

**RWJF Grant ID #:** 70613

**Team Name:** Northeast Ohio

**Activities:** The Portage County Health District (PCHD), the Ravenna Health Department (RHD), and the Kent Health Department (KHD) all provided public health services in Portage County, Ohio. In response to a statewide mandate to achieve Public Health Accreditation Board (PHAB) accreditation status, the elected leaders of these three jurisdictions established a countywide Task Force for Improving Public Health in Portage County (the "Task Force") in 2011. The Task Force's charge was to explore collaborative arrangements that would strengthen the county's public health system without increasing costs. When the grant was awarded, RHD was in discussions about a potential consolidation with PCHD. This project initially focused on sharing among all three jurisdictions, and once a decision was reached to consolidate RHD and PCHD, the team focused solely on exploring options for CJS arrangements PCHD and KHD.

Kent State University (KSU) served as the project lead for this team, based on a history of facilitating relevant activities with these and other nearby health departments. The project team established three Workgroups (Strategy Action Plan, Evaluation, and Education), each of which comprised representatives from the staff and local board of health from each health department (the work began prior to RHD's consolidation with PCHD), in addition to other community partners. The purpose of the workgroups was to develop recommendations for the Task Force. KSU staffed all of the activities under the Workgroups' aegis.

The Strategy and Action Plan (SAP) Workgroup was charged with exploring models to improve the county's public health efficiency and effectiveness. This workgroup developed an inventory of current public health assets in the county and considered implications of, and opportunities from, the Affordable Care Act with respect to the Task Force's charge. The group also examined academic health department models and assessed each department's readiness for PHAB accreditation. The hallmark of the SAP Workgroup's effort was to review and recommend a model for a collaborative community health improvement planning process. Once the Task Force approved a model in early 2014, KSU spent a great deal of time on a countywide community health assessment (CHA).

The Evaluation Workgroup was charged with identifying ways to enhance current collaborations among the health departments. This workgroup developed an inventory of existing shared services, evaluated how well they were achieving their goals, and made recommendations focused on improving their coordination and contributions and aligning missions and planning activities of the three health departments.

The Education Workgroup was charged with educating key stakeholders and involving them in addressing key public health concerns in the county, and their efforts focused on securing

community participation in the health improvement planning process. With assistance from the jurisdictions' health commissioners, this Workgroup convened a 21 member CHA partnership.

**Accomplishments:** The Task Force approved the joint community health assessment in early 2015, marking the most significant accomplishment of this team. The broad-based CHA Partnership committed to the next step, i.e., the community health improvement planning work. This work sets an important foundation for identifying future collaborations between PCHD and KHD.

**Challenges:** This team encountered three challenges to their work: 1. the need for clarity regarding the range of potential CJS models, 2. the consolidation of RHD and PCHD, and 3. the lack of a regional identity.

At the outset of the grant period, some team members routinely referred to consolidation as one of several options that would be explored through the project. Although by this time RHD had specifically expressed an interest in consolidation, KHD had not, and it became apparent that the scope of the exploration needed to be articulated and discussed. Through a series of meetings, the health commissioners eventually created a shared understanding of options for additional collaboration and more constructive discussions ensued.

The Center has found a sense of regional identity can facilitate CJS efforts, and it was evident during the site visit that Kent has a very strong, individual identity. The city also has the largest per capita income in the county and houses the well-known Kent State University. Moreover, Kent had determined at the beginning of the project that it was capable of achieving PHAB accreditation status without any additional collaboration. As someone from another jurisdiction put it, "Kent is Kent." This self-identity not only interfered with consolidation, it also appears to influence Kent's interest in pursuing other CJS arrangements.

Simultaneous to this work, RHD and the PCHD were discussing a potential consolidation. If the consolidation were to occur, it would impact the broader array of discussions. This challenge was addressed by developing clear lines of separation between the two efforts where needed, and by enabling information and insights from both efforts to inform the other.