A Discussion Guide for Exploring Public Health Governance and Structure Change

A Product of the SCHSAC Blueprint for Successful Local Health Departments Work Group

December 11, 2009

The decision to change local public health governance or organizational structure is ultimately a policy change. As such, a thoughtful and comprehensive process for exploring change is needed to inform local decision making.

The purpose of this discussion guide is to assist local elected officials who are considering making a change to the governance and/or organizational structure of the public health department in their jurisdiction. The processes outlined in this document may also be useful to local governments that wish to periodically and proactively review their current public health structure and governance to ensure continued strength.

This discussion guide suggests processes to use in exploring the feasibility and impact of changes on public health. The SCHSAC Blueprint for Successful Local Health Departments Work Group approached this issue from a desire to keep public health departments vibrant and successful no matter how they are locally organized. This discussion guide does not suggest an “ideal” model for governance or structure, nor does it endorse any particular way of delivering public health services.

It should be noted that what is described herein is actually the second step in a larger assessment process. The first step is for local jurisdictions to understand their existing structure and governance and evaluate how well it is currently meeting local identified public health goals and objectives. The Blueprint work group is currently identifying useful evaluation tools and will share information about any promising tools in a forthcoming companion document.

Processes for Exploring Change

The issues that cities and counties in Minnesota face with respect to local governance and structure are not unique to public health or to Minnesota. Two recent Minnesota reports on providing correctional services and social services at the county level touched on these issues, as did a 2009 report by the National Association for Local Boards of Health (NALBOH). These reports include complementary processes for local discussion and decision making, and are summarized below.

As a starting point, the NALBOH report “A Guide for Local Boards of Health Considering the Feasibility of a Consolidation of Independent Local Public Health Jurisdictions” (2009) recommends identifying a contact person whose main responsibility will be to communicate with all of the stakeholders throughout the process, because “the key to the success of any proposed [change] is the communication process. All parties need to have the same information in order to make rational decisions.”

The Minnesota Department of Corrections (DOC), with input from county corrections leaders, recently released a guidebook for Minnesota counties on “The Delivery Systems Change Process” (2008). The guidebook recommends steps for local elected officials to undertake (with the assistance of county staff and other experts) when considering and implementing a change. While correctional services are quite
different from public health, they have many structure and governance challenges in common. The steps recommended in the corrections guidebook are summarized in Figure 1.

**Figure 1. Steps for considering and implementing change**
The decision makers may not perform the work to accomplish these steps, but provide approval, oversight, and guidance:

1. Form an advisory group of key policymakers;
2. Get critical input from key staff and advisory people as well as other counties;
3. **Complete a policy analysis on the impact of a change**;
4. Compare various models of public health department organization;
5. Determine whether a change in the system will make a significant difference;
6. Determine the structure and organization of the new department;
7. Support and take care of staff during organizational change;
8. Dedicate the necessary resources for the project planning and implementation.

Figure 1: Adapted from “The Delivery Systems Change Process” (2008), Minnesota Department of Corrections.

Similarly, the aforementioned NALBOH report recommends “steps to consider”, including convening a joint feasibility committee (to include representatives of each board of health and other elected governing bodies to oversee the feasibility study); engaging elected officials early to identify challenges; identifying community resources to assist in undertaking the study; and considering engaging a neutral “third party” to carry out the feasibility study.

Additionally, a report by the Minnesota Association of County Social Service Administrators (MACSSA) “Exploring Voluntary Human Services Multi-County Collaboration: Guidelines for Counties to Consider” (2008), offers a simple but analogous process. Since the MACSSA approach was developed by and for local policymakers in Minnesota, it seems particularly applicable to the issue at hand. This four step process for analyzing change is outlined in Figure 2 and explained in detail below.

**Figure 2. Process for analyzing change**

1. **Define the issues**: be clear and explicit about the reason(s) a change is being considered.
2. **Gather data**: is there data to support making this change?
3. **Develop potential solutions**: consider more than one solution to the stated issue.
4. **Identify evaluation criteria**: identify specific criteria to be used in evaluating the merits of each potential solution.

Figure 2: Adapted from “Exploring Voluntary Human Services Multi-County Collaboration: Guidelines for Counties to Consider” (2008), Minnesota Association of County Social Services Administrators (MACSSA).

**Process for Analyzing Change**

**Step 1: Define the issues**

*What is prompting the city/county to consider a change?* It is important to be clear and explicit about the reasons for the change, because doing so allows for better evaluation of whether or not the change is likely to bring about the desired outcomes. Clearly stating and understanding the reasons for change will be helpful in thinking through any possible drawbacks or consequences.
Through their discussions, the Blueprint work group has generated a list of factors, or “common reasons” that might precipitate considering a change to the way public health is delivered. While this list is not comprehensive, it can provide a starting point for many discussions.

**Common reasons for considering a structural or governance change (may be actual or perceived):**

- Reduce costs
- Increase efficiency
- Eliminate duplication
- Streamline service delivery
- Improve quality of services
- Increase capacity to respond to traditional and emerging health threats
- Improve ability to meet performance standards
- Address workforce issues
- Address changes in jurisdiction population size and demographics

**Step 2: Gather data**

*What data or evidence exists to support the reason(s) identified for change?* Try to gather data that is relevant to the issue(s) defined in the previous step. For example, if financial constraints are driving the need for change, a careful study of the public health budget and expenditures, and a comparison with other city/county department budgets should be undertaken.

Learning from other cities/counties provides an important source of evidence. It is a good idea to talk with jurisdictions that have made changes to their structure or governance, as well as those that considered making a change, but decided against it.

Another strategy is to consider contacting content and governance experts for assistance, such as the Minnesota Department of Health - Office of Public Health Practice, the Association of Minnesota Counties (AMC), the Local Public Health Association (LPHA), the National Association of Local Boards of Health (NALBOH) or others. Such organizations may be able to provide important sources of data, contacts or resources. Contact information for these organizations is listed in the appendix.

**Step 3: Develop potential solutions**

*Once the reasons for seeking change have been clearly articulated and supported with data, then policymakers can turn their attention to generating possible solutions.* For example, by talking with a variety of other counties that operate in similar and different structures and governances (as outlined in the previous step) additional options may arise. While it is important to be realistic about what is feasible, it is also important not to hastily disregard any and all possible solutions.

If a workable solution has been identified after a thoughtful and thorough process of defining the issue, gathering data and developing other potential solutions then local policymakers will be ready to proceed to the next step: **identify evaluation criteria.** However, if a solution was selected before working through steps 1, 2, and 3 (above) it will still be valuable to go back and work through that process. Working through the four-step Process for Analyzing Change will better position policymakers to evaluate their success. It is important to note that other, better solutions may yet be developed by working though the process; solutions which may better serve the community.
Step 4: Identify evaluation criteria
Identifying evaluation criteria means identifying the outcomes that are being sought. It allows for examination of the relative merits of each of the different potential solutions identified in the previous step. The evaluation criteria selected should also directly relate to the reasons for change defined in the first step. For example, evaluation criteria could include (but are not limited to):

- Feasibility
- Sustainability
- Time
- Cost benefit
- Improvements to performance or quality

An additional method for selecting the solution is to engage the advisory group (referenced in Figure 1, step 1) in thinking through the pro’s and con’s of each potential solution in relation to the city/county’s mission, vision and goals; as well as thinking through the priorities and responsibilities, authorities, and mandates of the local public health department.

Discussion Questions

To help facilitate the exploration of structure and governance change and its impact on public health, the work group developed a series of discussion questions for local policy makers. It includes questions applicable to all public health structures, plus additional questions for policymakers considering combining into a multi-county CHB, splitting into a single-county CHB, combining departments within a jurisdiction, or contracting out for public health services.

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<tr>
<th>DISCUSSION QUESTIONS</th>
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<td><strong>For all structures</strong></td>
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<tr>
<td>Would the proposed organizational structure support the population-based, primary prevention approach of public health?</td>
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<td>What effect might the proposed change have on the ability of the organization to fulfill mandated population-based public health responsibilities? How will those mandates be met under a new structure?</td>
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<td>How will the proposed change affect the community health assessment, prioritization and planning process, including gathering public input and filing reports (as required in statute)?</td>
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<td>DISCUSSION QUESTIONS</td>
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<td>Who will explain, discuss and recommend public health policy to the board?</td>
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<td>How will qualified public health staff be involved to address public health policy issues?</td>
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<td>How might the proposed change affect the existing “state-local partnership” model that exists between MDH and local governments?</td>
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<td>How will the organization apply for public health grants? Who will write the grants?</td>
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<td>How will the proposed change affect the management structure? Will the top public health manager be in a position of sufficient authority to allow for effective responses to public health issues? Will that person have the authority to put forward the jurisdiction’s position in discussions with MDH?</td>
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<td>What are the skills, background and training of the director who will oversee public health (e.g., the person who will have budgeting, staffing and the authority to recommend public health policy to the board)?</td>
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<td>What natural collaborations and partnerships are already occurring (e.g., with other counties or between public health and other county/city programs)?</td>
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<td>What steps will be taken to foster and support the change and any resulting transitions?</td>
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<td>DISCUSSION QUESTIONS</td>
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<td><strong>What is the population size served by your jurisdiction?</strong></td>
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<td><strong>What impact might the proposed change have on the ability of the CHB to become accredited in the future?</strong></td>
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<td><strong>For combining into a multi-county CHB</strong></td>
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<td>How will services be provided in each county? What measures will be put in place to ensure equitable distribution of resources, and what does equitable mean for those counties? Will all services be provided at a multi-county level, or will some be specific to a particular county?</td>
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<tr>
<td>What are potential disadvantages of combining into a larger jurisdiction? How might these challenges be addressed in the planning phase of the transition?</td>
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<tr>
<td>Does this structure take into consideration natural partnerships that have developed between counties?</td>
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<td>How will the hiring and supervision of staff be conducted? How will the budget process work?</td>
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<td>How will the joint powers be developed and enforced?</td>
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<tr>
<td><strong>For separating from a multi-county CHB</strong></td>
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<tr>
<td>How will services be provided in the county? How will continuity of services be assured? Will any services continue to be provided through collaboration or by another county?</td>
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DISCUSSION QUESTIONS

How will funding be affected? How will combined funds be divided?

What are the potential disadvantages of becoming a smaller jurisdiction? How might these challenges be addressed in the planning phase of a transition?

How will relationships and collaborations be maintained, established or reestablished?

For combining departments within a county/city

How do the missions of the departments being combined align? How will the mission of public health be maintained? Is the public health mission aligned with the mission of the reorganized entity?

Understanding the difference between missions will help explain the tension and competition for approaches and resources. Understanding the differences between primary, secondary and tertiary prevention will also be important.

Is one department likely to emerge as dominant due to budget size, immediacy of need, public engagement or other factors? What mechanisms will be put into place to ensure that the other functions within the department are visible and “have a voice”?

Many of the Essential Local Public Health Activities (ELAs) are carried out by PHNs around the state. Many LHDs already report difficulty in recruiting and maintaining their PHN staff with future nursing shortages projected. Offering lower wages for nurses may compromise a county’s ability to meet the public health mandates and ELAs.

If the change involves combining with social services, will the merit system of employee pay hinder the county ability to offer competitive wages for nurses?

Will you continue to employ a public health director, and what will their required qualifications be?

The literature in this area suggests that the educational background and professional experience of local public health directors and administrators is an important predictor of local health department performance.

What lines of authority are necessary to assure public health core functions are maintained in the jurisdiction?

What is the title of the lead public worker? Is it director, manager, supervisor? How does that impact public health’s presence with the board?
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<td>If your county restructures, what will happen to existing public health staff?</td>
<td>Are there retirement or union contract issues? Are the personnel practices of the two departments the same? If not, how do they differ? Are there differences in wage scales?</td>
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<td>For restructuring involving contracting out public health services</td>
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<tr>
<td>What is the mission of the contracting organization? How does that mission fit with the population-based, primary prevention mission of public health? How will the mission of public health be maintained?</td>
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<td>How will the board assure that all requirements are met?</td>
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<td>Is the service area of the hospital (or other contractor) the same as the city/county? If not, will public health services be delivered beyond the county border if the hospital service area is broader?</td>
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<td>Will organizational affiliations affect public health service delivery (e.g., religious affiliation affecting the provision of family planning services)?</td>
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<td>Who makes up the board of directors of the hospital or contracting organization?</td>
<td>What impact might this have on the provision of public health services? Given that organizations select their own boards, what responsibilities will elected officials assume and how?</td>
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<tr>
<td>Are there data practice issues if the agency collecting the data is a public hospital? A private hospital?</td>
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APPENDIX

References


Blueprint Work Group Membership

Larry Kittelson, Chair Mid-State CHB
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Contact Information for Assistance Organizations

Association of Minnesota Counties
Phone: 651-224-3344
Web: http://www.mncounties.org/

Local Public Health Association of Minnesota
Phone: 651-789-4354
Web: http://www.lpha-mn.org/

Minnesota Department of Health, Office of Public Health Practice
Phone: 651-201-3880
Web: http://www.health.state.mn.us/divs/cfh/ophp/index.html

National Association of Local Boards of Health
Phone: 419-353-7714
Web: http://nalboh.org