Center for Sharing Public Health Services
Rethinking Boundaries for Better Health

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CJS Case Report

Minnesota's PartnerSHIP 4 Health

Background

In 2013, the public health department directors in Clay, Wilkin, Ottertail and Becker Counties in Minnesota decided to pursue a multi-county community health board (CHB), which is the legal governing authority for local public health in Minnesota. The directors had been meeting regularly for several years to plan and implement initiatives that improved effectiveness and efficiency. For example, they collaborated to cover staffing vacancies, develop new programs that shared staff across county lines and share knowledge in areas such as finance and high expertise/ low volume services such as tuberculosis follow-up. The directors determined that a four-county CHB would allow for even greater efficiencies and provide for a strong and sustainable public health partnership that would meet future challenges, including national public health accreditation, flat or decreasing funding for public health, and recruitment of staff needed for specialized services. Collaborating in this way would also allow for realignment of staff through attrition and retirement and would increase overall population size so that the health departments would be more attractive to funders.

That same year, the directors joined the Minnesota System Wide cross-jurisdictional

*Note: *2016 population.*

This site achieved improvements in both efficiency and effectiveness. Because program staff moved from being generalists to mastering specific service areas, the breadth of services that were available as well as the level of expertise with which they were provided were both enhanced.

sharing (CJS) project, which was funded by the Center for Sharing Public Health Services. Joining the Minnesota System Wide project allowed them to take advantage of the opportunity to receive technical assistance and a small grant from the Center and the state health department to support their work. Their goal was to plan, develop and operationalize PartnerSHIP 4 Health, a new multi-county CHB that would align with the Minnesota 2015–2019 Local Public Health Assessment and Planning cycle. The anticipated work included:

- Garnering the approval of the existing boards of health to form the new CHB;
- Developing the required legal documents, such as a Joint Powers Agreement, delegation agreements to the four local boards of health, a delegation agreement from the state for the environmental health program, and bylaws and operating procedures; and
- Establishing a community health assessment, community health improvement plan, strategic plan, quality improvement plan and performance management plan for the CHB.

The greatest challenge to establishing PartnerSHIP 4 Health was securing the participation of one of the four health departments. All of the health departments had extensive histories of sharing. Three of them already had a shared community health board. The fourth county, however, had left a multi-county CHB in 2005 to become its own CHB and therefore, that county's administration had many questions they wanted to explore before entering into another multi-county structure. Despite some initial misgivings about how the governance structure would work, those concerns were alleviated through a series of discussions among all of the community health boards. A diagram depicting an "interdependent governance model" proved to be very helpful in illustrating the multi-county CHB concept.

Activities and Accomplishments

Once the CHB was formally established, the directors began the work of operationalizing the agreement.

Change management

At first, the health directors did not share identical information with their staff and this created angst among some staff members. This was remedied by establishing and adhering to a communication plan as the operations were rolled out.

One of the first tasks was to develop a one-year strategic plan that focused on the transition to a four-county CHB. It included orienting staff to the "big picture" of PartnerSHIP 4 Health, with an emphasis on facilitating staff collaboration across the four health departments and helping staff view their job within the context of the new CHB. It included a strong communication component to ensure consistent messaging to staff during the transition.

The first strategic plan also included the development of a quality improvement plan and a performance management plan for the CHB. Once completed, these plans helped staff understand the shift from working as individual health departments to functioning as a single CHB. The next strategic plan was for three years (2016–2018) and addressed priority public health issues. Moving forward, strategic plans will be on a five–year cycle.

Several other change management strategies were deployed as well. The directors specifically and repeatedly articulated that no positions would be eliminated because of the community health board merger. Rather, any vacancies and new funding opportunities would trigger a discussion about staffing changes. These reassurances helped staff become more receptive to the new structure. The directors also decided to convene all CHB staff a few times a year in a neutral space. The first session, which occurred during the transitional year, focused on change and featured a motivational speaker. Staff

Community Health Boards

In Minnesota, the Community Health Board (CHB) is the legal governing body for local public health. 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.

members also were asked to read the book *Who Moved My Cheese?* by Spencer Johnson, M. D., which is described as "an amazing way to deal with change in your work and in your life." Overall, the book received positive reviews. Subsequent all-staff sessions have addressed a variety of program-related topics.

Lesson Learned

Vesting staff with the authority to determine how their newly shared program will be run is a powerful change management strategy.

Perhaps the most powerful change management strategy, however, was to allow staff involved in shared programs to determine how to run them. Program staff from each health department were convened and charged with determining the optimal way to share the program and were given the latitude to test their recommendations. As a result, staff trepidation readily dissipated as they bought into the new service model. This approach has successfully been used for the three existing programs to date that have become shared among all the health departments within the CHB—the Follow Along Program, the Public Health and Emergency Preparedness Program and the Child and Teen Checkup outreach program.

Shared Programs

The Follow Along Program monitors child development. It became a shared program during the initial transition. The program's nurses developed standardized policies and procedures that they all agreed represented best practices. The standardization also made it easy for nurses to fill in for each other across jurisdictional boundaries.

The Public Health and Emergency Preparedness Program and the Child and Teen Checkup outreach program were next. Based on the success of the approach used for the Follow Along Program, staff were charged with developing a workplan that reflected the programs serving the CHB as opposed to four different health departments. They were asked to begin by identifying best practices and developing standardized procedures so they could fill in for one another as needed. They also were told to implement any other changes that would enhance the quality of the programs.

Staff in the Public Health and Emergency Preparedness Program decided to divvy up responsibilities among themselves to promote expertise. Historically, a single staff member wore multiple hats, making it difficult to master any area. This new approach now enables staff to master a specific area and be responsible for that expertise in all four health departments. Some examples include: developing active living community design (complete streets, biking trails, etc.); making policy, system and environmental changes to improve nutrition and physical activity; providing case management for persons with tuberculosis (TB) and/or perinatal hepatitis B; and supervising evidence-based family home visiting programs.

Discussions among the Child and Teen Checkup staff also yielded a new staffing model. Each department realized that they had low rates of adolescents coming in for age-appropriate check-ups. Staff created a new position to handle outreach across all four counties in order to draw in adolescents. Staff will not know until later in 2018 whether this tactic has worked, due to how enrollment data are processed at the state level. However, the state human services department already is encouraging other CHBs to adopt this model.

The tobacco program has one staff person who serves all four counties. Specific program activities vary according to the unique needs and circumstances of each county, and yet this shared staff member has helped to create momentum around improved tobacco policies and ordinances for the region.

The Special Supplemental Nutrition Program for Women, Infants, and Children (WIC) is likely to become the next shared program. Different staffing models currently exist, using a single dietician, a single nurse, or both to run the program. WIC clinics have high no-show rates, and dieticians tend to be idle when clients do not keep their appointments. On the other hand, a nurse can perform other duties when a no-show occurs. Given the directors' promise that no one will lose their job as a result of the community health board merger, no changes will be made to the staffing model at this time. However, pending staff retirements are creating the opportunity to reconsider how best to deliver WIC services for the CHB.

Budgets

Although each health department maintains a separate budget, the fiscal manager in one health department consolidates and formats all budgets on a monthly basis in accordance with state reporting requirements. One county is slightly out of sync with the others because internal processes generate reports that are about a month behind. CHB-level reporting has become a more time-intensive endeavor than originally anticipated, in part due to the complexity of some grants. Even so, this aggregate snapshot of revenues, expenses and gaps that might be filled with flexible funding is very valuable for the directors.

Upon its formation, the CHB incurred additional expenses for liability insurance and audits. Simultaneously, the CHB received an unanticipated increase in grant funding from the state health department to support the unique challenges found in rural areas. The CHB didn't anticipate the additional costs, and they will be covered in the future through the Local Public Health and Maternal Child Health grants from the state. Both of these grants were slightly increased to help cover the administrative costs of the CHB.

Other Shared Capacities

The CHB adopted a branding strategy during the transition period. A PartnerSHIP 4 Health logo was developed and is used on letterhead for all policies, procedures and correspondence related to shared programs. Staff are careful not to use the PartnerSHIP 4 Health letterhead for any correspondence related to a specific county.

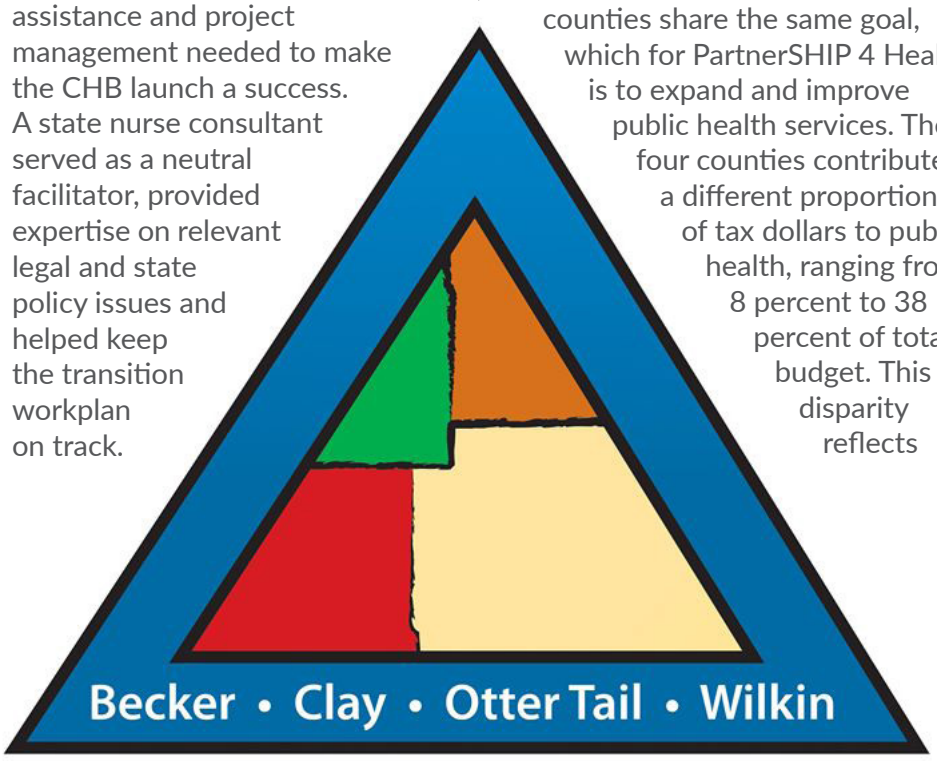
Several years into its existence, the CHB has completed a four-county community health assessment and community health improvement plan with strategies that apply to all counties. One county wanted to include a hospital in the effort as part of the hospital's IRS mandate, but didn't have the staff capacity to take the lead. Through the CHB, a staff member from another health department was brought in to help, and by all accounts the process and outcome were quite successful. This success highlighted another benefit of being part of the CHB.

The health department directors credit the state health department for providing the technical assistance and project management needed to make the CHB launch a success. A state nurse consultant served as a neutral facilitator, provided expertise on relevant legal and state policy issues and helped keep the transition workplan on track.

Since its formation, several key players serving on the CHB have been replaced due to elections or retirement. Transitions have been relatively smooth because newly elected officials and a new health department director have received an orientation to the CHB. It is clear that the relationship among the health department directors is paramount to the success of the partnership. Each director needs to be "collaboration-minded" or the CHB could unravel. So far, the directors have continually worked very well together and appreciate the improved and strengthened capacity the CHB has brought to their health departments.

Challenges

Cross-jurisdictional sharing works best when all participating counties share the same goal, which for PartnerSHIP 4 Health is to expand and improve public health services. The four counties contribute a different proportion of tax dollars to public health, ranging from 8 percent to 38 percent of total budget. This disparity reflects



different philosophies and priorities related to governmental public health. Such differences limit the extent of sharing opportunities. For example, one of the county commissioners felt that public health should not hire nurses due to a nursing shortage in the area's hospitals. Ultimately, this commissioner was persuaded upon learning that nurses are needed for the CHB to receive some state grants.

As is often the case, the counties' commissioners are primarily interested in how the CHB gains efficiencies and effectiveness. This focus challenges the directors to always have a success story to tell them; for example, about gaining additional funding because of the CHB structure.

The directors set a goal of having similar, if not uniform, policies and ordinances across all counties. Currently, ordinances for Environmental Health Regulatory Services are the same across Clay, Otter Tail, and Wilkin Counties. Becker County is under the jurisdiction of the state for this program area.

Although a uniform, strengthened tobacco ordinance has been considered it is not possible for all counties. The challenges are twofold: two counties border another state with different tobacco policies and one county, which is adjacent to an Indian reservation with a casino, has lodging specifically sought after by casino patrons because smoking is permitted. Even though all of the strengthened tobacco policies and ordinances will not be adopted by each county, some individual cities are beginning to adopt the full set, regardless of what the county does. The momentum created by tobacco program activities in all four counties has contributed to the cities' interest in this regard.

Perspectives from the Health Department Directors

The four health directors who lead PartnerSHIP 4 Health shared the following insights regarding the formation and implementation of the new community health board.

Explore

The health directors agreed that a very helpful strategy at the outset was to make sure that the four of them were in agreement about the structure and operations of a combined CHB before they included others in the exploration. The health directors did a great deal of research regarding how the CHB ideally would work, and held many meetings among themselves to be certain they were on the same page.

Additionally, a nurse consultant from the state health department was instrumental to the entire process. This nurse consultant had experience supporting health departments' merger elsewhere in the state, and she was able to translate much of that experience to the PartnerSHIP 4 Health work. Engaging someone with this type of expertise early on was very helpful, as the nurse consultant was already familiar with the issues. She helped develop and maintain momentum around a workplan, and also facilitated many meetings.

When they were ready to move forward, the health directors convened the counties' boards of health to describe their vision for a shared community health board. The directors agree that having a joint conversation to set the stage was more valuable than having each director approach her own board individually, as this provided the opportunity to understand each other's board culture and perspectives.

Finally, an advisory group was convened to guide the planning and implementation. The group comprised county commissioners and administrators, as well as a community stakeholder. This group was pivotal in addressing many different aspects of a merged CHB and forming the group early on helped ensure that all necessary details were identified throughout the planning process.

Planning

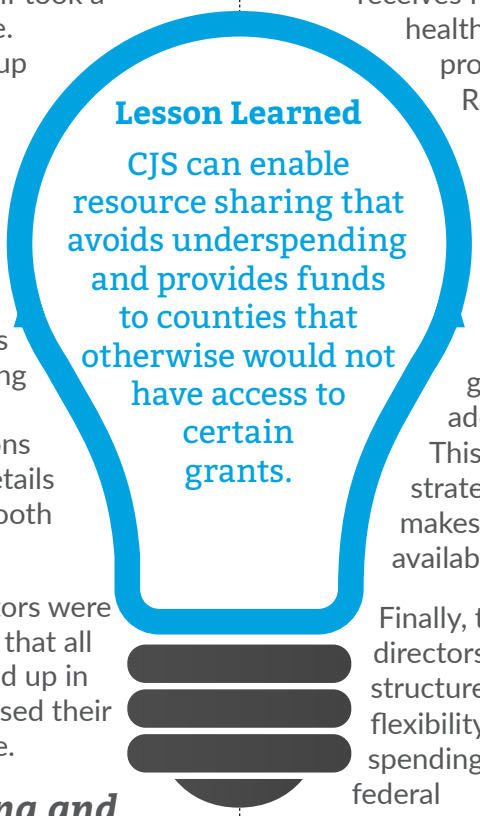
Several strategies were helpful in planning for a combined CHB.

First, one of the health directors brought in Minnesota Insurance Trust to provide information about developing a community health board and a joint powers agreement. They also shared templates so the directors didn't have to start from scratch. This type of assistance helped move the process along more quickly.

From the outset, the health directors continually articulated that no staff would lose their jobs a result of the combined CHB. Instead, any staffing changes would occur only with attrition. The health directors felt this was a very important message for both staff and county commissioners.

The planning itself took a great deal of time. The advisory group carefully tended to many details, and also heard from people representing other models who described the pros and cons of each one. Taking the time to fully understand options and to tend to details was key for a smooth transition.

Finally, the directors were careful to ensure that all tasks were divvied up in a way that best used their areas of expertise.



Implementing and Monitoring

The health directors agree that their staffing approach helps to make the most out of a combined CHB. In the past, it was not unusual for health department staff to serve as generalists, with their time devoted to two or more issue areas. Now, however, most staff are assigned as specialists who devote all their time to one issue. This staffing pattern provides all of the health departments with access to a much higher level of expertise, and in that sense provides a bigger "bang for the buck."

The health directors decided to pool the funds each county receives from the statewide health improvement program grant. Rather than addressing individual county priorities, they identified priorities for the group and directed the grant dollars to addressing them. This is another strategy that helps makes the most of the available resources.

Finally, the health directors realized the CHB structure provides more flexibility when spending federal grant dollars. Programs that risk losing funding if they are underspent can be expanded to serve those in other CHB counties. Sharing resources in this way allows each county to keep its funding level and also benefits those in partner counties who otherwise would not have access to these resources.

Sustainability

Moving forward, the health directors plan to routinely meet with new county commissioners and county managers to explain the structure and benefits of the new CHB. Absent an understanding of how the CHB operates and the value it brings to the county, a new decision-maker may not be supportive of this model. The health directors developed a new plan and gathered resources regarding public health law in Minnesota, essential services, and the role of public health. Two new commissioners have been oriented to date with great success.

The health directors recognize the importance of choosing their partner health departments well. They will carefully evaluate the addition of new partners in the future in order to ensure that their CHB remains intact and high-functioning.

Finally, they are dedicated to working closely with any new health director in the CHB. A new health director was hired part-way through the grant period and the other three directors met with her regularly and ensured that she felt welcome. The relationship among the four health directors will continue to be a major factor in the success of the CHB.

CENTER FOR SHARING PUBLIC HEALTH SERVICES

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. The Center is funded by the Robert Wood Johnson Foundation and is managed by the Kansas Health Institute.

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