Center for Sharing Public Health Services
Rethinking Boundaries for Better Health

# CENTER'S SITE SUMMARY

**RWJF Grant ID#**: 70616

**Team Name**: Genesee-Orleans Counties

**Major Activities:** The county managers in Genesee and Orleans Counties, long-standing colleagues, realized a few years ago that they both needed a way to achieve cost efficiencies and maintain, if not enhance, their respective public health capacities, as their respective public health department operations were no longer sustainable. Newly passed legislation at that time permitted health departments to share a public health director, and remarkably (i.e., uniquely among all of the grantees), it was the county managers who conceived of the idea to pursue a shared director and deputy director.

After the county managers led about a year of assessment activities and consensus building, their boards of health agreed to pilot test a shared public health director and deputy health director for two years. The letter of agreement, signed in 2012, was written in a manner intended to permit future integration for both management and staff positions, as both boards agreed to consider additional sharing as opportunities arose. When the grant began, the health departments were implementing a shared management team model that included in addition to a common public health director also a shared Patient Services Director and Emergency Preparedness Coordinator. Grant activities focused on activities designed to operate as efficiently and effectively as possible under the new model.

One of the first actions was to undertake a comprehensive review and revision of policies and procedures for both departments, hailed by all management team members as an improvement that would serve both departments well, whether or not the sharing model continues. The public health director also procured joint contracts for medical consultation, environmental engineering consultation, and transportation. For the first time a common community health assessment survey was launched, providing a platform for a joint community health improvement activities.

Over the course of the project period, union negotiations and policy changes enabled the sharing of existing staff across the counties, and several new, shared staff were hired. On the communications front, the public health director made a concerted effort to communicate with staff, board of health members, and county commissioners to keep them apprised of the progress being made. In an unplanned and unforeseen development, the governance structure for each county evolved toward a combined board of health with representation from both counties.

In addition, as requested, the director also filed quarterly updates with the state health department. Although New York state law currently prohibits the creation of a two-county health district, the state health department is very interested in learning how the shared management team model works and further evolves, particularly as the boards of health plan to pursue partial integration to the degree that it is permitted and is mutually acceptable to the counties.

**Accomplishments:** This team quantified the benefits of moving to a model with shared management and staff, estimating upwards of $428,000 in "enhanced benefits" during the first year. They use the term "enhanced benefits" instead of cost savings, as not all benefits involve spending less money. A summary of the enhanced benefits follows:

- Both counties now pay less for a health director (and his travel costs) as well as the director of patient services
- Genesee County now pays only half as much for its environmental health director (Orleans did not previously have an environmental health director)
- Orleans now pays less for medical and environmental engineering consultants, in addition to transportation, due to joining Genesee County's contract for these services
- A free CDC intern provided a year's worth of research and analysis activities to both health departments.

Additional cost savings have been realized as well, but have not been quantified, e.g., reduced staff time when one staff represents both health departments at local, regional or state meetings; administrative costs associated with employees (vs. paying by contract); and savings achieved through process and policy improvements (e.g., reducing the number of sewage inspections completed each year).

The staffing pattern has been enhanced as a result of this arrangement. Both health departments now have executive level leadership in all major program areas, in addition to an emergency preparedness coordinator. Sharing staff as needed has enabled each health department to fill in gaps due to staff absences and also positions staff to provide surge capacity if needed. In addition, shared environmental health staff has resulted in a new depth of expertise (as opposed to requiring the fewer staff in each health department to be generalists).

The common community health assessment that was conducted will provide a foundation for joint community health improvement efforts. This will be particularly helpful when collaborating with partners in the community (e.g., non-profit organizations). In addition, the health departments now work as a single unit with all healthcare providers in the area, including the two health systems.

The two-year pilot test concluded at the end of the grant period. At that point, an agreement was signed to continue on with this arrangement – and its expansion – for the next five years.

**Challenges:** The main challenge in this effort has been the anxiety expressed by existing staff members. Staff continue to be concerned that a position in one department will be cut in order to create a shared position As envisioned, and to date, positions shared by the health departments have been created when an opportunity presents itself, e.g., through retirement, resignation, and new funding opportunities – and when it is mutually beneficial to have a shared position. The public health director continues to reinforce that this is the plan for pursuing further integration of staff.