July 2014

Pursuing Integration of Public Health Services in Genesee and Orleans Counties, NY

Counties across New York State (and elsewhere) continue to face unprecedented fiscal pressures without significant mandate relief. These burdens are often pushing counties to cut services and become more creative in how they deliver required essential services in a cost efficient manner. In response to this reality, the Genesee and Orleans County Health Departments have embarked upon an exciting joint cross jurisdictional sharing (CJS) venture seeking integration of select functions and services.

Genesee County Department of Health

Genesee County is a small rural region located between Rochester and Buffalo, New York. The county is 27 miles from east to west and roughly 19 miles north to south, for a total area of 493 square miles. The 2010 census data puts the county total population at 60,079, comparable to 2000 census data. The county consists of 13 towns and 6 villages with the largest population center consisting of the City of Batavia containing 15,465 people. The Genesee County Department of Health is currently operating with 16 full-time and 3 part-time employees and reported an operating budget of $4,369,484 in 2013. Services are provided by the Department through four core divisions: Nursing, Emergency Preparedness, Environmental Health and Children with Special Health Care Needs.

Orleans County Department of Health

Orleans County is a small rural region located on Lake Ontario, between Rochester and Buffalo. The county is 24 miles from east to west and roughly 17 miles north to south, for a total area of 396 square miles. It is situated north of, and contiguous to, Genesee County. Based on 2010 census data, Orleans County had has a population of 42,883, which represents 2.9% decrease from 2000 census data. The county is made up of 9 towns and 4 villages with agriculture as primary industry. Orleans County Health Department is also a full service department currently operating with 19 full-time and 9 part-time employees. In 2013, operating

budget for the Health Department was $5,180,465. Current Departmental services are delivered through five core divisions: Public Health Nursing, Environmental Health, Health Education, Emergency Preparedness and Children with Special health Care needs.

Legislative Climate

In both Genesee and Orleans Counties, the County Legislature has ultimate responsibility for their Health Departments. Both legislatures consist of elected officials who are organized into Standing Committees that have administrative or supervisory authority over their perspective assigned areas of responsibility. However, in New York State, local Boards of Health are considered the day-to-day governing bodies for Health Department Operations. These boards hold executive, legislative and judicial powers over the Health Departments, and are responsible for the management, operation and evaluation of Department activities.

Strengths, Weaknesses, Opportunities and Threats (SWOT) Analysis

By utilizing Lake Plains Community Care Network, Inc. as a neutral and non-governmental facilitation resource along with the University at Buffalo's School of Public Health and Health Professions as a technical/policy advisor, Cross Jurisdictional Services team members seeks to comprehensively assess opportunities and barriers to efficient and effective integration. During the 2013 reporting period, a self-assessment tool known as Strengths, Weaknesses, Opportunities and Threats (SWOT) analysis was performed. Senior leadership teams in both Genesee and Orleans County completed the self-assessment tool in which strengths and weaknesses among ten essential services were rated and averaged between the two counties. Results helped identify three essential services that are weak in relation to the other rated services. These three areas are: ES (V) – Develop public health policies and plans, ES (IX) – Evaluate and improve

programs, and ES (X) – Contribute and apply the evidence base of public health (See Table 1).

Genesee/Orleans Essential Service Summary Analysis Worksheet

Essential Service #		Genesee	Orleans	Average	Readiness Ranking	Priority Response Rating
I	Monitor health status and understand health issues facing the community	2.23	2.69	2.46	5	7
II	Protect people from health problems and health hazards	3	3.1	3.05	1	10
III	Give people information they need to make healthy choices	1.71	2.21	1.96	7	4
IV	Engage the community to identify and solve health problems	1.93	2.07	2.00	6	5
V	Develop public health policies and plans	1.81	1.81	1.81	8	1
VI	Enforce public health laws and regulations	2.81	3.12	2.97	2	9
VII	Help people receive health services	2.65	2.35	2.50	4	6
VIII	Maintain a competent public health workforce	2.77	2.35	2.56	3	8
IX	Evaluate and improve programs	1.31	1.63	1.47	10	2
X	Contribute to and apply the evidence base of public health	1.67	1.58	1.63	9	3

Table 1: When considering shared input, it appears logical to the CJS team that the county Health Departments should consider spending time during Q3 of the grant period addressing standards associated with the following Essential Services:

- ES (V) – Develop public health policies and plans
- ES (IX) – Evaluate and improve programs
- ES (X) – Contribute to and apply the evidence base of public health

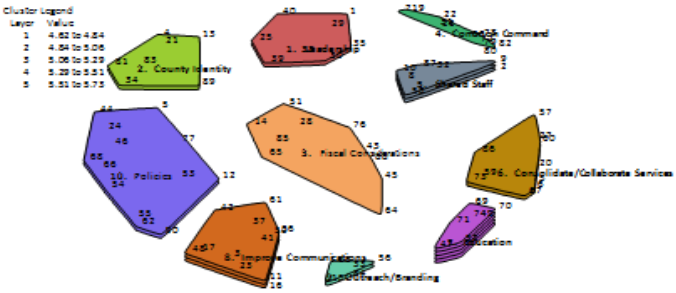
Current preparedness in all 3 of these Essential Service areas are considered weak in relation to the other rated service areas. Therefore, they are worthy of prompt and sequenced attention. Until these areas are strengthened, advancement in other areas may be hampered.

Moving forward, the core CJS team, the extended CJS team and the staff of the county Health Departments will begin a "deeper dive". The collective group will focus attention upon the specific standards addressing each Essential Service area. Where possible, existing best practices will be sought out and brought to bear locally in support of increased preparedness toward accreditation. Also, with clearer focus now in hand, the CJS team hopes to begin to efficiently and effectively reach out to the KHI technical team for targeted guidance and support in a systematic effort to enhance policy and procedure while further improving the departments' functional operations and associated documentation processes. Lastly, the team will begin to identify and interact with other learning community members already expressing existing strengths in the above targeted areas or at least expressing interest and willingness to work collaboratively in these areas.

Concept Systems Analysis

In addition to the SWOT analysis, the CJS team has also performed a Concept Systems analysis, a tool that utilizes a series of focus group activities to inform and visually represent overall challenge(s) at hand that will help measure and assure broad based buy-in across multiple key stakeholder groups (including public health leadership & staff, legislative officials, community members and relevant representatives of the New York State Department of Health) throughout the project. Provided inputs were used to develop an optimal cluster map. Stakeholders were then asked to rate each generated ideas based on "importance" and "feasibility". Correlations between "importance" and "feasibility" ratings helped identify areas for improvement during the 2014 grant year.

10 Cluster Rating Map (Importance)



There are a number of observations that can be made based upon *CS* analysis. A few of the more prominent have been highlighted below. Several of these observations merely validate what was already assumed by the CJS Team. Others provided added insight that needs to be considered as the group moves forward toward added sharing and integration.

- "Education" opportunities were seen as the number one area where further sharing is both important and feasible. While clustered together as part of the cluster maps, education can be viewed from two separate perspectives, one being staff training and development with the other being community education and health promotion.
- There is an extremely high correlation of thought and opinion (.97) among staff from both county health departments. They clearly view this initiative through similar lenses.
- Staff made some interesting differentiation when it comes to sharing of personnel. They viewed it (and valued it) from three separate perspectives. The first and most important being the sharing of program staff. The second (of middle importance) was the sharing of tenets or guiding principles that should guide CJS "leadership" considerations. And the

third, (interestingly, of least importance to the overall participants) was the sharing of a common "command structure" or senior leadership. *This particular observation may have significant implications to the further sharing of resources moving forward.*

- While participants clearly saw the merit of the CJS project in areas such as "education", "staff sharing" and "improve(d) communications", overall they do not value it from a "fiscal considerations" perspective. This is interesting in that increasing fiscal constraints was a major driver in creating the local CJS initiative in the first place. One CJS Team member suggests that this is merely a reflection of a "learned acceptance" that fiscal issues/challenges now exist in all aspects of public health operations.
- The overall *CS* process only engaged 4 Board of Health Members and 4 Legislative representatives out of a possible 28. This was viewed as somewhat of a missed opportunity as the results were clearly biased more toward staff perspective/point of view. It was originally hoped the exercise would to be a solid check of multi-stakeholder consensus.

Return on Investment

As a result of the Cross Jurisdictional Services initiative, direct and indirect fiscal savings have been actualized. Shared staffing, Public Health Director travel expenses, medical and environmental engineering consultation, CDC PHAP Associate, and shared transportation savings have lead to a direct saving of $428,588.25 (see table 2). In addition to fiscal savings, shared staffing between Genesee and Orleans County Department of Health has helped identify and reduce duplications of efforts. Furthermore, a singular personnel is able to attend local, regional, and state meetings and represent both counties/health departments. Most importantly, shared staffing has resulted in the sharing of administrative costs and reduced financial burden on individual Health Departments. Another large component of direct savings was via joint purchasing of transportation services. Combining the two counties' Early Intervention and 3-5 Preschool Transportation

contract renewal, the health departments were able to leverage savings of $107,295.24 for 2013 fiscal year. Furthermore, it lead to the development of common protocols, performance reviews, and monitoring.

Joint community health assessment activities and septic inspection changes are two model examples of indirect savings experienced as a result of Cross Jurisdictional Services. Collaborations between Genesee and Orleans County Department of Health have culminated into a common community health assessment survey. The common survey allowed for coordinated efforts in effectively collecting data from both counties with the goal of informing and improving community awareness in order to leverage additional resources/funding. As a second example of indirect savings, septic inspection changes were made by the standardization of codes across counties with the goal of efficiency by reducing unnecessary septic inspections. When compared with total installation cost in 2011 and 2012 ($91,500 and $129,500 respectively), changes in 2013 ($18,000) would have lead to a theoretical savings of $185,000. Due to the permanent nature of septic inspection changes, actualized indirect savings from reduced inspections is expected to continue in the future.

Criteria	Description	Genesee County Enhanced Benefits	Orleans County Enhanced Benefits	Total Enhanced Benefits
Shared Staffing*				
Paul Pettit	Public Health Director	$66,000	$66,000	**$132,000.00** per year
David Whitcoft	Environmental Health Director	$21,941/yr	$0/yr	**$21,941.00** per year
Mary Janet Sahukar	Director of Patient Services	$51,000/yr	$51,000/yr	**$102,000.00** per year
PHD Travel Expenses Savings	Attending conferences, education and training	$513.89/yr	$651.89/yr	**$1165.78** per year
Sharing Medical and Environmental Engineering Consultation Savings	Existing Genesee County consultation being shared with Orleans County	$0/yr	Medical: $7,500/yr Environ: $13,000/yr	**$20,500.00** per year
CDC PHAP Associate Benefit	Assist both counties with research/analysis. Provided and paid for by CDC	$21,843.1/yr	$21,843.1/yr	**$43,686.23** per year
Shared Transportation Savings	Joint RFP for Early Intervention and 3-5 Preschool Transportation	$0/yr	$107,295.24/yr	**$107,295.24** per year
Total:				**$ 428,588.25** per year

Moving forward in 2014, the CJS team will develop a time-line and a concise implementation plan in order to address and improve the essential services identified by Concept Systems and SWOT analysis. It is our goal that the findings from CJS will be used to guide process and operational activities required to lead to potential independent or a combined application for accreditation. It is hoped that this endeavor will also help shed light into innovative ways other public health agencies might leverage resources, services and staff to respond to fiscal pressures while also better serving their respective communities.