INTRODUCTION

The Center for Sharing Public Health Services visited the Shared Services Learning Community site in Northern Michigan on October 20–21, 2014. This *Site Visit Report* documents the activities from the site visit as well as some of the Center's observations.

The report includes a lengthy *Background* section for those not familiar with the partnership. For those familiar with the partnership, go directly to the *Observations* section, which starts on page 4.

BACKGROUND

About the Center

The Center for Sharing Public Health Services helps communities learn how to work across jurisdictional boundaries to deliver essential public health services. The Center serves as a national resource on cross-jurisdictional sharing (CJS), building the evidence and producing and disseminating tools, methods and models to assist public health agencies and policymakers as they consider and adopt CJS approaches.

Building Evidence: One way the Center builds evidence is by working closely with a Shared Services Learning Community (SSLC), made up of demonstration projects in several states that encompass a diverse spectrum of CJS initiatives, from small-scale initiatives to full consolidation of health departments. The Center provides technical assistance and a forum that allows these communities to share lessons learned with each other and the Center. In return, the SSLC acts as a learning laboratory by providing real world experiences that the Center collects and analyzes and shares with the nation.

Producing and disseminating tools, methods and models: The experiences of the SSLC, along with other research and expert opinions, provide the knowledge and insight the Center needs to provide tools and assistance to any community or group of communities considering CJS arrangements.

The Center for Sharing Public Health Services is a national initiative managed by the Kansas Health Institute with support from the Robert Wood Johnson Foundation.

About Northern Michigan

Six local health departments serve more than 640,000 people living in a predominately rural 25-county region that covers over 14,000 square miles. The counties vary greatly in population size — ranging from 8,379 people in Oscoda County to 89,987 people in Grand Traverse County. They also vary greatly in resources, as demonstrated by the percentage of people living below the federal poverty level (FPL) in each — Emmet County has the lowest percentage at 10.9 percent and Lake County has the highest at 24.1 percent.

Table 1 lists the name of each county, the number of people who lived there in 2013, the percentage of people living below federal poverty level in 2013, and the health department that serves each county.

Table 1. **Counties in the Northern Michigan Public Health Alliance**

County Name	2013 Population	2013 FPL	Health Department
Alcona	10,578	15.1%	District Health Department Number 2
Alpena	29,091	16.8%	District Health Department Number 4
Antrim	23,370	16.0%	Health Department of Northwest Michigan
Benzie	17,428	13.0%	Benzie-Leelanau District Health Department
Charlevoix	26,129	12.4%	Health Department of Northwest Michigan
Cheboygan	25,726	18.0%	District Health Department Number 4
Crawford	13,904	18.7%	District Health Department Number 10
Emmet	33,140	10.9%	Health Department of Northwest Michigan
Grand Traverse	89,987	11.2%	Grand Traverse Health Department
Iosco	25,429	19.6%	District Health Department Number 2
Kalkaska	17,196	16.2%	District Health Department Number 10
Lake	11,386	24.1%	District Health Department Number 10
Leelanau	21,747	11.1%	Benzie-Leelanau District Health Department
Manistee	24,450	15.3%	District Health Department Number 10
Mason	28,605	16.9%	District Health Department Number 10
Mecosta	43,108	22.9%	District Health Department Number 10
Missaukee	15,051	15.5%	District Health Department Number 10
Montmorency	9,350	18.7%	District Health Department Number 4
Newago	48,001	18.3%	District Health Department Number 10
Oceana	26,245	20.6%	District Health Department Number 10
Ogemaw	21,234	20.5%	District Health Department Number 2
Oscoda	8,379	20.1%	District Health Department Number 2
Otsego	24,129	12.3%	Health Department of Northwest Michigan
Presque Isle	13,062	12.6%	District Health Department Number 4
Wexford	32,645	17.7%	District Health Department Number 10

About the CJS Project

Jane Sundmacher, Community Health Planner at the Health Department of Northwest Michigan, is leading this effort. Linda Yaroch, Health Officer at the Health Department of Northwest Michigan, is project director. Their goal is to identify and prioritize opportunities for collaboration in the region.

After discussing how best to institutionalize their efforts to work across jurisdictions, the team decided to formalize the 25-county Northern Michigan Public Health Alliance with a Memorandum of Understanding (MOU) and with a charter that describes how the alliance will work. They also plan to meet once a month and to hold at least one of those meetings each year in person.

The team engaged health departments in strategic planning. Three areas for collaboration emerged as priorities: maternal and child health, perinatal care coordination, and information technology (IT). They recently completed a five-year strategic plan that addresses these priority areas.

In addition, they have been working with the Benzie-Leelanau District Health Department to assist them in determining the most appropriate way to replace their health director and provide public health services to the two counties.

SITE VISIT

Participants

The following members of the host team participated in the site visit:

- Jane Sundmacher (Team Lead), Community Health Planner at the Health Department of Northwest Michigan
- Linda Yaroch (Project Director), Health Officer at the Health Department of Northwest Michigan
- Linda VanGills, Health Officer at District Health Department #10
- Andy Baker-White, Associate Director of the Mid States Region at the National Network of Public Health Law
- Mark Miller, Director of the Local Public Health Services Division of Public Health Administration at the Michigan Department of Public Health

The following health officers participated:

- John Bruning, Health Officer at District Health Department #4
- Denise Bryan, Health Officer at District Health Department #2
- Dodie Putney, Interim Health Officer at Benzie-Leelanau District Health Department
- Wendy Trute, Health Officer at Grand Traverse County Health Department

The following policymakers participated:

- Les Atchison, Chairman of Northwest Michigan Board of Health
- Herb Lemcool, Chairman of Grand Traverse County Board of Commissioners
- Tom Mullaney, Chairman of District Health Department #4 Board of Health
- Carolyn “Peachy” Rentenbach, Member of Benzie-Leelanau Board of Health
- Kathy Vichunas, Chairwoman of District Health Department #2

The following members of the perinatal Regional Planning Group attended:

- Lynette Biery, Project Manager, Michigan State University’s Institute for Health Policy
- Trudy Esch, Perinatal Health Consultant at the Michigan Department of Community Health
- Pat Fralick, Director of Family and Community Health Services at the Health Department of Northwest Michigan

- Kathy Garthe, Vice President of Regional System Development at Munson Healthcare
- Jennifer Groseclose, Senior Analyst of Policy and Strategy at Munson Healthcare
- Jodie Kelly, Director of Maternal and Child Health at Grand Traverse County Health Department
- Michelle Klein, Director of Personal Health Services at Benzie-Leelanau District Health Department

The following members of the Benzie-Leelanau District Health Department Plan of Organization Committee participated:

- Tom Fountain, Director of Environmental Health Services at Benzie-Leelanau District Health Department
- Glen Rineer, Member of Benzie-Leelanau District Health Department Board of Health
- Don Tanner, Chairman of Benzie County Board of Commissioners
- Tom Van Pelt, Chairman of Leelanau County Board of Commissioners

Visitors from two other Shared Services Learning Community Sites attended the site visit:

- Project Smile North Carolina:
    - Janie Woodie (Team Lead), Practice Manager of Dental Services at Cabarrus Health Alliance
    - Julia Patterson, Project Management at Cabarrus Health Alliance
    - Cindy Toler, Allied Health Program Manager at Guilford County Department of Public Health
- Yellowstone-Carbon Counties, Montana
    - BeaAnn Melichar, Executive Director, Adult Resource Alliance of Yellowstone County

Three representatives from the Center for Sharing Public Health Services facilitated the site visit:

- Patrick M. Libbey, Co-Director
- Gianfranco Pezzino, Co-Director
- Barb Starrett, Project Coordinator

Site Visit Activities

Site visitors met with the host team to receive context for the site visit, after which they met with health officers to hear public health leadership perspectives. The entire group then met with policymakers to gain the governance perspectives and to formally sign the charter for the Northern Michigan Public Health Alliance.

In the afternoon, the site visitor group met with the perinatal regional planning group to learn how the unified voice of the alliance has strengthened relationships with not only the perinatal Regional Planning Group but also a host of other public health providers. The following morning, they met with the Benzie-Leelanau District Health Department Plan of Organization Committee to discuss a soon-to-be-released

request for proposal that was developed to facilitate services for Health Officer, Medical Director, information technology and billing.

The site visit ended with a debriefing.

OBSERVATIONS

Site visits provide a valuable learning opportunity, both for the Center staff and for the participants. There is only so much information the Center can gather from reports or phone calls. Meeting with people in their actual environment completes the picture and contributes to a better understanding of the project.

Some observations gleaned by the Center as a result of participating in the site visit are listed below.

The counties in the region have a history of working together.

Health departments in the alliance have been working together for years. Other areas of county government also have a history of working together.

Policymakers are very involved.

Because of their rich history of collaboration, policymakers in the area know each other and their public health partners. They are involved in the alliance, understand the concept of collaboration in multiple sectors and have adopted it. Their interest, therefore, lies in *how* they collaborate.

Considerations about the differing sizes of participating jurisdiction.

The discussion about the Benzie-Leelanau District Health Department Plan of Organization Committee's request for proposal highlighted issues that have been observed in other CJS projects around the difficulty to reconcile the interest of a small jurisdiction with larger jurisdictions that may be concerned with participating in sharing agreements, which may result in subsidizing services outside of their area.

The alliance's main function is not to govern, but to coordinate sharing activities and communicate.

The alliance seeks out and prioritizes opportunities for collaboration in the region. The sharing initiatives usually do not involve the entire region, but subsets of counties within the region. The alliance is very deliberate in choosing sharing initiatives. They have a five-year strategic plan and action plan (link) that they will continue to work on, even after the grant funding ends.

The alliance has helped them "get a seat at the table."

By forming this alliance and representing public health collectively, they have been invited to participate in other initiatives.

For example, the alliance was invited to join the board of the Northern Michigan Health Network. It is an Accountable Care Organization that covers a large geographical area. It has two priorities — obesity and immunizations. The other members of the board are from physician-owned organizations. The health departments probably would not have been invited to participate if they did not have one unified voice through the alliance.

In another example, birthing hospitals knew of the alliance and approached them about a funding opportunity that was available through the state. The alliance applied and received a $90,000 grant to work with the maternal health providers to make sure discharge planning was appropriate and the policies of several birthing hospitals were aligned.

Their unified voice is a powerful benefit of the alliance. While they retain their respective roles and autonomy as single health departments, they are able to obtain the benefits of mass, size and scale through the alliance. This allows them to represent public health in other initiatives.

Another benefit mentioned of forming this alliance is that it enabled small jurisdictions to recruit and pay for qualified health officers and other staff that otherwise the health department might not have been able to hire.

It is still unclear how Benzie-Leelanau District Health Department will be configured.

Benzie-Leelanau District Health Department is a two-county, rural health district. About a year ago, they lost their director. Because the district does not have many resources, they knew it would be difficult to recruit a new director. Therefore, they decided to rethink how they were organized. After using the Center's *Roadmap,* holding strategic planning sessions, and receiving approval from their elected officials, they decided to contract for the director's services.

They recently put out a request for proposal (RFP) (link) for bundled services. In addition to the services of a health director, it also specified they want to contract for a medical officer, who must have a medical degree, and information technology services, including third-party billing.

Responses to the RFP have been slow. It may be because other jurisdictions and organizations do not have the capacity or do not want to take on all three additional roles. Therefore, they are considering rewriting the RFP to break out the three services separately. It is still unclear how this will be resolved. It may be resolved within the public health departments or it may necessitate going to a third party, such as a federally qualified health center.

LESSONS LEARNED

As a result of participating in this site visit, the Center staff came away with several insights that could be useful in this project and when working with other jurisdictions considering sharing arrangements.

Continue looking for ways to financially support the coordinator's position.

The alliance has applied for a grant that could allow it to support the coordinator's position. They are hopeful they will be selected as one of the regions in the state improvement model grant. There are also opportunities for other funding — for example the Blue Cross/Blue Shield endowment is currently determining what activities it will fund.

In the event that grant funding is not awarded, they plan to make the coordinator a traveling position. Continuing to flesh-out this contingency plan could help assure sustainability of the alliance.

Continue to build buy-in from alliance members.

It will be important for alliance leadership to reach out and engage a core group of people who can step in to take on leadership roles in the event of staff turnover. The core group must have the vision and ability to keep pushing things forward.

Continue nurturing policymaker involvement.

The alliance has a wonderfully engaged policymaker group. It will be important to keep their support in the future.

Continue to work to understanding the differences between large health departments and small health departments.

This alliance covers a large area, and there is a wide range of population sizes in each county. It will be important to be attentive to the big/small dynamic in order to keep the alliance running smoothly.

SELECTED COMMENTS AND QUOTES FROM THE SITE VISIT AND FOLLOW-UP EVALUATIONS

Shortly after the visit, the Center sent out an electronic evaluation. The comments below came from the site team and the site visitors via the evaluations.

Reinforced the importance of sharing, sharing does not need to consolidation. Continued to reinforce that relationships are essential and if we don't start with sharing and talking about how we might share we cannot build trust for moving forward.

I found the discussion on the fact that the Health Departments in Michigan encompass a number of counties. How they are funded on a per capita basis and that the funds can be used across all the counties as needed / The subject of local autonomy and its importance was brought up several times and that is certainly one of the issues that we are working with. / The opportunity to apply for more grants was important. / Relationships and culture of the counties was important. / I found the meeting with the policymakers very informative and the discussion on what other services also reach across county lines. / The point was also made about the legal barriers that may have to be overcome. / And the fact that all the parties have to get something out of the arrangement...not just the big and not just the small. /

I learned a lot about how differently every Health Department functions in regards to Boards of Health, Health Officers/Health Directors, single jurisdiction to multi-jurisdictions. It was a great experience to be able to hear the challenges one Health Department faces where it is no challenge at all to others.

Continue to meet as the sharing of services will lead to more sharing of services to everyone

These are hard topics and important, especially for smaller health departments. We need to assure that we take time with our BOHs and leadership team to discuss sharing and try to assure that it is not a threating topic but an essential topic.