

## **INTRODUCTION**

The Center for Sharing Public Health Services visited the Shared Services Learning Community site of Cumberland County, Maine CJS on Oct. 14–16, 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 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 Cumberland County, Maine**

Cumberland County, Maine, had a population of 281,674 in 2010. It is the most populous and prosperous of the 16 counties in Maine. It is also the industrial and economic center of Maine. The latest numbers from the U.S. Census Bureau show that 10.7% of persons in Cumberland County live below the federal poverty level.

The largest city in Cumberland County is Portland, which had a population of 66,194 in 2010. In the city of Portland, 18.1% of the population lives below the federal poverty level. The city of Portland experiences more homelessness, drug addiction and other social problems than surrounding towns. On its own initiative, the City of Portland created the only local public health division in Cumberland County to offer public health services to its citizens.

### **About the Cumberland County Maine CJS Project**

In Maine, the state has the funding and authority to provide public health services to its citizens. In Cumberland County, the state retains responsibility for some of those services, such as quarantine. However, other services are contracted out to local partners, such as hospitals, nonprofits or the City of Portland. Consequently, the public health system in Cumberland County is very fragmented and services aren't available in all towns. People in need of some services often must travel to Portland to get them. As a result, the Portland Public Health Division often funds services for people who may not live in their jurisdiction.

The project team would like to develop a more robust public health system in Cumberland County. In order to do so, they are determining where service gaps exist, analyzing options for addressing those gaps and considering sharing arrangements with other cities and townships in the county as a way to reduce those gaps.

## **SITE VISIT**

### **Participants**

The host team included:

- Julie Sullivan, Director, Portland Public Health Division (Team Lead)
- Toho Soma, Health Equity and Research Program Manager, Portland Public Health Division (Communications Coordinator)
- Shane Gallagher, Public Health Systems Program Coordinator, Portland Public Health Division

Visitors from other sites were:

- Nicki Aaker, Director, Carson City Health and Human Services; Carson City – Douglas County, Nevada demonstration site.
- Karyn Johnson, Chief of Community Health at City of Worcester Division of Public Health; Central Massachusetts Regional Public Health Alliance demonstration site.
- Kerry Clark, Program Manager at City of Worcester Division of Public Health; Central Massachusetts Regional Public Health Alliance demonstration site.
- Derek Brindisi, Director of Public Health at City of Worcester Division of Public Health; Central Massachusetts Regional Public Health Alliance demonstration site (via phone).

The following public health officials also participated in the site visit:

- Kathi Fortin, Health Care for the Homeless Program Manager, Portland Public Health Division
- Lori Gramlich, Family Health Program Manager, Portland Public Health Division
- Judy Johnson, Operations Program Manager, Portland Public Health Division
- Becca Matusovich, Cumberland District Liaison, Maine Center for Disease Control and Prevention
- Mike Russell, Environmental Health and Safety Program Manager, Portland Public Health Division
- Bethany Sanborn, Chronic Disease Prevention Program Manager, Portland Public Health Division
- Caroline Teschke, India Street Clinical Services Program Manager, Portland Public Health Division
- Chris Zukas, Deputy Director, Maine Center for Disease Control and Prevention

Key stakeholders also participated:

- Amy Berry, Deputy Chief of Police, City of South Portland
- Michael Brennan, Mayor, City of Portland
- Maureen Booth, Senior Research Associate, USM Muskie School of Public Service
- Jim Budway, Emergency Management Director, Cumberland County
- Nadeen Daniels, Human Resources Specialist, Cumberland County
- Deb Deatrck, Vice President of Community Health, MaineHealth
- Mark Grover, Commissioner – District 3, Cumberland County
- Colleen Hilton, Mayor, City of Westbrook and CEO, VNA Home Health and Hospice, Mercy Hospital
- Deb Howard, Assistant Superintendent, Lakes Region Schools
- Brenda Joly, Assistant Research Professor, USM Muskie School of Public Service
- Anne Lang, Healthy Casco Bay Program Coordinator, City of Portland Public Health
- Sarah Mayberry, Breathe Easy Coalition Program Coordinator, City of Portland Public Health
- Ivan Most, Associate Professor of Public Health, University of New England
- Sara Kahn-Troster, Graduate Student Researcher, USM Muskie School of Public Service
- Tony Plante, Town Manager, Town of Windham
- Melissa Skahan, Vice President of Mission Integration, Mercy Health System
- Peter Stuckey, Representative, 114th District, Maine State Legislature
- Ed Suslovic, City Council – District 3, City of Portland
- Jeff Tiner, Chief Operating Officer, Catholic Charities Maine
- Ted Trainer, Director of Healthy Aging, Southern Maine Agency on Aging
- Paul Weiss, Director, Southern Maine Regional Resource Center

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

- Pat Libbey, Co-Director, Center for Public Health Services Sharing
- Gianfranco Pezzino, Co-Director, Center for Public Health Services Sharing

### **Site Visit Activities**

Center representatives first met with key Portland Public Health Division staff for an overview of public health in Maine overall and in Portland and Cumberland County in particular. This briefing also included a presentation of the Portland Public Health Division's accreditation work. The representatives and project leadership also met with Portland Mayor Michael Brennan to understand the context for and status of the team's CJS efforts from a key policymaker's perspective. They also met with Public Health Division Program Managers and staff from the Maine Center for Disease Control and Prevention to understand operational issues potentially associated with cross-jurisdictional sharing in Cumberland County. The representatives then participated in a large scale meeting that included policymakers from Cumberland County jurisdictions and legislators, state health officials, key stakeholders and others. Findings from previous community forums regarding expansion of public health services through CJS arrangements with other Cumberland County jurisdictions were presented and discussed. The meetings were followed by a windshield tour of the area and a debriefing of the lessons learned through the site visit.

### **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.

#### **Townships in Cumberland County have no obligation to provide public health services**

This project is unique among the demonstration sites in that the cities and townships in Cumberland County have no legal obligation to provide comprehensive public health services to their citizens. Each municipality does have a local health officer. However, their training and scope of services are limited.

#### **The towns generally don't work together as a region**

Each city and township in Cumberland County has its own unique identity. There is some recognition of a Greater Portland Area that encompasses several towns close to Portland, and an identity among the towns surrounding Sebago Lake in the northwest part of the County. However, overall within Cumberland County, the towns have limited experience working collectively on cross-cutting issues.

## **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.

### **It often helps to start with small sharing arrangements.**

Because the cities and townships in Cumberland County don't have a statutory or financial responsibility to provide public health services, and because they don't have an extensive history of working together, it may be difficult to convince all of them to participate in a public health CJS arrangement.

Instead, the Portland Public Health Division may want to start with a limited number of jurisdictions within close proximity to Portland. Once the value of a sharing arrangement has been established with a select few towns, it could be expanded to cover outlying towns, if desired.

### **It is important for prospective partners to find value in the arrangement.**

Because the cities and townships are not under a financial obligation to provide public health services, it will be important to find out which services they will value enough to purchase or support in some other way.

To collect this information, the project team may want to set up individual meetings with town managers or mayors to find out what services are needed. They could come to the meeting prepared with a menu of services that they can offer. The project team could then focus on promoting only those that other townships find valuable.

### **Emphasizing value-adds may help convince other townships to participate.**

The project team could also find out if other issues resonate with neighboring policymakers. For example, is their town reliant on tourist dollars? If so, maybe more consistent restaurant inspections could make their town more attractive to tourists and increase tourism revenues. Because the value proposition may be different in each jurisdiction, the tactics and strategies used to finalize a sharing arrangement may also be different in each jurisdiction.

### **The use of existing forums can be advantageous.**

In Cumberland County, there is a Greater Portland Council of Governments that includes all of the townships and cities. It may be advantageous to bring public health issues to council meetings in order to raise awareness of them.

### **It is important to remember that the state retains authority for most public health services.**

It is important to remember that the state of Maine retains the authority and the budget for most public health services in the state. Before a township could partner with Portland on public health services, it

would have to seek delegated and/or contractual authority for those services from the state. There may be concerns at the state level about handing over control of some programs.

**It may be helpful to find a public health champion.**

One strategy for building policymaker involvement in CJS projects is to enlist key leaders to become public health champions. During the site visit it was apparent that several policymakers were good candidates for this role.

Organizations can also become public health champions. The Portland Chamber of Commerce, for example, could underwrite pilot projects. If successful, the pilot projects could be expanded on a larger scale later using other funding sources.

**The Center's Roadmap can help jurisdictions explore and implement CJS arrangements.**

The Center's *Roadmap to Develop Cross-Jurisdictional Sharing Initiatives* describes three phases to guide jurisdictions through the CJS process: *Explore, Prepare and Plan*, and *Implement and Improve*. The Center staff introduced the Roadmap to the project team. It was helpful for the team to see the two separate and distinct planning processes that need to occur when working on CJS arrangements. In the *Explore* phase, teams focus on conceptual planning and examine *why* sharing would be beneficial, *what* services would be shared, and *who* the partners are that should be involved. It is important to know the answers to those questions before proceeding on to the second phase, *Prepare and Plan*, where teams focus on operational planning, or *how* to share.

The project team recognized they may be focusing on some operational issues from the second phase and that they may need to step back and explore additional conceptual issues from the first phase before proceeding.

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

Soon after the visit, the Center sent out an electronic evaluation. The participants told the Center, via the evaluations, that they learned the following things by participating in the site visit:

*"We learned a more focused way to approach surrounding towns to begin the discussion of which public health services could be offered through a cross-jurisdictional agreement."*

*"Not relying on the County; starting with one town, possibly adding up to 6 others for now."*

*"We will still do a feasibility study, but take a more measured approach and bring in other partners we didn't plan on initially."*

*"I learned a great deal during the site visit that included suggestions for the PHAB process and Pat and Gianfranco had helpful suggestions and recommendations as we continue to move toward accreditation and enhance our regional efforts."*

*"We really honed down our next steps and know what tools the Center has to support us."*

*"Learning from the peer site visitors about their approach, including setbacks and how they overcame them."*

*"Get as much participation as you can from within the health department and from external partners."*

*"Thank you. The timing was great because we were at a critical juncture."*