

Cross-Jurisdiction Shared Services Arrangements in Local Public
Health: Research in Progress
Susan Zahner, DrPH, RN
University of Wisconsin-Madison

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Presentation slides are available at: <http://www.wphrn.org/research-in-progress.html>

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

Susan Zahner, DrPH, RN

Kusuma Madamala, PhD

University of Wisconsin-Madison

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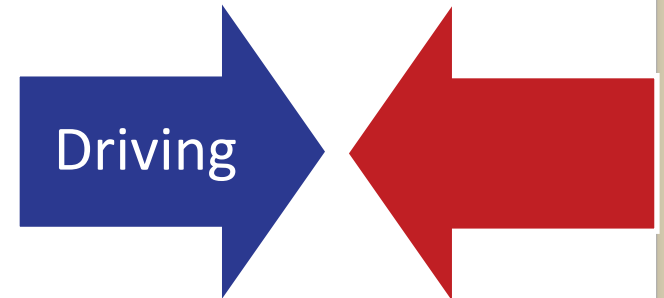
Milwaukee, Wisconsin

Acknowledgements

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

Cross-jurisdiction shared services

- Background

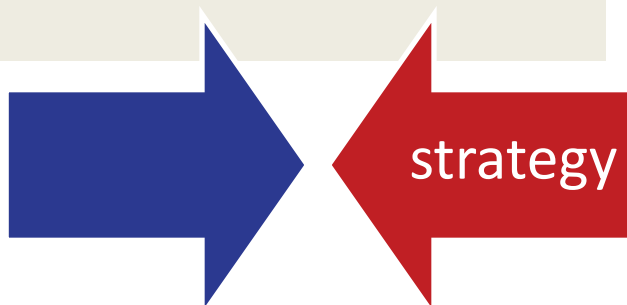


- Forecasts of future LHD funding reveal limited prospects for increases (*Reschovsky & Zahner, 2013*)
- Pressure to improve quality and performance of essential public health services (*PHAB, 2013*)
- Questions on capacity to meet accreditation standards (*Libbey & Miyahara, 2011*)
- Population growth, mission expansion

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



“Collaboration should be valued only if it produces better organizational performance or lower costs than can be had without it. We should not be impressed by the idea of collaboration per se.” (Bardach, 1998)

- Lack evidence on cost-savings or improved outcomes resulting from cross-jurisdiction sharing
- Lack evidence about implementation and functioning of cross-jurisdiction sharing
- Lack evidence about characteristics of models that succeed in achieving expected outcomes



Cross-jurisdictional shared services arrangements in local public health

- Build on “*Current and planned shared service arrangements among Wisconsin’s local and tribal health departments*” (Young, 2012)
- Funding: Robert Wood Johnson Foundation (\$198,749)
- 2014-2015
- Staffing:
 - Susan Zahner & Kusuma Madamala, Co-I
 - Tracy Mrochek & Adam Karlen, PA

Partners

Organizations

- Institute for Wisconsin's Health, Inc.
- Network for Public Health Law
- Center for Sharing Public Health Services
- WALHDAB
- Northwoods Collaborative

Study Advisory Team

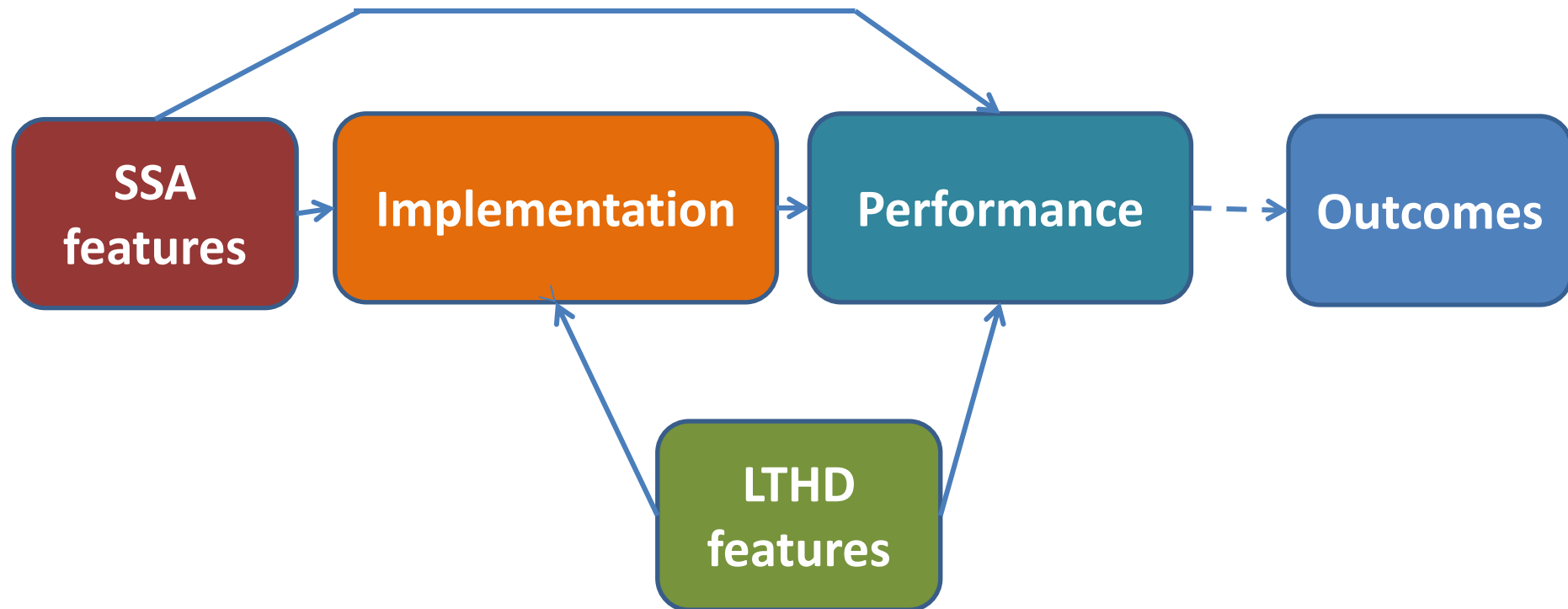
- **Linda Conlon**, Oneida County Health Department
- **Darren Rausch**, Greenfield Health Department
- **Bob Leischow**, Wisconsin Association of Local Health Departments and Boards and Clark County Health Department
- **Angela Nimsgern**, DPH, Northern Regional Office
- **Kim Whitmore**, DPH
- **Chris Dobbe**, Northwoods Collaborative
- **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)

Cross-jurisdictional shared services arrangements in local public health

Study framework



Data collection

Phase One

- **IRB approval (LHD only; tribal pending)**
- **Invite participation and sharing of written SSA**
- **Collect written SSA**
- Extract SSA features from SSA
- Interview LTHD directors
- **Retrieve secondary data**

Phase Two

- IRB approval
- Survey



SSA 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 after January 1, 2011



SSA features (examples)

- Nature of sharing
- Legal characteristics
- Resources shared
- Program focus
- Communication processes
- Creation processes
- Motivations
- Incentives



LTHD characteristics (examples)

- Type
- Governance
- Region
- Population
- Expenditures (per capita; levy)
- Certification level (Ch140)
- Accreditation



Implementation

- Activation/enactment scale
 - Time
 - Leadership
 - Resources
 - Policy support
 - Partner engagement



Performance

- Meeting performance expectations
- Achieving expected outcomes (as available)



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)



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

Your turn...



- What do you want to know about SSA?
- What is the best way for you to learn about the results of this research?
- What additional questions do you have about SSA?

Resource for cross-jurisdiction sharing

<http://www.phsharing.org/>

The screenshot shows a Firefox browser window displaying the website www.phsharing.org. The page features the logo for the Center for Sharing Public Health Services, which includes a stylized globe icon and the tagline "Rethinking Boundaries for Better Health". A navigation menu at the top includes links for "What We Do", "Roadmap", "Sites", "CJS Resources", and "Technical Assistance", along with a search bar. The main content area is a blue banner titled "ROADMAP" with the subtitle "A Roadmap to Develop Cross-Jurisdictional Sharing Initiatives". Below the title is a three-phase process diagram:

- PHASE ONE: EXPLORE**
Is CJS a feasible approach to address the issue you are facing?
Who should be involved?
- PHASE TWO: PREPARE AND PLAN**
How exactly would it work?
- PHASE THREE: IMPLEMENT AND IMPROVE**
Let's do it!

Arrows indicate a sequential flow from Phase One to Phase Two, and then to Phase Three. A text block on the right explains that the Center's *Roadmap to Develop Cross-Jurisdictional Sharing Initiatives* is a guide for public health officials and policymakers. It states: "The Center's *Roadmap to Develop Cross-Jurisdictional Sharing Initiatives* is a **guide** for public health officials and policymakers who are considering or adopting CJS arrangements. The experiences of the demonstration sites, along with other research and expert opinions, provide the knowledge and insight that is the foundation of the *Roadmap*. Visit our *Roadmap* to learn more >

What is Public Health Systems and Services Research (PHSSR)?

A field of inquiry examining the organization, financing, and delivery of public health services at local, state, and national levels, and the impact of these activities on population health.

Mays, Halverson, and Scutchfield, 2003

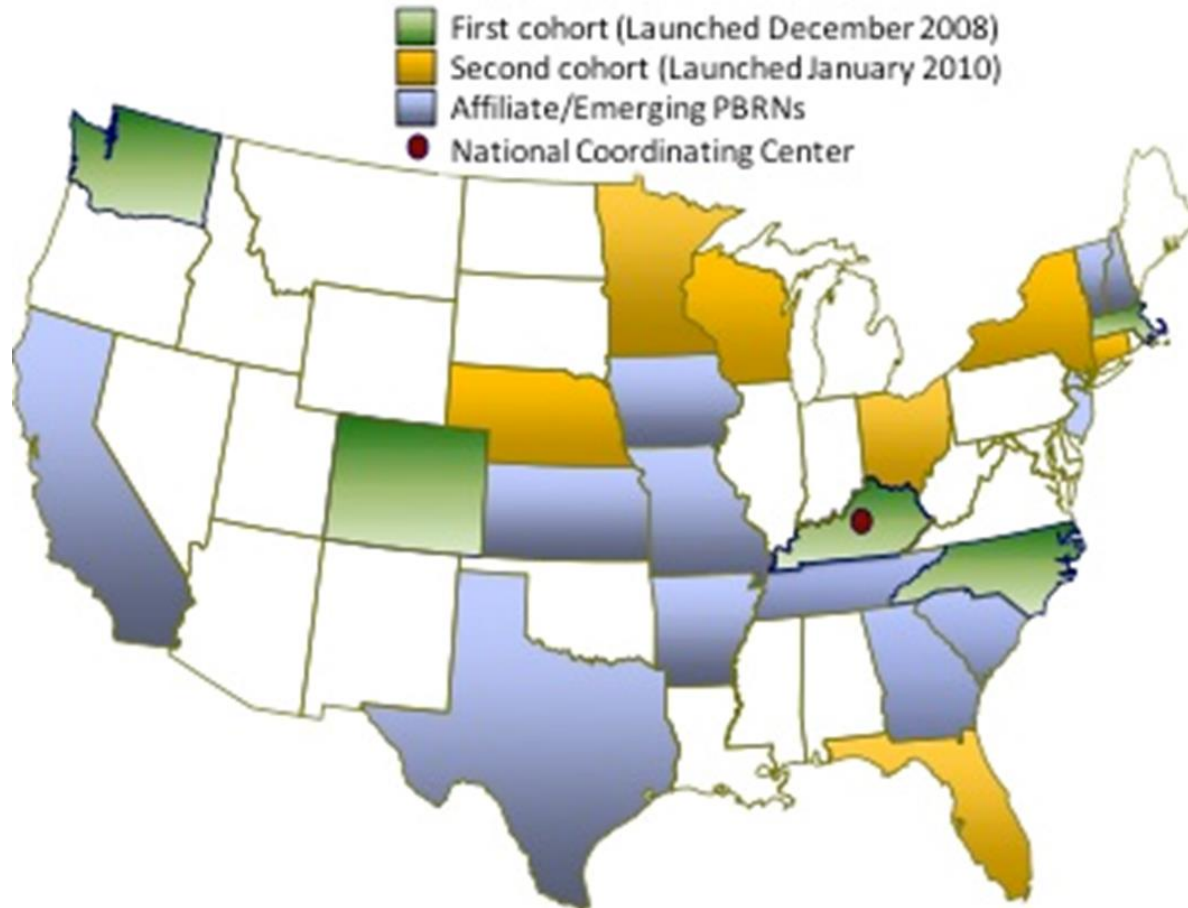
“Whole fields essential to the progress of medicine will remain unexplored, until the general practitioner takes his place as investigator”

Sir James MacKenzie (1853-1925)

*“Whole fields essential to the progress of **public health practice** will remain unexplored, until the **public health practitioner** takes his or her place as investigator”*

Susan Zahner (2014)

Public Health Practice-Based Research Networks



Wisconsin Public Health Research Network
Improving Public Health Practice Through Research

5/19/2014



School of Nursing
UNIVERSITY OF WISCONSIN-MADISON
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Wisconsin Public Health Research Network

Improving Public Health Practice Through Research

Purpose:

Links public health practitioners and researchers to answer questions and disseminate discoveries that can be applied to improve public health practice and population health

Activities:

- Facilitate connections between practice and research
- Disseminate information on funding & educational opportunities
- Support/endorse/generate/conduct research projects
- Translate and disseminate findings from PHSSR

Join the network at:

<http://www.wphrn.org/join.html>

Studies completed

- A longitudinal study of population-level health problems and interventions (Baisch, 2010)
- An analysis of the quality of Wisconsin's community health improvement plans and processes (Willems Van Dijk & Catlin, 2011-2013)
- Current and planned shared services arrangements among Wisconsin LTHD (Young & Madamala, 2012)
- Forecasting the impact of the economic recession on financing of LHD (Reschovsky & Zahner, 2010-2012)



Studies in review

- Reflection on public health accreditation: Case studies of 5 LHDs accredited in 2013-2014 (Beitsh, Madamala, D. Young, & N. Young)
- Use of computerized licensing and inspection software to increase the efficiency and effectiveness of local food safety programs (Cho & Rausch)

Cross-PBRN research studies

- **Measuring variation in collaboration between primary care and local public health** (Minnesota, Colorado, Washington, *Wisconsin*)
- **Future of Teaching in LHD** (Ohio, North Carolina, *Wisconsin*)
- [In review] **Inter-Organizational Collaboration in Local Public Health Systems: Implications for Costs, Impact, and Management Capacity** (Washington, Oregon, New York, *Wisconsin*)



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Accreditation and Research

“Domain 10: Contribute to...and apply...the evidence”



Participate

- Advisory
- Informant
- Investigator



Promote

- Projects
- Funding



Disseminate

- Critique
- Prepare
- Share



Create the agenda

- Identify RQ
- Prioritize RQ



We invite your comments!

Contact for study:

Susan Zahner

sjzahner@wisc.edu

Kusuma Madamala

madamala@wisc.edu

Contact for WPHRN:

Tracy Mrochek

mrochek@wisc.edu