

Sharing Local Public Health Services in Wisconsin:
A Comparison Study between 2012 and 2014

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

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APHA 2015 Annual Conference

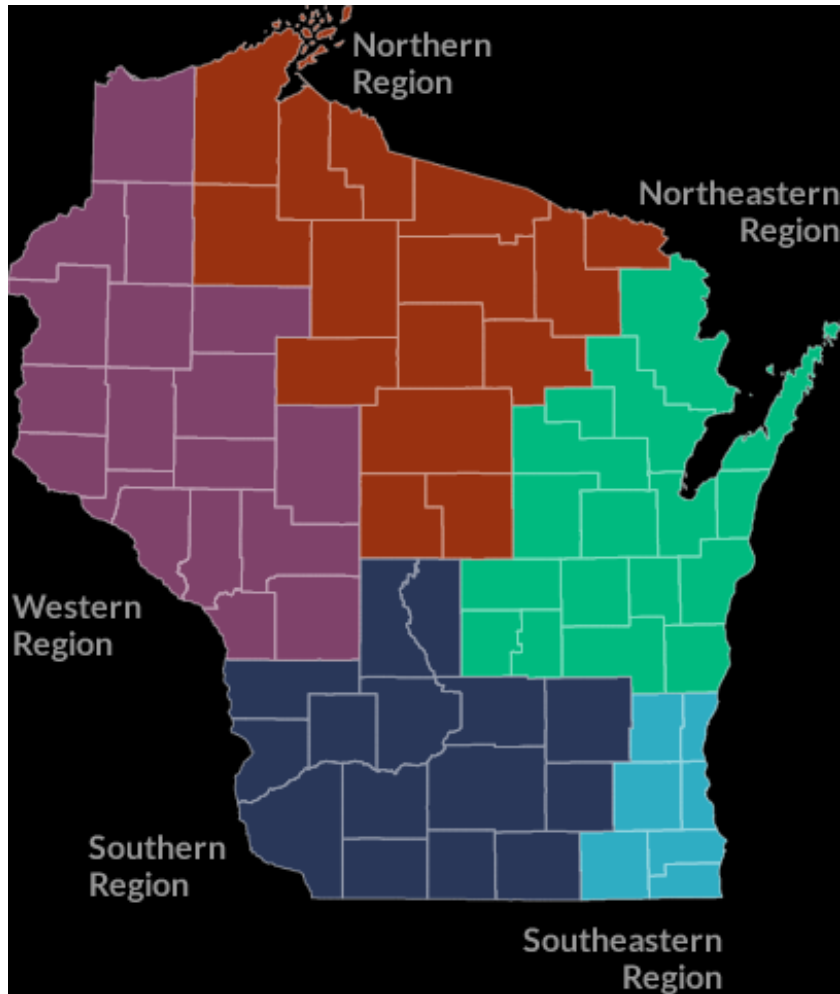
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Public health in Wisconsin



- Decentralized system
 - Local property tax funding
 - Pass-through federal
 - Fees
- 88 Local health dept.
 - 80% county
- 11 Tribal health dept.
- Wisconsin Department of Health Services
 - 5 state regional offices



Partners

Organizations

- Institute for Wisconsin's Health, Inc.
- Network for Public Health Law
- Center for Sharing Public Health Services
- WI Association of Local Health Departments and Boards
- Wisconsin Division of Public Health

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**, Wisconsin DPH
- **Kim Whitmore**, WPHRN member
- **Gianfranco Pezzino**, Center for Sharing Public Health Services
- **Nancy Young**, Institute for Wisconsin's Health, Inc.

Specific Aims

1. Describe SSA and LHD characteristics, motivations, and expected outcomes
2. Measure extent of implementation
3. Measure performance in achieving expected outcomes
4. Analyze effects of SSA features on implementation and performance
5. **Document change in SSA use compared to baseline (2012 to 2014)**

Survey Methods



- Minor revisions to 2012 instrument
- IRB University of Wisconsin - Madison
- Online survey (Survey Monkey) launched 10/7/14
 - N=91 LHDs (88 local, 3 tribal)
- Participation incentive - random drawing of a handheld GPS unit
- Reminders
 - Two email reminders and phone follow-up
 - Third email reminder on Jan. 8
- Survey closed 1/23/15

Definition of shared services (2012 & 2014):

“Sharing 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).”



Survey results comparing 2012-2014

	2012 N=91 (92% response)		2014 N=63 (69% response)	
Currently share services	65	71%	49	78%
Change in past 12 months:				
• Sharing to same extent	46	51%	33	52%
• Sharing to greater extent	22	24%	19	30%
• No change	19	21%	8	12%
• Sharing to lesser extent	4	4%	3	4%

Survey results comparing 2012-2014

	2012		2014	
Currently share services	N=65		N=49	
By population served:				
• <25,000	23	76%	20	80%
• 25,000-49,999	15	65%	13	81%
• 50,000-99,999	13	68%	11	79%
• 100,000+	6	54%	4	57%

Survey results comparing 2012-2014

	2012		2014	
Currently share services	N=65		N=49	
By region:				
• Northern	16	84%	10	83%
• Northeastern	16	73%	11	85%
• Southern	9	69%	7	70%
• Southeastern	12	67%	8	61%
• Western	12	63%	13	87%
Primary focus:				
• Emergency preparedness	38	59%	21	43%
• Environmental health	24	37%	18	37%
• Inspection & licensing	13	20%	7	14%

Survey results comparing 2012-2014

% of governance type that currently shares services	2012		2014	
Free standing LHD with Board of Health	(n=55)		(n=38)	
	40	73%	30	79%
Free standing LHD with HHS board	(n=8)		(n=5)	
	5	63%	4	80%
Consolidated health and human services dept.	(n=20)		(n=19)	
	12	60%	14	79%



Survey results comparing 2012-2014

Motivation to create SSA	2012		2014	
Environmental health shared service arrangement	N=24		N=18	
<ul style="list-style-type: none"> • Make better use of resources • Respond to program requirements • Provide better services • Save money • Aid in recruiting qualified staff • Provide new services 				
	19	79%	15	83%
	15	63%	9	50%
	14	58%	11	61%
	9	37%	7	39%
	8	33%	5	28%
	6	25%	4	22%

Summary: 2012-2014

- Cross-jurisdiction sharing is widespread & increasing in Wisconsin
- Sustained practice over 2 years
- All regions
 - More common in lower population areas
- All governance types



Policy implications

- Cross-jurisdiction sharing can be a legitimate and successful strategy
- Can maintain independence AND collaborate
- Experience in use is growing
 - Center for Sharing Public Health Services
<http://phsharing.org/>



Upcoming Webinar

Friday, November 13, 2015 at 12:00 p.m. CST

- Full study results to date will be shared
- Shared services documents and interviews with health department directors
- Factors associated with higher implementation and performance
- 2012 and 2014 comparison
- Email Tracy Mrochek (mrochek@wisc.edu) to receive registration link.



We invite your comments!

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