



City-County Proportions of Local Public Health Funding Among Recently Consolidated County Local Health Departments (LHDs) in Ohio[©]

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The Issue:

How do consolidated LHDs in Ohio share the costs of public health services between the parties to the consolidations?

Background

As health departments consolidate services into a single department, each jurisdiction contributes funds to pay for the delivery of public health services. We researched how Ohio cities and counties involved in recent health department consolidations split local shares of public health service costs.

Methods

We reached our findings by analyzing financial information and population data related to Ohio's LHDs from the Ohio Department of Health's Annual Financial Report (AFR) database, 2012. We also queried Chief Financial Officers and Health Commissioners from recently consolidated LHDs (1999-2013) and asked them to review our findings. We then made interpretive adjustments, where appropriate.

Findings

There is a relationship between the city's share of the county population and the share of the newly consolidated LHD's public health expenses paid by the city. Generally, we found the consolidations to fit into two categories:

- Small Cities: cases where the city has less than a 10% share of the county population.

The majority of consolidations between 1999 and 2013 are cases where a relatively small city LHD consolidates with a larger county health district. We found that these "small cities" generally pay shares that are smaller than their share of the population. More details can be found in the tables on the next page.

- Large Cities: cases where the city has a share of 40% or more of the county population.

Three cases of consolidation in our sample of recently consolidated Ohio LHDs – Lucas County-City of Toledo, Summit County-City of Akron, and Marion County-City of Marion – are cases in which the consolidating cities represent large proportions of the populations served by the newly consolidated LHD: 64.3% for Toledo-Lucas; 40% for Akron-Summit; and 53% for Marion-Marion. The funding shares for these "big cities" were equal to -- or greater than -- the cities' shares of the overall county population. More details are shown in tables on the next page.

Table 1

<i>City Shares of Local Public Health Revenue For Consolidations Involving Cities with <10% of County Populations</i>						
Consolidations	Local Revenue, from:			City Share of Local Revenue, Based On:		City population as a % of County population
	All Local Sources***	Property Tax Assessments: Public Health Levies & Inside Millage	Major City Involved in the Consolidations	% Local Revenue – All Local Sources	% Of Local Revenue - Property Tax Assessments	
Hamilton-Indian Hill	\$2,164,326	\$488,313	\$39,662	1.8%	8.1%	1.3%
Summit-Norton	\$6,839,173	\$3,230,675	\$91,483	1.3%	2.8%	2.2%
Clark-New Carlisle	\$3,058,555	\$2,200,134	\$58,980	1.9%	2.7%	4.1%
Belmont-Martin's Ferry*	\$320,000*	\$271,869	\$18,301	5.7%	6.7%	9.8%
Franklin-Bexley	\$2,792,691	0	\$74,816	2.7%	NA	3.1%
Franklin-Pickerington	\$2,792,691	0	\$104,807	3.8%	NA	4.4%
Mahoning-Campbell**	\$1,442,926**	\$884,343**	\$18,587	1.3%	2.1%	4.8%
Mahoning-Struthers**	\$1,442,926**	\$884,343**	\$29,660	2.1%	3.4%	6.8%
Summit-Barberton	\$6,839,173	\$3,230,675	\$135,163	2%	4.2%	5.1%

Sources: AFR Data for calendar year 2012 from the Ohio Department of Health (ODH) and inquiries to recently consolidated LHDs. Portage County is not included. Some data from Marion were obtained through follow up phone conversations with its financial officer.

* On its AFR for 2012, the Belmont LHD reported total local expenditures of \$374,248. However, the Belmont LHD Financial Officer reported to us that only \$320,000 of these funds were provided by local governments. Because that figure more closely represents the concept we are trying to measure, we use that figure here.

** The Mahoning County figures exclude its levy for Tuberculosis-related services.

*** "All local sources" include contributions from cities, villages, townships, and special contracts and potentially other local funding sources, except where indicated otherwise.

Table 2

<i>City Shares of Local Public Health Revenue for Consolidations Involving Cities with 40% or More of the County Population</i>				
Consolidation	Local Subdivision Revenue*	Revenue from Major City Involved in the Consolidations	% Major city share of local subdivision revenue	City population as a % of County population
Summit-Akron	\$7,251,485**	\$4,020,810**	55.4%	40%
Lucas-Toledo	\$3,229,366	\$2,236,335	69%	64.3%
Marion-Marion	\$658,863	\$447,638	67.9%	53.1%

Sources: AFR Data for calendar year 2012 from the ODH and queries of recently consolidated LHDs. Some data from Akron, Marion, and Toledo were obtained through follow up phone conversations with those departments' financial officers.

**"Local subdivision revenue" includes tax and contract revenue from all local government jurisdictions (Townships, Villages, & Cities) within the county. It does not include other sources of local revenue.

**The "Revenue from Major City..." figure for Akron was the total amount owed for 2012, not the AFR reported amount (\$3,181,881), which was the amount that SCPH actually received from Akron in 2012. This latter figure includes final 2011 payment, but excludes final amount paid for 2012. The "Local subdivision Revenue" figure for the Akron/Summit case includes the \$4,020,810 figure.