

INTRODUCTION

The Center for Sharing Public Health Services visited the Shared Services Learning Community site of Carson City – Douglas County, Nevada on July 14-16, 2014. This *Site Visit Report* documents the activities from the site visit as well as some of the Center's observations.

The report includes a *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 4.

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 Area

Carson City is the state capital of Nevada. Named for the mountain man Kit Carson, Carson City was once the county seat of Ormsby County. However, in 1969 Ormsby County was abolished and its territory was merged with Carson City to form the Consolidated Municipality of Carson City. The population of Carson City is 54,080. Fifteen percent of the population lives below federal poverty level, compared to 14.2 percent of the population for the state as a whole. The Consolidated Municipality of Carson City is served by Carson City Health and Human Services (CCHHS), one of three local public health agencies in the state. In areas not served by these local public health agencies the Nevada State Department of Health and Human Services provides public health services.

Douglas County neighbors the Consolidated Municipality of Carson City. It has a population of 47,118. It is one of the wealthiest counties in Nevada with 9.7 percent of the population living below federal poverty level. Most wealthy properties and residents are clustered around the resort areas of Lake Tahoe, while other parts of the county are more rural. Douglas County does not have its own local public health agency. Instead, CCHHS operates Douglas County Community Health, which provides on-site clinical services. In addition, the state health department has assigned to CCHHS the responsibility (and funding) to provide public health preparedness, epidemiology and disease investigation for Douglas County, and also for Storey and Lyon Counties.

While the population of both the Consolidated Municipality of Carson City and Douglas County are similar, Carson City is much smaller physically and more urban than Douglas County. Both jurisdictions border Lake Tahoe, a large freshwater lake and major tourist destination in the Sierra Nevada Mountains.

Storey County, which is not part of the grant-funded CJS arrangement focused on environmental health services but which was included in the site visit, is adjacent to the Consolidated Municipality of Carson City. Storey County has a population of 3,942, of which 8.6 percent live below federal poverty level. Storey County does not have its own local public health agency. Instead, clinical services in the county have been provided at Storey County Community Health Center by Community Health Alliance, a Federally Qualified Health Center headquartered in Reno. Community Health Alliance is considering leaving Storey County. And environmental health services are provided by the Nevada State Department of Health and Human Services Division of Public and Behavioral Health (DPBH) headquartered in Carson City. The county seat of Storey County is Virginia City, which was the setting for *Bonanza*, the hit television western series that ran from 1959 to 1973.

About the Carson City – Douglas County Shared Services Demonstration Site

In 2011, Nevada passed legislation that requires counties to pay an assessment to the Nevada DBPH for the provision of certain services, including environmental health services. Counties can provide their own services or purchase services elsewhere (e.g., from another county) and be exempted from the assessment if they receive approval from the governor and the interim finance committee of the state legislature.

Prior to the site visit, the Consolidated Municipality of Carson City and Douglas County received approval from the governor to allow CCHHS to provide environmental health services in both Carson City and Douglas County. Environmental health services include inspections of facilities like restaurants, bars, pools, septic systems, schools, child care facilities, jails, hotels, motels, spas, and RV parks. Formerly the services in Douglas County were provided by the DPBH.

This *Regional Public Health Partnership* officially began in 2014 with the hiring of two additional environmental health staff and the opening of a new office in the Douglas County Complex. The goal of the partnership is to improve the level of environmental health services provided within Douglas County while increasing efficiency and allowing more local control. The partnership is funded through fees.

At the time of the site visit, neighboring Storey County was interested in a similar sharing arrangement for environmental health services. Because the county would like to keep its health clinic, commissioners also have been talking with Carson City about providing nursing services.

In addition, the team is working on a set of tools to guide the selection, development and improvement of CJS arrangements.

SITE VISIT

Site Visit Participants

- Dr. Wei Yang, Professor of Epidemiology & Biostatistics at the School of Community Health Sciences and Director of Nevada Center for Health Statistics & Informatics, University of Nevada, Reno
- Doug Johnson, Chairman, Douglas County Commissioners
- Lawrence Werner, Interim County Manager, Douglas County
- Mimi Moss, Community Development Director, Douglas County
- Karen Abowd, Supervisor, Carson City Board of Supervisors
- Pat Whitten, County Manager, Storey County
- Cherie Nevin, Community Services Officer, Storey County Taylor Radtke, Public Information Officer, Carson City Health and Human Services-Photographer

Host Team

- Robert Crowell, Mayor, Carson City
- Marena Works, Deputy City Manager, Carson City (Team Lead)
- Nicki Aaker, Director, Carson City Health and Human Services
- Dustin Boothe, Disease Control and Prevention Division Manager, Carson City Health and Human Services
- Dr. Susan Pintar, Health Officer, Carson City Health and Human Services
- Peggy Mohr, Carson City Health and Human Services (Communications Coordinator)

Carson City/Douglas County Environmental Health Staff

- Becky Purkey, Environmental Health Specialist
- Mark Sproat, Environmental Health Specialist
- Greg Parks, Environmental Health Specialist
- Marissa Ure, Environmental Health Specialist
- Cherie Santillo, Environmental Health Administrative Staff
- Elaine Bergenheier, Public Health Investigator

Northern Nevada Team:

- Kevin Dick, Interim District Health Officer, Washoe County Health District
- John Packham, Director of Health Policy Research, University of Nevada School of Medicine

State of Nevada

- Joe Pollock, Program Manager Environmental Health, Nevada Division of Public and Behavior Health

Other Shared Services Learning Community Sites:

San Luis Valley, Colorado

- Kathleen Matthews, Director of Office of Planning and Partnerships, Colorado Department of Public Health and Environment (Co-Team Lead)
- Kimberly Bryant, Project Coordinator, San Luis Valley Public Health Partnership (Communications Coordinator)

Center for Sharing Public Health Services:

- Harold Cox, Technical Advisors Team member with the Center for Sharing Public Health Services and Associate Dean of Boston University School of Public Health
- Pat Libbey, Co-Director, Center for Sharing Public Health Services
- Gianfranco Pezzino, Co-Director, Center for Sharing Public Health Services

Site Visit Activities

The site visit team met with the host team at Carson City Health and Human Services to discuss context for the site visit. They were joined by the mayor to discuss governance and operational perspectives. After that, they met with other city and county officials to discuss governance and administrative perspectives as well as to get an overview of state environmental health responsibilities. The following day, they met in Virginia City with the Storey County manager to discuss administrative perspectives. The site visit was concluded with a debriefing.

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.

Legislative changes created the opportunity for cross-jurisdictional sharing in Nevada.

A 2011 law created the opportunity for sharing amongst jurisdictions in Nevada. The law requires counties to pay an assessment to the state of Nevada for the provision of certain public health services.

It also allows jurisdictions to be exempted from the assessment if they provide their own services or purchase services elsewhere, but first they must receive approval from both the governor and the interim finance committee of the state legislature. Once a sharing arrangement is approved, there is a six month waiting period before they can implement it. In addition, this demonstration site required approval from the Carson City Board of Supervisors and the Douglas County Board of Commissioners.

Overall, the relationship between the state agency and local jurisdictions has been described by several participants in the conversations as unstable, with a history of periods of distrust and others of cooperation.

Value has been the main driver in this sharing arrangement.

The 2011 law prompted some jurisdictions without local public health agencies to consider whether they could improve efficiency and/or effectiveness by purchasing their services from another jurisdiction instead of from the state.

In this sharing arrangement, Douglas County commissioners thought they could improve environmental health services in their area without increasing costs. They thought contracting for the services from CCHHS could help them achieve goals like improved response times, better access to inspection records, and tailored services. All of these things could result in improved effectiveness.

Some policymakers at the site visit expressed a belief that contracting with an entity other than the state for environmental health services could also reduce costs. When the state provides environmental health services, it collects fees from the businesses served to defray costs. However, if the overall cost to the state exceeds the fees collected, the state invoices jurisdictions for the extra cost. The formula used by the state to determine additional costs in each jurisdiction is not well communicated. Therefore, some county commissioners have expressed concerns that when they purchase services from the state they may actually be subsidizing inspections in other jurisdictions.

Although value and cost containment were clearly prominent drivers among policymakers, when prompted, some of them expressed a willingness to consider adding new shared agreements even if they were not likely to result in cost savings, provided that they would add value to the services offered to their citizens. There was unanimous agreement that in any local sharing agreement subsidizing with tax dollars services in another jurisdiction or raising taxes were two elements that no policymaker was willing to endorse.

The jurisdictions have a long history of working together.

The jurisdictions in this partnership and surrounding counties have a long history of working together that is not unique to public health. There is a strong informal network among the city and county administrators here. There was high participation in the site visit among local policymakers. There was no evidence of a significant sense of regional identity beyond being able to cooperate on discrete, individual programs.

The team has created a sense of ownership in the contracting jurisdiction.

As a result of this contractual agreement, Carson City employees provide environmental health services in Douglas County. It was important to the team that Douglas County stakeholders know the staff members were there to serve them. Therefore, they integrated them into the Douglas County culture by setting up a satellite office in the Douglas County Complex for their use. They gave the partnership a name, the *Regional Public Health Partnership*, and created a logo which they use on their stationery, wear on their clothing and apply magnetically to the cars used for inspections. As a result of this branding, they have created a sense of ownership in Douglas County for the environmental health program and its employees.

LESSONS LEARNED

After 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.

In order to build support for formal sharing projects, it is often important to move incrementally.

About four years ago, Carson City and three surrounding counties — Douglas, Lyon and Storey — considered consolidating into a health district. However, the consolidation was not approved by policymakers and legislators. Site visit participants suggested consolidation would still not have the political support it needs to pass at this time.

However, it is apparent that jurisdictions in the area want to consider new sharing arrangements more limited in scope. Eventually a consolidated district could be feasible, but it would need to happen incrementally.

Site visit participants agreed it would be best to stay with a contractual model for now for new sharing arrangements. By demonstrating value in contractual sharing arrangements and communicating that value in a way that resonates with policymakers, they could build credibility for future sharing.

It is important to be tactical when considering additional arrangements.

As the team moves forward with new sharing arrangements, it will be important for them to think tactically about how public health should function in the future and what incremental steps will get them there. They should look at new sharing arrangements as opportunities to contribute to broader system change that will build capacity to meet current and future health challenges in their communities. Rather than just adding specific discrete services in one or more county one at the time they should think about how the services are developed and delivered throughout the participating jurisdictions, how they connect with other services, how they would be overseen, etc.

When communicating about public health with policymakers, it helps to focus on problem resolution.

While it is important for public health staff to consider broad system change and overall public health improvement, policymakers often have different priorities. They need to fix immediate problems in multiple areas, not just public health. Therefore, in order to convince policymakers about the value of

specific sharing arrangements, it is important to communicate with them about specific and immediate problems and how they can be solved through sharing arrangements.

Sharing arrangements provide an opportunity to strategically communicate with policymakers.

Because there are only three public health departments in Nevada, most jurisdictions in the state don't have a responsibility to provide public health services. Therefore, policymakers are not making public health decisions on a regular basis and are less likely to understand how the public health system should function.

Policymakers often think about public health as a collection of narrow, obligatory services they must fund. Service sharing arrangements provide an opportunity to communicate more frequently with policymakers. Communication should be strategic and should demonstrate the value of public health. Ultimately, communications should lead policymakers into a better understanding of what a robust public health system can accomplish.

This demonstration site has the advantage of having a former public health official serving as a city administrator. Marena Works, former director of CCHHS and the team lead for this demonstration site, is now deputy city manager of Carson City. She could serve as a public health champion among the policymakers.

More contractual sharing arrangements could increase administrative demands on Carson City.

Additional sharing arrangements will bring additional administrative burdens to CCHHS. It will be important to make sure that sharing arrangements fairly split this burden and that it doesn't diminish the capacity of CCHHS to provide services in its own jurisdiction. This is particularly true when considering the option of creating a new health district between Carson City and Douglas County to cover all public health services, an option that is available to these jurisdictions and has been debated among the project team.

Policymakers are concerned with how local funding is used.

Policymakers, in general, are resistant to implementing new local taxes to fund increased services. They are also concerned about using, or being perceived as using, local dollars to subsidize services in other jurisdictions. Policymakers at this site expressed an openness to CJS arrangements that expand public health services, even if there is not an immediately cost savings.

The state could lose public health capacity if sharing arrangements increase.

If sharing arrangements among jurisdictions continue to grow in Nevada, funding and capacity at the state DPBH could decrease, since the state collects fees and other charges from jurisdictions where it provides services and local staff would be providing those services rather than state staff. The state's environmental health program manager attended one of the lunch sessions and shared some of the state's perspective on this.

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

I learned how important it was for our elected officials to participate in the site visit; they felt proud that our project was in their eyes worthy of visitors from out of the area. It gave our CJS project much more validity. Additionally, the insight the visitors provided will help enhance our efforts as we move forward with the tool kit and refining the project implementation.

We all have difficulty describing:

- 1) What is public health? (To the public, to policymakers, and to the legislature)*
- 2) What is the benefit of what we are trying to do by sharing services? “Making the public’s health better and/or making services more efficient are no longer sufficient answers.*

We are going to consider some of the good branding strategies that Regional Public Health Partnership used: Car magnets and possibly t-shirts as uniforms for the environmental health staff.

Nothing replaces a good old face-to-face conversation. The group conversations created dynamic learning opportunities. The individual conversations enabled additional learning and the discovery of additional topics of mutual interest.

I am more open to different shared employee arrangements; even in light of the varied personnel policies among our jurisdictions. I am more open to asking for overt support for our partnership by policymakers.