

CASE EXAMPLE

# Merging to Overcome Challenges in Colorado

## THE CHALLENGE

High in the Colorado Rockies, neighboring Hinsdale and Mineral counties have much in common. With a combined population of approximately 2,000 year-round residents, each county is designated a frontier county, is geographically isolated, and is remotely situated in its respective regional service area.

Mineral County — the smaller of the two — struggled for several years to meet mandated service provision requirements for county public health departments passed in 2008. County commissioners gradually realized they needed to change how public health functions were structured or they risked losing local control of these services.

## MERGING TO MEET MANDATES

It was natural for Mineral County to turn to Hinsdale County for assistance, given a rich history of collaboration between their government agencies, which included freely sharing guidance and lending expertise to one another. Recognizing great potential for mutual benefit, both sets of county commissioners agreed to merge the two health departments, beginning with a cross-jurisdictional sharing agreement for a health director and moving into a fully integrated model in 2016 after necessary legislative changes were passed. At that time, the Center for Sharing Public Health Services was providing technical assistance to the San Luis Valley Public Health Partnership, a previous Center grantee. Mineral County was part of that six-county partnership, while Hinsdale County was part of the contiguous West Central Public Health Partnership — a future Center grantee.

The counties now are served by the Silver Thread Public Health District, with its own board of health and pool of resources. The staffing pattern in each county essentially is unchanged, with the exception of the health director traveling between the two offices and staff providing cross-coverage as needed.

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*From the very first conversations almost five years ago until now, collaborating has always required intentional relationships. People's needs, desires, motives, fears and excitement were all important to understand and weave into the development and maintenance of the emerging agency.”*

—TARA HARDY, MS

public health director of the  
Silver Thread Public Health District

## THE RESULTS

The merger has met some expectations and exceeded others. The following benefits have been realized:

- Additional grants have been secured as the population served by the public health district is larger, thus justifying a greater need.
- Services are not interrupted when staff are out for extended periods because back-up is available.
- Staff have peer support in their program areas, enabling them to share ideas and learn from each other's experience and expertise.
- Multiple sources of funding have been braided and service delivery has been restructured, as demonstrated by a new prevention services program that provides a range of substance abuse and behavioral health services.
- Some staff salaries have been increased, reflecting the ability to leverage the funding in a shared service manner between the two communities.
- Both counties are served by a shared environmental health staff member employed by the public health district, eliminating the need to rely on regionally based resources.
- Mineral County's monetary contribution to the public health district has decreased as a result of new grants that pay for staff time and reallocations of existing grant funds.



## KEYS TO SUCCESS

This highly successful merger is built on relationships and the successful incorporation of change management strategies to facilitate staff buy-in. This included engaging all staff in branding that led to an intentional use of the term “community” in the public health district mission statement. The term illustrates the nature of the public health district's unified service area despite drastic geographic separation between the two county seats where the offices are located. Both boards of county commissioners share a desire to be a “good neighbor” and a willingness to expose their own vulnerabilities by asking for assistance. At the heart of the relationship is an established, high level of trust — critical both at the onset and long into the operational phase of the merger.

The importance of communication, leading up to and after implementation, also emerged as a central theme. Target audiences include decision-makers and the public at large, with messaging that elicits support, provides assurances about service provision, and keeps stakeholders updated on progress.

Staff flexibility and willingness to work through the pains of transition and the ongoing evolution have been vital in the establishment of the public health district. These characteristics also make it possible to continue to realize the full potential of the new entity.

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