

RWJF Grant ID#: 70612

Team Name: Minnesota System-wide

Activities: The Minnesota System-wide team was unique among the grantees, in that funding was passed through the grantee (the state health department) to three local teams working on CJS efforts. The Minnesota Department of Health (MDH) contributed in-kind for all of its staff and most of its operating expenses, and also supported a fourth team with funding from its National Public Health Improvement Initiative award from the Centers for Disease Control and Prevention.

In addition to awarding mini-grants, MDH engaged in several other activities to address CJS throughout the state. MDH convened a state-level mini-collaborative on a quarterly basis to share information from national experts and facilitate peer-to-peer learning. The mini-collaborative comprised the four "Level 1" local sites (funded through this grant) teams in addition to eight "Level 2" local teams that were simply exploring CJS arrangements. The department also produced and disseminated a collection of planning and communication tools to support exploring, preparing, planning and implementing CJS arrangements. MDH staff shared information and resources from the Center for Sharing Public Health Services with local public health leadership through the mini-collaborative, presentations, a website, a newsletter, and the provision of technical assistance to mini-collaborative participants. MDH also offered a session on CJS in the annual MN Community Health Conference. Finally, MDH developed a measure of local CJS activities that will be required in annual reports for all community health boards¹ (health department governing entities) throughout the state.

All four Level 1 successfully completed their locally defined projects, as explained below.

Accomplishments: MDH now has an infrastructure in place to facilitate future CJS arrangements among health departments. This includes a dedicated webpage for these efforts, a host of tools and resources, and trained public health nurse consultants. With the new measure in annual reports, the state is also positioned to evaluate the extent and nature of CJS arrangements statewide moving forward.

The cities of Bloomington, Edina and Richfield assessed all existing shared services agreements and began to reconsider the cost allocation structures for the agreements. They have updated contracts and a combined logo for shared public health services.

Kandiyohi-Renville Community Health Board now has a fully integrated Environmental Health Services program with common policies, procedures and ordinances across the two counties.

¹ The Community Health Board is the legal governing authority for local public health in Minnesota. By statute, each CHB must serve a population of at least 30,000 people. If a single county doesn't meet the population requirement, it can form a CHB with one or more neighboring counties.

The lessons learned through this process will be brought to bear on additional program integrations efforts in the future.

Partnership4Health was established as a new four-county community health board. The arrangement is anticipated to result in a stronger shared capacity of the four health departments.

The health departments governed by the Polk-Norman-Mahnomen Community Health Board have improved Family Home Visiting programs with common policies and protocols and can readily assist each other as needed with shared staff. They also developed a formal policy for requesting and sharing program staff across the jurisdictions. The lessons learned through this process have informed similar efforts for emergency preparedness and electronic health records.

Challenges: MDH's greatest challenge was handling turnover. The department experienced internal turnover of key staff during the effort. Careful transition planning resulted in no negative effects for the local teams. Level 1 and Level 2 teams experienced turnover both with staff and also with decision-makers. MDH carefully monitored all of the changes and offered assistance in transition efforts.

Bloomington, Edina and Richfield are working to develop a stronger identity as the "Public Health Alliance of Bloomington, Edina and Richfield." Despite advances with the common logo, this effort is challenging because of the very strong, individual identities held by each city.

Kandiyohi-Renville Community Health Board encountered staff resistance when the environmental health program was integrated and policies and procedures were modified. A critical difference emerged regarding staff philosophies on the role of education during inspections. The director continues to engage in change management strategies, fully recognizing that some staff may decide to resign.

Partnership4Health's greatest challenge was engaging one of the four health departments. While the other three had extensive sharing histories and had essentially approached each other about a merged community health board, the fourth health department was approached by the group. Initial misgivings were addressed through a series of discussions with the community health board. Communications have been challenging, as the health directors did not share identical information with their staff during the planning phase, creating angst among some. A new strategic plan has a strong communications component to address this issue.

Polk-Norman-Mahnomen Community Health Board reported that developing good communication among all of the Family Home Visiting staff required some dedicated effort. The involved staff were highly experienced and each had a slightly different way of doing things. Over time, the group communicated constructively and respectfully, and they were able to accomplish all of the tasks at hand.