Characteristics of Cross-Jurisdictional Shared Services Arrangements Between Local Health Departments in Wisconsin

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Shared Services Agreement

“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.”

Specific Aims

1. Describe SSA and LHD characteristics, motivations, and expected outcomes
2. Measure extent of implementation
3. Measure performance in achieving expected outcomes

Methods

• IRB approval UW-Madison
• Invited LTHD to participate
• Collected SSA documents
• Extraction of SSA features from SSA
• Interview LTHD directors
• Content coding of open-ended questions (NVivo10)
• Local Public Health Department Survey (annual state administered data)
• Analysis using NCSS & Stata

Results

Primary Program Area n= 83 SSA
- Environmental health
- Emergency preparedness
- Communicable disease
- Health promotion/chronic
- MCH
- Other

Type of Sharing n= 83 SSA
- Sharing services
- Sharing staffing
- Sharing administrative functions
- Sharing technical assistance
- Equipment

Results (cont.)

Number of Partners
- Mean = 3.46 partners/SSA
- SD=3.46, Min/max: 2-15
- 74% with 2 partners
- 77/88 LHD (87.6%)
- 5/13 Tribal (38.5%)
- 7 other organizations

Length of Term
- Min/max = 4 months to open-ended
- 40% = 12 months
- 33% = not specified

Motivations for SSA

- Meet requirements
- Cost savings
- Increase revenue
- Enhance quality
- Expand capacity
- Increase efficiency
- Improve outcomes

Practice/Policy
- SSA are common; current strategy
- Used in a variety of program areas
- Used in large and small LHD
- Number of partners can vary; fit to purpose
- More complete agreements (legal) may be stronger

Research
- Primary data collection is challenging
- Longitudinal study of impact

Next Steps
- Further analysis
- Policy and practice recommendations
- Dissemination

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Limitations

- 50% of LHD directors participated
- Limited tribal participation
- May have missed some SSA meeting definition
- High mean scores for implementation and performance may limit ability to detect relationships in full model
- New/novel measures

Discussion

- Further analysis
- Policy and practice recommendations
- Dissemination

Results (cont.)

Mean Implementation Score by Program Focus

- Primary Focus Recalculated
- Mean Implementation Score
- SSA Implementation
- 0 2 4 6 8 10 12
- Primary Focus
- SSA Implementation
- Overall mean = 4.63

Mean Performance Score by Primary Focus

- Primary Focus Recalculated
- Mean Performance Score
- SSA Implementation
- 0 2 4 6 8 10 12
- Primary Focus
- SSA Implementation
- Overall mean = 4.38

Overall mean = 3.46

Motivations for SSA

Meet requirements
Cost savings
Increase revenue
Enhance quality
Expand capacity
Increase efficiency
Improve outcomes

Overall mean = 3.46

Mean Implementation Score by Primary Nature of Sharing

- Primary Nature of Sharing
- SSA Implementation
- 0 2 4 6 8 10 12
- Primary Nature of Sharing
- SSA Implementation
- Overall mean = 4.63

Mean Performance Score by Primary Nature of Sharing

- Primary Nature of Sharing
- SSA Implementation
- 0 2 4 6 8 10 12
- Primary Nature of Sharing
- SSA Implementation
- Overall mean = 4.38

Overall mean = 3.46

Local Public Health Department Survey (annual state administered data)