Cross-Jurisdictional Shared Services Arrangements in Local Public Health: Research in Progress

Susan Zahner, DrPH, RN
Kusuma Madamala, PhD
University of Wisconsin-Madison
February 11, 2015

An archived recording of this webinar and slide set is available at
http://www.publichealthsystems.org/phssr-research-progress-webinars

This webinar was given in conjunction with the PHSSR Research in Progress Webinar Series: Cost, Quality, and Value of Public Health, hosted by the National Coordinating Center for Public Health Services & Systems Research Practice-Based Research Networks.
PHSSR Research-In-Progress Series:

Cost, Quality, and Value of Public Health
Wednesday, February 11, 2015 12:00-1:00pm ET

Cross-Jurisdictional Shared Services Arrangements in Local Public Health: Research in Progress

Conference Phone: 877-394-0659
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Please remember to mute your phone and computer speakers during the presentation.

PHSSR National Coordinating Center at the University of Kentucky College of Public Health
Agenda

Welcome: Angie Carman, DrPH, National Coordinating Center

Presenters:
“Cross-Jurisdictional Shared Services Arrangements in Local Public Health: Research in Progress”
Susan Zahner, DrPH, RN and Kusuma Madamala, PhD, MPH, University of Wisconsin-Madison

Commentary:
Gianfranco Pezzino, MD, MPH, Co-director, Center for Sharing Public Health Services, Kansas Health Institute
Linda Conlon, RN, MPH, Health Officer, Oneida County Health Department, Wisconsin

Questions and Discussion
Future Webinar Announcements
Presenters

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PHSSR Research in Progress Webinar
February 11, 2015
Acknowledgements

• Support for the research projects is provided by a PHSSR grant from the Robert Wood Johnson Foundation

• WPHRN is also supported by grant 1UL1RR025011 from the Clinical & Translational Science Award (CTSA) program of the National Center for Research Resources National Institutes of Health
Inter-organizational collaboration

“Any joint activity by two or more agencies that is intended to increase public value by their working together rather than separately”
(Bardach, 1998)

– Common between local public health organizations
  • 50% US (Vest & Shah, 2012)
  • 71% Wisconsin (Madamala, et.al, 2014)

– Motivations
  • Saving costs and improving service quality (Kaufman, 2010)
  • Better use of resources, providing better services, responding to program requirements (Madamala, et.al, 2014)
Factors associated with more inter-organizational collaboration:

- Similar domains and goals
- Recognize interdependence and benefits
- Prior ties
- Leadership
- Prevailing community norms or institutional pressure
- Mandates
Cross-jurisdictional shared services arrangements in local public health (Wisconsin)

• Build on “Current and planned shared service arrangements among Wisconsin’s local and tribal health departments” (Young, 2012)
• Funding: Robert Wood Johnson Foundation
• 2014-2015
• Staffing:
  • Susan Zahner & Kusuma Madamala, Co-Investigators
  • Tracy Mrochek & Adam Karlen, Project staff
Partners

Organizations

- Institute for Wisconsin’s Health, Inc.
- Network for Public Health Law
- Center for Sharing Public Health Services
- WALHDAB
- Wisconsin Division of Public Health

Study Advisory Team

- Linda Conlon, Oneida County Health Department
- Darren Rausch, Greenfield Health Department
- Bob Leischow, Wisconsin Association of Local Health Departments and Boards and Clark County Health Department
- Angela Nimsgern, Wisconsin DPH, Northern Regional Office
- Kim Whitmore, Wisconsin DPH
- Gianfranco Pezzino, Center for Sharing Public Health Services
- Nancy Young, Institute for Wisconsin’s Health, Inc.
Specific Aims

1. Describe SSA and LTHD characteristics, motivations, and expected outcomes
2. Measure extent of implementation
3. Measure performance in achieving expected outcomes
4. Analyze effects of SSA and LTHD characteristics on implementation and performance
5. Document change in SSA use and motivations compared to baseline (2012 to 2015)
Analytic Framework (Proposed)

SSA features → Implementation → Performance

LHD characteristics
Shared services agreement definition

- “A written document that describes, defines, or governs sharing of resources across jurisdictions on an ongoing or as needed basis. Shared resources may include, but are not limited to, organizational functions, staffing, programs, services, capacity, data, information, and technical assistance”
- At least 2 LTHD
- In place on or after January 1, 2011
Data sources

- SSA documents
- Extraction of SSA features from SSA
- Interview LTHD directors
- Local Public Health Department Survey
  - (annual state administered data)
- Online Survey
  - 2012
  - 2014-15
Analysis plan

• Descriptive

• Assess relationships of SSA features on implementation and performance using latent class analysis

• Assess influence of LTHD characteristics on these relationships

• Assess changes since 2012 (survey)
Current status of SSA collection

Invited: 91 LTHD

- Declined = 3
- No SSA = 13
- No response = 12

Submitted: 126 SSA

- 24 duplicates
- 17 did not meet criteria

Included: 85 SSA
Current status of interviews

Invited (n=91):
- 88 LHD
- 3 THD
- 3 declined
- 13 no SSA
- 12 did not respond

Consented (n=63):
- 62 LHD
- 1 THD
- 18 did not respond
- 2 LHD w/ shared LHO

Interviewed: n=44

2/11/2015
Preliminary Findings: SSA Features

N=68

• 75 LHD (85%) & 5 THD (38%) are named in at least one SSA

• LTHD partners/SSA:
  Range = 2 to 15  Mean = 3.78  Median = 2.00

• Year initiated: 2003-2014

• Term length (months):
  None noted = 30  Mean = 13.2  Median = 12

• Notice required to terminate:
  Required: 53
  Range = 10 days to 12 months
  Unclear/not documented = 22
Preliminary findings: Program area

- Environmental health: 25
- Emergency preparedness: 23
- Communicable disease: 15
- Administration/planning: 13
- Chronic disease: 11
- MCH: 4
- Other: 6

N=68 SSA
Preliminary findings: Nature of sharing

- Equipment
- Sharing technical assistance
- Sharing administrative functions
- Sharing staffing
- Sharing services

N=68 SSA
Preliminary findings: Motivations for SSA

Meet requirements
Cost savings
Increase revenue capture
Increase quality
Expand capacity
Increase efficiency
Improve outcomes

Yes=1; No=0
N=63 SSA; N=115 responses
Preliminary findings: Extent of implementation

• Scale:
  – 0 = No components implemented
  – 5 = Full implementation

• Range = 0 to 5
• Mean = 4.53

N=42 LTHD interviews
N= 62 SSA
Preliminary findings: Perceived performance

• Extent to which the SSA succeeded in achieving expected outcomes
  – Scale:
    • 0 = No expected outcomes achieved
    • 5 = All expected outcomes achieved
  – Range = 0 to 5
  – Mean = 4.26

N= 41 LTHD
N= 58 SSA
Experience with prior collaboration (n=43)

• 95% (n=42) identified at least one type of prior collaboration

• Most common:
  – Collaborate on program areas
    • Emergency preparedness
    • Maternal and child health
    • Environmental health
  – Peer support
    • Mentoring, support network, professional sharing
Types of incentives to collaborate \( (n=43) \)

- 88% identified at least one type of incentive to collaborate on at least one SSA
- Most common:
  - Collaborate to obtain funding
  - State mandates
    - Mandate to provide the service
    - Directive to collaborate
  - Collaborate to strengthen public health
Positive results of collaboration (n=43)

• 93% identified at least one positive result from collaboration
• Most common:
  – Expand capacity & improve services
  – Building relationships
  – Increased efficiency
  – Increased staff skills
Challenges of collaboration (n=43)

• 95% identified at least one challenging aspect of collaboration

• Most common:
  – Financial constraints
  – Complexity
Recommendations (n=43)

- 95% identified at least one recommendation
- Most common:
  - Reasons to partner
  - Qualities of a good agreement
  - Getting to agreement
  - Just do it!
CJSSA Follow-up Survey

- Final phase of two-phase research project
- Follow up survey results to be compared to the baseline survey results from 2012
- Participation Incentive - random drawing of a handheld GPS unit
CJSSA Follow-up Survey

• Reminders
  – Two email reminders and phone follow-up
  – External events: Ebola, influenza, budgets, holidays
  – Third email reminder on Jan. 8

• Survey closed Jan. 23, 2015

• Response rate = 69% (n=63)
Preliminary Results

Health department currently shares services with another local or tribal health department(s)

Yes 78% (n=49)
No 22% (n=14)

Generally, greater service sharing among local and tribal health departments in programmatic areas than organizational functions
Preliminary Results

Extent to which health department’s governing bodies (e.g. city council or county board, board of health or similar structure) approve arrangements to share services with other local or tribal health departments

- Never approve arrangements 13% (n=8)
- Approve some arrangements 48% (n=30)
- Approve all arrangements 35% (n=22)
- Do not know 5% (n=3)
Preliminary Results

Governing body discussed in past 2 years or currently discussing the potential for discontinuing a shared service agreement

Yes 8% (n=5)
No 54% (n=54)
Don’t know 6% (n=4)

Governing body discussed in past 2 years or currently discussing the potential for creating a shared service agreement

Yes 44% (n=28)
No 48% (n=30)
Don’t know 8% (n=5)
Translation and dissemination

1. Guided by SAT
2. Recommendations for practice and policy
3. 2 Webinars
4. Report on legal aspects for NPHL newsletter
5. Research-policy briefs (CSPHS, WPHPRN)
6. Video format research brief for CSPHS website
7. Conference presentations (research and practice)
8. Peer reviewed publication (1 to 3)
Resource for cross-jurisdiction sharing

http://www.phsharing.org/
We invite your comments!

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Commentary

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Questions and Discussion
Upcoming PHSSR Research in Progress Webinars
-- February 2015

Thursday, February 19 (1-2pm ET)
Identifying & Learning from Positive Deviant Local Public Health Departments in Maternal and Child Health

Tamar A. Klaiman, PhD, MPH, University of the Sciences, Philadelphia
Research Commentary: Betty Bekemeier, PhD, MPH, Schools of Nursing & Public Health, University of Washington
Public Health Practice Commentary: Jerie Reid, Director of Public Health, Clinton County Health Department, New York

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http://www.publichealthsystems.org/phssr-research-progress-webinars
<table>
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<tr>
<th>Date</th>
<th>Time</th>
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<th>Speaker(s)</th>
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<tbody>
<tr>
<td>Wednesday, March 4</td>
<td>12-1pm ET</td>
<td>Leveraging Electronic Health Records for Public Health: From Automated Disease Reporting to Developing Population Health Indicators</td>
<td>Brian Dixon, PhD, Indiana University</td>
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<tr>
<td>Wednesday, March 11</td>
<td>12-1pm ET</td>
<td>Evaluating the Quality, Usability, and Fitness of Open Data for Public Health Research</td>
<td>Erika G. Martin, PhD, MPH, State University of New York- Albany</td>
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<tr>
<td>Thursday, March 19</td>
<td>1-2pm ET</td>
<td>Cross-sector Collaboration Between Local Public Health and Health Care for Obesity Prevention</td>
<td>Eduardo J. Simoes, MD, University of Missouri and Katherine A. Stamatakis, PhD, MPH, Washington University in St. Louis</td>
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### Upcoming PHSSR Research in Progress Webinars

**April 2015**

**Wednesday, April 1 (12-1pm ET)**

*Restructuring a State Nutrition Education and Obesity Prevention Program: Implications of a Local Health Department Model*

Helen W. Wu, PhD, U. California Davis

**Wednesday, April 8 (12-1pm ET)**

*Public Health Services Cost Studies: Tobacco Prevention, Mandated Public Health Services*

Pauline Thomas, MD, New Jersey Medical School and Nancy Winterbauer, PhD, East Carolina University

**Tuesday and Wednesday, April 21-22**

2015 PHSSR KEENELAND CONFERENCE, Lexington, KY

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