



## CJS Case Report

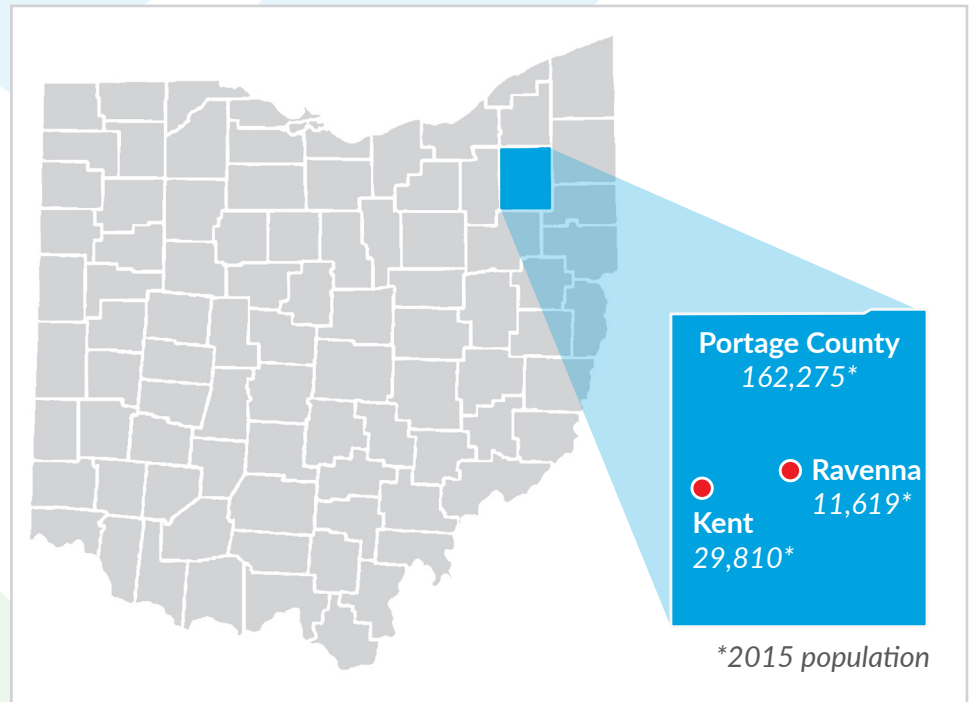
# Ohio's Portage County

### Background

In 2011, stakeholders throughout Ohio's Portage County—including the Mayor of Ravenna—established the countywide *Task Force for Improving Public Health in Portage County*. The role of the task force was to explore collaborative arrangements that would strengthen the county's public health system without increasing costs.

At that time, the county was served by three governmental public health entities: Kent Health Department, serving the city of Kent; Ravenna Health Department, serving the city of Ravenna; and the Portage County General Health District, serving the remainder of the county and its municipalities.

However, Ravenna Health Department and the Portage County General Health District were actively discussing a potential merger of their health departments. Many of Ravenna's public health services were already being provided by the general health district through contracts. A merger could result in further consolidation of services, as well as some service expansion in Ravenna and changes in the governance structure of the general health district.



**The partnership has resulted in increased public health effectiveness because residents throughout the county have access to a greater range of public health services and functional capacities.**

In 2013—before the merger took place—the *Task Force for Improving Public Health in Portage County* secured a two-year grant from the Center for Sharing Public Health Services to help them further explore new ways the three public health entities could work together in cross-jurisdictional sharing (CJS) arrangements. Once the task force started working with the Center, the merger between Ravenna

Health Department and the general health district occurred through a contractual arrangement. The task force continued exploring shared services between the general health district and Kent Health Department, and these potential collaborations were the focus of the grant funding. However, because discussions about the merger of Ravenna Health Department with the general

health district were happening concurrently with the broader discussions in the county around shared services, the Center was able to capture information and lessons learned about the merger as well—particularly during the post-grant, follow-up timeframe.

Based on a history of facilitating relevant activities with these and other nearby health departments, the policymakers in Portage County selected Kent State University's Center for Public Policy and Health (KSU-CPPH) to help manage the ongoing dialogue of the task force related to shared services.

KSU-CPPH and the task force established three workgroups to develop recommendations for the task force and the jurisdictions involved. Each workgroup was comprised of representatives from the staff and local boards of health from each health department, in addition to other community partners. The Strategy and Action Plan Workgroup was charged with exploring models to improve the county's public health efficiency and effectiveness. The Evaluation Workgroup was charged with assessing current services and identifying ways to enhance current collaborations among the health departments. The Education Workgroup was charged with educating key stakeholders and involving them in addressing key public health concerns in the county.

By the end of the grant-funding period, the task force supported a countywide community health improvement planning process that, among other things, would help identify collaboration in

program-specific areas moving forward. In addition, the general health district and Kent Health Department each expressed their separate intention to apply for accreditation from the Public Health Accreditation Board (PHAB).

## Efforts During the Initial Grant-Funding Period

### Activities and Accomplishments

The task force and its workgroups were highly productive during the grant-funding period. The Strategy and Action Plan Workgroup finalized 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. This group also examined academic health department models and assessed each department's readiness for

PHAB accreditation. Under the auspices of this workgroup, the parties completed a countywide community health assessment (CHA) that, among other things, identified a need for more primary data on public health needs in Portage County and the jurisdictions comprising it.

The Evaluation Workgroup developed an inventory of existing shared services between the general health district, Ravenna Health Department and Kent Health Department, then evaluated how well they were achieving their goals. After Ravenna Health Department became part of the general health district, the workgroup made recommendations focused on improving coordination and aligning the missions and planning activities of the two remaining health departments, including:

- Developing a single mission and associated statement from all public health jurisdictions in the county,



Photo by Kent State University.

- Creating and implementing a joint planning process to align current and future policies across the jurisdictions, and
- Working collaboratively to engage other organizations within the county.

Moreover, the workgroup identified potential opportunities for expanded collaborations, particularly in the areas of mosquito abatement and vital statistics services.

The Education Workgroup focused on securing community participation in the community health assessment and improvement planning process. With assistance from the jurisdictions' health commissioners, this workgroup established a CHA partnership with representation from 20 community stakeholders. The task force and KSU-CPPH completed and disseminated the countywide community health assessment in early 2015, marking a significant accomplishment for the task force and the overall public health improvement effort.

Prior to the formal jurisdictional merger with Ravenna Health Department<sup>1</sup> in 2015, a new levy was passed for the general health district which helped it expand its services and activities. The timing was fortuitous with respect to the jurisdictional merger discussions about potential improvements in public health support they could offer to residents of Ravenna. Although residents of the city inherited the levy, they also benefited from increased public health capacities and service provision from the general health district.


## Challenges

This team encountered three significant challenges to their work: the need for clarity regarding the range of potential CJS models, a lack of regional identity, and the merger of Ravenna Health Department with the general health district.

At the outset of the grant-funding period, some task force members routinely referred to a merger of Kent Health Department with Portage County General Health District as one of several options that would be explored through the project. Although Ravenna Health Department had made clear its intention to merge with the general health district, Kent Health Department was not interested in a merger, and ongoing references to it created tension and erected a barrier to meaningful discussions about other sharing opportunities. KSU-CPPH articulated the need to specifically address this tension.

Through a series of meetings facilitated by KSU-CPPH, the health commissioners eventually created a shared understanding of options for additional collaboration that did not include a merger of Kent Health Department with the general health district. Afterwards, more constructive discussions ensued.

There was a lack of regional identity among the jurisdictions, which hampered efforts to collaborate. The city of Kent, which houses the well-known Kent State University, had determined at the beginning of the project that it would seek PHAB accreditation status without merging its operations with the general health district. While Kent Health Department was amenable to a regional CHA effort, perhaps it is not surprising that, with its strong singular identity, officials there wanted to operate in a manner that was as self-sufficient as possible.



**Lesson Learned**  
The lack of a strong regional identity can limit the extent of cross-jurisdictional sharing.

<sup>1</sup>Under Ohio law, local health departments may merge their operations through a service contract or through a full merger of two health districts. The initial Ravenna Health Department and Portage County General Health District merger was contractual and involved the City of Ravenna (and its health district) contracting with the Portage County General Health District for its public health services. Shortly after the end of the grant funding period in 2015, the two parties entered into a more formal jurisdictional merger, through which the City of Ravenna Health District jurisdiction was formally included in the larger county general health district.

As someone from another jurisdiction put it, “Kent is Kent.”

The pending Ravenna Health Department merger with the general health district also posed some early challenges during the task force work. The merger would have implications for sharing between the general health district and Kent Health Department; therefore, some decisions about collaboration had to be postponed until decisions were made regarding the merger of Ravenna Health Department and the general health district. The project team eventually identified where clear lines of separation between the two efforts were needed, while also leveraging information and insights from both efforts to inform the other.

## One Year Later

The Center for Sharing Public Health Services checked in with the collaboration in the latter half of 2016—approximately one year after the original grant-funding period had ended—to learn how things had evolved.

## Context

After the grant-funding period ended, Ravenna had turnover in its elected and administrative leadership. In addition, the health commissioner from Portage County General Health District retired and a new health commissioner with a great deal of experience was hired in his stead. One of the new commissioner’s strategic priorities is to engage in a branding strategy. He is working to promote the many services provided by the health district and to use technology—

especially social media—effectively to that end.

The health commissioner also revised the way the health department reports to the mayors in the general health district. He is seeking to ensure that quarterly reports are user-friendly by offering more detail about the services provided and doing so in a way that is understandable and meaningful.

## Activities and Accomplishments

### *Merger of Ravenna Health Department with the General Health District*

In its final years of operation, Ravenna Health Department contracted with a single individual to handle all state-mandated inspection services. One result of the merger is that Ravenna is now served by the general health district’s fully staffed environmental health division that provides comprehensive

environmental health education, inspection and permitting services for food service, public pools, public schools and other establishments.

Ravenna also receives more health promotion services now, specifically in the areas of car seat checks, smoking cessation, nutrition education and HIV testing. The general health district is working hard to ensure that people throughout their jurisdiction—including those in Ravenna—benefit from these services and recognize them as coming from the health department.

### *General Health District and Kent Health Department Collaborations*

Shortly after the end of the original grant-funding period in 2015, the broad-based CHA Partnership—along with the general health district and Kent Health Department—committed to the CHA recommendation to collect more primary data on



health needs in Portage County. After the health departments collected additional data, the partnership developed a community health improvement plan (CHIP). Both health departments acknowledged that the CHIP will provide an important foundation for identifying future collaborative efforts.

Once the joint CHIP was completed, a new steering committee was established to oversee its implementation. The CHIP includes five priority areas: decrease obesity, increase mental health services, decrease substance abuse, increase access to health care and increase injury prevention. Most of the strategies serve the entire county and many are led by other community partners. The CHIP process was a highly collaborative effort orchestrated jointly by the general health district and Kent Health Department and it has great potential to improve public health throughout Portage County. Interestingly, it did not result in any additional, specific collaboration or shared service arrangements between Kent Health Department and the general health district.

However, two other sharing agreements—mosquito control and vital records—that emerged during the grant-funding period now have been fully implemented. Kent Health

Department had been providing mosquito control services within city limits and was occasionally performing specific services in various parts of the county as well, through an informal agreement. Now, Kent Health Department provides a full complement of mosquito control services throughout the county via a contract with the general health district. In addition, Kent Health Department now handles vital records for the entire county. Previously, this responsibility was shared with Ravenna Health Department. When Ravenna Health Department merged with the general health district, this

### Lesson Learned

A shared community health improvement planning process can leverage and streamline support from community partners in a way that equally benefits all jurisdictions involved.

service could not be transferred along with them due to state rules. Therefore, the full responsibility was given to Kent Health Department at that time.

## Challenges

### ***Merger of Ravenna Health Department with the General Health District***

The Ravenna Board of Health still exists by local charter, and yet the mayor, city council and the board itself are struggling to understand what it means to be a health board without a health department. In addition, the Ravenna mayor now sits on the District Advisory Council (DAC) that governs the general health district, and the city also has representation on the general health district's board of health. Ravenna's representatives are navigating their roles within these new entities.



*Historic bridge in Kent, Ohio.*

Moreover, city officials and residents are still struggling to understand how public health services are delivered since the merger. For example, a dead coyote was found in the city and instead of calling the general health district to remove the body and test it for rabies, the city street department was called. In another example, city residents—as well as some county residents—continue to go to the old location to obtain vital records, and typically are frustrated to learn that they need to go to a new location five miles away in Kent. It is anticipated that confusion will subside over time, and that the general health district's branding efforts will facilitate an enhanced understanding of public health services and how to obtain them.

## Perspectives from the Partnership

The project leads from KSU-CPPH and the new health officer for the health district reflected on the CJS work. The initial exploration occurred before the Center's grant was secured, and therefore these perspectives begin with the planning and preparation phase of their effort.

### Planning and Preparation

The use of the three workgroups (Strategy and Action Plan, Evaluation and Education) proved to be an effective way to engage a robust number of stakeholders

in the detailed work of planning and preparation. Moreover, it is important to note that this model relied heavily on staff support, i.e., the workgroups likely would not have been as effective if dedicated staff time was not available to organize and help maintain momentum for the workgroups' efforts. Finally, consensus-building was a critical part of the work that took place in planning and preparation. Achieving consensus was aided by having a neutral facilitator (KSU-CPPH) lead the discussions.

### Implementation and Improvement

Engaging the hospitals was key to both the CHA and the CHIP. Not only did the hospitals need to undertake a community health improvement planning process, they also were instrumental in collecting and sharing primary data.

The CHIP implementation process continues to proceed smoothly under the auspices of the steering committee. All CHIP partners were convened to review the one-year progress report and the coming year's action steps. Approximately three-quarters of partners attended this first annual event, signaling the community's ongoing interest and engagement in the work. The CHIP partner meeting was key to not only re-energize continued progress, but also to solicit input from partners for the upcoming year of the CHIP.

Staff time needs to be dedicated to measuring progress, providing updates and convening the steering committee and partners. The Portage County Health District has assumed this responsibility and provides updates to the steering committee on a quarterly basis. Although the Kent Health Department does not staff the effort, they remain fully engaged in the process. The Portage County Health District also released the CHIP Annual Report for year one of the 2016–2019 cycle.

### Sustainability

The shared services that exist have been institutionalized and the CHIP is regarded as an important vehicle for ongoing, community-wide efforts to improve the public's health throughout the county. Regular meetings and updates are planned in order to maintain the momentum of that work. Moreover, the health district and city health department commissioners meet regularly and, among other things, consider any additional opportunities to share services that would benefit their respective populations.

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#### 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. Copyright© Center for Sharing Public Health Services, 2017. Materials may be reprinted with written permission.*