Cross-Jurisdiction Shared Services Arrangements in Local Public Health: Research in Progress
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Presentation slides are available at: http://www.wphrn.org/research-in-progress.html
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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

SSA features → Implementation → Performance

LTHD features

Outcomes
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.phshsharing.org/
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
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)
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!

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