
Cross-Jurisdictional Sharing Project

- **Key Informant Interview Results**
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Background

In 2012, the City of Portland's Public Health Division (PPH) received a two-year grant from the Robert Wood Johnson Foundation (RJWF) to explore various regional approaches for organizing, structuring and providing public health services in the Cumberland county area. This grant, known as the *Cross Jurisdictional Sharing Learning Community* (CJS) initiative supported the investigation of models or approaches that lead to improved public health capacity and efficiency. A total of 16 sites across 14 states were funded (see Appendix A) to explore different arrangements for providing or expanding programs, services, and resources.

Portland Public Health's Project

The CJS grant allowed PPH to engage a diverse group of constituents and community leaders to discuss opportunities and models for strengthening public health service delivery in Cumberland County. A grant Leadership Team was developed to inform the deliberations and guide the direction of the project (see Appendix B). Early efforts focused on soliciting input from regional partners about the current status quo, needed services, and opportunities for increased coordination, consolidation and collaboration. A preliminary feasibility analysis of various models was then developed and vetted by the stakeholder group and efforts were pursued by PPH to begin expanding specific services.

Purpose of Report

This report summarizes the results from a series of key informant interviews with the Leadership Team. The findings reflect the perceptions of those who were invited to play a key role in helping to shape the local planning discussions. The intended audiences for this report include: PPH staff, members of the Leadership Team, community partners, National Program Office staff, and other public health practitioners who may be interested in Maine's efforts.

Methods

The interview questions were designed to allow members of the Leadership Team to reflect on the CJS initiative with an emphasis on: 1) expectations, 2) factors that positively or negatively influenced the project, 3) the value of CJS and how to best communicate this value to stakeholders, and 4) opportunities for ongoing efforts.

Interviewees

All nine members of the Leadership Team were invited to participate in a semi-structured interview. Seven agreed to be interviewed. Despite multiple attempts, the remaining two members of the team did not participate. Overall, the interviews lasted approximately 30 minutes and when possible, the conversations were digitally recorded. A copy of the interview protocol is available in Appendix C.

Data Analysis

The data were analyzed by systematically organizing and interpreting the information using categories and themes to identify patterns and relationships. Direct quotes were used, when appropriate, to illustrate the findings.

Results

The interviews revealed several important themes that have been categorized in the following three areas:

- Individual and stakeholder expectations about the project
- Influential factors that facilitated or hindered the project
- Perceived support, value and commitment to cross-jurisdictional sharing efforts

Individual and Stakeholder Expectations

Interviewees all saw the CJS grant as an opportunity to consider other models for providing public health services in Cumberland County. Most interviewees came into the project with that expectation; a few others were less clear initially about the goals of the project and came to understand its purpose more gradually.

While there was broad agreement that the project offered a chance to assess new public health models, interviewees had different frames of reference for what the project would achieve. A few interviewees envisioned a systematic review of other approaches to determine their relevance and viability in the Cumberland County environment. One interviewer thought that cost/benefit analyses of various models would be conducted to assess potential application in Maine. Another interviewee anticipated more frontend work analyzing the needs and priorities of surrounding communities before looking to other models of service delivery. Several interviewees expected the project to yield a clear work plan for implementing a cross-jurisdictional public health system, although the scope of that reform varied from the design of a county-wide system to incremental expansion of select services in one or more communities.

When asked what other participants expected from the project, most interviewees reported that they were not sure. Several noted that participants brought very different perspectives based on the role they represented and the knowledge they had. A few interviewees indicated that partners appeared to have varied expectations at the onset about the desired organizational structure (e.g., county-level), and approach (e.g., envisioning the “ideal” versus starting small). The lack of a cohesive mission and clear deliverables was also expressed. One interviewee attributed the lack of clarity to the limited number of meetings which tended to be more informational than substantive. This interviewee also indicated that participants did not necessarily feel accountable for a project deliverable given that most decisions were made outside of meeting time. Another interviewee believed that the project was not well understood from the beginning and the lack of clear goals and objectives further hampered a cohesive vision.

Interviewees offered mixed assessments on the extent to which project expectations were met. All agreed that the project raised awareness about other models for public health service delivery. At the same time, the project highlighted the differences in Maine that made adoption of other models challenging. Several interviewees saw the project “as a work in progress” that started the conversation but came to no conclusion. This limited success was disappointing to a few interviewees who hoped for a more action-oriented, practical approach that did not get bogged down in politics and planning. The project did not provide the systematic analysis that several interviewees had hoped for, both of the other state models and the needs assessment of surrounding communities.

Influential Factors

Interviewees were asked to identify factors that they believed impeded and facilitated the success of the project and what, in retrospect, they thought should have been done differently.

Factors impeding progress. Most interviewees reported that the limited number of Steering Committee meetings and the lack of communication between meetings reduced the shared commitment among members and their ability to make meaningful contributions during meetings. Others expressed concern that there was no front-end analysis of the needs of the surrounding communities that could form the foundation for subsequent outreach and political buy-in. One interviewee felt that the project had an urban-orientation that did not look at communities outside the inner suburbs of Portland or more generally at community needs beyond the use of services offered by Portland Public Health. While it was recognized that focus groups were intended to provide feedback on community needs, their low participation rate diminished the value of findings.

A few interviewees saw turf issues and tensions between the city and county as factors impeding progress, particularly in the design of a new financial model. Another interviewee saw a missed opportunity to more rigorously examine how state models could be applied to make Maine's public health more effective and efficient. Funding was identified as a barrier by one interviewee who noted that communities without services likely did not have resources to fund them and those that did have services, did not want funding to leave their community.

One interviewee thought that the presentation on the estimated cost of a full county or county-city public health agency was unfortunate. This interviewee felt that other options and models were prematurely eliminated and the concept of a menu approach was never fully discussed. Two interviewees would have liked a better understanding of the role of The Robert Wood Johnson Foundation (RWJF) and their rationale for influencing the direction that the project took.

Facilitators of progress. Without exception, interviewees believed that the Steering Committee included the right people who were committed to improving public health services in Maine. Several interviewees saw particular value in the involvement of local leaders whose buy-in was essential to a cross-jurisdictional approach. Most interviewees commended the neutral support received both from the Muskie School and the project's sponsor, RWJF.

Interviewees who participated in other state site visits found them extremely useful in helping to both understand Maine's unique public health system and new approaches for service delivery. Similarly, interviewees valued hearing from Maine's counterparts in other states talk to the Steering Committee about their cross-jurisdictional strategies. One interviewee saw these meetings as being instrumental in changing minds of Steering Committee members and envisioning other ways public health services could be organized in Maine.

Several interviewees found the analysis of Portland's service use patterns by other municipalities to provide a compelling argument for cross-jurisdictional sharing. Many interviewees, while acknowledging that the project did not meet all its goals, saw the project as an important foundation for building future consensus and strategies for re-organizing public health services in Maine.

Thoughts on what could have been done differently. In retrospect, interviewees had several recommendations for how the project could have been implemented differently. A couple interviewees suggested more upfront time be devoted to orienting members to how Maine's public health system evolved and currently operates. A primer on how other state models are organized also would have set the stage for future discussions. Several interviewees had suggestions for the scope of the project or its format. Two interviewees found the project to be too narrow in its focus. One preferred that more attention be given to a rigorous assessment of other models. The other interviewee wished that the project was used to define a broader vision for public health, without respect to funding. One interviewee noted that the project moved too slowly and should have included more meetings and used electronic formats (e.g., google group, etc) to sustain conversations among members and staff in-between meetings.

Given the significant political ramifications of the project, one interviewee suggested that more time could have been spent meeting one-on-one with surrounding communities to better gauge their needs and receptivity. This same interviewee thought it would have been useful to partner with the Greater Portland Council of Governments early in the project since they include the leadership that is essential for making something happen and the group's support could have been called upon later in the project.

One interviewee thought that the project did as much as was possible given the lack of funds and mandate for public health at the municipal level. However, others conveyed that a shared commitment to a common outcome, more frequent communication among partners, and an earlier emphasis on building political will could have resulted in a stronger foundation for this work moving forward

Perceived Value, Support and Commitment

Questions were asked about the perceived value of a regional public health system and commitment to supporting that goal going forward. Interviewees had strong opinions about the value of a regional approach to public health. For instances, it:

- Equalizes the playing field for all communities who could benefit from public health
- Provides a stronger on the ground presence, particularly in times of crisis (e.g, Ebola)
- Makes best use of scarce public health resources
- Extends public health services to underserved populations, particularly rural communities
- Provides economies of scale and opportunities to expand the resource base
- Increases consistency and efficiency of services as the need for public health expands with an aging population

Most interviewees expressed strong personal and organizational support to work toward a regional approach going forward. However, there also was recognition that funding will remain a problem unless there are political leaders to champion the benefits of public health as an investment. Several interviewees would like to continue to serve on a Committee but felt that the goal of the group would need to be better defined if it was to recruit and retain members. Others thought that the roles and responsibilities of different parties (local municipality, county, state) and the accountability of each need to be better defined if discussions proceed. One interviewee proposed increased involvement of the medical and increased focus on the intersection between public health and medical care going forward.

Another interviewee suggested that grant funds should be explored to continue the discussion. This interviewee also saw value in the creation of a vision document that potentially could be brought before the District Coordinating Council to engage them in future planning efforts.

Interviewees had many ideas on the best approach and message for building public and political will for a regional public health system. Education was perceived as one component, but stronger emphasis was placed on:

- Understanding what motivates key decision-makers and using this as the “hook” to engage in conversations.
- Communicating with local governmental officials and others in a way that conveys the value of public health on an “everyday basis” and during “times of disaster.”
- Sharing the facts and the business case for investing in public health.
- Building support and political will at the local level based on local needs.
- Conveying public health as “economic development” based on the need for a healthy workforce and strong, vibrant and healthy communities.
- Developing and exploring innovative approaches with local leaders to invest in public health such as “community health trusts.”

Conclusions

The findings suggest continued support for cross jurisdictional approaches to delivering public health services in Cumberland County. But the project did not provide a clear path for moving forward. Although no consensus, there was strong endorsement to:

- Establish more focused goals
- Bring in leadership from affected communities early on
- Engage any stakeholder group more intensely
- Connect the work to a broader interest in re-defining public health

While there is enthusiasm to continue the project, there is also pragmatic realization that these efforts take time, funds and political buy-in. Steering Committee members differed on whether buy-in can best be achieved through the creation of new groups or if it is likely to come from small conversations, one-on-one meetings, or leveraging other groups with comparable interests.

Appendix A. Grantees

FIGURE 1. GRANTEE MAP



LEGEND:

- #1: [Cumberland County, Maine CJS](#)
- #2: [Central Massachusetts Regional Public Health Alliance](#)
- #3: [Genesee and Orleans Counties, New York, Public Health](#)
- #4: [Project Smile North Carolina](#)
- #5: [Northeast Ohio](#)
- #6: [Northwest Michigan CJS](#)
- #7: [Northwoods Shared Services Project Wisconsin](#)
- #8: [Minnesota System Wide](#)
- #9: [Horizon Minnesota](#)
- #10: [Yellowstone/Carbon Counties Montana](#)
- #11: [San Luis Valley, Colorado](#)
- #12: [San Diego/Imperial Counties – Baja California Region](#)
- #13: [Northern Nevada Shared Services](#)
- #14: [Carson City – Douglas County, Nevada](#)
- #15: [Central Oregon CJS Preparedness](#)
- #16: [Southwest Washington](#)

Appendix B. Leadership Team Members

Name	Title	Organization	Role
Mark Grover	Commissioner, District 3	Cumberland County	County elected official
Peter Crichton	County Manager	Cumberland County	County manager
Becca Matusovich	Cumberland District Liaison	Maine CDC	County/State health official
Ed Suslovic	City Councilor, District 3	City of Portland	Local elected official
Colleen Hilton	Mayor	City of Westbrook	Local elected official
Tony Plante	Town Manager	Town of Windham	Local town manager
Chris Zukas	Deputy Director	Maine CDC	State health official
Dr. Sheila Pinette	Director	Maine CDC	State health official
Deb Deatrick	Vice President	MaineHealth	Community Partner

Appendix C. Interview Protocol

CJS Key Informant Interview Protocol

Thank you for agreeing to be interviewed. I appreciate your time. Before I begin, I have a consent statement that I need to read to you.

Introduction:

As you may know, a small group of us at Muskie have been involved in Portland's Cross Jurisdictional Project funded by the Robert Wood Johnson Foundation. As part of our contract, we have been asked to interview several individuals, familiar with and involved in, this effort. We want your honest feedback about this initiative.

Participation:

This interview will take approximately 30 minutes of your time. Your participation is voluntary. No names or identifying information will be included in the report we plan to prepare.

Risks and Benefits of Participation:

There are no anticipated risks with this interview. However, by participating, you will be providing important feedback that could help influence ongoing efforts to strengthen the public health system in Portland and the surrounding areas.

Questions:

*Do you have any questions for me before we get started?
Is it okay with you if I record our conversation?*

Okay, let's begin...

Section #1: Expectations and Success of the Initiative

This first set of questions focuses on your expectations and opinions about the success of the initiative.

1. What were your expectations for this initiative?
2. In your opinion, what were the expectations for this initiative among other partners?
3. In your opinion, to what extent were *your expectations* for the initiative met?
4. What factors, if any, *negatively* influenced the initiative's success?
5. What factors, if any, *positively* influenced the initiative's success?

6. Looking back, in your opinion, is there anything that should have been done differently?
 - Probes:
 - Partners and stakeholders
 - Grant management
 - Relationship with National Program Office and other grantees

Section #2: Moving Forward

The second set of questions I have focuses on the value of regionalization and opportunities for the future.

7. In your opinion, what is the value of regionalizing public health services in Maine?
8. To what extent, if any, is your organization interested in continuing to support efforts for regionalizing public health services in our area?
 - a. What role would you be willing to play?
9. What is the best approach to build *public* and *political* will for the regionalization of public health services in our area?
10. What messages can we use to explain or show the value of public health to the general public?

Section #3: Final Thoughts

Okay, I have one last question.

11. Is there anything else you would like to share with us?

Interviewer Comments: