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icma.org/pm: online and mobile accessible
The trouble with having high ethical standards is that sometimes they get in the way of doing what’s in your personal self-interest. Consider these two scenarios encountered by ICMA members working for local governments.

Manning the Helm
Following months of public discussion about the failure of the organization to deliver on key initiatives and criticism of the manager’s leadership, the city council voted to terminate the manager. The assistant city manager understands that this is entirely the council’s call, but is totally demoralized by what she views as an unfair and arbitrary decision.

This manager, who recruited the assistant to join the city less than a year ago, has been an innovative and effective leader. If the manager who hired her gets fired and she doesn’t support the council’s decision, is it appropriate for this assistant to start searching for a new organization now?

Challenging times call for professionals to demonstrate commitment to the organization and to exercise leadership. During this difficult time of transition, the assistant’s talents and leadership are needed to encourage and support the staff and to ensure that services and organizational momentum are maintained.

All members of ICMA commit to serve a minimum of two years in a local government in order to make a professional contribution. This standard is outlined in Tenet 4 of the ICMA Code of Ethics, which states: “Recognize that the chief function of local government at all times is to serve the best interests of all of the people.”

Exceptions to the two-year guideline are limited to these special circumstances: a person is asked to leave by the appointing authority; the appointing authority doesn’t honor conditions of employment; or severe personal problems arise.

The ICMA Committee on Professional Conduct advises that the two-year tenure may be waived where there has been an agreement reached during the hiring process. This agreement between a manager and a member in transition,
department head, or an assistant can include the fact that the individual may leave before the end of the two years for career advancement purposes. In this situation, there must also be no pattern of short tenures for the waiver to apply.

The assistant may not agree with the decision of the council, but she should respect their role and fulfill hers. Once she completes her two-year tenure, she can then assess her future with the organization.

The Counteroffer

After several years of playing a lead role on economic development and community-building efforts, the assistant village manager was looking outside the organization for the next challenge.

He found it as the assistant manager for a much larger county in a neighboring state. He negotiated with the county manager, signed an offer letter, and submitted his resignation to his current employer. News of his planned departure sparked expressions of overwhelming gratitude by business leaders in the community, activists, staff, and elected officials for his contributions to the village. Most expressed their dismay at the news. The assistant was surprised by the response and started to reassess his motives for leaving.

During a heartfelt talk with the village manager about life balance and career tracks, the manager asked the assistant to reconsider. The manager then offered him a promotion to deputy village manager and more pay.

The assistant was conflicted because he had great affection for the community. Would there be any ethical issues if he withdrew his acceptance of the county offer to remain with the village?

With regard to the ICMA Code of Ethics, it’s clear that this assistant has an ethical obligation to reject the counteroffer and fulfill his commitment to the county. Tenet 3 and the guideline on appointment commitment address this situation: “Be dedicated to the highest ideals of honor and integrity in all public and personal relationships in order that the member may merit the respect and confidence of the elected officials, of other officials and employees, and of the public.”

The guideline on appointment commitment under Tenet 3 states that even a verbal acceptance of a bona fide offer is binding. Consider the harm a last-minute withdrawal causes to the other organiz-
WHAT’S THE BEST MANAGEMENT ADVICE YOU HAVE EVER RECEIVED?

LAUREN PALMER, ICMA-CM
City Administrator
Parkville, Missouri
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There are many great mentors in the profession, so it is hard to pick just one piece of advice. ICMA Life Member Orville Powell taught me to adopt the attitude of managing for respect rather than popularity.

Managing for respect means staying professional at all times, even when taking positions that are bound to cause some disappointment. I may not have everyone’s support, but I strive to earn respect and maintain healthy working relationships, in spite of disagreements.

Along that same vein, I have been advised more than once to understand and adhere to the ICMA Code of Ethics. That wisdom has protected me from many potential pitfalls.

JAMES HUNT
City Manager
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Earlier in my career, I was appointed city administrator with managerial authority. Despite my diligence to research the city’s political history prior to accepting the position, I found myself positioned as a fulcrum in a conflicted council where bad blood flowed back more than a generation.

Actions by the mayor repeatedly violated the city code; the city attorney failed to act; and after a city council election when the balance of power switched from a minority to a majority, I found myself (and my wife) embattled and alone.

I contacted a fellow city administrator and asked his advice, who wisely told me, “At all costs, stay above the fray, both personally and professionally. Do not succumb to the temptation to respond in kind. Remember the ICMA Code of Ethics.”

I suffered emotionally, professionally, physically, and financially due to the untrained actions of that council. My management colleague’s advice, though difficult at times to adhere to, ultimately preserved my dignity and reputation and also served as experience to aid others in similar situations.

LAURA HANNAH, ICMA-CM
Manager in Transition
Golf, Florida
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I’ve had several mentors over the years, and I walked away with one piece of advice from each:

• Be empathetic. When you are faced with firing someone, it’s not just an employee you’re firing—you are also firing the individual’s family.
• Don’t expect someone to do something you aren’t willing to do yourself.
• Build your team with people who possess strengths you lack.
• Don’t make any changes for the first six months. Analyze, reflect, prepare, and then execute a plan for change.

I reflect on these thoughts with warm memories and can still envision each of my mentors making these statements! ~RM
IMPROVE POLICE/COMMUNITY RELATIONS

This Knowledge Network article explains three ways that managers can support the police department and also serve as an advocate for the community.

icma.org/3ways_to_improve

EMPLOYEE SELF-APPRAISAL FORM

A popular document at the Knowledge Network, this sample self-appraisal form is designed to help members record information regarding their job performance and to assist in obtaining a more comprehensive performance assessment.

icma.org/self_appraisal_form

EMPLOYEE CELLPHONE ALLOWANCE

If your local government is working on a cellphone policy, or you would like to know how other local governments have pursued this objective, check out these assembled resources.

icma.org/cellphonepolicy

COMPENSATION AND SALARIES 2014

ICMA members who missed seeing results of ICMA’s 2014 CAO Salary and Compensation Survey still have premium access to detailed results, including salaries, employment agreements, severance pay, vacation, sick leave, retirement, and other benefits.

icma.org/compensation2014
Despite a tremendous diversity in how emergency medical services (EMS) are provided in communities around the country, most U.S. EMS systems remain focused on responding quickly to serious accidents and critical emergencies, even though patients increasingly call 911 for less severe or chronic health problems.

Reimbursement schemes have also failed to adjust, as most EMS agencies receive payment from insurers based largely on transportation to the hospital, rather than the health care services provided.

Simply put, the existing EMS response model has failed to evolve as community needs for emergent and non-emergent health care delivery have changed. Recent efforts in health care to improve quality and reduce costs, including the Affordable Care Act, pose significant challenges to the existing EMS response model.

Health care payers have become increasingly unwilling to reimburse for services that fail to prove their value. As a consequence, EMS agencies will soon be required to demonstrate their worth like never before. At the same time, local governments continue to confront the economic realities of stagnant and even shrinking budgets.

Collaborating to reduce costs and improve care

By Jay Fitch and Steve Knight

TAKEAWAYS
› A growing percentage of EMS responses are for non-emergent issues that do not require a rapid response or immediate transport to an emergency department.
› EMS agencies must prepare for a shift away from fee-for-service reimbursement toward fee-for-quality and value-based purchasing.
› Changes in the U.S. health care system are providing opportunities for EMS agencies to enter partnerships with public and private members of the health care continuum and provide innovative community health services.
Despite a tremendous diversity in how emergency medical services (EMS) are provided in communities around the country, most U.S. EMS systems remain focused on responding quickly to serious accidents and critical emergencies, even though patients increasingly call 911 for less severe or chronic health problems.

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URBAN AND SUBURBAN COMMUNITIES HAVE BEGUN TO EXPERIMENT WITH A NEW TYPE OF COMMUNITY PARAMEDICINE, WHICH SOME ARE NOW CALLING MOBILE INTEGRATED HEALTH CARE.

It's critical for city and county managers to know that despite these challenges, the changing health care landscape also presents opportunities for EMS systems to evolve from a reactive to a proactive model of health care delivery—one that better meets the needs of their communities by preventing unnecessary ambulance transports, reducing emergency department visits, and providing better care at a lower cost.

Health Care Reform
Triple Aim. During the past decade, economists and policymakers have largely abandoned the belief that better health outcomes could only be achieved through increased spending. Instead, changes to the health care system, including some of those created by the Affordable Care Act, are now based on the Institute for Healthcare Improvement’s Triple Aim Initiative, which suggests that it is possible to simultaneously improve the patient experience, reduce health care costs, and improve the population’s health.¹

Fee for quality versus fee for service and value-based payments. Currently, most of health care works like a restaurant menu: The more you order, the more you (or your insurer) pay. Unlike a restaurant, however, consumers often don’t know whether the services are any good, are often ignorant of the costs, and sometimes aren’t aware that other options exist.

If they are treated but get sick again a few days later, their physician or the hospital treats them a second time and charges for the second visit—in some ways, making more money because their initial efforts were unsuccessful, whether or not that failure was preventable.

In a fee-for-quality model, the goal instead is to reward providers and hospitals who keep patients healthy by treating problems efficiently and effectively. There are different combinations of these two models, but the current health care system still relies heavily on fee for service.

One example of Medicare’s attempt to tie reimbursement to quality is the penalties that hospitals face for high rates of readmission for certain conditions. In the past, when a pneumonia patient who was sent home from the hospital returned two weeks later, the hospital could bill in full for treating the patient a second time.

Now, in an effort to encourage hospitals to ensure the patient is able to remain healthy once he or she leaves the building, that return visit will also result in a financial penalty. The hope is that hospitals will now spend more time making sure that patients are prepared to go home, by providing adequate discharge instructions and ensuring such proper follow-up care as doctor’s visits, prescription medications, rehab, and home health.

While the impact of these changes on EMS remains unclear, the head of the U.S. Centers for Medicare and Medicaid Services (CMS; CMS.gov) has publicly stated that the goal is to shift the pay-ment system to a largely fee-for-quality model.

That will impact EMS indirectly as hospitals and other health care providers shift their focus from volume to achieving certain metrics, and possibly also directly if CMS adjusts payments for emergency medical services to include quality metrics or value-based purchasing.

Rise of Mobile Integrated Health Care
The concept of community paramedicine—employing EMS providers to provide a broader array of services and focus on prevention and primary care—is not a new one, but it has gained renewed focus in recent years, thanks in large part to the advent of the Triple Aim and the Affordable Care Act. Community paramedicine was initially developed as a way to provide basic primary care services to rural areas with limited medical resources and to avoid long, expensive trips to distant hospitals for minor problems. Urban and suburban communities have begun to experiment with a new type of community paramedicine, which some are now calling mobile integrated health care.

Mobile integrated health care is broader than community paramedicine in that it contemplates using providers and organizations of all types to provide the best care in both the home and other nonclinical environments.² MIH programs often employ EMS providers who receive advanced training on such topics as chronic disease management and mental health issues, but whose technical and medical scope of practice remains unchanged.

Among some EMS leaders, there is a concern that EMS agencies are diving headfirst into mobile integrated health care without a clear path to sustain-ability—even while there is also growing agreement that the current EMS response and funding model is not sustainable.
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As with any service delivery, local governments should assess community needs; available resources; and the financial, political, and regulatory climate before deciding which type of mobile integrated health care services, if any, are appropriate for their particular communities—and also who should provide those services. In any case, mobile integrated health care programs will not eliminate the need for emergency medical response or the use of EMS as a safety net by some members of a community.

Here are three local government examples of how three different types of EMS systems have implemented integrated health care programs.

**Fort Worth, Texas**

In 2013, MedStar EMS, the sole provider of nonemergency and emergency ambulance services in Fort Worth and 14 other surrounding cities changed its name to MedStar Mobile Healthcare. The new moniker reflected a realization in the EMS community that 911 calls do not always result in emergency medical care so much as unscheduled health care.

The provider has been one of the most aggressive innovators in the realm of mobile integrated health. As a public utility system, it has a government-mandated monopoly of EMS services in the community but also the flexibility to adapt.

The provider also has launched several community health programs in recent years, which highlight the importance of establishing partnerships to ensure both positive patient outcomes and fiscal sustainability. The programs include:

- Nurse triage of low-acuity 911 calls to avoid ambulance transports to the emergency department when not medically necessary.
- An EMS loyalty program to reduce EMS and emergency department use by frequent users.
- Readmission avoidance to prevent return visits to the hospital within 30 days of discharge.
- Hospice revocation avoidance to prevent unnecessary hospital visits for hospice patients.
- Home health partnership to provide after-hours care.

Specially trained mobile health paramedics who use vehicles that are not equipped to respond to emergencies perform in-home visits with enrollees in the high-utilizer program. As a provider can’t bill Medicare and Medicaid service centers (or most other insurers) for these programs, it has partnered with local hospitals, physician groups, and hospice and home-health agencies, each of which has a financial interest in keeping their patients out of the hospital whenever possible.3

The provider, who launched the first of these programs in 2009, has reported that in the first several years:

- Patients in the High Utilizer Group who graduated the program had an 84 percent reduction in use of 911.
- Readmission rates for patients in the program were reduced by more than 90 percent.
- 911 calls referred to the nurse triage line resulted in alternatives to ambulance transport to the emergency department more than 40 percent of the time.

**Mesa, Arizona**

The Mesa Fire Department recently acknowledged the shifting priorities of the fire service by changing its name to the Mesa Fire and Medical Department. The department also received a $12.5 million Center for Medicare and Medicaid Innovation (CMMI) award to expand its Community Care Units program.

This program partners paramedics with other health care providers to provide appropriate care to patients at the scene, keeping other department resources available to respond to emergency calls. The innovation awards were established by the Affordable Care Act to fund programs that would test innovative ways to provide better care and reduce costs.

The department’s Community Care Units look like typical ambulances, but are staffed with a combination of senior paramedics and midlevel practitioners in a public-private partnership between the city and a local hospital.4 One unit partners the paramedic with a nurse practitioner or physician assistant, who is employed by Mountain Vista Medical Center.

That midlevel practitioner can often handle low-acuity emergencies by prescribing a medication, treating someone’s pain, or even suturing a wound in the field, preventing an unnecessary ambulance ride and emergency department visit.

A second unit partners a paramedic with a crisis counselor to respond to behavioral emergencies and determine if a patient might be better served at a psychiatric facility rather than the emergency room. Partnering with these other health care providers has allowed the department to expand the scope of services it can provide in the field.

Although Mesa’s program has only recently expanded, the department reports that in 2014, emergency department transports have been avoided for more than half of the low-acuity patients seen by a Community Care Unit.

**Wake County, North Carolina**

In Wake County, North Carolina, the county EMS agency that provides 911 EMS response and transport added a new level of provider: the advanced practice paramedic. These paramedics receive additional training and supplement the emergency medical response system, ensuring the presence of an additional, experienced paramedic on critical incidents.

But the main success of the program has been the use of the paramedics to conduct in-home visits with frequent callers and patients who are referred by other EMS providers when they determine that a patient needs additional services other than emergency transport.

Wake’s advanced practice paramedics are also able to medically clear intoxicated patients so they can be taken directly to a detox facility, preventing the use of both an ambulance and emergency
Readmission avoidance to prevent medically necessary hospital admissions. The programs include:

- An EMS loyalty program to reduce hospital readmissions and avoid unnecessary ambulance transports.
- Hospice revocation avoidance to prevent unnecessary hospital visits for hospice patients.
- A home health partnership to provide care for patients who need it in their homes.

These programs are part of a broader initiative to improve sustainability. The programs include both positive patient outcomes and fiscal benefits. To achieve these goals, it is essential to establish partnerships to ensure that all stakeholders are involved.

In any case, mobile integrated health care services are appropriate for their particular community health needs. In any community, mobile integrated health care services, if any, are determined by the community. Some communities have decided to implement mobile integrated health care services, while others have not. The decision-making process includes an assessment of the financial, political, and regulatory climate in each community.

In 2013, MedStar EMS, the sole provider of EMS systems in the community, changed its name to MedStar Mobile Healthcare. As with any service delivery, local hospitals, physician groups, and hospice and home-health agencies, as well as other health care providers, have partnered with MedStar Mobile Healthcare. In any case, mobile integrated health care services are appropriate for their particular community health needs. In any community, mobile integrated health care services, if any, are determined by the community. Some communities have decided to implement mobile integrated health care services, while others have not. The decision-making process includes an assessment of the financial, political, and regulatory climate in each community.
HEALTH CARE IS EVOLVING AT A RAPID PACE, AND EMS AGENCIES CAN PLAY A SIGNIFICANT ROLE IN IMPROVING THE HEALTH OF THEIR COMMUNITIES AND REDUCING COSTS.

department bed for a person without a medical need for either.

Similarly, they can evaluate psychiatric patients in the field in order to determine the most appropriate transport destination and arrange the services they need in a more timely and cost-effective manner, often avoiding ambulance transports in favor of police escorts to a psychiatric facility.

Unlike Mesa and Fort Worth, Wake County funds the advanced practice paramedic program through the agency’s budgeted funds and not with agreements with hospitals or other payers. The aim of the program is to avoid unnecessary ambulance transports, which may certainly help patients but also increases the efficiency of the EMS system.

Wake County’s advanced practice paramedics now divert more than 300 patients per year to alternative destinations. They reported that in a nine-month period in 2013, of the 171 patients diverted to one mental health and addiction recovery facility, only 24 were subsequently seen in the emergency department, and none suffered any adverse consequences from the diversion.

Lessons for Managers
These local government examples of how EMS systems are adjusting to the changing health care landscape offer these insights:

1. Changes in health care financing will impact EMS. Already, it is clear that changes in how the Centers for Medicare and Medicaid Services reimburses hospitals have had significant impacts on the health care system. Hospitals now want to avoid having certain patients show up in the emergency department.

While the future remains unclear, the Centers for Medicare and Medicaid Services has made no secret of the fact that it wants less fee-for-service and more value-based purchasing. This will create opportunities for EMS to help other health care providers meet this mandate, but it also means that EMS must itself be prepared to demonstrate value in order to survive.

2. EMS must develop relationships with other health care partners. Successful community paramedic and mobile integrated health care programs rely on public-private partnerships with hospitals, physicians, payers, and other members of the health care community. No longer can an EMS agency see itself as independent from the rest of the health care system.

3. Not all mobile integrated health care programs should look the same. Since the passage of the Affordable Care Act, EMS agencies across the country have rushed to start MIH programs. While some have been successful, their long-term sustainability is still unclear.

Each community should conduct an assessment to determine its needs, available resources, and what role EMS can play in improving the health of the community.

4. Not every EMS call needs the same response. What mobile integrated health care programs are doing, essentially, is recognizing that EMS providers can provide (and patients require) services other than immediate transport to the ED.

In order to truly serve the community, both by providing patient-centered care and fiscally responsible service, leaders should examine whether the services they currently provide match the demands and expectations of those they serve.

Health care is evolving at a rapid pace, and EMS agencies can play a significant role in improving the health of their communities and reducing costs. Although the long-term value and sustainability of new programs is still unclear, with so much change occurring, managers and elected officials need to ensure that local EMS services are preparing for the new health care world in a way that meets the needs of their communities.

ENDNOTES AND RESOURCES

2 Learn more about MIH at http://mihresources.com.
3 More on MedStar mobile health care programs can be found at http://www.medstar911.org/community-health-program.

For a more in-depth look at the future of EMS in the era of health care reform, read ICMA’s InFocus report “The New EMS Imperative: Demonstrating Value.” Single-copy online issues are $12.95 (ICMA members) and $19.95 (nonmembers) at http://icma.org/en/press/digital.
Lessons for Managers

Health care is evolving at a rapid pace, with so much change occurring, management ability of new programs is still unclear, and EMS agencies can play a significant role in improving the health of their communities and reducing costs.

There are certain benefits to mobile integrated health care programs. They certainly help patients but also increase access to care for patients who need it in a more timely and cost-effective manner, often avoiding ambulance transport to hospitals. EMS agencies are now recognizing that EMS is a part of the health care system. Hospitals now want to work with EMS and other health care partners. EMS can play in improving the health of the community, both by providing the services they curate but also by working with hospitals or other payers. The aim of the program is to avoid unnecessary transport to the hospital, using EMS for individuals who need it, but who would not want to travel by ambulance to the hospital. These local government examples of how EMS systems are adjusting to the changing health care landscape offer insights:

1. EMS must develop relationships with other health care partners.
2. Not every EMS call needs the same response.
3. Not all mobile integrated health care programs will rush to start MIH programs.
4. EMS agencies should examine whether they provide services that hospital EDs can provide (and if not, what they can provide instead).

Each community should conduct an assessment to determine its needs, and EMS agencies should plan a strategy that meets the needs of their communities.

For a more in-depth look at the future of EMS in the era of health care reform, read ICMA’s InFocus column, “The Future of EMS,” by Michael Gerber, Ph.D., and Steve Knight, Kansas City, Missouri. Contributing author J. Michael Gerber is senior associate, Fitch & Associates, Kansas City (jfitch@fitchassoc.com), and he has served as assistant fire chief for St. Petersburg, Florida.

Since the passage of the Affordable Care Act, health care is evolving at a rapid pace, and Medicaid Services reimburses hospitals for hospital stays of patients who are transported by ambulance. These changes in how the Centers for Medicare and Medicaid Services reimburse hospitals have had significant impacts on the health care system. Hospitals now want to work with EMS and other health care partners. EMS can play in improving the health of the community, both by providing the services they curate but also by working with hospitals or other payers. The aim of the program is to avoid unnecessary transport to the hospital, using EMS for individuals who need it, but who would not want to travel by ambulance to the hospital.

The future remains unclear, the endnotes and resources for this article can be found at http://www.medstar911.org/community-health-program.

For more information on the IHI Triple Aim Initiative, visit http://www.ihi.org/Engage/Initiatives/Accreditation/2010/IHI-Triple-Aim.html. Learn more about MIH at http://mihpresources.com. For the June 2015 ICMA publication on ambulance and EMS,” Byline, read ICMA’s InFocus column, “The Future of EMS,” by Michael Gerber, Ph.D., and Steve Knight, Kansas City, Missouri. Contributing author J. Michael Gerber is senior associate, Fitch & Associates, Kansas City (jfitch@fitchassoc.com), and he has served as assistant fire chief for St. Petersburg, Florida.

Endnotes and resources for this article can be found at http://www.emsworld.com.FireHouse_World_2014_Presentation.pdf.
Lessons Learned in Sacramento, California

By Kevin Duggan

TAKEAWAYS

› A grassroots campaign in support of the council-manager form of government can overcome a better-funded effort.

› ICMA and the Fund for Professional Management can play a valuable role in explaining the importance of local government professional management.

› Local supporters are important to leveraging ICMA’s investment.
The future of local government professional management in Sacramento, California, did not look good last summer. The city’s well-known mayor, Kevin Johnson, rode positive public opinion for his efforts to preserve Sacramento’s professional basketball team—he being a former NBA player himself—and made a full-court press to change the form of government from council-manager to mayor-council or “strong mayor.”

Mayor Johnson had raised several hundred thousand dollars to fund this campaign and had secured a variety of influential endorsements, including one from the dominant daily newspaper in Sacramento. The opposition had just begun to get organized, but had challenges initially raising enough seed funding to determine whether an opposition campaign had any chance of success and would be worth mounting.

Since he had first been elected in 2008, Mayor Johnson had made four attempts to change the city’s form of government. The first three had failed to make it on the ballot for a variety of reasons, including the opposition of a majority of the city council.

The November 2012 election changed the composition of the council, however, and provided the mayor with a majority willing to place the proposed charter change on the ballot. The Sacramento City Council voted in late 2013 to place Measure L, the strong-mayor charter change, on the ballot for the November 2014 election. The stage was set for a showdown over the city’s form of government.

**Time for a New Strategy**

In an attempt to reduce opposition to the proposal from a community that had been well served by the council-manager form of government, the proposed new charter under Measure L would have retained a position with the title of city manager. The fundamental authority and responsibilities of the city’s day-to-day executive management, however, would have been transferred to the mayor.

A number of local supporters of professional local government management had worked diligently since the initial proposal in 2008 to retain the council-manager form.

These included local government professionals, many of whom are ICMA members; former councilmembers and mayors; neighborhood associations; academics; and labor organizations.

Convincing previous city councils not to place strong-mayor proposals on the ballot had been quite a different task than countering a well-funded and well-organized campaign once a majority of the new city council placed the matter on the ballot. The proponents of the change used the long pre-election lead time to aggressively fundraise and seek endorsements. They generated more than $800,000 and obtained a wide range of endorsements in support of Measure L.

In light of this new and different type of challenge, supporters of the council-manager retention had to develop a new strategy. Early on, it became clear that it was essential to have representation from the local political leadership as part of the opposition effort.

Some former mayors and councilmembers were active in the opposition campaign, but it was current councilmember Steve Hansen who became the face of the campaign.

While having served only two years on the Sacramento City Council, Hansen decided to join the challenge to Measure L, even though the proposed change was endorsed by a majority of his colleagues. He was also willing to take the political risk of alienating the mayor, who soon could have substantially greater power.

**ICMA Renders Assistance**

Over the past several years, ICMA had monitored the efforts to abandon the council-manager form in Sacramento, and during the Measure L campaign, members in and around the area were instrumental in keeping the organization informed of developments regarding the issue.

Once the proposal was placed on the ballot, ICMA communicated its ability to assist local supporters of the council-manager form with information and potential financial assistance.
The opponents of the proposed change formed Citizens for a Fair Sacramento, and they clearly understood the magnitude of the challenge that they faced.

First, they needed to measure current public opinion regarding the proposal and what would be the most important messages to emphasize during their campaign. They also faced reluctance from donors to contribute to the opposition without some sense of whether or not the measure could realistically be defeated.

Supporters of the measure based their campaign on the premise that the strong-mayor form would make city government more “modern and contemporary” and would make it clear to the community who was in charge. Opponents portrayed the effort as leaving the city more vulnerable to special interests while reducing the role and authority of the city council as a whole.

They also emphasized that the current form of government had served Sacramento effectively for many years.

Citizens for a Fair Sacramento requested that ICMA’s Fund for Professional Management provide funding to undertake a public opinion poll to determine the chances for mounting a successful effort. ICMA’s Fund provided this assistance. The California City Management Foundation (CCMF) supplemented ICMA’s contribution with its funds assisting with voter education.

With ICMA’s funds, the campaign was able to obtain the services of a professional polling firm, and poll results demonstrated that there was strong early support for maintaining the council-manager form in Sacramento.

This data provided the encouragement that council-manager proponents needed to undertake an aggressive Measure L opposition campaign, while also providing support for obtaining additional financial assistance from local sources that may have otherwise been reluctant to support what could have been perceived as a doomed effort.

Councilmember Hansen made it clear that without that initial financial support from ICMA, it is unlikely that a successful effort to retain the council-manager form of government would have been possible. The existence of the Fund for Professional Management was fundamental to providing the early financial support that proved pivotal to the campaign’s outcome.

**Going to the Grass Roots**

Citizens for a Fair Sacramento successfully solicited nearly $200,000 in contributions to support an opposition campaign; however, supporters of Measure L raised in excess of $800,000. It was clear from the start that the opposition could not compete with Mayor Johnson and his supporters from a fundraising perspective.

It also became clear that mounting a grass-roots effort on a neighborhood-by-neighborhood basis would be critical if the opposition were to have any chance for success. The opposition campaign also secured the advice and assistance of professional campaign advisers in crafting its strategy. The campaign also benefited from the memorable, clever (and brief) slogan “L No!”.

While the mayor lined up a formidable array of supporters and contributors, including the development community, portions of the local business community including the chamber of commerce, and such nationally known acquaintances as former New York City Mayor Michael Bloomberg, the opposition relied on all-leadership, as well as strong professional management to ensure Sacramento’s long-term success. Despite the formidable odds against the opposition to the strong-mayor proposal, Sacramento voters soundly defeated Measure L by a margin of 57 percent to 43 percent.

Residents demonstrated their understanding of and appreciation for the council-manager form and professional management of the city’s day-to-day service delivery. They saw beyond the Measure L proponents’ campaign rhetoric and media messages and demonstrated their belief that council-manager government will continue to serve them well.

**A History of Success**

One factor that bolstered the opposition campaign was Sacramento’s history of success under the council-manager form.
Current City Manager John Shirey, as well as previous managers, had worked effectively with the community’s elected leadership for decades to provide successful local government to the city.

The argument that there was no reason to change from a successful system was an important asset for supporters of the plan. When asked why he was willing to take on the effort to oppose the strong-mayor proposal given the political risk involved and the common belief that the effort to prevent the change would not be successful, Hansen stated that it was based on his personal conviction of what was best for Sacramento residents, along with his belief that the council-manager form of government was the best alternative for efficient, effective, and ethical governance for his community.

In January 2015, the Cal-ICMA Board formally recognized Councilmember Steve Hansen for his efforts on behalf of good government in Sacramento and the local government management profession. The board also recognized Professor Chet Newland, Sacramento, California, and Murray Levison, administrative officer, who are longtime supporters of preserving the form in Sacramento.

Valuable Insights
Here is a summary of lessons learned in the campaign to retain the council-manager form of government in Sacramento:

- A grass-roots effort to defend professional local government management can overcome a concerted and well-financed assault, and the side that can afford the most advertising and media time will not always prevail.
- Depending on the local environment, engaging professional political consulting assistance, including polling, may be critical to the success of a campaign to retain a council-manager form of government.
- Initial funding, especially to obtain early voter opinion data, can be fundamental to undertaking a successful campaign.

While ICMA cannot directly undertake a council-manager retention or adoption campaign without the involvement of a local group of supporters, timely and strategic support from ICMA and the Fund for Professional Management can be critical to a campaign’s success.

The presence of local political leaders who understand and support the concept of professional local government management greatly enhances the potential for a campaign’s success.

Building a coalition of individuals and organizations who understand and value the council-manager form is critical to successfully defending the plan.

KEVIN DUGGAN, a former manager, is ICMA’s West Coast Regional Director, Mountain View, California (kduggan@icma.org).
By Stefano Tripi

ITALY’S INSTITUTIONAL RENAISSANCE

Managers should play a fundamental role in transformation processes
Italy is a country of small cities. History in central Europe has always been a tale of small cities, of kingdoms and states trying to win, rule, and develop cities in strategic locations.

At the beginning of the 19th century, Napoleon Bonaparte defined and applied the traditional “French model” for state organization: an “ideal” model based on a strong central state, departments (counties) and municipalities, all with different duties and responsibilities, and all governing the same territories, on different levels.

The French traditional model was adopted by other countries such as Italy, with minimal customizations, including provinces instead of departments. The Italian local government changed slightly after the two world wars, the fascist era, and the new national constitutional law. Italy created a new level, the region, between the central state and the provinces in 1948, in the new national constitution, but this new level was effectively activated only by 1970.

Party politics played an important role, even at the local level. City council members, elected by citizens, chose the mayor of the city inside the city council. The only administrative head in local government was the secretary general, a jurist appointed by the national government to oversee the juridical legitimacy of local government policies.

Towards the Third Millennium
In the 1990s, important local government reforms by the national government pushed towards decentralization, professional management in local government, and intermunicipal associations, with the aim of simplifying and strengthening local government.

This took place in a country where fragmentation has always been a big problem because 70 percent of the 8,047 municipalities in Italy have less than 5,000 inhabitants. A major breakthrough happened when citizens directly elected the mayor.

Another major step occurred when bigger cities—those with at least 15,000 inhabitants—established the director general’s role, with duties and responsibilities similar to a city manager. (“City manager” is used for the remainder of this article for international comparison.) This connected the political and administrative levels of the municipalities.

Unfortunately, global and local crises during the first decade of the 21st century brought the country to a new centralization, and expenditure cuts halted many of these reforms. These

TAKEAWAYS

› Local government in Italy is a centralized matter: reforms have always been difficult to approve and implement.
› The last few years have created opportunities for local government reforms at the national level and local government innovation in service delivery at the local level.
› Italian city managers should keep playing a fundamental role in these processes, strengthening governance mechanism at local, regional, and national levels.

left unresolved problems in Italian local government management.

One law, for instance, forbid the appointment of city managers in cities with less than 100,000 inhabitants (some 50 of the 8,047 in Italy), deepening the governance problem at the local level. It is a problem that secretary generals with backgrounds and approaches far from a governance paradigm can’t resolve.

This law leads to a second issue that is deeply rooted in Italian public administration, the strong juridical approach commonly called “management by decree.” Is it right to enforce correct managerial practices by law?

To sum up, Italian local government is at the same time strong and weak. It is strong because it has always been extremely difficult to reform Italian local government, introducing more efficiency and efficacy due to strong self-defense mechanisms against innovation, even by lobbying the national government by opposing municipalities. Municipal aggregation, for instance, has always been difficult to implement.

It is weak because cities still lack juridical and managerial instruments for continuous innovation to align with social changes.

Radical Changes Under Way
After the crises and some recovery measures, Italy recognized the need for growth at the local government level. A new national government, with the participation of former city mayors and staffed by former city managers, supported new economic and social policies along with new measures for government reorganization. The main strategies include innovation, transparency, anticorruption, financial, and planning reform.

Provinces, 110 of them, have been one of the most important parts of recent reforms. Their government system was quite similar to the municipalities, with a directly elected president and councilors. Provinces have key functions for wide territorial areas regarding public transportation, roads, environment, education, and so on.
### Summary of the Tiers of Italian City Government Before and After Reforms.

#### BEFORE RECENT REFORMS:

| **State:** | Directly elected parliament, nominates government. |
| **Regions (20):** | Directly elected president and assembly. |
| **Provinces (110):** | Directly elected president and council. |
| **Intermunicipal Associations (309):** | Indirectly elected, not compulsory. |
| **Municipalities (8,047):** | Directly elected mayor and council. |

#### AFTER RECENT REFORMS:

| **State:** | Directly elected parliament, nominates government. |
| **Regions (20):** | Directly elected president and assembly, with wide spaces for merging of small regions. |
| **Provinces (100, number to shrink):** | Indirectly elected president and council, with wide spaces for merging of small provinces. |
| **Metropolitan Cities (10):** | Indirectly elected president and council (depending on Metropolitan City statute). |
| **Intermunicipal Associations (309, number to grow):** | Indirectly elected, reforms and local governments are moving responsibilities and functions from municipalities to these associations. |
| **Municipalities (8,047, number to shrink):** | Directly elected mayor and council, with wide spaces for merging of small municipalities. |

Provinces, according to public opinion, have always been targeted as responsible for public money waste and inefficiency. This is why recent reforms approved a radical change.

New laws for local government reforms, as a result of spending reviews aiming towards efficiency, were approved through the indirect election of the province president and council; between mayors and councilors from the municipalities in the province (less elected officials); through new measures for compulsory associated public service provision (less waste through “tiny” municipalities); and in 10 selected big cities, through the creation of a metropolitan city (a new level for wide-area governance).

It is then possible to underline the changes that are now happening—and have been since fall 2014—in provinces and metropolitan cities.

For 10 selected cities—Bari, Bologna, Florence, Genova, Milan, Naples, Turin, Reggio Calabria, Rome, and Venice—the province has been replaced with a new institution called the metropolitan city. Composed of all the municipalities of the former province but without merging them, the metropolitan city has a metropolitan mayor, by law the mayor of the provincial capital, and dedicated grants from the central government that target new metropolitan functions.

The other 100 provinces will become new provinces, with indirect election of politicians and forced cooperation through associated public service management and delivery.

There are still many issues to be assessed at the national level. A lack of coordination between different laws and decrees on the topics of local government has led to more fragmentation, with the creation of many different government levels (municipality, inter-municipal associations, provinces/metropolitan cities, region), which means that more coordination is needed.

A territorial problem of the new metropolitan cities area, exactly the same as the old provinces (and often historically designed using chariots and horses many centuries ago), means that many metropolitan cities represent areas that are not metropolitan, while nearby provinces, presenting similar metropolitan features, are not included in the area.

A recent development regarding the provinces presents an uncertain destiny, since new drafts of reforms are trying to remove this level from the national constitution. So another change could be around the corner.
Best Practices for the Future
In this uncertain situation, putting aside the numerous unresolved issues is important to understand how city managers and other civil servants in local government could, and should, operate given this new institutional landscape composed by metropolitan areas and new provinces.

Managers should play a fundamental role in these transformation processes. Many are already working in this direction, anticipating central government decisions through such leading practices as these:

- **A new role for such major cities as the provincial capitals.** These municipalities have a correctly sized structure, and their city managers should create the basis for the new metropolitan cities and provinces through extended cooperation on local service delivery and the implementation of intermunicipal back-office structures for internal and external services.

- **A new role for minor cities.** Many smaller municipalities should stop delivering their own services and increase intermunicipal cooperation at a subprovincial level, through networked service delivery and control, but also through the merging of smaller municipalities.

- **An indirect lobbying on the national government** through elected officials and associations for the implementation of effective reforms.

- **Stronger and innovative planning and control systems.** Italy lacks a culture of constant evaluation, both inside and outside local government. Through management control systems and an increased participation of municipal employees, the new challenges for local government should be addressed in a planned but flexible way, increasing the use of digital solutions.

- **Network relations.** It is time for city managers to step up and increase network relations at the local level, creating horizontal and vertical links inside and outside municipalities and provinces.

- **A new link between elected officials and administrative officials through intermunicipal governance.** It is important to complete the shift from government to governance. That is why more managers and fewer lawyers are needed in local government, to support local politicians—mainly mayors—with increasing duties and responsibilities.

In these times of uncertainty for Italian local government, city managers can play a central role in the transition towards new provinces and metropolitan cities, leading the path towards effective and efficient network governance.

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After I read the January/February 2015 PM article, “Women Leading Government: Why So Little Progress in 30 Years,” I want to share my thoughts on what is happening with female leaders in Bucks County, Pennsylvania. In the year 2000, there were three female managers in Bucks County. Fifteen years later, the number of females taking the lead management position has risen to 11 of 40 or 27.5 percent.

Noting some commonalities and trends, including women being appointed in smaller communities at lesser salaries, I sought input from my female colleagues in Pennsylvania to identify factors that played a role in their becoming a local government manager and what challenges remain.

They reported these prevalent experiences:

- The hiring process included a female board member.
- With one exception, the managers were hired from within as a promotion or from another community in Bucks County.
- Overt resistance to hire a female was identified in several instances.
- Inappropriate (illegal) questions were part of some interviews, particularly those regarding care of children.
- Women promoted from within were not usually replaced, had challenges with getting an employment agreement, and were paid less than their predecessors.

The Bucks County managers are all college educated and involved in both ICMA and their state professional association. Stephanie Teoli Kuhls, township manager, Middletown, is current president of the Association for Pennsylvania Municipal Management; and Stephanie Mason, township manager, Doylestown, is past president. Of the 11 managers, five have served as president of the Bucks County Consortium of Communities.

It is notable that our male colleagues were instrumental in making this advancement happen, encouraging the women to move up and take leadership roles. A self-assessment of the county’s female managers also reveals that the majority of them list communication as a top strength.

Working hard and earning a reputation for excellence has paid off. One of the highest paid managers in Bucks County is, in fact, a woman. Nine of 11 women have been successful in getting employment agreements. We’d like to see 100 percent, but still, it is progress.

True progress will be the day we don’t have to differentiate and celebrate an accomplishment because of gender. Our group discussion on this topic concluded that women strive for one thing: a level playing field.

Need for More Respect

The belief that women are generally given the same consideration and respect as men is not supported by my findings, although I recognize that the Pennsylvania group is just a small sample, and this was not a scientific research study. Such issues as perceived inexperience due to youth might be attributed to generation gaps. Other issues are clearly gender-related, in my opinion.

Take, for instance, that turning age 62 results in an elected official asking you to rearrange your schedule at a lesser salary to spend time with the grandchildren. And imagine that you, the manager, are excluded from work-related social invites with elected officials and professionals—all who are male—while male subordinates are included.

Even routine meetings can be interesting. How about an executive session where a board member paces and stops to give you an unwelcome shoulder massage or a friendly pat on the backside? Imagine responding to a

Continued on page 24
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resident volunteer who doesn’t like your idea, and he publicly exclaims, “Get her husband in here to get her under control.” These are just a few samples of real events that would likely not happen to our male counterparts.

I’ve never been trained on how to counter these moments and until discussing this article as a group of female managers, we’ve never all shared our experiences. As women, we need to do a better job communicating with each other and exploring ways to handle these situations.

Recognizing that your colleagues may have experienced the same, similar, or worse situations is both comforting and frustrating. There is much to be gained, however, by discussing possible solutions. We cannot predict, and may not be able to change, the behavior of others, but we can change ourselves and perhaps develop responses that don’t leave us feeling victimized.

**My Experiences Are Good**

It’s not all doom and gloom for women leaders. At a personal level, I enjoy a tremendous professional relationship with the Warwick Township Board of Supervisors. This relationship, developed over the past 14 years, is based on mutual trust and respect.

In addition to having a board chair who is a professional female, the township’s solicitor is also female. Two board members who are male are equally supportive of the concept of professional management and support me as a manager.

The staff—particularly traditional male department heads—had some adjustments to make in working with the first female appointed to the manager position in Warwick. One director, for example, was known to say endearing things like, “Don’t worry your pretty little head” to both myself and the board chair.

It’s not an isolated example. The board chair, a partner in a local law firm, was advised by a male volunteer at a joint water and sewer meeting that a question she asked was a legal matter, and she wouldn’t understand how that works. Some of these moments are just an exercise in keeping a straight face. Did I mention a sense of humor helps with this job?

**That First Step**

How do we take the first step? One example is Ashley Thompson, an education major who was hired as a general summer intern for Warwick Township. She proved to be competent and capable and was exposed to a variety of departments. Perhaps like other students, she was unaware of what local government does or that there were great career choices in the field.

She rerouted her career path and worked for two townships in parks and recreation and planning and zoning. Both managers have supported and encouraged her to continue her education, network, and grow in her position. While her journey may have led to the same place, the support, opportunities, and encouragement should give her the confidence and exposure to be successful for future management opportunities.

The managers in Bucks County frequently noted that luck or being in the right place at the right time was a strong factor in their ascent. Being prepared for such opportunities is the second part of that equation. As current managers, we can identify talent and help the future leaders prepare for management positions.

Chalfont Borough is unique in that four of the past five managers have been women. In fact, current Manager Sandra Zadell was assistant manager to Stephanie Mason before being recommended by the former female manager for her current role. Zadell credits much of her success to her female mentors, but also notes that the Bucks County managers, in general, have been vital in her early transition to becoming a manager.

Sandra is the kind of success story that is possible with the right skills and support. Chalfont officials have not shied away from the unique challenges young families present, but have worked with their managers, creating a flexible environment that has resulted in highly successful outcomes.

**The Next Generation**

Looking at the next generation of managers, the number of women coming up through the ranks in Bucks County is small, not even approaching 13 percent.

Identifying top talent and assisting with the mentoring and growth of exceptionally talented women—and men, too—will prepare the next generation.

Promoting the idea of hiring assistant managers and developing succession plans are topics worthy of discussion in-house as well as within managers’ groups. These issues also require buy-in by the elected officials.

While women have the momentum of this topic and a good working relationship with elected officials, it’s time to move forward, standing next to our male colleagues and elected officials, planning for the future of local government leadership.
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BRIDGING THE DIGITAL DIVIDE

Community programs reach out to seniors

Locally, governments across America are creating initiatives to address the problem of a digital divide affecting seniors. While computer use rates among those aged 65 or older have improved, seniors still face obstacles to achieving technological proficiency.

By 2014, the Pew Research Center found that the rate of computer use among seniors had jumped to 56 percent from 26 percent in 2006, while 18- to 29-year-olds reached an 89 percent usage rate compared to 84 percent in 2006.1 Seniors report, however, that their understanding of and access to computers still proves to be problematic. Issues identified by the Pew Research Center include physical challenges, skeptical attitudes toward the benefits of owning a computer, and difficulty learning constant updates.2

This digital divide raises three concerns for local government. The first is a lack of engagement and accessibility by seniors and social services that is necessary to maintain a higher quality of life in later years. The second issue is civic engagement and inclusivity with local government. And the third is feeling a lack of connectivity within their community and families.3

Improving Digital Literacy

To address the problem, communities have developed programs by partnering with local nonprofits, libraries, and community centers to provide seniors a source of support and education on technology. This approach generally does not require a new building or staff, but does tend to rely heavily on volunteers. Initiatives across the nation focus on improving digital literacy—a term defined by the University of Illinois’ University Library as “the ability to use digital technology, communication tools, or networks to locate, evaluate, use, and create information.”

This goal can be achieved through the use of tutors leading class sessions and training that focuses on the desired needs of the targeted population, as well as having a designated location to field and answer questions, concerns, and comments on an ongoing basis.

Communities are using senior citizen mentors who have completed a technological training program, or local school students participating in a bridge-the-divide program, as tutors for their programs. These two approaches have been successful with senior participants by showing them that their peers can achieve digital independence4 and also by re-establishing a connection with the younger generation’s unique skill set.5

Overall, there have been three main reasons identified for wanting to increase technology usage for seniors: engage and communicate with friends and family, research medical and health concerns, and access social service providers.6

National Efforts

Two successful nationwide programs appear to be making significant impacts building the bridge across the senior digital divide. The first is the ICMA report Building Digital Communities: A Framework for Action (to access this report, search this report title at icma.org/kn).

This resource seeks to help communities chart a designated plan toward digital inclusiveness. States that have begun using this framework and seeing successful responses are Wisconsin, Texas, and Pennsylvania. There are also innovative efforts currently underway in Seattle, Washington; Minneapolis, Minnesota; and Los Angeles, California.7

In Los Angeles, for example, citizens identified the need of support for low-income individuals, senior citizens, and tablets in regard to technological advancements.8 In order to do this, the city identified at-risk neighborhoods and replaced up to 2,600 new computers. They have opened up multiple computer centers that now offer health screenings for individuals who otherwise might not receive assistance.
The second is the Digital Inclusion Initiative (DII) funded through Senior Service America. DII relies on participants in a second program offered by Senior Service America called Senior Community Service Employment Program (SCSEP) to serve as mentors and tutors for DII’s “Generation On Line” classes.

Nearly 500 SCSEP members have assisted more than 20,000 adults in DII classes; participants are 55 and older, though the average age is closer to 75. Classes are taught in such public settings as libraries, senior centers, churches or other faith-based organizations, and multiple community action agencies. Skills taught include conducting computer searches and sending and receiving e-mails.

DII shapes its programs to help participants learn skills they specifically need. This includes spending time with the individuals to hear what they are wanting out of the class and designing one-on-one time to make sure their direct needs are being met. DII programs are held in various cities, including Chattanooga, Tennessee; Sioux City, Iowa; and Baltimore, Maryland.

Through these national programs, seniors report feeling more included and that their needs are being heard by community members. One member, Patrick Carew of the Eau Claire, Wisconsin, program, says the DII program was created “to offer citizens of the community the chance not to be left behind” and by doing so, it has been “helping people enjoy the computer age by crossing the digital divide.”

Case Study: Knoxville, Tennessee

In 2014, the city of Knoxville, Tennessee’s 311 Director Russ Jensen began an initiative to connect seniors using their own tablets and computers through the 311 Touch application system. This system uses videoconferencing software and the center’s phone operators.

The program grew from participation with the inaugural Innovation Academy, which was created in 2013 through the Alliance for Innovation and the Arizona State University to focus on developing innovative local government projects to further develop their culture in unique ways. The program has since developed into a partnership with Knoxville’s Office of the Mayor, Office on Aging, and Community Action Committee (CAC).

All partners recognized that while there is an increase in seniors’ use of computers and tablets—of the tablet market, 25 percent are seniors 65 and older, which is predicted to increase—there is still a gap in the understanding of functionality with tablets. This led to the creation of Knoxville’s Digital Inclusion Program to help seniors reach an understanding of and functionality with the technological world, especially as more community programs go online.

The program consists of using space offered by CAC’s John T. O’Connor senior center; resources and iPads donated through the Office on Aging; and tutors and program development through the office’s 311 Call Center.

Each month, classes are held Friday afternoons, in a two-part series. The first focuses on learning basic computer skills; the second uses participants’ individual tablets (or tablets borrowed from the city). Fellow tutor Justin Bradley, who is employed by the 311 Call Center, and I work with each participant to help him or her with individual requests, depending on each class member’s tablet of choice.

This approach has proven to be the most successful because it allows seniors to practice and learn more about each type of tablet, before committing financially to a specific brand.

The program, launched in November 2014, has already graduated more than 40 participants. Those who have completed the classes have reported feeling more “included and listened to, as though they are important members of the community,” and also that “someone has taken the time to reach out and find a unique way to connect neighbors with their home.”

Knoxville Mayor Madeline Rogero is dedicated to developing a more inclusive and diverse bridge across the digital divide, especially as more and more agencies and programs are turning to online usage. With the help of the digital inclusion classes and incorporation of new technology, Knoxville is determined to meet the needs of its residents while continuing to keep pace with the race of digital advancements without leaving anyone behind.

ENDNOTES AND REFERENCES


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**A SPECIAL THANKS TO THE 2014 SUPPORTERS AND FRIENDS OF THE FUND FOR PROFESSIONAL MANAGEMENT AND THE LIFE, WELL RUN CAMPAIGN**

ICMA would like to thank and honor the individuals and organizations listed in this special report for their commitment to the local government management profession. By financially supporting the Fund for Professional Management, the Life, Well Run campaign, or both, they have helped strengthen local communities everywhere by promoting and preserving the profession.

Because of contributors’ generosity, the Fund for Professional Management was able to continue its mission of aiding local community groups in their efforts to preserve or create professional management positions, while Life, Well Run was able to continue to spread the word about the value of the profession to key audiences.

The gifts made in 2014 are particularly meaningful, as that year marked both ICMA’s and the profession’s 100th anniversary. ICMA applauds and thanks everyone who supported these critical efforts.

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MANAGING VS. UMPIRING

The passion for making a positive difference

For whatever reason, some people believe I already have two strikes against me because I spend time in these two jobs: local government management and baseball. People claim these two professions are nothing alike. I have to disagree because I have been an umpire and in the management profession for more than 30 years.

Any success I have had in either of these two careers may be linked to their similarities and the skills I have used in both.

Why Do Both?

One question I am asked is why I do both, and why anyone would want to be subject to constant criticism, to second-guessing of every move, to heckling, to in-your-face personal discussions, and occasionally, to tantrums. I believe the answer is similar for all of us: It is the passion for what we do and the knowledge that we are making a positive and direct difference.

Whether it is for the short-term enjoyment of a game or for the long-term enrichment of a community, it is a passion for what these professions do that drives people to strap on umpire equipment when its 100 degrees or go to yet another late-night meeting. It is knowing that we can directly and constructively influence outcomes in a fair and positive way using personal skills and knowledge.

Extensive Training and Skills

Both professions require an extensive amount of training and a set of honed skills to do them well. Did you know that in the Major League Baseball rulebook there are more than 100 known inconsistencies with other rules in the same book? How many inconsistencies do you think there are in your local codes?

An important skill to have in both professions is knowing just how and when to deal with these inconsistencies or ambiguities, and that everything we face is not always black or white.

When you are skilled in these professions you also know the associated rules, interpreting them and using them for the benefit of all. Do you know how many different ways a pitcher can balk in baseball? (Answer: There are at least 19 different ways for a pitcher to balk in professional baseball.)

Do you know how to change the zoning next to a residential property for a development that will benefit the entire community? (Answer: Walk the developer and make a pitch to the neighborhood association.)

Both professions need what umpires describe as an accomplished set of mechanics to communicate well. A good umpire has three different out/safe calls that are used depending on the intensity of the call and the need to “sell the call.” A good manager also knows how and when to differ her or his management style.

The capacity to make decisions within pressure situations and to cope with stress is a necessary skill for both professions. All managers know we work in a fishbowl with residents looking over our shoulders. In umpiring, folks are literally sitting right behind you.

Managers and umpires must possess the skills necessary to cope with this pressure, process the information available, and still make good decisions. Both also need the ability to make split-second and tough decisions with which not everyone will agree.

I haven’t counted the exact number but during the course of a typical city management day, I need to make numerous decisions, some tougher than others.

In each nine-inning ballgame, there will be the need to make more than 350 ball/strike decisions and more than 54 out/safe calls. Often, these are split-second or multiple decisions within one play that require concentration and judgment.

Both managers and umpires need the skills to diffuse hostile situations. A fun difference is that an umpire has the ability to toss someone out of the game. Ever wish you had that tool as a manager without having to deal with unions, progressive discipline, or legal procedures?

Rewards of the Job

Some believe that management and umpiring are thankless jobs. I am not convinced that a thank you is what keeps individuals in these professions coming back. You bet there are challenges and stress and decisions that will not be universally accepted; however, the thrill of hundreds or thousands of people waiting on your call or decision is exciting.

I have umpired a good game when no one even knows I was there. Similarly, I managed a situation well when the results of my efforts are appreciated without the need for any personal accolades. It is all about empowering the players, whether they are in baseball uniforms or in work clothes as part of a council.

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