

**MANAGING CHANGE**  
**Learning Community Quarterly Webinar, August 6, 2013**

Follow-up Q & A

**Q: Are some systems more open to change than others?**

A: Absolutely, and it's very important to meet the members of the system where they are. If they're more ready, the change will likely take hold more quickly. In such a system, a strong, inspiring vision of what's possible may be all they need to follow a new, exciting direction. If they're less ready, resistance will be a stronger factor, in which case empathy and patience are essential. A change leader can't command people to see the "right" answer. Rather, an effective change leader moves into the area of concern and uncertainty that the members of a system are experiencing and works with them from that perspective to begin alleviating their concerns about what they stand to lose and gently reinforcing what they stand to gain. It's all about meeting them where they are. *(Answer provided by Michelle Poché Flaherty)*

**Q: Do the three separate Horizon Minnesota health departments currently have their own management teams? Other than the common Board of Health, do other sharing arrangements exist?**

A:

- Pope County Public Health has their own management team consisting of the Public Health Director, a Nursing Supervisor and a Fiscal/Office Manager.
- Douglas County Public Health has their own management team consisting of the Public Health Director, an Assistant Director (dual role: Assistant Director and Nursing Supervisor), a Fiscal/Office Manager and two additional Nursing Supervisors.
- Stevens Traverse Grant Public Health purchases management services from Douglas County. The Douglas County Public Health Director, Douglas County Assistant Director and the Douglas County Fiscal/Office Manager provide those services. Additionally, Stevens Traverse Grant has one Nursing Supervisor, employed by Stevens Traverse Grant.

Our other "sharing arrangements" are programmatic in nature. As part of Horizon's Quality Improvement Process we developed a Performance Management Team. This team consists of the two Public Health Directors, the Assistant Director and the four Nursing Supervisors. Each Supervisor has assumed a "Team Lead" role for one or more of the Horizon grants (In Minnesota, it's generally the Community Health Board that receives the grants from the Minnesota Department of Health or Minnesota Department of Human Services). In the team lead role, they work with the grant assigned staff across the three public health departments to identify quality improvement activities within the grant program and assure the grant requirements are met. The Supervisors meet regularly to review grants and programs and identify any issues of concern. Supervision of the grant assigned staff is via the Supervisor in their agency. If there is an issue, the team lead would direct it to the appropriate Supervisor. The reimbursement for these team lead activities is built into the grant budget.

We do have grant-funded staff from the three public health departments work across the county lines in some grants. The staff time is built into the grant. Examples of working across the

county lines are: A Douglas County Health Educator provides service under our Tobacco Free Communities Grant to the University of Minnesota, Morris, in Stevens County. A Health Educator from Pope County provides services to schools in Traverse County under our Statewide Health Improvement Plan (SHIP) grant. These types of sharing arrangements have allowed staff to have a more focused area of expertise within the grant. Additionally, in Stevens Traverse Grant Public Health and Pope County Public Health we have scheduled our WIC clinics so they are not on the same days. This allows us to provide back-up for each other in the event of staff absences. (Douglas County has WIC every day.) The Douglas County WIC staff includes two Registered Dieticians. Pope and Stevens Traverse Grant utilize Nurses in the WIC clinic. The Douglas County Dieticians travel to Stevens Traverse Grant and Pope County WIC clinics on a scheduled basis to provide service to the high risk population and consultation to the WIC nurses.

These positive arrangements are not “mandated” within our Community Health Board structure. They exist as a result of the collaborative environment adopted by our current governing board and by us as Public Health Administrators. *(Answered provided by Sharon Braaten)*