



Planning for Cross-Jurisdictional Service Sharing to Improve Public Health Service Delivery: Lessons Learned from Massachusetts

Justeen Hyde, PhD

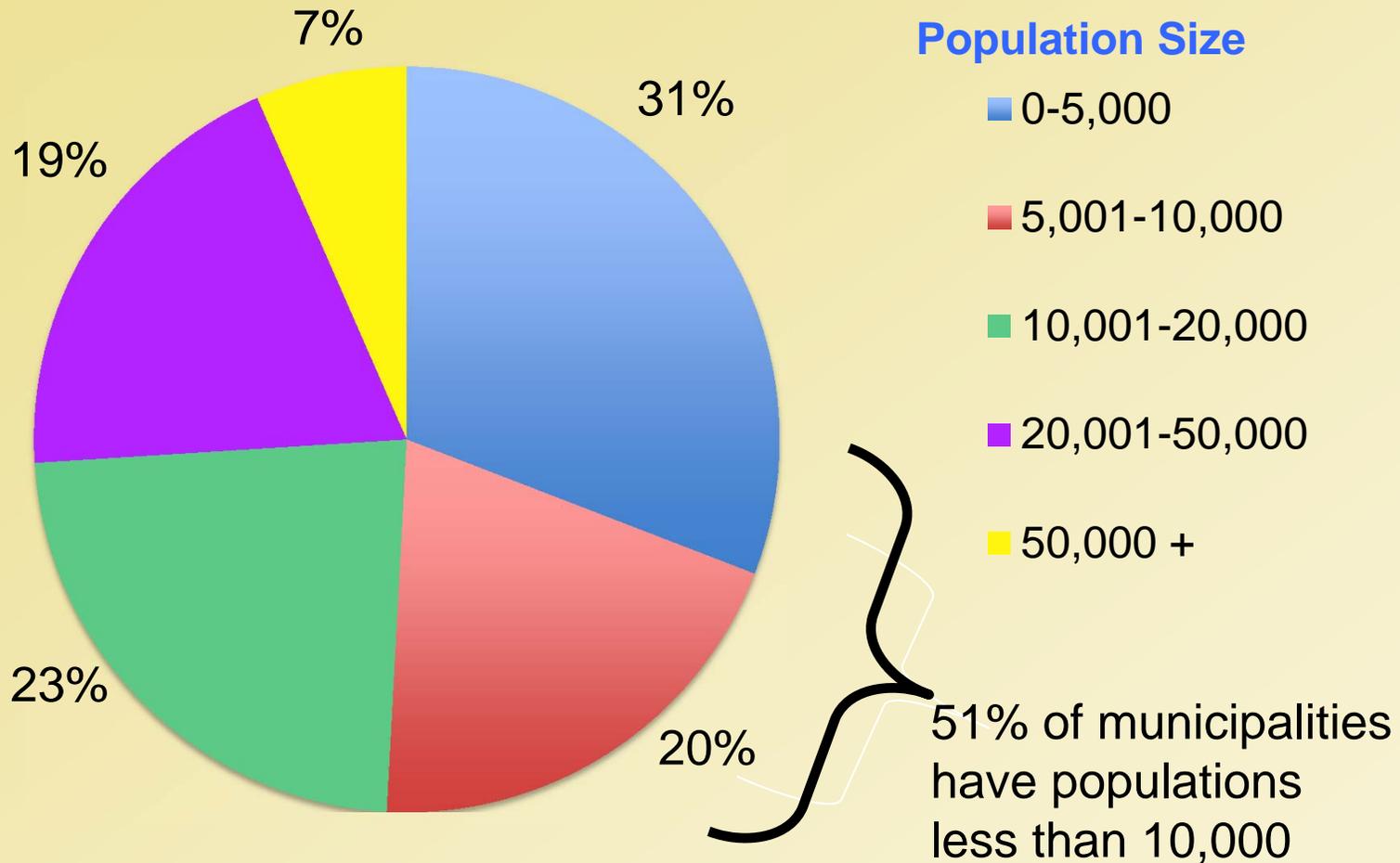
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The context for cross-jurisdictional service sharing

- Vast disparities in public health service delivery
 - Limited funding, variation in leadership, no standards for workforce type or qualifications
- Small health departments struggle to provide basic public health services
- Public health accreditation
- Cross-jurisdictional service sharing is viewed as a strategy for increasing capacity to deliver essential services and meet new performance standards

Local Public Health in Massachusetts



351 Municipalities
351 Local Boards of Health

Massachusetts Department Public Health District Incentive Grant

- Funded in 2010 by the CDC's National Public Health Improvement Initiative
- Supports cross-jurisdictional service sharing
 - Improve scope and quality of LPH services
 - Reduce regional disparities in LPH capacities
 - Improve efficiencies in LPH service delivery
 - Strengthen workforce qualifications
 - Prepare for voluntary national accreditation
- Planning phase + 4 years of implementation



Motivations for Cross Jurisdictional Service Sharing

- Recognized lack of capacity to provide state mandated services (PH)
- Desire to expand public health services offered to public (PH)
- Opportunity to expand existing regional partnerships (PH & ML)
- Increase efficiencies in service delivery (PH & ML)
- Lower costs of public health service delivery (ML)

Planning Strategies

- Most utilized outside consultant to facilitate strategic planning
 - Perceived of as neutral party
 - Difficult to find one with skills and LPH knowledge
- Formation of sub-committees to examine:
 - Service delivery model
 - Governance
 - Workload and Staffing needs
 - Legal considerations
 - Financial viability/sustainability
- Data collection to examine budgets, volume of services, staffing, salaries

What Helped Facilitate Planning Process?

- Existing relationships in place between communities
 - Positive history with collaboration/ partnership
 - Trust, reliability
- Planning meetings structured with strong facilitation
 - Consistent attendance, regular meeting dates, sub-committee reports
 - Transparency, action-driven
- Technical Assistance
 - Legal, Workforce Development, Community Health Health Assessments, Evaluation

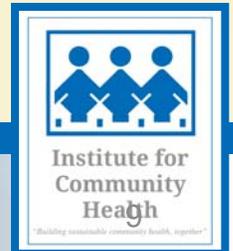


What Challenged the Planning Process?

- Heterogeneous municipalities with respect to size, demographics, governance, SES
- Limited time to plan
- Differential investment in local public health across municipalities
 - Difference in LBOH roles and responsibilities
- Difference in opinion about the purpose of multi-jurisdictional service sharing
- Limited funds to implement plans and meet grant expectations

Recommendations & Lessons Learned

- Clarify your jurisdiction's goals first and then find like-minded partners
- Planning for infrastructure change is time intensive
 - Requires investment in relationship building, visioning
- Identify a lead agency who is respected and demonstrates leadership throughout process
- Know when to involve key decision makers
- Participants have to be flexible and open-minded to find common ground



Recommendations for Technical Assistance

- Establish clear goals and expectations for cross-jurisdictional service sharing
- Consider offering technical assistance around legal issues, financial planning, organizational development
- Provide tools to help understand the volume of work, staffing needed to accomplish work, and estimates of cost for service delivery



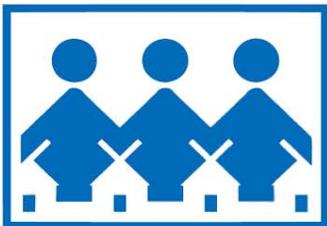
Concluding thoughts

- Nothing magical happens when you bring multiple low resourced jurisdictions together
- Need to be clear in the beginning what the goals are for service sharing
- Need a plan and resources for improving capacity to provide essential public health services



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Institute for Community Health

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