration of employee survey, monitoring of JPA implementation and development of expectations by section managers. ⁸²	City employees transferred to county. Services not eliminated or reduced. City retained responsibility for housing enforcement services, animals control, food inspection services, solid waste activities within city limits. The City began providing services in dangerous dog registration, lead paint hazard control, lead hazard reduction. The County maintained or assumed control of all other services in the county and city. ⁸³
Toledo-Lucas County, Ohio	Toledo-Lucas County Department of Public Health	Separate Public Entity overseen by 11 member Toledo-Lucas County Board of Health	Public Health and some clinical services, environmental health, Disaster response and preparedness ⁸⁴	Report prepared by outside firm; education campaign in county; contract of merger between county and towns ⁸⁵	Merged in 2000.	Maintenance of all services, but with higher pay scale, plus addition of 30-40% more services. ⁸⁶

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- ¹ National Association of County and City Health Officials (2010). Local Health Department Losses and Program Cuts: Findings from January/February 2010 Survey. Retrieved on April 13, 2011 from <http://www.naccho.org/topics/infrastructure/lhdbudget/upload/Job-Losses-and-Program-Cuts-5-10.pdf>
- ² *Ibid*
- ³ *Ibid*
- ⁴ *Ibid*
- ⁵ *Ibid*
- ⁶ *Ibid*
- ⁷ Centers for Disease Control and Prevention (2010). 10 Essential Public Health Services. Retrieved April 13, 2011 from <http://www.cdc.gov/nphsp/essentialServices.html>
- ⁸ Cook County Health & Hospitals System (2010). Cook County Health & Hospitals System (CCHHS). Retrieved October 1, 2010 from <http://www.cookcountyhealth.net/>.
- ⁹ Cook County Health & Hospitals System (2010). Board of Directors. Retrieved October 1, 2010 from <http://www.cookcountyhealth.net/CCServlet>.
- ¹⁰ Cook County Department of Public Health (2010). About the Department. Retrieved October 1, 2010 from <http://www.cookcountypublichealth.org/about>.
- ¹¹ National Association of Public Hospitals and Health Systems (2006). Legal Structure and Governance of Public Hospitals and Health Systems. Retrieved on May 4, 2011 from <http://www.newrivermedical.com/content/upload/AssetMgmt/Board%20Info/Legal%20Status%20Education%20Info/NAPH%20article%20-%20Legal%20Structureand%20Governance%20of%20Public%20Hospitals%20and%20Health%20Systems.pdf> p. 10
- ¹² Central Health (2011). About Central Health. Retrieved on May 4, 2011 from http://www.traviscountyhd.org/about_us.html
- ¹³ Schladen, Marty (2011). Hospital District Considers Raising Taxes. El Paso Times. Retrieved on May 4, 2011 from http://www.elpasotimes.com/news/ci_17061723
- ¹⁴ Harris County Hospital District (2011). History. Retrieved on May 4, 2011 from <http://www.hchdonline.com/about/history.htm>
- ¹⁵ Central Health (2010). Finances and Funding. Retrieved on April 13, 2011 from http://www.traviscountyhd.org/finances_and_funding.html
- ¹⁶ Florida Tax Watch (2009). Florida's Fragmented Taxing District System in Need of Reexamination. Retrieved on April 13, 2011 from <http://www.floridataxwatch.org/resources/pdf/02242009HospitalDistricts.pdf>
- ¹⁷ *Ibid*
- ¹⁸ Arizona Auditor General (2009). Maricopa County Special Health Care District. Retrieved on April 13, 2011 from <http://www.azauditor.gov/Reports/Counties/Maricopa/Performance/09-03/09-03Highlights.pdf>
- ¹⁹ 2005 Texas Health & Safety Code, Chapter 283, Optional Hospital District Act of 1957. Retrieved on April 13, 2011 from <http://law.justia.com/codes/texas/2005/hs/004.00.000283.00.html>
- ²⁰ National Association of Public Hospitals and Health Systems (2006). Legal Structure and Governance of Public Hospitals and Health Systems. Retrieved on May 4, 2011 from <http://www.newrivermedical.com/content/upload/AssetMgmt/Board%20Info/Legal%20Status%20Education%20Info/NAPH%20article%20-%20Legal%20Structureand%20Governance%20of%20Public%20Hospitals%20and%20Health%20Systems.pdf>
- ²¹ Central Health (2011). About Central Health. Retrieved on May 4, 2011 from http://www.traviscountyhd.org/about_us.html
- ²² El Paso Community College (2011). Thomason Hospital Celebrates 90 years. Borderlands. Retrieved on May 4, 2011 from <http://dnn.epcc.edu/nwlibrary/borderlands/24/thomasonhosp.htm>
- ²³ Harris County Hospital District (2011). History. Retrieved on May 4, 2011 from <http://www.hchdonline.com/about/history.htm>
- ²⁴ Olsen, Dean. "Clients, employees impressed by new public health offices". The State Journal-Register. Retrieved October 4, 2010 from <http://www.sj-r.com/top-stories/x272792576/Clients-employees-impressed-by-new-public-health-offices> .
- ²⁵ Stoll, Elaine "Unigov: Health Department merger improves effectiveness". Toledo Business Journal. FindArticles.com. 23 Sep, 2010. http://findarticles.com/p/articles/mi_qa5333/is_200310/ai_n21336814/

-
- ²⁶ Personal communication with Toledo-Lucas County Department of Public Health.
- ²⁷ Personal communication with Department of Public Health for Madison and Dane County.
- ²⁸ City of Madison and Dane County (2007). Intergovernmental Agreement between the City of Madison and Dane County for Creation of a City-County Health Department.
- ²⁹ Center for Community Solutions (2010). Summit County Health District and Akron Health Department Consolidation Feasibility Study. Retrieved on April 13, 2011 from <http://www.schd.org/pdfs/Final%20Report%202-12-10.pdf>
- ³⁰ Fulton, Robert (1997). Joint Powers Agreement Implementation: Saint Paul – Ramsey County Department of Public Health Milestones. p. 1-2.
- ³¹ Personal communication with Department of Public Health for Madison and Dane County and Toledo-Lucas County Department of Public Health.
- ³² Thomas, A. James and Peterson, R. L. (1962) City-County Health Department Mergers. Retrieved October 5, 2010 from <http://www.ncbi.nlm.nih.gov/pmc/articles/PMC1914765/pdf/pubhealthreporig00088-0069.pdf> .
- ³³ The Center for Community Solutions (2010). Summit County Health District and Akron Health Department Consolidation Feasibility Study. [Report, Feb. 2010]. Retrieved September 23, 2010 from <http://www.schd.org/pdfs/Final%20Report%202-12-10.pdf>.
- ³⁴ Halleland Health Consulting (2004). Recommendations from the blue ribbon panel on public health in Minneapolis. [Report, Feb. 2004]. Retrieved December 22, 2009 from http://www.ci.minneapolis.mn.us/dhfs/Blue_Ribbon_Panel_Final_Report.pdf.
- ³⁵ King County (2010). King County Archives: Record group 112, Seattle-King County Department of Public Health. Retrieved January 6, 2010 from <http://www.kingcounty.gov/operations/archives/health.aspx>.
- ³⁶ Powell, C. (2009). Akron, county health agencies discuss merger. Retrieved September 23, 2010 from <http://www.allbusiness.com/government/government-bodies-offices-regional/12521202-1.html>.
- ³⁷ Stoll, Elaine "Unigov: Health Department merger improves effectiveness". Toledo Business Journal. FindArticles.com. 23 Sep, 2010. http://findarticles.com/p/articles/mi_qa5333/is_200310/ai_n21336814/
- ³⁸ ThePittsburghChannel.com (2008). Pittsburgh-Allegheny County merger recommended. Retrieved January 6, 2010 from <http://www.thepittsburghchannel.com/news/15782593/detail.html>.
- ³⁹ Williamson, Mark. (2010) "Local health departments to host public discussion." City of Akron. Retrieved September 23, 2010 from http://www.ci.akron.oh.us/news_releases/Display.asp?RecNum=1
- ³⁹ Slotagg, Ernie (2004) "Redpath, Davlin propose citywide public health referendum." City of Springfield. Retrieved October 4, 2010 from <http://www.springfield.il.us/releases/2004%20Releases/HealthRef.htm>.
- ³⁹ PriceWaterhouseCoopers (2009). Report on leading practices of public safety net healthcare delivery systems in the United States. Prepared for Myers Ventures LLC and the Los Angeles Healthcare Options 2009 Task Force.08.
- ⁴⁰ Slotagg, Ernie (2004) "Redpath, Davlin propose citywide public health referendum." City of Springfield. Retrieved October 4, 2010 from <http://www.springfield.il.us/releases/2004%20Releases/HealthRef.htm>.
- ⁴¹ PriceWaterhouseCoopers (2009). Report on leading practices of public safety net healthcare delivery systems in the United States. Prepared for Myers Ventures LLC and the Los Angeles Healthcare Options 2009 Task Force.
- ⁴² U.S. Census Bureau. American Fact Finder. Retrieved May 3, 2011 from <http://factfinder.census.gov>.
- ⁴³ City of Chicago (2010). Chicago Department of Public Health Annual Report 2010. Retrieved May 2, 2011 from http://www.cityofchicago.org/content/dam/city/depts/cdph/statistics_and_reports/2010CDPHAnnualReport.pdf.
- ⁴⁴ Cook County Department of Public Health (2010). About the Department. Retrieved May 3, 2011 from <http://www.cookcountypublichealth.org/about>.
- ⁴⁵ Cook County Health and Hospitals System (2010). CCHHS Preliminary budget FY 2011. Retrieved May 2, 2011 from <http://legacy.cookcountygov.com/secretary/CCHHS/2010/Committees/Finance/notices%20&%20agendas/10-22-10%20Revised%20FY2011%20Preliminary%20Budget.pdf>.
- ⁴⁶ City of Chicago (2010). Chicago Department of Public Health Annual Report 2010. Retrieved May 2, 2011 from http://www.cityofchicago.org/content/dam/city/depts/cdph/statistics_and_reports/2010CDPHAnnualReport.pdf.

-
- ⁴⁷ ICS Consulting, Inc. (Sept. 18, 2009). Cook County Health and Hospitals System: Strategic Planning: Board Progress Report + Discussion.
- ⁴⁸ Illinois Hospital Association (2010). Profiles – Health Care Leadership and Innovation: CCHHS. Retrieved May 3, 2011 from <http://www.ihatoday.org/uploadDocs/1/cookcountyprofile.pdf>.
- ⁴⁹ City of Chicago (2010). Board of Health. Retrieved May 3, 2011 from <http://www.cityofchicago.org/city/en/depts/cdph/provdrs/boh.html>.
- ⁵⁰ City of Chicago (2011). Chicago Plan for Public Health System Improvement 2006-2011. Retrieved May 4, 2011 from http://www.cityofchicago.org/content/dam/city/depts/cdph/policy_planning/ChicagoPlanfoPHSystem.pdf.
- ⁵¹ City of Chicago (2011). Office of Policy and Planning. Retrieved May 4, 2011 from http://www.cityofchicago.org/city/en/depts/cdph/supp_info/info_stats_reports/office_of_policyandplanning.html.
- ⁵² Cook County Department of Public Health (2011). wePLAN 2005-10 Community Assessment and Plan. Retrieved May 4, 2011 from <http://www.cookcountypublichealth.org/files/pdf/wePLAN2005.pdf>.
- ⁵³ Cook County Health & Hospitals System (2009). News Release: Strategic Planning Meeting. Retrieved May 4, 2011 from <http://www.ccbhs.org/Documents/News/strategic%20meeting%20release.doc>.
- ⁵⁴ ICS Consulting, Inc. (Sept. 18, 2009). Cook County Health and Hospitals System: Strategic Planning: Board Progress Report + Discussion.
- ⁵⁵ Cook County Department of Public Health (2009). Quarterly Quality Report. Retrieved May 3, 2011 from http://www.suffredin.org/pdfs/CCDPH_QualityReport2_24_09%5B2%5D.pdf.
- ⁵⁶ Cook County Health & Hospitals System (2011). Cook County Health & Hospitals System (CCHHS). Retrieved May 2, 2011 from <http://www.cookcountyhealth.net/CCServlet>.
- ⁵⁷ City of Chicago (2010). Chicago Department of Public Health Annual Report 2010. Retrieved May 1, 2011 from http://www.cityofchicago.org/content/dam/city/depts/cdph/statistics_and_reports/2010CDPHAnnualReport.pdf.
- ⁵⁸ Cook County Department of Public Health (2011). Annual Reports. Retrieved May 3, 2011 from <http://www.cookcountypublichealth.org/publications/annual-reports>.
- ⁵⁹ ICS Consulting, Inc. (Sept. 18, 2009). Cook County Health and Hospitals System: Strategic Planning: Board Progress Report + Discussion.
- ⁶⁰ ICS Consulting, Inc. (Sept. 18, 2009). Cook County Health and Hospitals System: Strategic Planning: Board Progress Report + Discussion.
- ⁶¹ City of Chicago (2011). City Services. Retrieved May 2, 2011 from <http://www.cityofchicago.org/city/en/svcs/find.html>.
- ⁶² City of Chicago (2011). Chicago Department of Public Health. Retrieved May 4, 2011 from <http://www.cityofchicago.org/city/en/depts/cdph.html>.
- ⁶³ Cook County Department of Public Health. Clinical Services. Retrieved May 2, 2011 from <http://www.cookcountypublichealth.org/clinical-services>.
- ⁶⁴ Cook County Department of Public Health (2011). Clinical Services. Retrieved May 4, 2011 from <http://www.cookcountypublichealth.org/clinical-services>.

-
- ⁶⁵ Cook County Health and Hospitals System (2011). Patient Services. Retrieved May 2, 2011 from <http://www.cookcountyhealth.net/CCServlet>.
- ⁶⁶ Summit County Health District (2011). Summit County Health District. Retrieved May 4, 2011 from <http://www.schd.org/index.html>.
- ⁶⁷ Center for Community Solutions (2010). *Summit County Health District and Akron Health Department Consolidation Feasibility Study*. Retrieved on May 4, 2011 from <http://www.schd.org/pdfs/Final%20Report%202-12-10.pdf>
- ⁶⁸ *Ibid.*
- ⁶⁹ *Ibid.*
- ⁷⁰ Public Health Madison & Dane County (2011). Health Board. Retrieved May 4, 2011 from <http://www.cityofmadison.com/mayor/mycommit/roster/102975.cfm>.
- ⁷¹ Public Health Madison & Dane County (2011). Services. Retrieved May 4, 2011 from <http://www.publichealthmdc.com/about/services.cfm>.
- ⁷² Joint Public Health Advisory Committee (2002). *The Final Report: Recommendations Regarding the Unification of Public Health Services in Madison and Dane County*.
- ⁷³ City of Madison and Dane County (2007). *Intergovernmental Agreement Between the City of Madison and Dane County for Creation of a City-County Health Department*
- ⁷⁴ Joint Public Health Advisory Committee (2002). *The Final Report: Recommendations Regarding the Unification of Public Health Services in Madison and Dane County*.
- ⁷⁵ City of Madison and Dane County (2007). *Intergovernmental Agreement between the City of Madison and Dane County for Creation of a City-County Health Department*. p.3
- ⁷⁶ Personal communication with Department of Public Health for Madison and Dane County.
- ⁷⁷ City of Madison and Dane County (2007). *Intergovernmental Agreement between the City of Madison and Dane County for Creation of a City-County Health Department*. Appendix C.
- ⁷⁸ San Antonio Metropolitan Health District (2011). *Metro Health- About Us*. Retrieved May 4, 2011 from <http://www.sanantonio.gov/health/About-Us.html>.
- ⁷⁹ San Antonio Metropolitan Health District (2008). *Building the Foundation for a Healthier San Antonio*. Retrieved May 4, 2011 from <http://www.sanantonio.gov/health/pdf/AnnualReport07-08.pdf>.
- ⁸⁰ *Ibid*
- ⁸¹ City of Saint Paul and County of Ramsey (1996). *Joint Powers Agreement between the City of Saint Paul and the County of Ramsey for Public Health Services*. p. 1.
- ⁸² Fulton, Robert (1997). *Joint Powers Agreement Implementation: Saint Paul – Ramsey County Department of Public Health Milestones*. p. 1-2.
- ⁸³ City of Saint Paul and County of Ramsey (1996). *Joint Powers Agreement between the City of Saint Paul and the County of Ramsey for Public Health Services*. p. 1.
- ⁸⁴ Toledo-Lucas County Health Department (2011). *Keeping Our Community Healthy*. Retrieved May 4, 2011 from <http://www.co.lucas.oh.us/documents/Health/2010%20Health%20Department%20brochure%20UPDATED.PDF>.
- ⁸⁵ Personal Communication with Toledo-Lucas County Department of Public Health.
- ⁸⁶ *Ibid.*