Cross-Jurisdictional Shared Service Arrangements In Local Public Health: Study Recruitment and Implementation

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**Background**

Under rising fiscal challenges and pressure to improve resource performance, local and tribal public health departments (LTHD) are utilizing strategies to provide more efficient and effective services. One such strategy for LTHD is entering into **Shared Service Arrangements (SSA)** with other LTHDs to share resources or services. Prior research has shown this practice to be widespread, but few research studies have been conducted to discover factors associated with successful implementation and performance of SSA.

**Study Purpose**

The main goal of this research is to provide policy makers and public health officials with information on the use of SSA to improve public health services.

**Study Aims**

- Describe the expected outcomes of existing SSA
- Describe the characteristics of LTHD using SSA
- Describe motivations and incentives for entering into SSA
- Measure the extent of implementation and performance of SSA
- Examine the relationships among SSA features, implementation, improved performance, and LTHD characteristics

**Recruitment Strategy**

**Raising Awareness:**
- Study announcements at 5 regional meetings of the Wisconsin Association of Local Health Departments and Boards (WALHDAB)
- Presentation at Wisconsin Public Health Association (WPHA) Annual Conference
- Presentation at Beyond the Plan II: A Summit for Wisconsin Health Departments Committed to Accreditation
- Study announcements on relevant websites: Institute for Wisconsin’s Health, Inc. (IWHI), WPHA, and Wisconsin Public Health Research Network (WPHRN)

**Recruitment Challenges:**
- IRB approval for tribal health departments
- Connecting via telephone with LTHD directors

**Shared Service Arrangements: Study 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.”

**SSA Data Extraction: Selected Findings to Date**

- Memorandum of understanding (n = 20)
- Multi-county health department agreement (n = 20)
- Multi-county health department agreement (n = 20)
- Shared service provision (n = 12)
- Shared administrative function (n = 9)
- Shared staffing (n = 7)
- Environmental health (n = 11)
- Emergency preparedness (n = 8)

**Next Steps**

- Complete recruitment efforts (phone calls and final email)
- Collect SSA from all consented participants and complete SSA data extraction
- Collect data on LTHD characteristics related to SSA from secondary source (Wisconsin Department of Health Services)
- Schedule and complete interviews with LTHD directors (verify extracted data and obtain perceptual measure of implementation and performance)
- Disseminate Phase I findings

**References**


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