

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

Hartsig, S.; Chapman, S.; Pezzino, G.; Starrett, B.; Boden, J.

## **Research Objective**

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

### **Background**

Cross-jurisdictional sharing (CJS) may benefit Local Health Departments (LHDs) by improving efficiency and service quality.

However, few studies have examined the process, structure, or outcomes of CJS arrangements and their implementation.

#### 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.

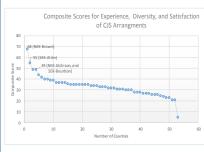


#### **Findings**

74% of respondents reported current CJS arrangements.

# COUNTIES WITH CIS

- 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 CIS: 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.



# COUNTIES WITHOUT 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.

Reason	# of times selected in top 3
Local political opposition	7
No perceived need or benefit	7
Have not considered it	7
Not sure where to start	7
Other (time, distance, not sure where to start)	5
Not thought to be cost effective	3
Program funding has been cut or cancelled	2
Work cultures not conducive to collaboration	1
Shared services in the past were not successful	1
Start-up costs are a barrier	1
Computer/financial systems not compatible	0
State law or state policy creates barriers	0
Local regulations create barriers	0

What are the main reasons you do



#### **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.

## **Acknowledgements and Contact**

Thanks to the Kansas Health Foundation (KHF) for funding to support this initiative. Thanks to members of the Kansas Public Health Systems Group (PHSG) for project participation and guidance. Special thanks to the Local Health Departments who contributed their information to this study.

Contact: Sarah Hartsig, shartsig@khi.org, 785-233-5443