Cross-Jurisdictional Services for Public Health in a Rural State: Findings from Kansas.

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Research Objective

To explore the prevalence, scope, history, and effectiveness of CJS relationships in Kansas.

Background

Counties with CJS Arrangements

- 66% have shared services for 11+ years.
- 76% have 1-3 CJS arrangements.
- LHDs with CJS arrangements served smaller jurisdictions: (With CJS: 16,760. Without CJS: 48,730).
- The most common motivation for engaging in CJS: to improve service quality.
- Counties in two regional health departments had highest scores for experience and diversity of arrangements; among the highest on satisfaction.
- Just 22% have a process for evaluation of arrangements.

Findings

74% of respondents reported current CJS arrangements.

Counties with CJS Arrangements

- LHDs without CJS arrangements reported that CJS was not thought to be cost-effective or beneficial, and that they were unsure where to start.
- Local political opposition was identified as a barrier by LHD without CJS arrangements; the same LHDs indicated a need for more information regarding the process and benefits of CJS.

Methods

- Online survey in October and November 2014.
- 74 of 105 (70%) invitees completed the survey.
- Key informant interviews underway to provide context to survey findings.

Conclusions

- CJS arrangements in Kansas are common.
- Existing CJS arrangements appear to be long-standing, satisfactory relationships.
- Evaluation of the results of CJS arrangements is lacking.
- Political opposition could be mitigated by providing more information about the advantages and disadvantages of CJS models.
- The reasons and potential impact of the low level of engagement of policymakers in current CJS arrangements needs to be further understood.

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