

# Shared service arrangements among local and tribal health departments in Wisconsin: Results of the 2014 Survey

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Poster presentation slide is available at:

- [http://www.publichealthsystems.org/sites/default/files/kc15/KC15\\_PSB\\_Bd25\\_Madamala.pdf](http://www.publichealthsystems.org/sites/default/files/kc15/KC15_PSB_Bd25_Madamala.pdf)
- <http://www.wphrn.org/research-in-progress.html>

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## Background and Purpose

Cross-jurisdictional sharing of services is a management strategy used by health departments to increase capacity and provide public health services. The purpose of this study is to gain a more complete understanding of current and future use of shared service arrangements (SSA) in Wisconsin health departments. This study was completed in two phases. The second phase of this study included an online cross-sectional survey of health departments to assess changes in use and perception of SSA.

## Definition of shared services

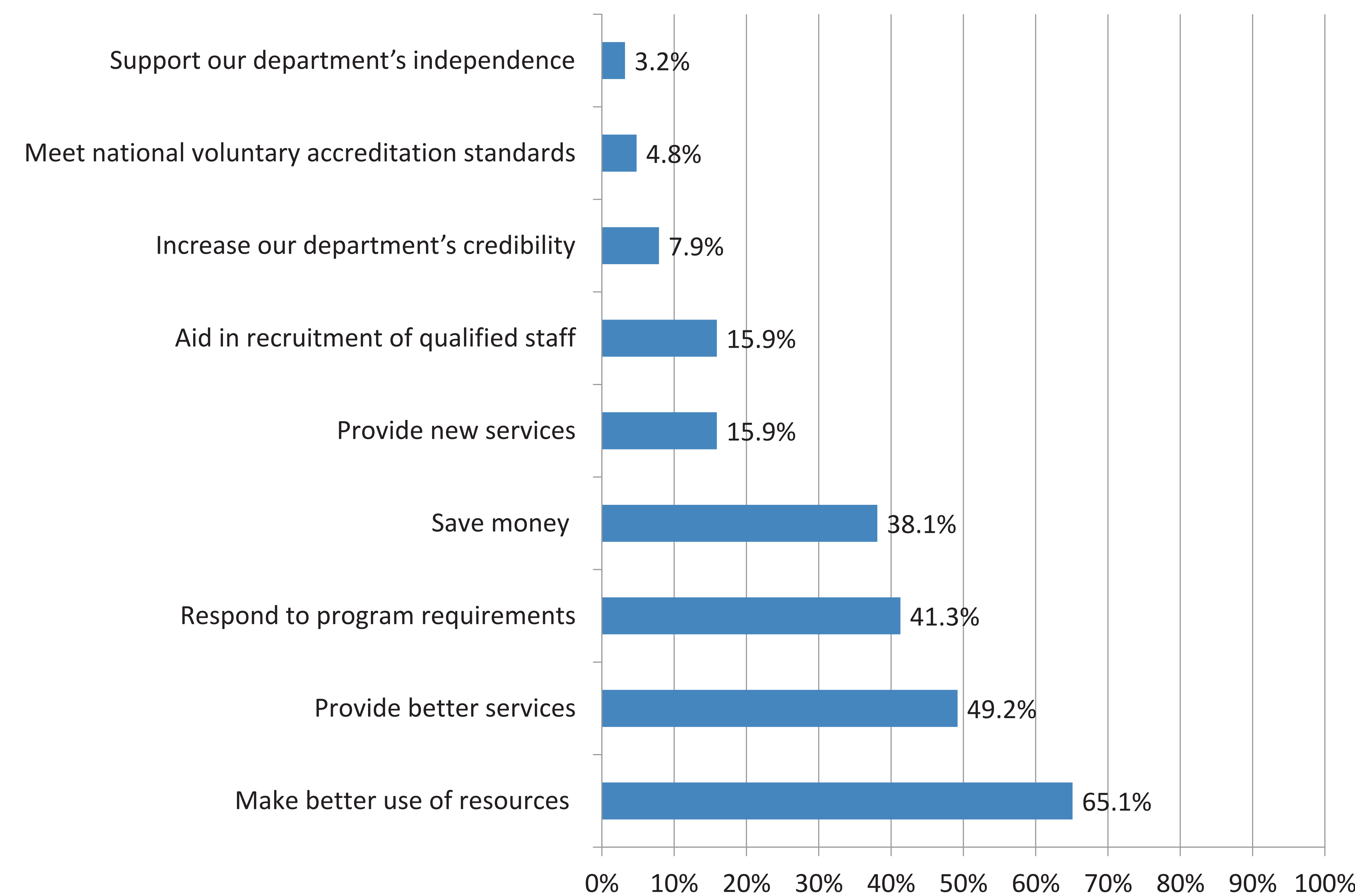
**“SHARING OF RESOURCES (SUCH AS STAFFING OR EQUIPMENT OR FUNDS) ON AN ONGOING BASIS. The resources could be shared to support programs (like a joint WIC or environmental health program) or organizational functions (such as human resources or information technology).”**

**The basis for resource sharing as defined here can be formal (a contract or other written agreement) or informal (a mutual understanding or “handshake” agreement).**

## Methods



## Reasons for Considering Shared Service Arrangements (SSA)



## Acknowledgements

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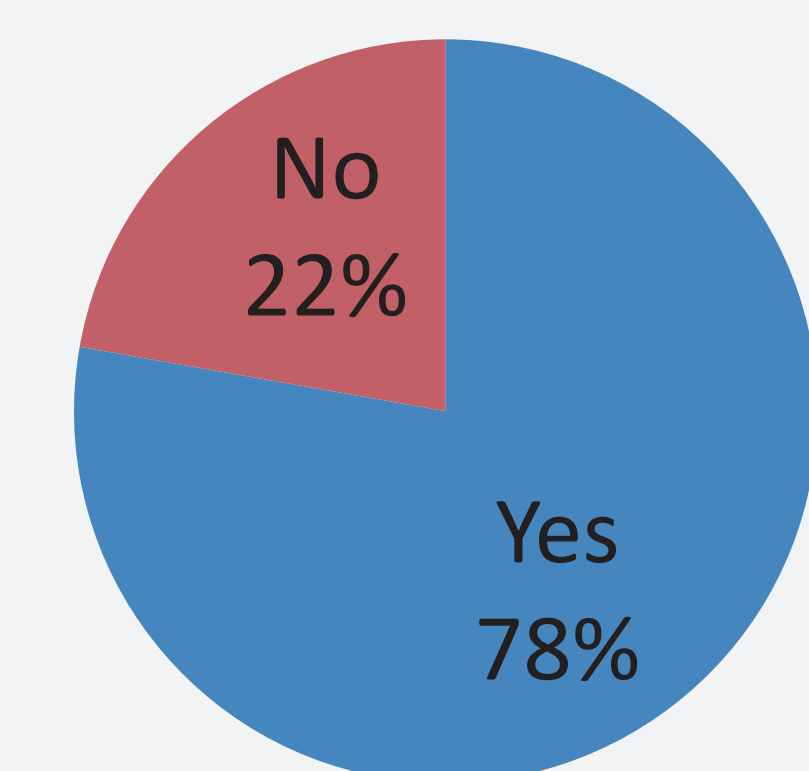
## Principal Findings

### Results

- Response rate = 69% (n=63)
- Sixty-two local health departments and one tribal health department responded

### Currently Sharing Services

Health departments sharing services with other local or tribal health departments (n=63)

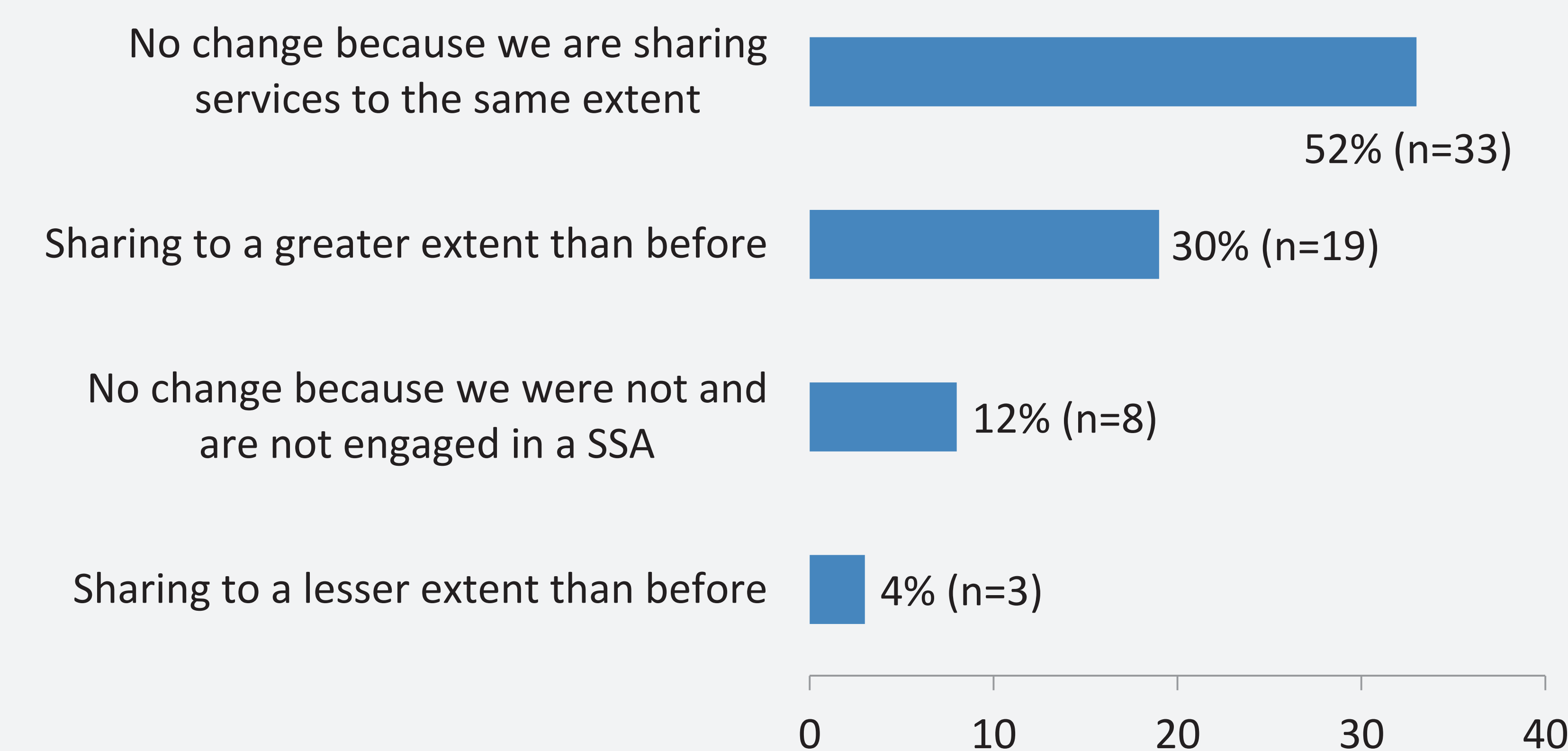


Over 50% of respondents across each Wisconsin Department of Public Health Region share services

- Northern Region – 83% (n=10)
- Northeast Region – 85% (n=11)
- Southern – 70% (n=7)
- Southeast – 61% (n=8)
- Western – 87% (n=13)

### Change in the past 12 months

Has the extent to which your department shares services with other health departments changed in the past 12 months?



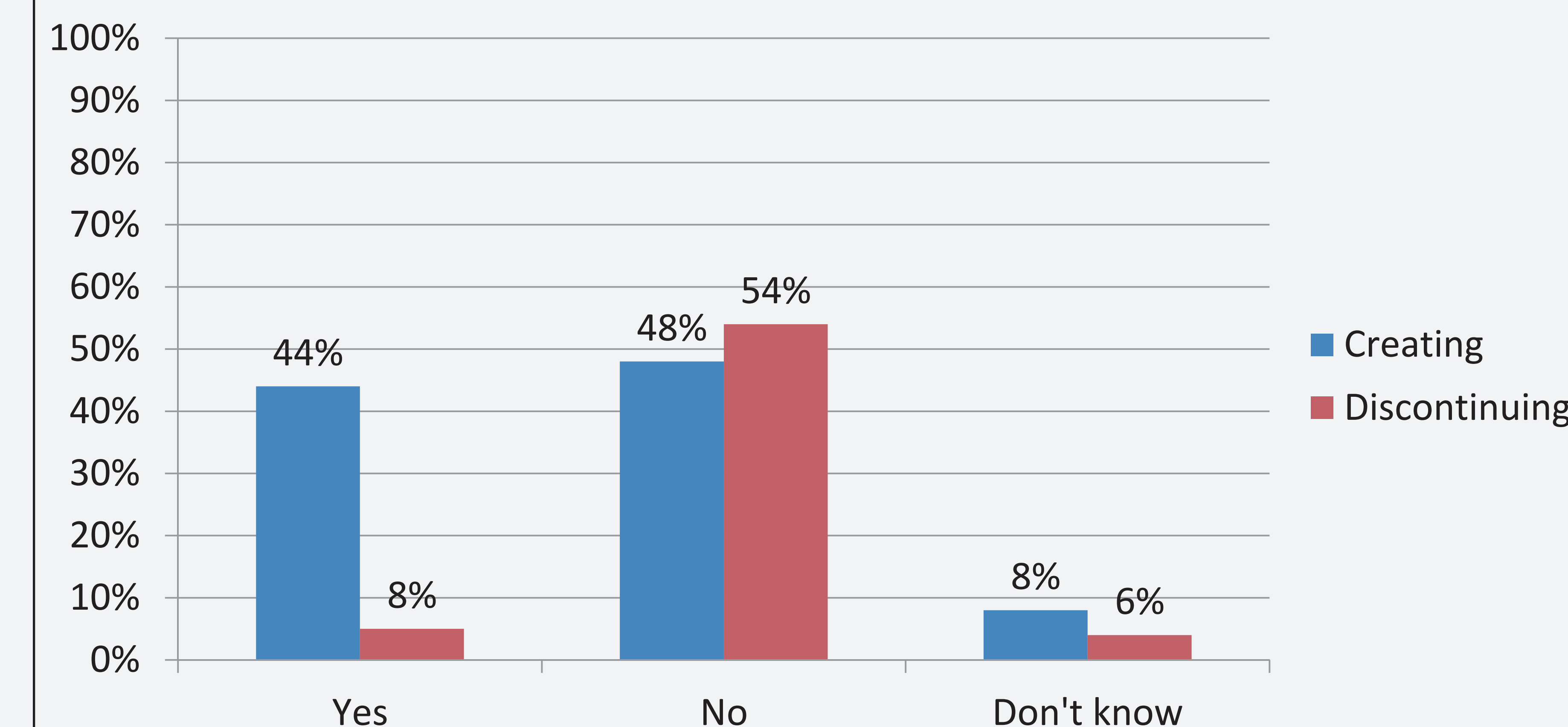
### Governing Body Approval

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

### Governance Type

Governance Type (non-tribal LHDs)	% of Governance Type that currently share services	Among LHDs that currently share services (n= 48)
Free standing department with a board of health (n=38)	79% (n=30)	63% (n=30)
Free standing department with a health and human services board (n=5)	80% (n=4)	8% (n=4)
Consolidated health and human services department (n=19)	73% (n=14)	29% (n=14)

### Governing body discussed in past 2 years or currently discussing the potential for creating or discontinuing a shared service agreement (n=63)



### Top Three Shared Services

Type of Service	Another LHD provides functions or services	Our LHD provides functions or services	Our LHD shares equipment with another LHD	Our LHD shares staff with another LHD
Emergency Preparedness (n= 21)	39% (n=8)	48% (n=10)	24% (n=5)	33% (n=7)
Environmental Health (other than Inspection & Licensing) (n=18)	28% (n=5)	56% (n=10)	22% (n=4)	33% (n=6)
Inspection & Licensing (n=7)	29% (n=2)	57% (n=4)	29% (n=2)	43% (n=3)

### Outcomes of Shared Service Arrangements: Exemplars

Has the shared service arrangement accomplished what your department hoped it would?

- “This arrangement has **decreased the workload** of a single department and **increased program capacity**”
- “The agreement **provides us with a level of expertise** we would not be able to recreate using existing staff”
- “By sharing services with County X in our WIC program, we **provide consistent services** between our two counties, have been able to **recruit and support our staff**, as greater client number provides **greater funding**”
- “We have a **higher rate of inspections, increased quality of inspections and increased awareness of program to community**”
- “Sharing equipment accomplished our **goal of saving money**”

### Conclusion

- There is widespread use of SSA among local health departments in Wisconsin
- Many respondents express interest in continuing current SSA and in development of new SSA
- Making better use of resources and providing better services are primary motivators
- Evidence is needed to support administrators’ perceptions of gains to service effectiveness and efficiency