

CASE EXAMPLE

Providing Statewide Support for Local Sharing Arrangements in Minnesota

THE CHALLENGE

Per capita funding varies widely among local health jurisdictions in Minnesota, as do per capita staffing and self-reported ability to meet Public Health Accreditation Board standards. By 2014, all local health departments in the state were having to do more with less as a result of the recession, lower budgets and growing expectations from communities based on community health improvement planning processes. Other challenges included maintaining preparedness functions with decreased preparedness funding and addressing public health issues, such as a pertussis outbreak and multi-drug resistant tuberculosis, without specific infectious disease funding.

Within this context, the Minnesota Department of Health (MDH) was thinking about how to assist local health jurisdictions, especially in rural areas where some directors were the sole supervisor of all employees, or the head of community health improvement planning activities, or even working as home visiting nurses – all in addition to their full-time leadership responsibilities.

ENHANCING LOCAL CAPACITY THROUGH CROSS-JURISDICTIONAL SHARING

MDH initially incentivized local health jurisdictions to share services in 2010 as part of the Statewide Health Improvement Partnership. When the Center for Sharing Public Health Services (the Center) issued a request for proposals in 2014, what was then the Office of Performance Improvement (OPI) recognized that cross-jurisdictional sharing was an important “tool for their toolbox.”

MDH successfully applied for a grant from the Center for Sharing Public Health Services, and given broad interest in cross-jurisdictional sharing across the state, they sought to support as many local health jurisdictions as possible with these funds. They awarded small



Our job is to help local health departments build capacity, and we recognized that cross-jurisdictional sharing would be an important tool in our toolbox.”

—CHELSIE HUNTLEY

Director, Center for Public Health Practice
Minnesota Department of Health

grants and offered technical assistance to four local partnerships that were “shovel ready” to pursue cross-jurisdictional sharing arrangements. They also identified eight local partnerships that would receive technical assistance but no grants. These partnerships were curious about cross-jurisdictional sharing and interested in exploring it, but were not quite ready to commit to formal sharing agreements. MDH convened a learning community comprising both groups throughout the two-year grant period, and OPI planners and regional nurse consultants teamed up to provide facilitation, information and resources to all partnerships.

THE RESULTS

The four funded partnerships made significant strides in their cross-jurisdictional sharing work.

- The cities of Bloomington, Edina and Richfield took a fresh look at all sharing agreements and, among other updates, decided to revamp the cost allocation structures. They also developed a combined logo for shared public health services.
- Kandiyohi-Renville Community Health Board¹ now has a fully integrated Environmental Health Services program with common policies, procedures and ordinances across the two counties. They will integrate additional programs in the future.
- PartnerSHIP4Health was established as a new four-county community health board for the health departments serving Becker, Clay, Otter Tail and Wilkin counties. As a result, they have a new regional community health improvement planning process, strategic plan and branding strategy, as well as policies, procedures and shared staffing models for four programs.
- The local health jurisdictions governed by the Polk-Norman-Mahnomen Community Health Board established common policies and protocols, and they readily assist each other as needed in Family Home Visiting programs, emergency preparedness and electronic health records.

Several of the other eight partnerships made good progress as well; for example, one completed a joint community health assessment and another worked to clarify city/county roles in emergency response. In addition, MDH staff gained valuable expertise in cross-jurisdictional sharing development and implementation and they continue to be the go-to resources for local health jurisdictions, often using tools and resources from the Center in addition to those of their own design.

KEYS TO SUCCESS

Chelsie Huntley, director of the Center for Public Health Practice at MDH, is quick to point out that success is all about the presence of strong, local partnerships. She noted that the quality of the partnerships, their readiness, collaborative spirit, openness and willingness to try something different made all the difference.

“Change is hard and everything works at the speed of relationships,” cautions Phyllis Brashler, a planner at MDH. “Successful cross-jurisdictional sharing arrangements don’t happen overnight.” She recommends local health jurisdiction directors receive training on change management and allow sufficient time to establish cross-jurisdictional sharing arrangements.

MDH used project charters with all learning community teams, and that helped the sites maintain the focus and momentum needed to complete tasks as planned.

Local health jurisdiction directors were well-served by being willing to take risks to change and innovate, engage in relationship-building, and use community engagement skills, particularly by being open to others’ needs and ideas for improvement.

Huntley and Brashler noted the Center for Sharing Public Health Services helped by providing thought-provoking tools and information as well as connecting them with peers across the country working on similar issues.

¹ The Community Health Board is the legal governing authority for local public health in Minnesota.

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The Center for Sharing Public Health Services provides access to tools, techniques, expertise and resources that support better collaboration and sharing across boundaries. We help public health departments across the country work together to protect and promote the health of the people they serve.

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