Cross-Jurisdictional Shared Services Agreements: A Strategy for Increasing Capacity for Local Public Health Services

Susan Zahner, DrPH, RN
University of Wisconsin - Madison

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Louisville, Kentucky

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

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Susan Zahner, DrPH, RN

Kusuma Madamala, PhD, MPH

Adam Karlen, BS, RN

Tracy Mrochek, MPA, RN

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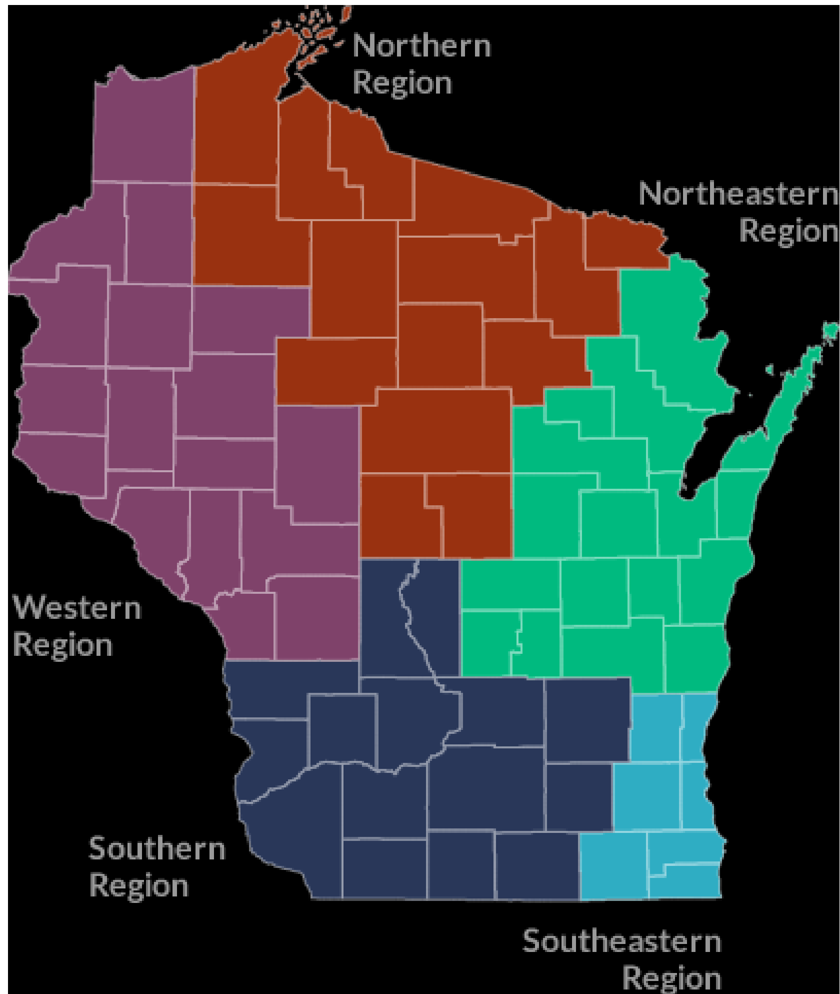
Public health in Wisconsin



- 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

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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)

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.

Survey Methods

- Minor revisions to 2012 instrument
- 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)."

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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%

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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%

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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

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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)

Methods

- IRB approval UW-Madison
- Invited LTHD to participate
- Incentive drawing for registration at state WPHA/WALHDAB conference
- Collected SSA documents
- Extracted information from SSA
- Interview LTHD directors
- Content coding of open-ended (NVivo10)
- Local Public Health Department Survey
- Analysis

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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 local-level health departments
- In place on or after January 1, 2011

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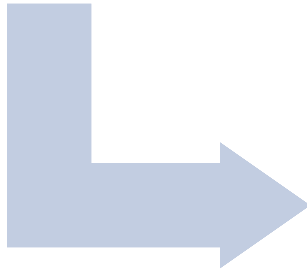
Shared services agreements

Invited:

91 LTHD

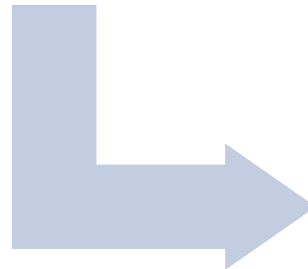
- Declined = 3
- No SSA = 13
- No response = 12



Submitted:

126 SSA

- 26 duplicates
- 17 did not meet criteria



Included:

83 SSA

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Interviews

Invited (n=91):

88 LHD

3 THD

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

Consented (n=63)

62 LHD

1 THD

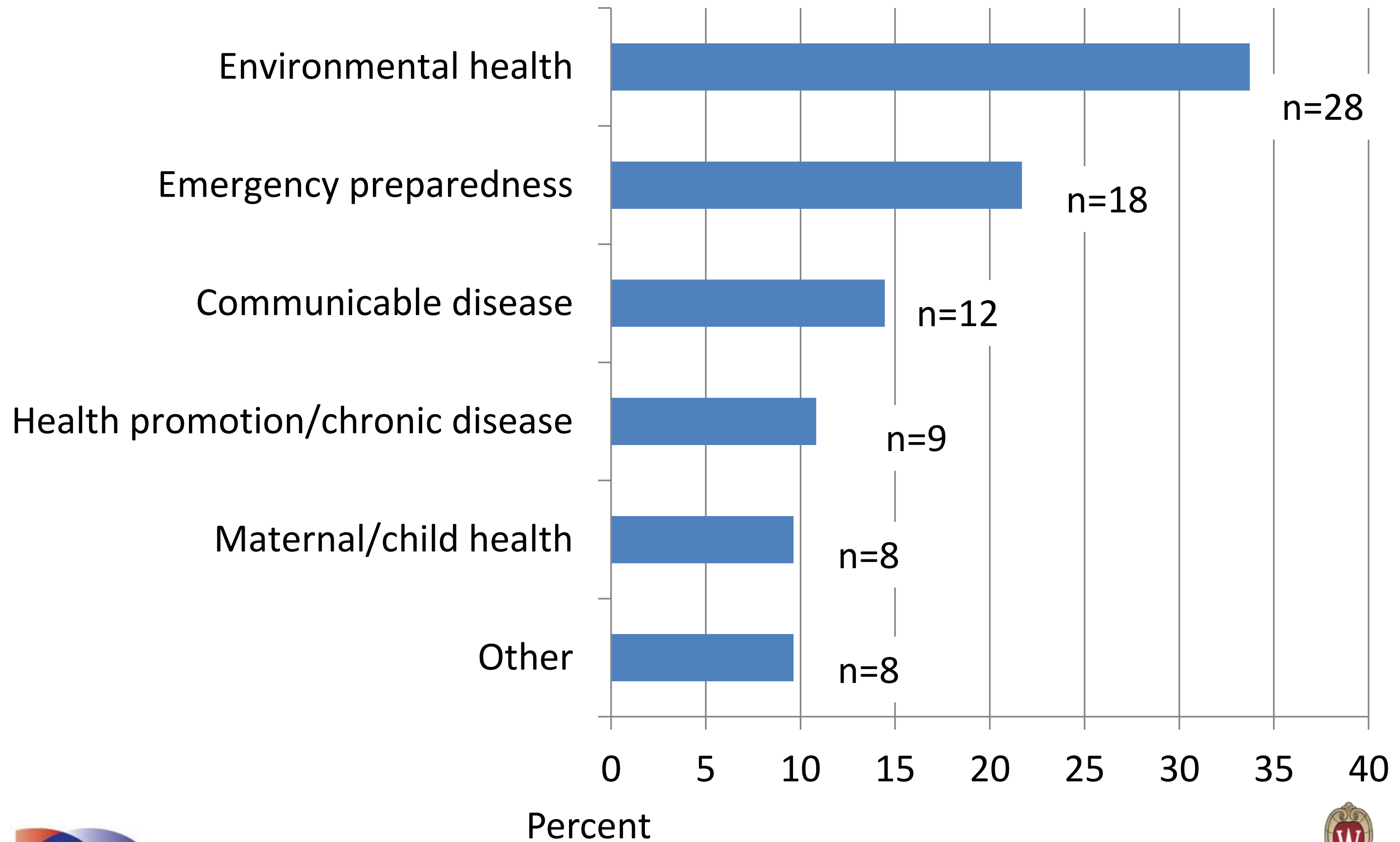
- 18 did not respond
- 2 LHD w/ shared LHO

Interviewed:

n=44

Primary program area

N=83 SSA



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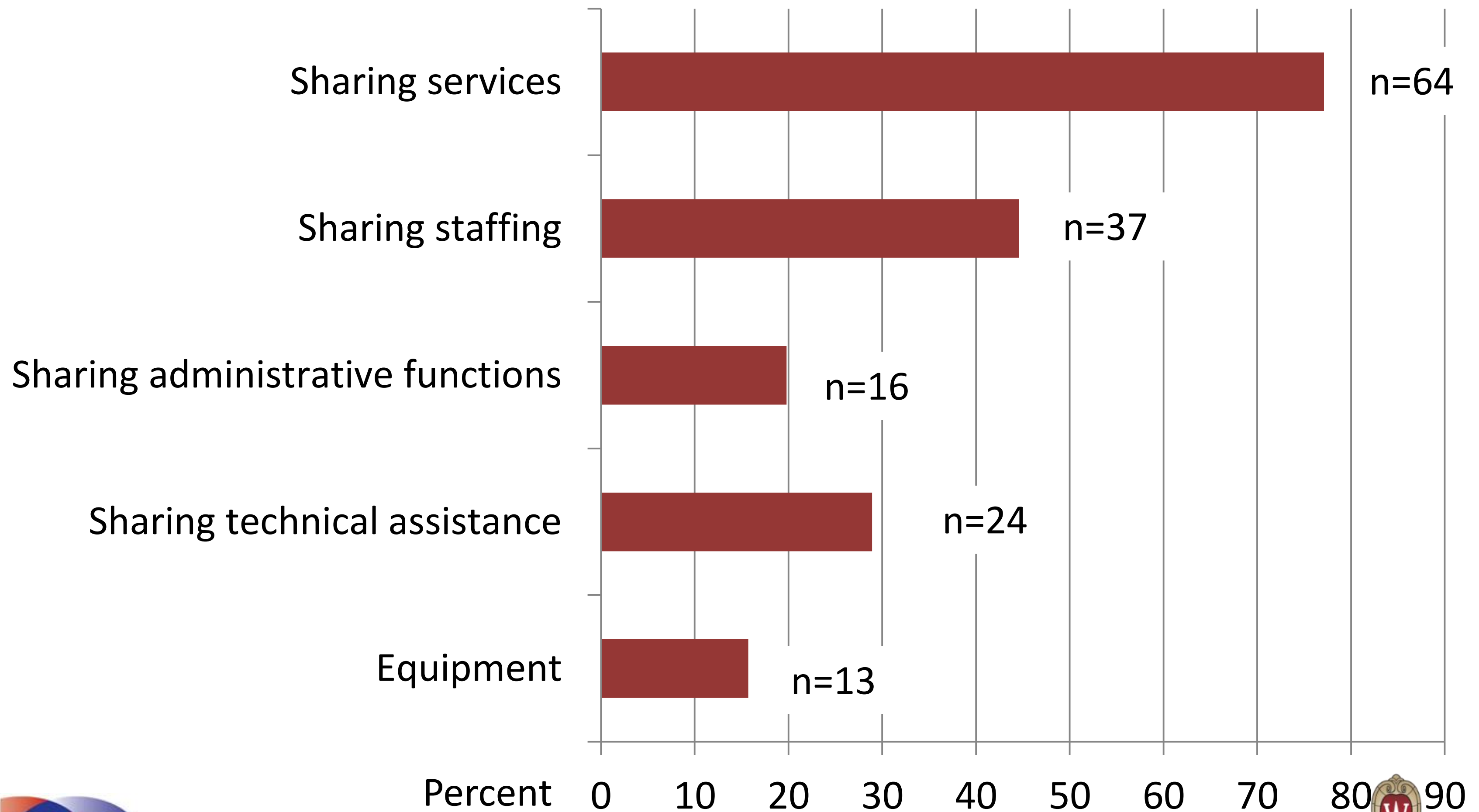
Type of sharing N=83 SSA



Expected outcomes

- "Provide mutual assistance in the event of a communicable disease outbreak or epidemic" (*communicable disease)*
- "Facilitate mutual assistance between parties…in the event of bioterrorism, infectious disease outbreaks, and other public health threats" *(emergency preparedness)*
- "Provide all services for the WI Well Woman's Program" *(MCH)*
- "Partner county to conduct lead risk assessments and provide consultation" *(Environmental health)*
- "Provide WI Tobacco Prevention and Control Program Service" *(Health promotion/chronic disease prevention)*

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Number of LTHD partners

- Mean = 3.46 partners/SSA
  - Min/max: 2-15
  - 74% with 2 partners
- 77/88 LHD (87.6%)
- 5/11 Tribal (45%)
- 7 other organizations

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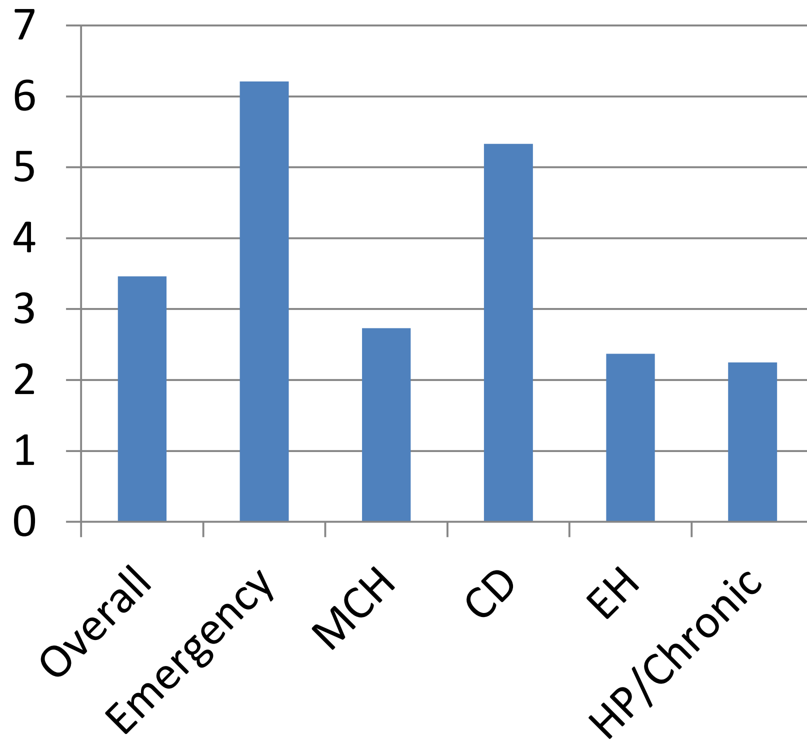
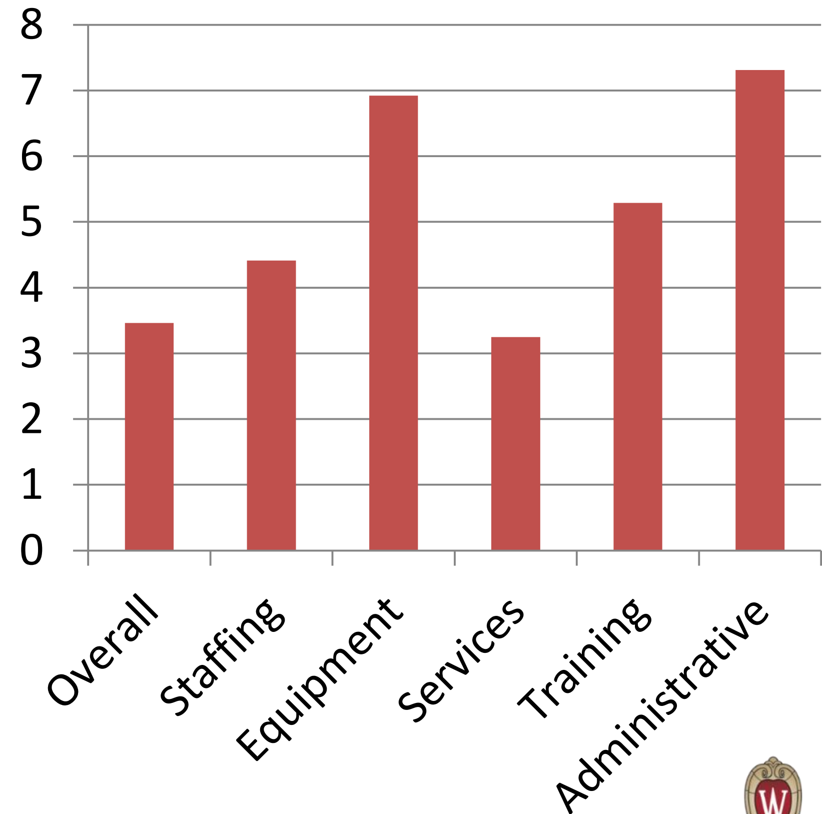
Number of partners in SSA





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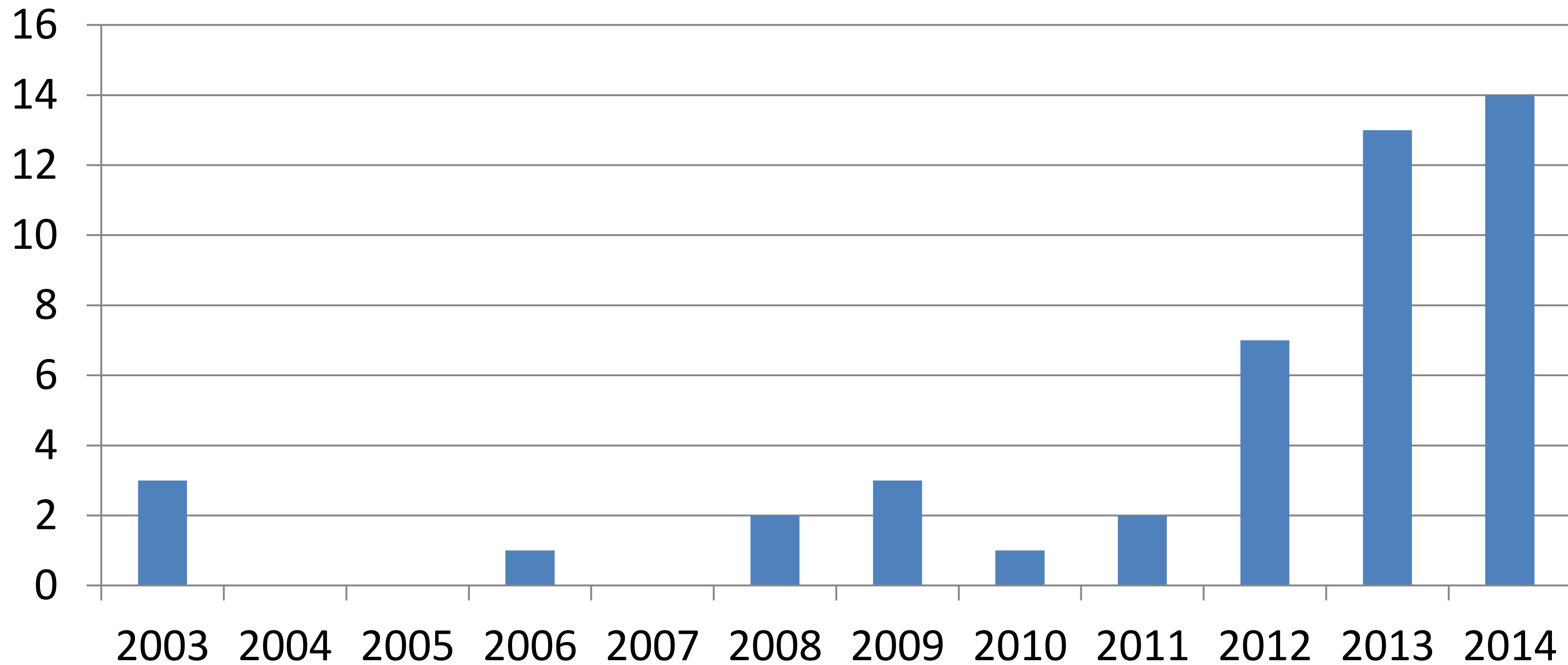
LHD characteristics

LHD with SSA (n=77)

- Population range
  - R=4381- 592,119
  - **M=57,652**
- Total FTE
  - R=2.4 to 274
  - **M=19.08**
- Total expenditure
  - **Mean = $1.6 million**

LHD with no SSA (n=11)

- Population
  - R=20, 604 - 476,417
  - **M=116,174**
- Total FTE
  - R=4/5 - 163
  - **M=31.24**
- Total expenditure
  - **Mean = $2.8 million**



Length of term

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

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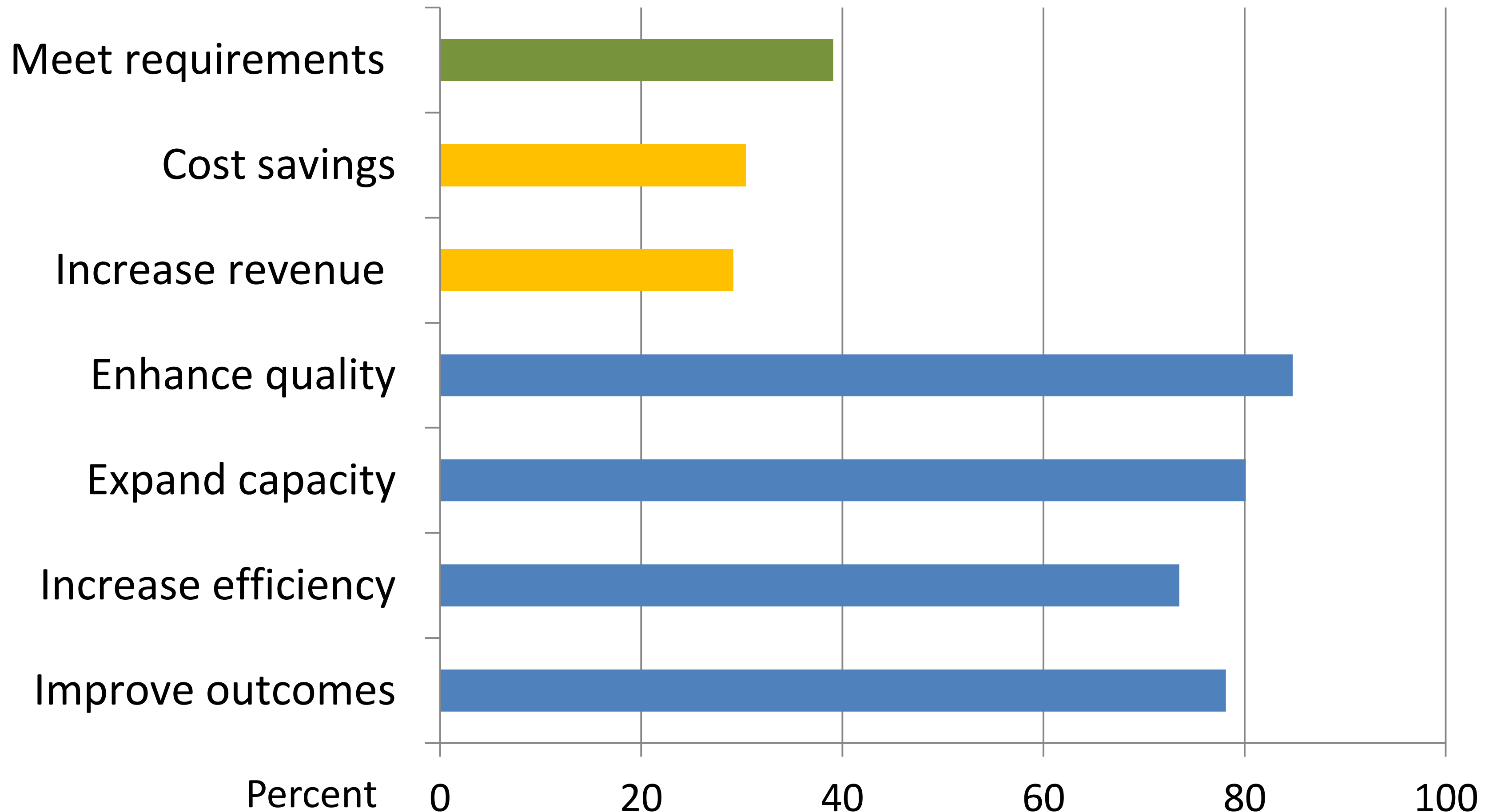
"Completeness" (legal)

SSA "legal" items	N	%
1. Legal obligation is created by agreement	82	99
2. SSA intention is binding	81	98
3. Decision-making process is clear	78	94
4. Financial payment/reimbursement required	67	81
5. Expected outcomes are clear	70	84
6. All parties involved in decision-making	65	78
7. Communication processes are clear	53	64
8. Renewal process is identified	27	33
9. Dispute resolution process is identified	15	18

Jill Krueger, Attorney, Network for Public Health Law

Motivations for SSA



N= 44 interviews regarding 83 SSA

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Motivations by program focus

Motivations	Emergency prepared %	MCH %	Comm. Disease %	Env. Health %	HP-Chronic %
Mandate (Meet requirement)	52	42	38	24	58
Financial (Cost savings, increase revenue)	41	29	36	63	63
Service quality (Enhance quality, capacity, outcomes, efficiency)	98	100	96	93	95

Experience with prior collaboration (n=44)

- 98% (n=43) 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

Extent of implementation

- Scale:
  - 0 = No components implemented
  - 5 = Full implementation
- Mean = 4.63 (SD = 1.01)
- Min/Max = 0 to 5
- 71% reported full implementation

Perceived performance

- Extent to which the SSA succeeded in achieving expected outcomes
  - Scale:

    0 = No expected outcomes achieved

    5 = All expected outcomes achieved
  - Mean = 4.38 (SD=1.04)
  - Min/Max = 0 to 5
  - 58% reported all outcomes achieved

Preliminary analysis

- Correlation of SSA features with **performance**
- Bi-serial and Phi correlations
  - Implementation
  - Focus type
  - Nature of sharing
  - Months since started
  - Prior collaboration
  - Motivations
  - Legal completeness composite

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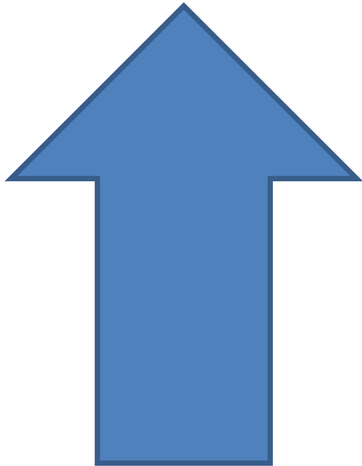
Factors associated with higher performance:



- Higher extent of **implementation**
- **SSA types:**
  - Environmental health
  - Communicable disease
  - Maternal-child health
- **All types of sharing**, with variation among SSA focus areas
- SSA in place for **longer time**

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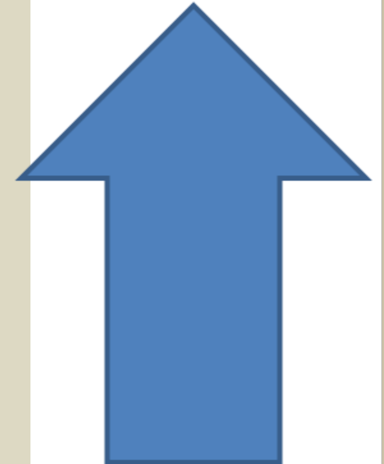
Factors associated with higher performance:

- **Prior collaboration**
- Motivations:
  - **financial**
  - **quality**
- **Legal completeness**
  - Health promotion/chronic disease
  - Emergency preparedness



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Positive results of collaboration

(n=44 interviews)

- 95% identified at least one positive result from collaboration
- Most common:
  - Expand capacity & improve services
  - Building relationships
  - Increased efficiency
  - Increased staff skills

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Challenges of collaboration

(n=44 interviews)

- 97% identified at least one challenging aspect of collaboration
- Most common:
  - Financial constraints
  - Complexity

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Recommendations

(n=44 interviews)

- 97% identified at least one recommendation
- Most common:
  - Reasons to partner
  - Qualities of a good agreement
  - Getting to agreement
  - Just do it!

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Limitations

- 50% of LHD directors participated in interviews
- Lower response rate in time 2 survey
- Limited tribal participation
- May have missed some SSAs meeting definition
- Low numbers limit type of analysis and power to detect relationships
- New/novel measures

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Discussion

Increasing

- Sharing services across jurisdictions is common & increasing

Flexible

- Used in a variety of program areas
- Used in large and small LHD
- All types of structures/governance

Positive

- LHD directors are positive about strategy

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Partners

- Number of partners varies; fit to purpose
- Prior collaboration

Complete

- More [legally] complete agreements are associated with higher performance (for some types of SSA)
- Longer time in place

Quality

- Most frequent motivations are related to quality
- Financial and quality motivations are related to better performance

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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/

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We invite your comments!

Contact for study:

Susan Zahner

sjzahner@wisc.edu

Kusuma Madamala

madamala@wisc.edu

Contact for WPHRN:

Tracy Mrochek

mrochek@wisc.edu

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