

INTRODUCTION

The Center for Sharing Public Health Services visited the Shared Services Learning Community site of Horizon, Minn. on Oct. 28–29, 2013. This *Site Visit Report* documents the activities from the site visit as well as some of the Center’s observations. The report reflects the Center for Sharing Public Health Services team observations at the time of the site visit.

The report includes a lengthy *Background* section for those not familiar with the partnership. For those familiar with the partnership, go directly to the *Observations* section, which starts on page 5.

BACKGROUND

About the Center

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.

Building Evidence: One way the Center builds evidence is by working closely with a Shared Services Learning Community (SSLC), made up of demonstration projects in several states that encompass a diverse spectrum of CJS initiatives, from small-scale initiatives to full consolidation of health departments. The Center provides technical assistance and a forum that allows these communities to share lessons learned with each other and the Center. In return, the SSLC acts as a learning laboratory by providing real world experiences that the Center collects and analyzes and shares with the nation.

Producing and disseminating tools, methods and models: The experiences of the SSLC, along with other research and expert opinions, provide the knowledge and insight the Center needs to provide tools and assistance to any community or group of communities considering CJS arrangements.

The Center for Sharing Public Health Services is a national initiative managed by the Kansas Health Institute with support from the Robert Wood Johnson Foundation.

About the Area¹

Five counties make up this area in west central Minnesota:

- Douglas County, with a population of 36,009, is the largest county in this partnership. Eleven percent of people in Douglas County live below the federal poverty level. Alexandria is the

¹ The poverty information provided in this section reflects the 2007-2011 average from the U.S. Census Bureau.

county seat, and is considered a tourism center due to its many lakes and resorts. Douglas County is served by Douglas County Public Health.

- Pope County is the next largest county. It has a population of 10,995 and 7.6% of its residents live below the poverty level. Glenwood, located on the northeastern shore of Lake Minnewaska, is the county seat of Pope County. Pope County is served by Pope County Public Health.
- Stevens County has a population of 9,726 and 14.3% of its residents live below the federal poverty level. Morris is its county seat and is also home to Stevens Traverse Grant Public Health, which has a location in Morris.
- Grant County has a population of 6,018 and 12.4% of people there live below the poverty level. Elbow Lake is the county seat of Grant County. It is served by Stevens Traverse Grant Public Health, which has a satellite location in Elbow Lake.
- Traverse County is Minnesota's smallest county by population. It has a population of 3,558 and 8.2% of its residents live below the federal poverty level. Its county seat is Wheaton. It is served by Stevens Traverse Grant Public Health, which has a satellite location in Wheaton.

About the Horizon Minnesota CJS Project

Sandy Tubbs and Sharon Braaten lead this project. Full integration of three existing health departments that cover five counties is being considered, with the goal of making public health in their region more efficient and effective with greater capacity to meet the current and future challenges facing their communities.

The project team has been charged by the five-county Community Health Board (CHB) with providing final recommendations on restructuring, including the development and implementation of a comprehensive transition plan to guide the work. They have formed a restructuring committee to help them work out the details. They have been focusing on operational issues related to integration, like financing and personnel. They have also been focusing on change management.

SITE VISIT

Participants

The host team included:

- Sandy Tubbs, Public Health Director, Douglas County Public Health and Stevens Traverse Grant Public Health (Co-Team Lead)
- Sharon Braaten, Public Health Director, Pope County Public Health (Co-Team Lead)
- Kathy Werk, Assistant Public Health Director, Douglas County Public Health and Stevens Traverse Grant Public Health

The following state official and member of the Minnesota System Wide team also participated in the site visit:

- Allison Thrash, Office of Performance Improvement, Minnesota Department of Health

The restructuring committee also participated in the site visit:

- Jerry Johnson, Douglas County Commissioner and Horizon Community Health Board (CHB)
- Todd Schneeberger, Grant County Commissioner and Horizon CHB member
- Larry Lindor, Pope County Commissioner and Horizon CHB Chair
- Jeanne Ennen, Stevens County Commissioner and Horizon CHB member
- Jerry Deal, Traverse County Commissioner and Horizon CHB member
- Dennis Thompson, Horizon Community Health Board non-elected board member
- Deb Hengel, Horizon Community Health Board non-elected board member

Other participants from the public health departments are listed below:

Douglas County Public Health –

- Carol Meissner, Public Health Supervisor
- Jane Michaels, Public Health Supervisor
- Greta Siegel, Financial Manager
- Sue Kvasager, Public Health Nurse Program Coordinator
- Jen Olson, Nurse Case Manager
- Eileen McKay, Nurse Case Manager
- Betsy Hills, Nurse Case Manager
- Rebecca Kuehne, Family Health Nurse
- Mary Krueger, Senior Liaison
- Kim Roering, WIC Program Support Specialist

Pope County Public Health –

- Kay Lagred, Public Health Supervisor
- Mindy Hoffmann, Office Manager
- Judy Juergensen, Nurse Case Manager
- Marcia Nelson, Nurse Case Manager
- Stephanie Rust, Account Technician

Stevens Traverse Grant Public Health

- Lisa Engquist, Public Health Supervisor

- Sara Staples, Nurse Case Manager
- Jane Denardo, WIC and Child/Teen Checkup Program Support Specialist

Other Stakeholders and Decision Makers:

Douglas County –

- Dan Olson, Douglas County Commissioner
- Bev Bales, Douglas County Commissioner
- Charlie Meyer, Douglas County Commissioner
- Jim Stratton, Douglas County Commissioner
- Jerry Johnson, Douglas County Commissioner
- Dennis Thompson, Horizon Community Health Board member
- Bill Schalow, Douglas County Coordinator
- Peggy Grecula, Nurse Case Manager, Douglas County Public Health
- Joyce Iverson, Nurse Case Manager, Douglas County Public Health
- Sue Quist, Nurse Hospice Coordinator, Hospice of Douglas County
- Patty Hobbs, Child/Teen Checkup Program Support Specialist, Douglas County Public Health

Pope County –

- Paul Gerde, Pope County Commissioner
- Larry Kittelson, Pope County Commissioner
- Larry Lindor, Pope County Commissioner
- Gordy Wagner, Pope County Commissioner
- Jim Thoreen, Pope County Coordinator
- Nicole Names, Pope County Social Service Director
- Ann Ellefson, Office Specialist
- Dodie Johnsrud, Senior Coordinator
- Shelley Svec, Health Educator
- Crystal Wagner, Nurse Case Manager
- JoAnn Bot, Nurse Case Manager

Stevens County –

- Jeanne Ennen, Stevens County Commissioner
- Bob Kopitzke, Stevens County Commissioner
- Donny Wohlers, Stevens County Commissioner
- Brian Giese, Stevens County Coordinator
- Janet Raguse, Stevens County Human Resources Director

- Joanie Murphy, Stevens County Social Service Director
- Marcia Schroeder, Public Health Preparedness and Immunization Nurse, Stevens Traverse Grant Public Health
- Connie Bullock, Nurse Case Manager, Stevens Traverse Grant Public Health
- Teresa Gustafson, WIC and Child/Teen Checkup Program Support Specialist, Stevens Traverse Grant Public Health

Grant County –

- Vernell Wagner, Grant County Commissioner
- Deb Hengel, Horizon Community Health Board member
- Stacy Hennen, Grant County Social Service Director

Traverse County –

- Todd Johnson, Traverse County Commissioner
- Jerry Deal, Traverse County Commissioner
- Dave Salberg, Traverse County Commissioner

Two representatives from the Center for Sharing Public Health Services facilitated the site visit:

- Pat Libbey, Co-Director, Center for Public Health Services Sharing
- Grace Gorenflo, Senior Project Consultant, Center for Public Health Services Sharing

Site Visit Activities

The group met at the Douglas County Public Health office in Alexandria for opening discussion and historical information regarding the organizational evolution of the Horizon Community Health Board. Then they met with a combination of supervisory and staff representatives from the three public health departments and discussed operational issues related to integration. Next, they traveled to Glenwood in Pope County for a brief tour of the community, then on to Morris, in Stevens County, where they met with the Horizon Restructuring Committee to discuss leadership and governance issues related to integration. The following day, the Center staff gave a presentation about cross-jurisdictional sharing to other stakeholders and decision makers that have not been as actively involved in the restructuring proposal.

OBSERVATIONS

Site visits provide a valuable learning opportunity, both for the Center staff and for the participants. There is only so much information the Center can gather from reports or phone calls. Meeting with

people in their actual environment completes the picture and contributes to a better understanding of the project.

Some observations gleaned by the Center as a result of participating in the site visit are listed below.

The jurisdictions share a regional identity.

There is a sense of regional identity among the counties in this project, independent of public health issues. They tend to view themselves as West Central Minnesota, instead of as a collection of five separate counties. It seems that this identity has remained intact even with changes in elected leadership in some counties and the new values and political interests they have brought into the mix.

There is a sense of trust among the jurisdictions.

Trust is an essential element in all successful CJS arrangements. The jurisdictions have a long history of working together and there is high trust among the leadership of the health departments. They often work together and collaborate.

They are already delivering some services using CJS approaches. In several cases, the larger health department provides resources, but the service is delivered by staff at the individual health departments. For example, in the WIC program, Douglas County provides the dietitians and technical support, supplementing the nurse provision of services at each health department. Additionally, across the counties WIC schedules have been coordinated so the local public health department staff can serve as backup staff for each other.

Facility hours and staffing could change if integration occurs.

Currently, each county has a local health department that is open every day, although not all Public Health services are scheduled or available at each local health department every day.

If integration takes place, there is an expectation that each jurisdiction will retain a public health presence with regular daily office hours. However, with changing demographics, it is uncertain if every building will remain open all day, every day. It is possible that some locations could be more efficient and effective by limiting hours, while having more staff and more services available during those limited hours.

The team leads will carefully consider how to balance a geographically based construct with one that shares specialized services across the region. A geographically based construct is often more convenient for staff and patients, but is also more costly. A construct that shares specialized services across the region is less convenient because service hours can be impacted and some staff must travel more. However, it should result in efficiencies that will allow expanded public health services.

Size variations of different jurisdictions have a significant impact on financing.

Although the five governing boards of the different counties support exploring integration, they have not yet agreed on important financial issues, like a funding formula. The formula is further complicated by the fact that the partnership is made up of one large county and four smaller counties. The team leads have requested technical assistance in the area of funding.

Change management is a big focus of this project.

Because the changes involved in a project of this magnitude can seem daunting, the team has been focusing on change management by holding meetings with staff from the three public health departments, the governing boards from the five partner counties and other county department colleagues who may be impacted by the integration. At the meetings, participants can ask questions and voice concerns.

However, communication alone doesn't generate trust. One rule at the meetings is that the project team will not provide speculation when answering questions — they will only say what they do know and what they don't know. As a result, many of questions cannot yet be answered.

The team leads are well aware that some personnel still have concerns about consolidation and that this is very natural. The team leads demonstrated a great deal of empathy, understanding that staff have been doing the work successfully, they are comfortable with the way they work, and that change is daunting, as is dealing with the unknowns. The team leads strive to avoid inadvertently devaluing what people have done in the past.

Through the ongoing dialog, some staff have begun to realize that the health officials' jobs will also change and this has helped them to realize that the motivation for change isn't personal, but is being driven by a sense that if restructuring is done correctly, it will support and protect a potential for a quality public health presence into the future.

Human resources issues are at the forefront.

The site visit team was able to sit in on a meeting involving staff and supervisors from the three health departments. At the meeting, participants voiced concerns about how integration could affect their job descriptions, their work location and other important issues. Some of their concerns are listed below.

- **Job descriptions may change as a result of a sharing arrangement.**

Elected officials have made it clear that nobody's job will be eliminated if they decide to integrate, but that job descriptions may change. A likely result is that some staff members with generalist roles could become more specialized by having fewer tasks. The team leads' positive message on these

potential changes is that this is an opportunity to grow capacity, not only in the numbers of people served, but also in individual employees' skill sets.

- **Staff members and patients may be inconvenienced by changes in service locations and hours.**

Staff members are concerned with how integration could affect their patients. If specialized services are only available at one location, for example, patients that need the service would have to drive a greater distance to obtain it. Or if a service was only available once a week or during certain hours in a specific county, patients needing that service could be inconvenienced because they would have to wait.

Staff members are also concerned about how integration could affect them personally. For example, driving conditions in Minnesota can be dangerous during the winter. If specialization requires that they work from a different county all of the time or on certain days, the distance they drive to work could be affected. They were also concerned that they could be placed a longer distance away from their families, and that could affect their ability to attend special events or to pick up children from school in a timely manner.

Other factors are influencing public health.

In Minnesota, there is an increasing emergence of models where public health is folded into health and human services organizations. There is concern in the public health community that combining in that way could inadvertently result in public health being marginalized. The team leads have recognized the importance of communicating more with staff about this other potential change. In particular, the other potential change is entirely out of the team leads' control, it could adversely affect jobs and the structure of the three health departments, and it may be avoided if full integration of the health departments becomes a reality.

Public Health Accreditation is also a factor influencing public health. The leadership of these three public health departments believes integration will support the organization in achieving the accreditation standards.

The site is receiving attention throughout the state.

A number of other jurisdictions in Minnesota are considering a variety of CJS arrangements, and yet the Horizon Community Health Board is the only one currently considering full integration. The state and other counties in Minnesota are watching this sharing effort as a possible example of how to replicate it in other jurisdictions.

LESSONS LEARNED

As a result of participating in this site visit, the Center staff came away with several insights that could be useful in this project and when working with other jurisdictions considering sharing arrangements.

The project staff may want to broaden the base of the people familiar with the project.

The restructuring committee has been very involved in working through the details of integration and is very knowledgeable about the project. Although the governing boards of the five individual counties in 2012 unanimously gave their support to exploring integration, members not serving on the restructuring committee may not have as in-depth a knowledge of the project. In addition, sometimes the same information is assimilated differently when it comes from a different messenger, which also speaks to having more people who can convey the message.

There is a need to sharpen and broaden the “Why” message.

It may be helpful to routinely circle back and confirm, reconfirm, and test the conceptual agreement about full integration being considered. In this project and others, it may be important to circle back as progress is made.

SELECTED COMMENTS AND QUOTES FROM THE SITE VISIT AND FOLLOW-UP EVALUATIONS

“Great insight into making more clear goals for the direction of our possible new organization.”

“We confirmed the operational issues that are of priority concern to the staff that will be impacted by the proposed merger. The staff also reaffirmed their concerns about individual impact. The Restructuring Committee talked openly about governance issues and concerns but also affirmed their conceptual support of the integration. I think everyone gained a mutual understanding of one another's perspectives and concerns. There were definitely some ‘Aha’s’ on everyone's part.”

“I learned about change management and the importance of engaging a wide variety of community stakeholders throughout the process.”

“We will be taking a closer look at our interaction with the individual Boards of Commissioners. Based on the observations of the Center staff, the individual board members that are not part of the Restructuring Committee have less understanding of, and therefore commitment to, the primary purpose of exploring integration. We will need to put more emphasis on how we maintain a strong public health system for the future and how that will result in better services to the constituents they represent.”

“We are planning a meeting of all five county boards (25 commissioners) for an open dialog about the process of integration.”

“Great experience. Learned how greatly important good communication and clear directions are.”