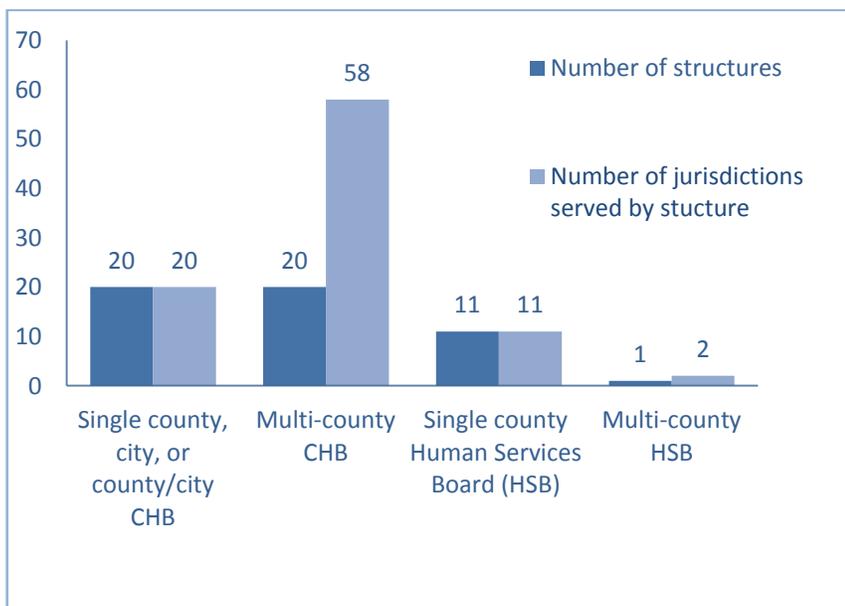


Over the past decade, several counties and community health boards have made changes to their public health organizational and governance structures, and more changes are being considered as local elected officials look for ways to address significant budget concerns, create efficiencies, and anticipate the retirements of public health leaders. In 2009, the State Community Health Services Advisory Committee (SCHSAC) convened a work group to investigate an apparent increase in changes to the governance and organizational structures at the local level, revisit the foundations underpinning the local public health system, and update the blueprint for strong and successful local health departments (LHDs).

Figure 1. Governance structures for local public health services, Minnesota, February, 2011.



To inform this discussion, the Minnesota Public Health Research to Action Network¹ conducted surveys to gather information on current structures, and the governance and organizational changes under discussion. Local public health directors served as key informants on the organizational structure of LHDs. Community health services (CHS) administrators served as key informants on the governance structures of local

At a Glance

Between May 2009 and May 2010, 28% of county boards, and 28% of community health boards (CHBs) considered, proposed or decided to change their organizational or governance structure.

Almost all attention to organizational structure focused on merging with another department or division of government, and most attention on governance structure addressed adding a jurisdiction to a CHB or organizing under Statute Chapter 402 so that the Human Services Board (HSB) serves as the CHB.

Most local health directors and CHS administrators in organizations affected by potential changes reported having a role with elected officials by providing information, tools, guidance, and/or recommendations.

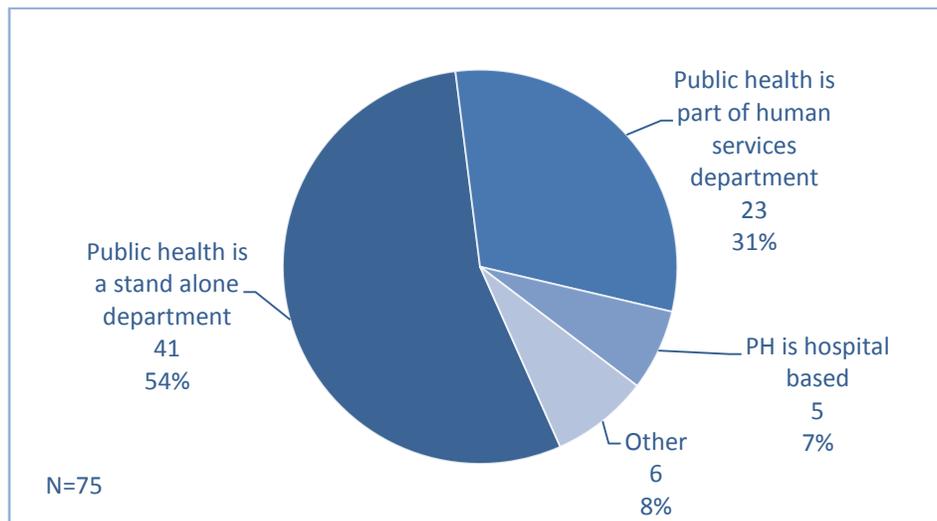
Some top public health officials expressed satisfaction with current structures, whereas others identified limitations with current structures or concerns about the motivation for changing structures.

public health services, and health and human service directors were asked how MDH could help them succeed in their role as a top local public health official in Minnesota’s state/local public health partnership. This brief presents findings from the survey, alongside SCHSAC recommendations accepted by the Commissioner of Health in December, 2010.

Current local public health structures

Minnesota state statute provides local jurisdictions with considerable discretion in the governance and organization of local public health services. All jurisdictions in Minnesota provide public health through the oversight of a CHB. As shown in Figure 1, substantially more counties are served by a multi-county CHB than any other type of governance structure. Two thirds of counties (n=60, 69%) are members of a multi-county CHB, with 27 remaining counties (and 4 cities) served by a single county/city CHB. In approximately one-third of the single county/city CHBs (n=11, 35%), and in 1 multi-county CHB, a human services board (HSB) assumes the duties of the CHB.²

Figure 2. Organizational structure of Minnesota local health departments, as reported by Minnesota local public health directors, May, 2010



More than half of Minnesota’s 75 local health departments (LHDs) are “standalone” organizations (See Figure 2). Nearly one-quarter (n=23, 30%) operate jointly or independently within a department of human services, and an additional five health departments are hospital-based (i.e., the CHB contracts for public health services with a hospital). Health departments classified as “other” include 4 LHDs organized within a broader department other than human services (e.g., Community Services Department or Emergency Management and Land and Water Department) and 2 LHDs represented by a director who responded on the survey that the organization was in the midst of change and difficult to classify.

The relationship and lines of authority between local public health directors, human service directors, and elected officials are highly variable and difficult to characterize in a standardized way at this time. In many cases, two separate positions oversee public health services and social services, and both report directly to elected officials (e.g., a county board, CHB, and/or HSB).

Alternatively, a public health director may report to a human services director, who reports to the board; or a public health director may report to a human services director, and also report to boards and/or administrators (e.g., I report to the human services director, however I am appointed by the county board and also report to the board.)

Open-ended comments reflect the range of experience within the variety of structures in place across the state. Some respondents highlighted advantages or strengths of a current organizational structure

I would like to emphasize the value of having health and human services incorporated in the same organization. ...having the ability to develop or coordinate services that cross over between the two disciplines has been very important and effective.

Others suggested that current organizational structure does not confer the local public health director sufficient authority or board access. For example:

We need to look at a slightly different structure to assure that public health will be given the authority that it needs

Respondents also voiced concern about combining agencies with different missions, a lack of clarity among local elected officials and other department heads about public health functions and roles, and motivations for change.

When pointedly asked how MDH can contribute to the success of combined health and human service departments, health and human services directors consistently emphasized communication and “coming together” to learn from one another (e.g., *[We need more] leadership gatherings to assess where the current system is and where it needs to go...*).

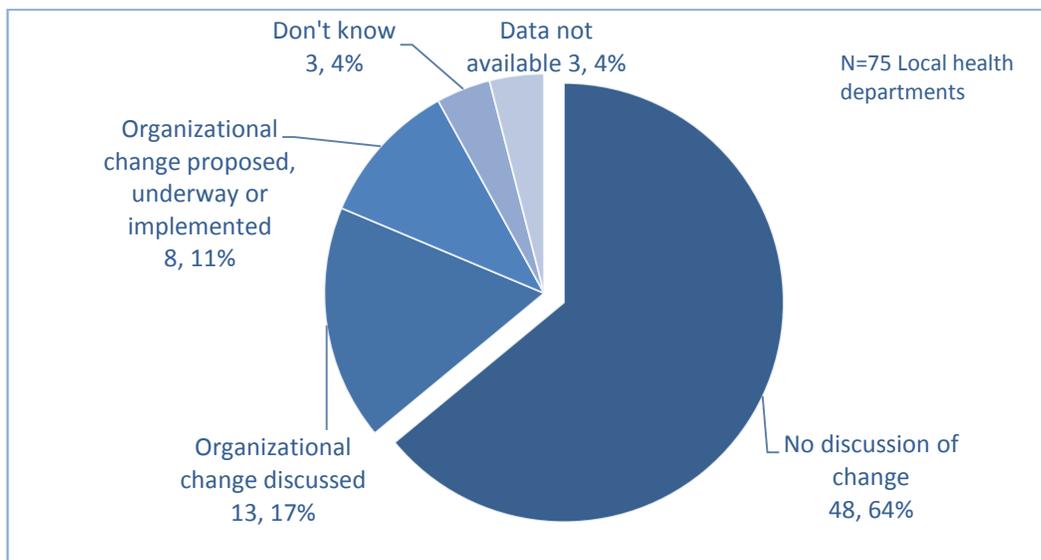
In *Updating Minnesota’s Blueprint for Health*, SCHSAC emphasized that structures exert an important influence on relationships and authorities, and may influence exercise of public health leadership and timely decision making. SCHSAC recommends that CHBs ensure direct communication with local public health leadership in the jurisdiction (i.e., the CHS administrator and/or local public health director).³

Organizational changes to Minnesota local public health departments

Although most local health directors reported that there has been no discussion of organizational change to local public health by a county board or city council in the past year, more than one in four local public health directors (n=21, 28%), reported such discussion (See Figure 3).

In more than half of these cases, discussions had not yet led to a proposal for change, or discussions ended with a decision not to proceed with change (n=13). Seven public health directors, representing 10% of all Minnesota local public health departments, reported that a decision was made in the past year to change the organizational structure of their LHD.

Figure 3: Status of organizational changes that would affect local health departments, as reported by local public health directors, May, 2010



The 21 local public health directors who responded that an organizational change had been discussed, proposed or decided, were then asked to identify the type of potential change. Respondents were directed to include any change that had been discussed or proposed by the county board or city council in the previous year, even if the board or council decided not to implement the change or the change hasn't been implemented yet.

Almost all of the potential, pending or completed organizational changes identified by 21 public health directors are mergers (n=19, 86%); human, social and/or family services identified most often as the other entity involved in the merger (n=14). Only one separation was mentioned; and the remaining two changes under discussion are the restructuring of a Joint Powers Agreement, and restructuring to contract out public health services.

Almost all of these health directors (n=17, 81%) identified one or more roles interacting directly with the CHB on organizational change: More than half (52%) have provided information, five (22%) have provided recommendations and guidance (22%), and eight (38%) have used or recommended using the SCHSAC document entitled *A Discussion Guide for Exploring Public Health Governance and Structure Change*.⁴ In addition to the local health directors who have assumed a role with the CHB on organizational change, others have played a more indirect role by providing information to superiors or participating on work teams or taskforces that will inform the CHB.

Although considerable discussion and action has been directed toward “merging,” one local health director explained another approach:

The [directors] work quite cooperatively. We have monthly meetings together with [corrections and county administration]. We regularly confer and cooperate on the best way to manage services that impact both Departments. Organizational changes are sometimes made without "merging" entire Department.

Similarly, other comments referenced *shared leadership* and integration *along a continuum*.

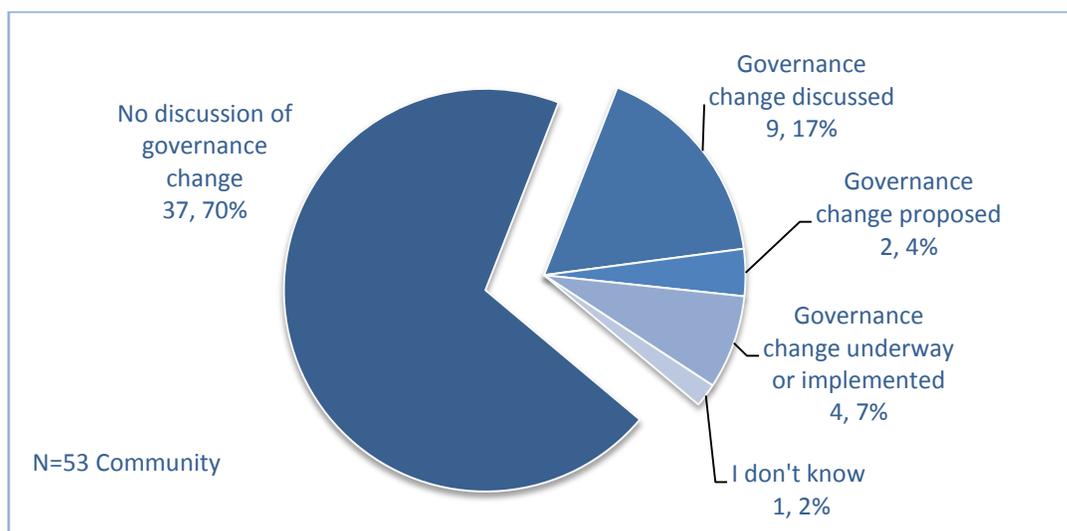
Multiple open-ended comments directly linked discussion of organizational change to a retirement. For example:

Due to a retirement of our human services director, the county board considered combining public health and human services but decided not to do so. They felt like the departments are cost effectively working well in the current organizational arrangement. They also felt that the dedicated leadership in each department area was necessary for maintaining high quality services at the local level for constituents.

Governance changes to Minnesota Community Health Boards

As shown in Figure 4, more than one-quarter of CHS Administrators reported that their CHBs have considered, proposed and/or made a change to their current governance structure in the past year (n=15, 28%). These changes included adding or losing a jurisdiction (n=5 and 1, respectively), and organizing under Statute Chapter 402 so that the HSB serves as the CHB (n=5). Three additional changes under discussion focused on establishing a Health and Human Service Authority, creating a new joint powers entity, and changing a city charter.

Figure 4: Status of governance changes that would affect Minnesota community health boards, as reported by Minnesota community health services (CHS) administrators, May, 2010



Among the 15 CHS Administrators who reported that change was under consideration or underway by the CHB, all but one reported having a role in discussion and/or decision making with the CHB. Most said they had performed multiple roles, such as providing information to the CHB (n=7, 47%), providing guidance and recommendations to the CHB (n=9, 60%), and/or using or suggesting that the CHB use A Discussion Guide for Exploring Public Health Governance and Structure Change (n=5, 33%).

Open ended comments underscore the substantial staff time and attention that has been directed toward change or potential changes to public health governance structures. Some CHS administrators attend human service re-design meetings, even when governance changes have not been discussed formally at CHB meetings. Others have been affected by governance change discussion and action in prior years, or have contributed to governance change discussions outside of CHB meetings.

Nothing has happened in the past year, but during my time here (12 years) there has been 3 discussions of an HSB. Each time it was decided to not proceed.

Updating the Blueprint for Public Health in Minnesota

Several findings reported here underscore the relevant and timeliness of recent SCHSAC recommendations, including:

- Regardless of the governance structure, CHBs should ensure direct communication with local public health leadership (i.e., the CHS administrator and/or local public health director) in the jurisdiction.
- CHS administrators should have the following authorities:
 - Sufficient and regular access to the CHB and county boards (or city councils) to provide regular updates and give needed input on matters pertaining to public health; and
 - The authority to oversee the development and execution of the budget for funds or resources going through the CHB.
- To ensure that public health has a strong presence in the ongoing local government redesign discussions (e.g., human services redesign), local public health and MDH should seek opportunities to contribute ideas and comprehensive options as they relate to public health.
- CHBs should regularly evaluate their governance structures to make certain that it is meeting the community's needs. This type of evaluation should always precede decision of governance changes. The "Discussion Guide for Exploring Public Health Governance and Structure Change" is recommended as a resource.

- CHS administrators ideally should actively engage in succession planning, specifically for the CHS administration role, but also for other leadership positions within the CHB and LHD.

Moving forward

The types of organizational and governance structures for public health vary widely around the state. Many local health departments and community health boards in Minnesota are discussing or deciding to introduce changes to these structures. Others have recently completed a change and some may do so in the future.

In the midst of an apparent increase in structural changes, SCHSAC has called for governing structures that are vibrant, responsive to changes, and grounded in Minnesota's foundations for public health. Whether single or multi-county, or whether CHB or HSB, all structures for public health must remain steadfast in a commitment to improve population health outcomes for Minnesotans.

This study suggests several actions that practitioners, policymakers, and researchers can pursue together to help strengthen local public health governance and organization in Minnesota. For example:

- assure that all local public health directors and CHS administrators contribute to discussions related to local public health structure and structure change;
- use the discussion guide developed by SCHSAC to assist local elected officials who are considering a change to local public health governance or organization. Many – but not all – local health directors and administrators affected by an organizational change under discussion reported using or recommending this resource;
- assess the impacts of structure change on performance, cost and other factors of interest;
- anticipate scrutiny related to local public health structures. Open-ended comments suggest that local discussions of structure recur periodically. Proactive development of measures and objectives as part of on-going performance improvement activities could inform discussions;
- plan for new leadership. Multiple open-ended comments also linked discussion of structure change to retirement of a top official. Succession planning may help to assure strong public health systems and organizations despite changes in leadership; and
- establish and use standard definitions to clarify terminology related to structure and authority (e.g., standalone health department, and reporting to a board).

About the Research to Action Network

For more information on this issue brief or the Minnesota Public Health Research to Action Network, contact Kim Gearin at kim.gearin@state.mn.us or 651-201-3884.

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Endnotes

¹ Members of the Minnesota Public Health Research Action Network include Minnesota Local Public Health Association (LPHA), State Community Health Services Advisory Committee (SCHSAC), University of Minnesota School of Public Health (SPH) and Minnesota Department of Health (MDH). For more information, contact Kim Gearin at kim.gearin@state.mn.us.

² For counties that are authorized to provide Human Services under Statute Chapter 402 their Human Services Board (HSB) serves as the CHB.

³ State Community Health Services Advisory Committee. (December, 2010). Updating Minnesota’s blueprint for public health. St. Paul: MDH. Available at: <http://www.health.state.mn.us>.

⁴ State Community Health Services Advisory Committee. (December, 2010). A discussion guide for exploring public health governance and structure change. St. Paul: MDH. Available at: <http://www.health.state.mn.us>.