

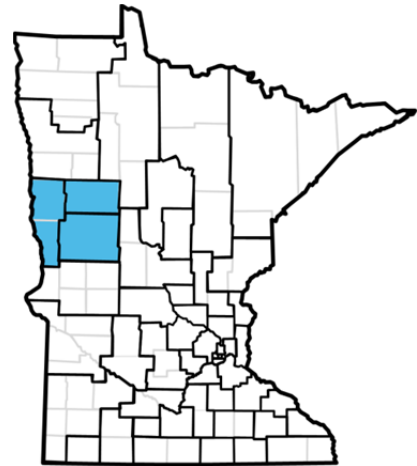


Partnership4Health

This Shared Services Learning Collaborative partner is located in west central Minnesota and includes:

- Becker County
- Clay County
- Otter Tail County
- Wilkin County

The project is supported in part by the Center for Sharing Public Health Services through funding from the Robert Wood Johnson Foundation.



What is the Purpose of the Project?

Plan, develop, garner board approval, and operationalize a new multi-county community health board¹ (CHB) that will align with the Minnesota 2015-2019 Local Public Health Assessment and Planning cycle.

This includes the development of the required legal documents such as a Joint Powers Agreement, delegation agreements to the local boards of health, environmental health delegation agreement, and bylaws and operating procedures, as well as conducting a community health assessment, development of a strategic plan, community health improvement plan, and a quality improvement plan as a new CHB.

Why Now?

We, the directors of the respective four counties involved with Partnership4Health, have met regularly over the last several years to plan and implement a number of initiatives that have focused on improving efficiencies and effectiveness, such as:

- covering staffing vacancies,
- developing new programs that share staff across county lines, and
- sharing of staff expertise in high expertise/low volume services such as TB follow-up and finance.

Through our planning efforts, continued discussion, and exploration of future trends, we felt that the time was right to make a change in our governance structure, to:

- allow for even greater efficiencies, and provide for a strong and sustainable public health partnership that will be needed in order to meet the challenges ahead,
- align with state and national trends that have focused on local government redesign and cross-jurisdictional services,
- prepare for meeting public health accreditation standards,
- manage flat or decreasing funding for public health,
- recruit specialized services and realignment of staff through attrition and retirement, and
- become more attractive to funders with an increased population size and geographic area.

Key Activities and Outcomes

January-June 2013	Planning committee comprised of key stakeholders within each county.
July-August 2013	Develop graphic for Interdependent Governance and Service Model and Joint Powers Agreement
September-December 2013	Drafting of the Joint Powers Agreement for each county board; discussions with the Minnesota Department of Health (MDH) for expansion of delegation agreements for environmental services; complete a four-county community health assessment in conjunction with local hospitals
January-December 2014	All counties adopted the Joint Powers Agreement; utilized Quality Improvement Principles to create program work plans and standardize; Policies and procedures for some program areas; Shared work assignments for Emergency Preparedness work plan; shared cost of consultant to update policies and practices for Environmental Health; new funding opportunities obtained; transitioned grant agreements from 3 CHB's to one CHB.
January 2015	Officially a new CHB; CHB Kickoff for all Managers and Staff-Cultivating Courage

For More Information

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ⁱ The community health board (CHB) is the legal governing authority for local public health in Minnesota. CHBs have statutory responsibility under the Local Public Health Act and must address and implement the essential local public health activities, as well as assure regular assessment, prioritization, and action on community health needs.