

***PHSSR Research-In-Progress Series:***

***Cost, Quality, and Value of Public Health***

***Wednesday, February 11, 2015 12:00-1:00pm ET***

**Cross-Jurisdictional Shared Services Arrangements in Local  
Public Health: *Research in Progress***

***Conference Phone: 877-394-0659***

***Conference Code: 775 483 8037#***

***Please remember to mute your phone and computer speakers during the presentation.***

***PHSSR NATIONAL COORDINATING CENTER AT THE UNIVERSITY OF KENTUCKY COLLEGE OF PUBLIC HEALTH***

# Agenda

**Welcome:** Angie Carman, DrPH, National Coordinating Center

**Presenters:**

**“Cross-Jurisdictional Shared Services Arrangements in Local Public Health: *Research in Progress*”**

Susan Zahner, DrPH, RN and Kusuma Madamala, PhD, MPH,  
University of Wisconsin-Madison

**Commentary:**

**Gianfranco Pezzino, MD, MPH,** Co-director, Center for Sharing Public Health  
Services, Kansas Health Institute

**Linda Conlon, RN, MPH,** Health Officer, Oneida County Health Department,  
Wisconsin

**Questions and Discussion**

**Future Webinar Announcements**

# Presenters



**Susan J. Zahner, DrPH, MPH, RN**

Vilas Distinguished Achievement Professor  
University of Wisconsin-Madison, School of Nursing  
Affiliate faculty, U. of Wisconsin-Madison School of  
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# Cross-Jurisdictional Shared Services Arrangements in Local Public Health: Research in Progress

Susan Zahner, DrPH, RN

Kusuma Madamala, PhD, MPH

University of Wisconsin-Madison

PHSSR Research in Progress Webinar

February 11, 2015

# Acknowledgements

- Support for the research projects is provided by a PHSSR grant from the Robert Wood Johnson Foundation
- WPHRN is also supported by grant 1UL1RR025011 from the Clinical & Translational Science Award (CTSA) program of the National Center for Research Resources National Institutes of Health

# Inter-organizational collaboration

*“Any joint activity by two or more agencies that is intended to increase public value by their working together rather than separately”*

*(Bardach, 1998)*

- Common between local public health organizations
  - 50% US (*Vest & Shah, 2012*)
  - 71% Wisconsin (*Madamala, et.al, 2014*)
- Motivations
  - Saving costs and improving service quality (*Kaufman, 2010*)
  - Better use of resources, providing better services, responding to program requirements (*Madamala, et.al, 2014*)

## Factors associated with more inter-organizational collaboration:

- Similar domains and goals
- Recognize interdependence and benefits
- Prior ties
- Leadership
- Prevailing community norms or institutional pressure
- Mandates



# Cross-jurisdictional shared services arrangements in local public health (Wisconsin)

- Build on “*Current and planned shared service arrangements among Wisconsin’s local and tribal health departments*” (Young, 2012)
- Funding: Robert Wood Johnson Foundation
- 2014-2015
- Staffing:
  - Susan Zahner & Kusuma Madamala, Co-Investigators
  - Tracy Mrochek & Adam Karlen, Project staff



# Partners

## Organizations

- Institute for Wisconsin's Health, Inc.
- Network for Public Health Law
- Center for Sharing Public Health Services
- WALHDAB
- Wisconsin Division of Public Health

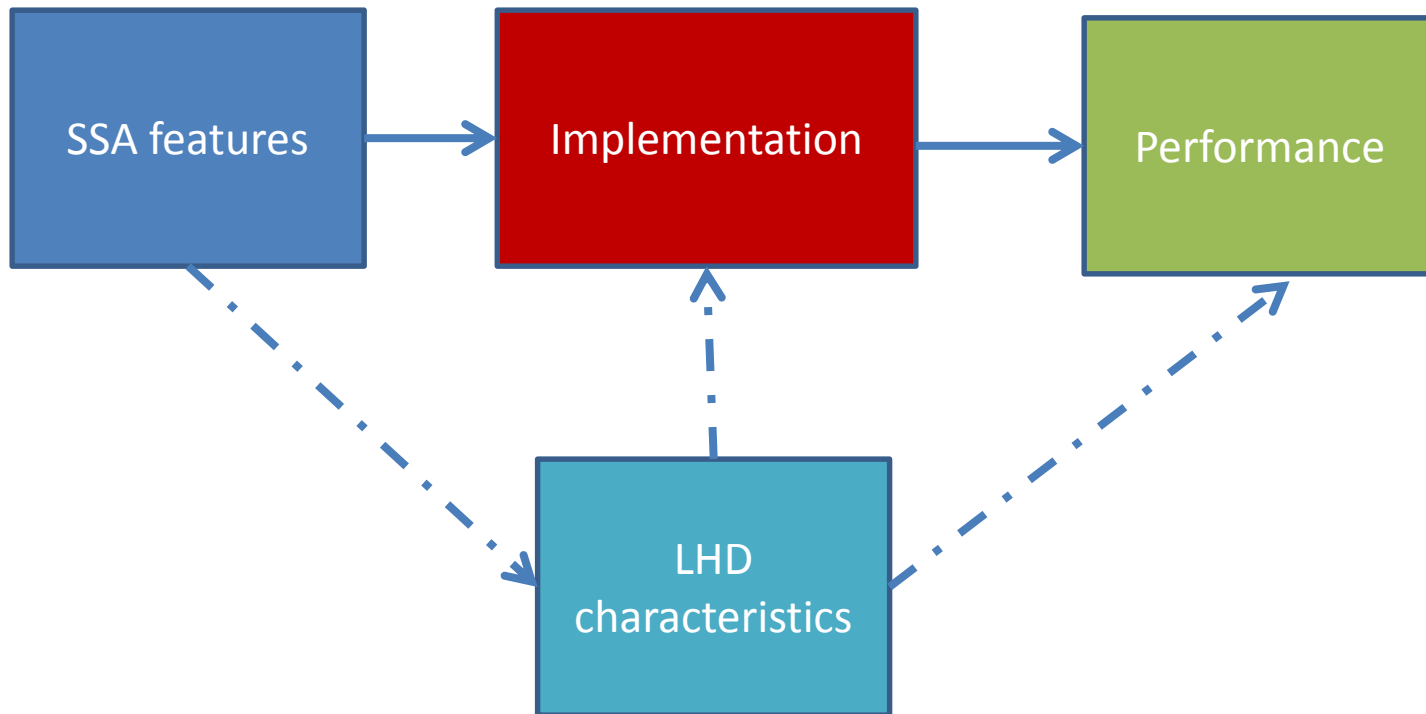
## Study Advisory Team

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

# Specific Aims

1. Describe SSA and LTHD characteristics, motivations, and expected outcomes
2. Measure extent of implementation
3. Measure performance in achieving expected outcomes
4. Analyze effects of SSA and LTHD characteristics on implementation and performance
5. Document change in SSA use and motivations compared to baseline (2012 to 2015)

# Analytic Framework (Proposed)



# Shared services agreement definition

- *“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”*
- At least 2 LTHD
- In place on or after January 1, 2011



# Data sources

- SSA documents
- Extraction of SSA features from SSA
- Interview LTHD directors
- Local Public Health Department Survey
  - (annual state administered data)
- Online Survey
  - 2012
  - 2014-15



# Analysis plan

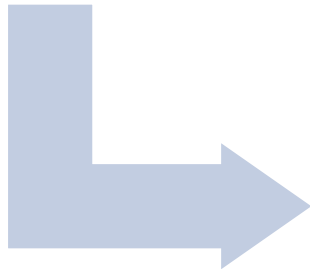
- Descriptive
- Assess relationships of SSA features on implementation and performance using latent class analysis
- Assess influence of LTHD characteristics on these relationships
- Assess changes since 2012 (survey)



# Current status of SSA collection

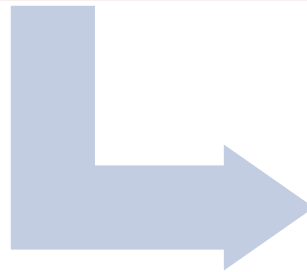
Invited:  
91 LTHD

- Declined = 3
- No SSA = 13
- No response = 12



Submitted:  
126 SSA

- 24 duplicates
- 17 did not meet criteria



Included:  
85 SSA



# Current status of interviews

Invited (n=91):

88 LHD

3 THD

- 3 declined
- 13 no SSA
- 12 did not respond

Consented (n=63)

62 LHD

1 THD

- 18 did not respond
- 2 LHD w/ shared LHO

Interviewed:

n=44





# Preliminary Findings: SSA Features

N=68

- **75 LHD (85%) & 5 THD (38%) are named in at least one SSA**

- **LTHD partners/SSA:**

Range = 2 to 15      Mean = 3.78      Median = 2.00

- **Year initiated: 2003-2014**

- **Term length (months):**

None noted = 30      Mean = 13.2      Median = 12

- **Notice required to terminate:**

Required: 53

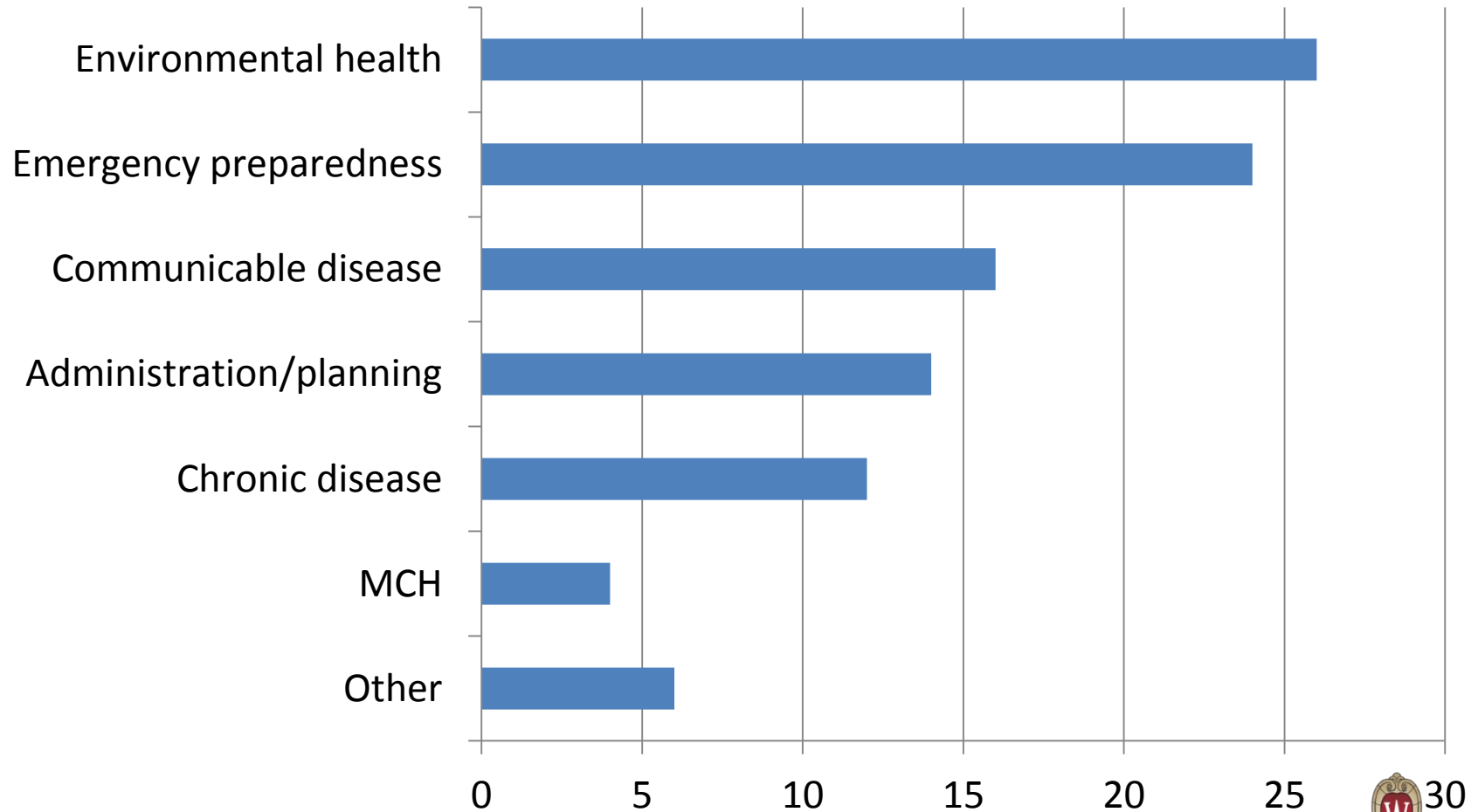
Range = 10 days to 12 months

Unclear/not documented = 22

2/11/2015



# Preliminary findings: Program area



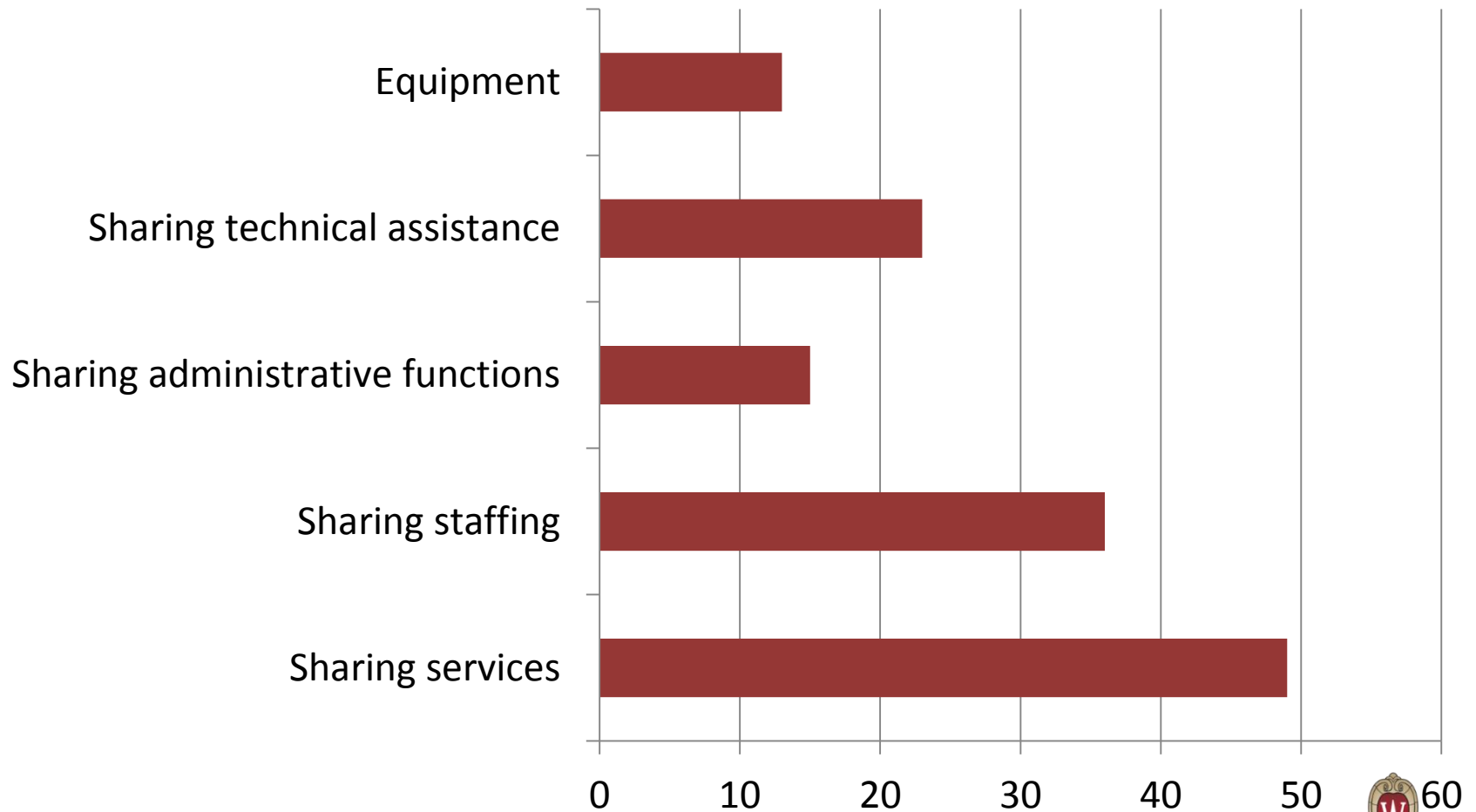
N=68 SSA

2/11/2015



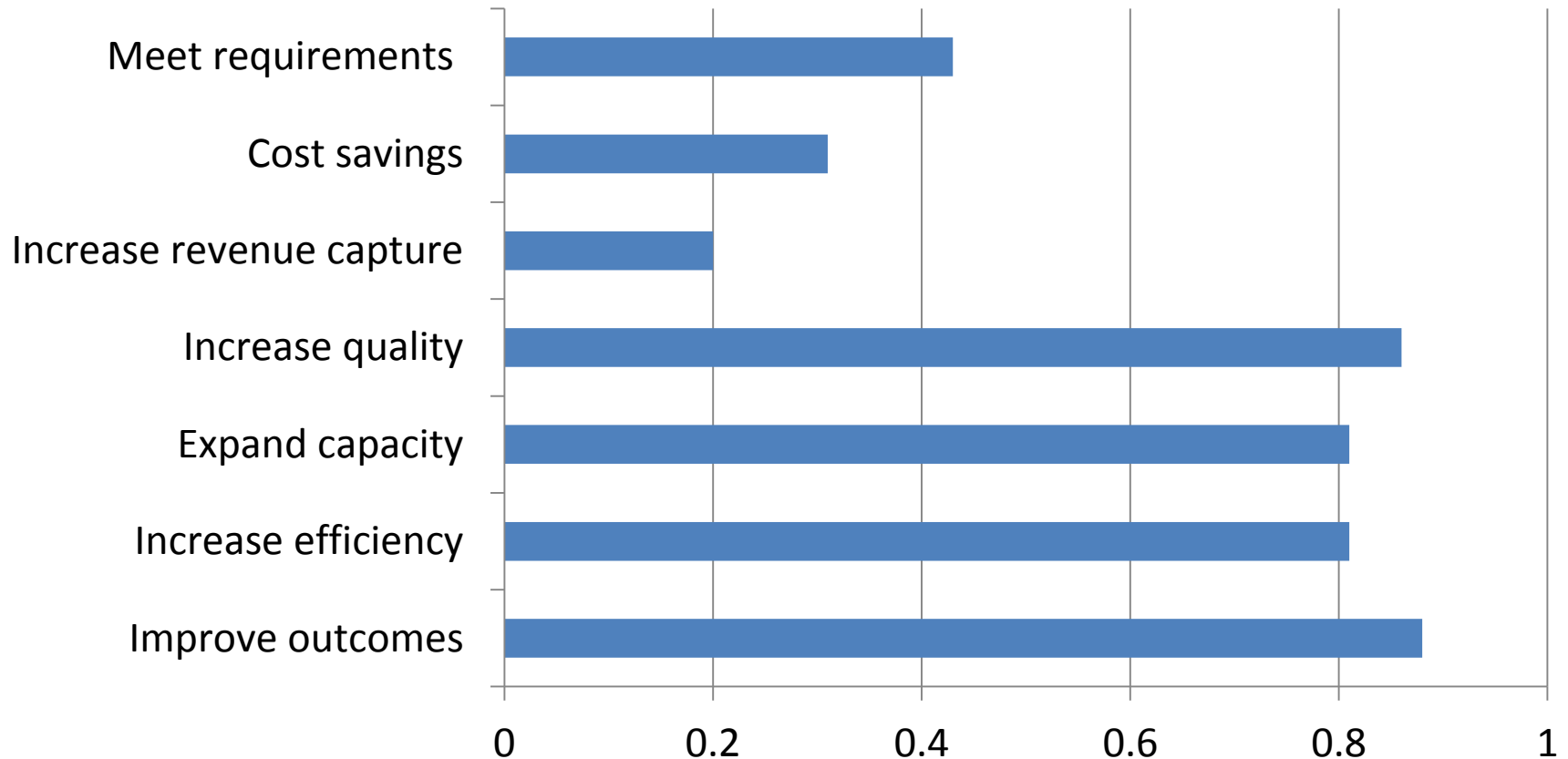
School of Nursing  
UNIVERSITY OF WISCONSIN-MADISON

# Preliminary findings: Nature of sharing



N=68 SSA

# Preliminary findings: Motivations for SSA



Yes=1; No=0

N=63 SSA; N=115 responses

2/11/2015



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# Preliminary findings: Extent of implementation

- Scale:
  - 0 = No components implemented
  - 5 = Full implementation
- Range = 0 to 5
- Mean = 4.53

N=42 LTHD interviews  
N= 62 SSA

# Preliminary findings: Perceived performance

- Extent to which the SSA succeeded in achieving expected outcomes
  - Scale:
    - 0 = No expected outcomes achieved
    - 5 = All expected outcomes achieved
  - Range = 0 to 5
  - Mean = 4.26

N= 41 LTHD

N= 58 SSA

# Experience with prior collaboration (n=43)

- 95% (n=42) identified at least one type of prior collaboration
- Most common:
  - Collaborate on program areas
    - Emergency preparedness
    - Maternal and child health
    - Environmental health
  - Peer support
    - Mentoring, support network, professional sharing

# Types of incentives to collaborate (n=43)

- 88% identified at least one type of incentive to collaborate on at least one SSA
- Most common:
  - Collaborate to obtain funding
  - State mandates
    - Mandate to provide the service
    - Directive to collaborate
  - Collaborate to strengthen public health



# Positive results of collaboration (n=43)

- 93% identified at least one positive result from collaboration
- Most common:
  - Expand capacity & improve services
  - Building relationships
  - Increased efficiency
  - Increased staff skills

# Challenges of collaboration (n=43)

- 95% identified at least one challenging aspect of collaboration
- Most common:
  - Financial constraints
  - Complexity

# Recommendations (n=43)

- 95% identified at least one recommendation
- Most common:
  - Reasons to partner
  - Qualities of a good agreement
  - Getting to agreement
  - Just do it!

# CJSSA Follow-up Survey

- Final phase of two-phase research project
- Follow up survey results to be compared to the baseline survey results from 2012
- Survey launched Oct. 7, 2014
- Participation Incentive - random drawing of a handheld GPS unit

# CJSSA Follow-up Survey

- Reminders
  - Two email reminders and phone follow-up
  - External events: Ebola, influenza, budgets, holidays
  - Third email reminder on Jan. 8
- Survey closed Jan. 23, 2015
- Response rate = 69% (n=63)

# Preliminary Results

Health department currently shares services with another local or tribal health department(s)

Yes 78% (n=49)

No 22% (n=14)

Generally, greater service sharing among local and tribal health departments in programmatic areas than organizational functions

# Preliminary Results

Extent to which health department's governing bodies (e.g. city council or county board, board of health or similar structure) approve arrangements to share services with other local or tribal health departments

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

# Preliminary Results

Governing body discussed in past 2 years or currently discussing the potential for discontinuing a shared service agreement

Yes 8% (n=5)

No 54% (n=54)

Don't know 6% (n=4)

Governing body discussed in past 2 years or currently discussing the potential for creating a shared service agreement

Yes 44% (n=28)

No 48% (n=30)

Don't know 8% (n=5)



# Translation and dissemination

1. Guided by SAT
2. Recommendations for practice and policy
3. 2 Webinars
4. Report on legal aspects for NPHL newsletter
5. Research-policy briefs (CSPHS, WPHPRN)
6. Video format research brief for CSPHS website
7. Conference presentations (research and practice)
8. Peer reviewed publication (1 to 3)

# Resource for cross-jurisdiction sharing

<http://www.phsharing.org/>

The screenshot shows a Firefox browser window displaying the website [www.phsharing.org](http://www.phsharing.org/). The page features the logo for the Center for Sharing Public Health Services, which includes a stylized globe icon and the tagline "Rethinking Boundaries for Better Health". A navigation menu at the top includes links for "What We Do", "Roadmap", "Sites", "CJS Resources", and "Technical Assistance", along with a search bar. The main content area is a blue banner titled "ROADMAP" with the subtitle "A Roadmap to Develop Cross-Jurisdictional Sharing Initiatives". Below the title is a three-phase process diagram: Phase One (EXPLORE: Is CJS a feasible approach to address the issue you are facing? Who should be involved?), Phase Two (PREPARE AND PLAN: How exactly would it work?), and Phase Three (IMPLEMENT AND IMPROVE: Let's do it!). To the right of the diagram, a text block describes the "Roadmap" as a guide for public health officials and policymakers, mentioning demonstration sites and expert opinions. At the bottom right of the banner, there are five small white circles, with the third one being larger, indicating the current position in a sequence.

# We invite your comments!

## **Contact for study:**

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# Commentary



## Research:

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## Public Health Practice:

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# Questions and Discussion

**Archives of all Webinars available at:**

<http://www.publichealthsystems.org/phssr-research-progress-webinars>

## **Upcoming PHSSR Research in Progress Webinars -- February 2015**

**Thursday, February 19 (1-2pm ET)**

***Identifying & Learning from Positive Deviant Local Public Health  
Departments in Maternal and Child Health***

**Tamar A. Klaiman, PhD, MPH, University of the Sciences, Philadelphia**

**Research Commentary: Betty Bekemeier, PhD, MPH, Schools of Nursing &  
Public Health, University of Washington**

**Public Health Practice Commentary: Jerie Reid, Director of Public Health,  
Clinton County Health Department, New York**

# Upcoming PHSSR Research in Progress Webinars

## -- March 2015

Wednesday, March 4 (12-1pm ET)

*Leveraging Electronic Health Records for Public Health:*

*From Automated Disease Reporting to Developing Population Health Indicators*

Brian Dixon, PhD, Indiana University

Wednesday, March 11 (12-1pm ET)

*Evaluating the Quality, Usability, and Fitness of Open Data for Public Health Research*

Erika G. Martin, PhD, MPH, State University of New York- Albany

Thursday, March 19 (1-2pm ET)

*Cross-sector Collaboration Between Local Public Health and Health Care for Obesity Prevention*

Eduardo J. Simoes, MD, University of Missouri and

Katherine A. Stamatakis, PhD, MPH, Washington University in St. Louis

# Upcoming PHSSR Research in Progress Webinars

## April 2015

Wednesday, April 1 (12-1pm ET)

*Restructuring a State Nutrition Education and Obesity Prevention Program:  
Implications of a Local Health Department Model*

Helen W. Wu, PhD, U. California Davis

Wednesday, April 8 (12-1pm ET)

*Public Health Services Cost Studies: Tobacco Prevention, Mandated Public Health  
Services*

Pauline Thomas, MD, New Jersey Medical School and  
Nancy Winterbauer, PhD, East Carolina University

Tuesday and Wednesday, April 21-22

**2015 PHSSR KEENELAND CONFERENCE, Lexington, KY**

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