

### ***Inter-Organizational Collaboration in Local Public Health Systems: Implications for Costs, Impact, and Management Capacity***

Thursday, February 25, 2016, 12:00–1:00pm ET/9:00-10:00am PT

#### Presenters



**Justin Marlowe, PhD, MPA, MA**, is the Endowed Professor of Public Finance and Civic Engagement and Associate Dean for Executive Education, at the University of Washington Evans School of Public Policy and Governance. He teaches public financial management and budgeting, and has published three books and more than 50 articles on a variety of topics in public financial management, including the municipal securities market, capital budgeting and finance, local fiscal policy, public pensions and legacy costs, financing public health systems, and public-private partnerships. Dr. Marlowe's research support includes grants from the Robert Wood Johnson Foundation and the International City/County Management Association. Dr. Marlowe has served on expert advisory boards for King County (WA), the Washington State Auditor, and the National Academies of Science, and currently serves on a task force convened by the Governmental Accounting Standards Board to review potential changes to state and local governments' financial reporting practices. He also routinely works as a consultant and expert witness for clients such as state and local governments and investment banks. He writes a regular column in *Governing* magazine, and is lead author of *Governing's* popular Guide to Financial Literacy series for state and local elected officials. [jmarlowe@uw.edu](mailto:jmarlowe@uw.edu)



**Betty Bekemeier PhD, MPH, FAAN**, is a University of Washington (UW) School of Nursing Associate Professor, and Director of the Northwest Center for Public Health Practice at the UW School of Public Health. She is a nationally recognized public health systems and practice-based researcher, focusing on structures and services of state and local health departments in relation to health outcomes and reducing disparities. Much of her research and leadership in advancing public health systems has been conducted with state Public Health Practice-based Research Networks (PBRN) and the National Network of Public Health PBRNs. She leads several PBRN-related research projects, in particular, the [Public Health Activities & Services Tracking \(PHAST\)](#) study. PHAST is an ongoing multi-state PBRN study to develop the evidence regarding health outcomes associated with variation and change in local public health infrastructure and service delivery. [bettybek@uw.edu](mailto:bettybek@uw.edu)

#### Commentary



**Kusuma Madamala, PhD, MPH** is an independent public health systems consultant with 18 years of experience in public health practice and research settings, and including the National Network of Public Health Institutes, the Association of State & Territorial Health Officials, the Institute for Wisconsin's Health, the American Medical Association as a senior scientist leading initiatives to bridge clinical and population health, and the Minnesota Department of Health and University of Minnesota. Dr. Madamala is an adjunct assistant professor and member of the DrPH faculty at UIC School of Public Health and the Medical College of Wisconsin. Her areas of interest include public health systems and services research with an emphasis on the performance and quality improvement activities of health departments. [madamalak@gmail.com](mailto:madamalak@gmail.com)

## Project Webpage:

# Inter-Organizational Collaboration in Local Public Health Systems: Implications for Costs, Impact, and Management Capacity

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**Year: 2014**  
**Funding:** Dissemination and Implementation Research to Improve Value Study (DIRECTIVE)  
**Status:** Underway

**Overview**

Evidence regarding the ways in which cross-jurisdictional sharing (CJS) by local health districts (LHDs) affects volume, intensity and unit cost of services is important for informing real-world decisions. This **Dissemination and Implementation Research to Improve Value (DIRECTIVE)** project supports a consortium of the Washington, Wisconsin, and New York PBRNs, along with investigators from the emerging Oregon PBRN, in focusing on CJS in the domain of communicable disease. Led by the University of Washington, this four state consortium is collecting existing measures from the **Multi-Network Practice Outcome Variation Examination (IMPROVE)** and administering a survey to LHDs to determine the extent and structure of CJS. Survey results will be combined with results of a similar survey of Wisconsin LHDs, and IMPROVE-CJS data will be combined with LHD-level financial information (as available) to allow the observation of the relationship over time between LHD-level CJS and the costs, volume, and quality of service delivery.

**Presentations**

- Inter-Organizational Collaboration in Local Public Health Systems: Implications for Costs, Impact, and Management Capacity (PHSSR Research in Progress Webinar, February 2016 recording)
- Calculating and Apportioning the Costs of Shared Service Activities (PHSSR Keeneland Conference, April 2015 recording)

**Research Areas**

- Financing and Economics
- Costs, Performance, and Outcomes

**Contact**

Justin Marlowe, PhD  
Betty Bekemeier, PhD  
University of Washington

# Systems for Action

*Systems and Services Research to Build a Culture of Health*



## ***PHSSR Research In Progress Webinar***

*Thursday, February 25, 2016*

*12:00-1:00pm ET/ 9:00-10:00am PT*

*Cost, Quality, and Value of Public Health Services -- DIRECTIVE*

## **Inter-Organizational Collaboration in Local Public Health Systems: Implications for Costs, Impact & Management Capacity**

**Note:** *Download today's presentation and speaker bios from the 'Resources' box in the top right corner of the screen.*

*Funded by the Robert Wood Johnson Foundation*



# Agenda

**Welcome:** **C.B. Mamaril, PhD**, RWJF *Systems for Action* program;  
Research Assistant Professor, U. of Kentucky College of Public Health

**“Inter-Organizational Collaboration in Local Public Health Systems: Implications for Costs, Impact, and Management Capacity”**

**Presenters:** **Justin Marlowe, PhD, MPA, MA**, Public Finance and Civic Engagement, Evans School of Public Policy and Governance  
[jmarlowe@uw.edu](mailto:jmarlowe@uw.edu) and **Betty Bekemeier, PhD, MPH, RN**, School of Nursing, and Northwest Center for Public Health Practice  
[bettybek@uw.edu](mailto:bettybek@uw.edu)  
University of Washington; Washington Public Health PBRN

**Commentary:** **Kusuma Madamala, PhD, MPH**, Public Health Systems Consultant, Wisconsin Public Health PBRN  
[madamalak@gmail.com](mailto:madamalak@gmail.com)

## Questions and Discussion

# Dissemination and Implementation Research to Improve Value (PBRN DIRECTIVE)

- [Four 24-month DIRECTIVE studies](#), awarded to consortia of two or more Public Health PBRNs in 2014
- Builds on MPROVE and DACS measures and methods
- Examine facilitators for implementation of evidence-based prevention programs
  - Resources and infrastructures
  - Partnerships & inter-organizational coordination

# Dissemination and Implementation Research to Improve Value (PBRN DIRECTIVE)

- [Studies](#) to assess quality & costs of public health service delivery strategies
- Draw conclusions on comparative effectiveness & value
- Today's CA-AL PBRN presentation is third in the DIRECTIVE study presentation series
  - Oct. 14: [CT-MA PBRN study](#)
  - Dec. 9: [CA-AL PBRN study](#)
  - Feb. 18: [CO-KS-NE PBRN study](#)
  - Feb. 25: [WA-WI-NY-OR PBRN study](#)

# Presenters



**Justin Marlowe, PhD, MPA, MA**

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Washington Public Health PBRN



# Inter-Organizational Collaboration in Local Public Health Systems: Implications for Costs, Impact, and Management Capacity

Betty Bekemeier

School of Nursing

Justin Marlowe

Evans School of Public Policy and Governance

University of Washington

RWJF PHSSR Research-in-Progress Webinar

February 25, 2016



## Acknowledgments

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- > RWJF Grant #72055 (“DIRECTIVE” program)
- > Key University of Washington Personnel: Sharee Squires, Ph.D. Candidate, School of Nursing and Greg Whitman, PHAST Project Manager, School of Nursing
- > Key Public Health Practice-Based Research Networks (PBRN) partners:
  - New York State Department of Health: Chris Maylahn, Isaac Michaels, Sylvia Pirani
  - Oregon Coalition of Local Health Officials: Kathleen Johnson and Morgan Cowling
  - Washington State Department of Health: Jennifer Tebaldi
  - University of Wisconsin: Theresa Watts and Susan Zahner

## Study Design

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- > Research Question: How does cross-jurisdictional sharing (CJS) affect the volume, intensity, and unit costs of public health services?
- > Our hypothesis: More intense and more formalized sharing will increase service intensity and volume, and drive down unit costs
- > Our empirical strategy:
  1. Survey to measure the extent of CJS among LHJs on all foundational public health services
  2. Combine survey results with MPROVE measures and LHJ-level expenditures (where available); emphasis on communicable disease
  3. Case studies to illustrate how, exactly, CJS affects service delivery

## Key Findings So Far

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- > Most LHJs use CJS to improve service delivery, not as a substitute for service delivery
- > Sharing is most common for emergency preparedness, communicable disease, maternal-child health, epidemiology
- > Sharing is much more common among small LHJs
- > Initial evidence that sharing improves volume and reach of public health services

## Some Context

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- > Cross-Jurisdictional Sharing, “Inter-local Collaboration”, and “Functional Consolidation” are a popular alternative to consolidation, annexation, and regionalization
- > Strong policymaker interest in both perspectives
  - NY Governor Cuomo: Proposed \$20 million “Municipal Efficiency and Consolidation Competition”
  - Oregon “Public Health Modernization” Effort
- > Small empirical literature suggests consolidation and regionalization can produce significant efficiency in local public health services (Mays, et. al. 2012; Mays 2012; Stefank 2012)
- > Unclear at the moment if cross-jurisdictional sharing produces similar gains

## Survey Implementation

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- > Web-based survey administered to local health jurisdictions in NY (N=58), OR (N=35), and WA (N=35)
- > Instrument based on CJS survey developed by Madamala, et. al. (2014) for LHJs in WI (N=92)
- > Respondents across states: NY = 28, OR = 30, WA = 25
- > Respondents include several large urban LHJs – New York City, Seattle/King County, Portland (OR), Milwaukee (WI) – and good coverage of rural LHJs

# Where is CJS Happening?

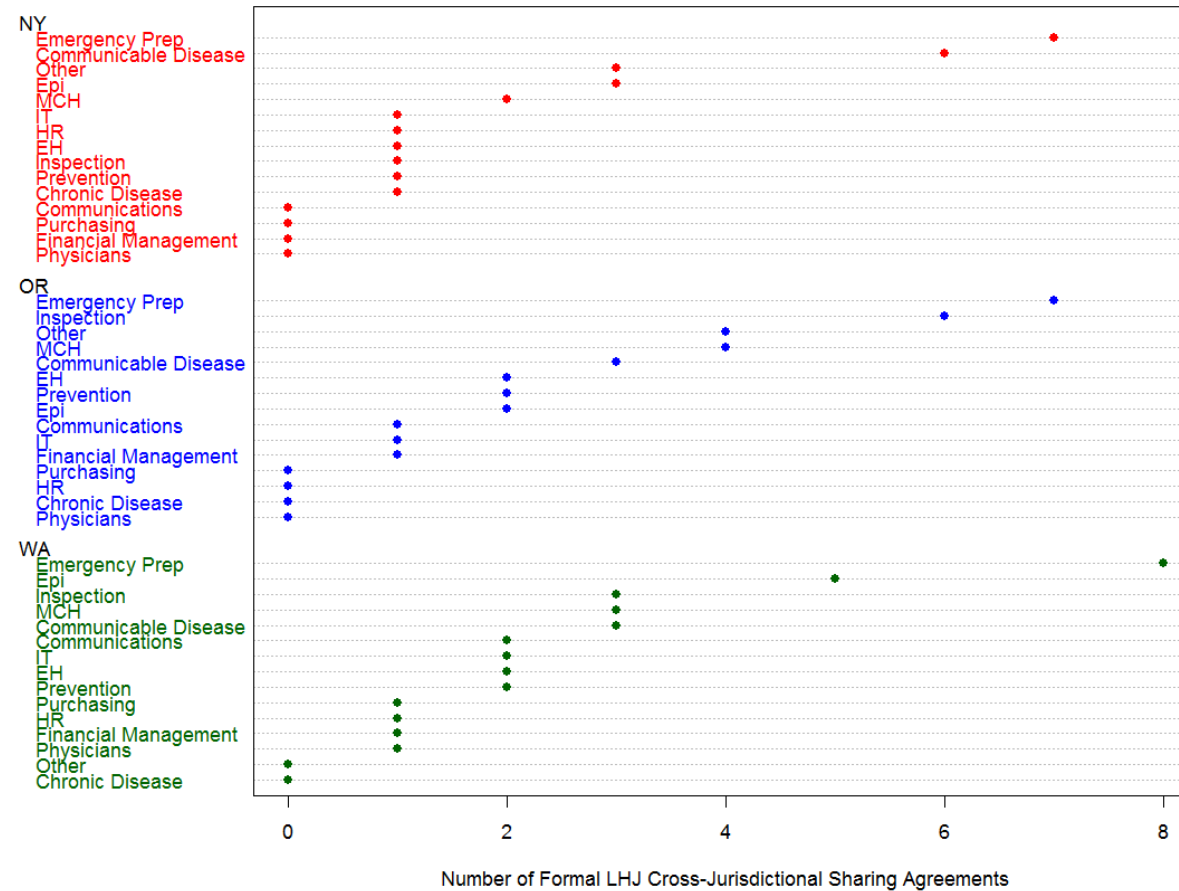
## Summary Survey Results

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- > 70% of LHJs have at least one sharing arrangement
- > 28% of respondents say they're sharing more now than in the past 12 months
- > Roughly half of CJS are formal MOUs and contracts; the other half are informal, usually “handshake” agreements
- > Around 85% of CJS were created since the “Great Recession”

# Where is CJS Happening?

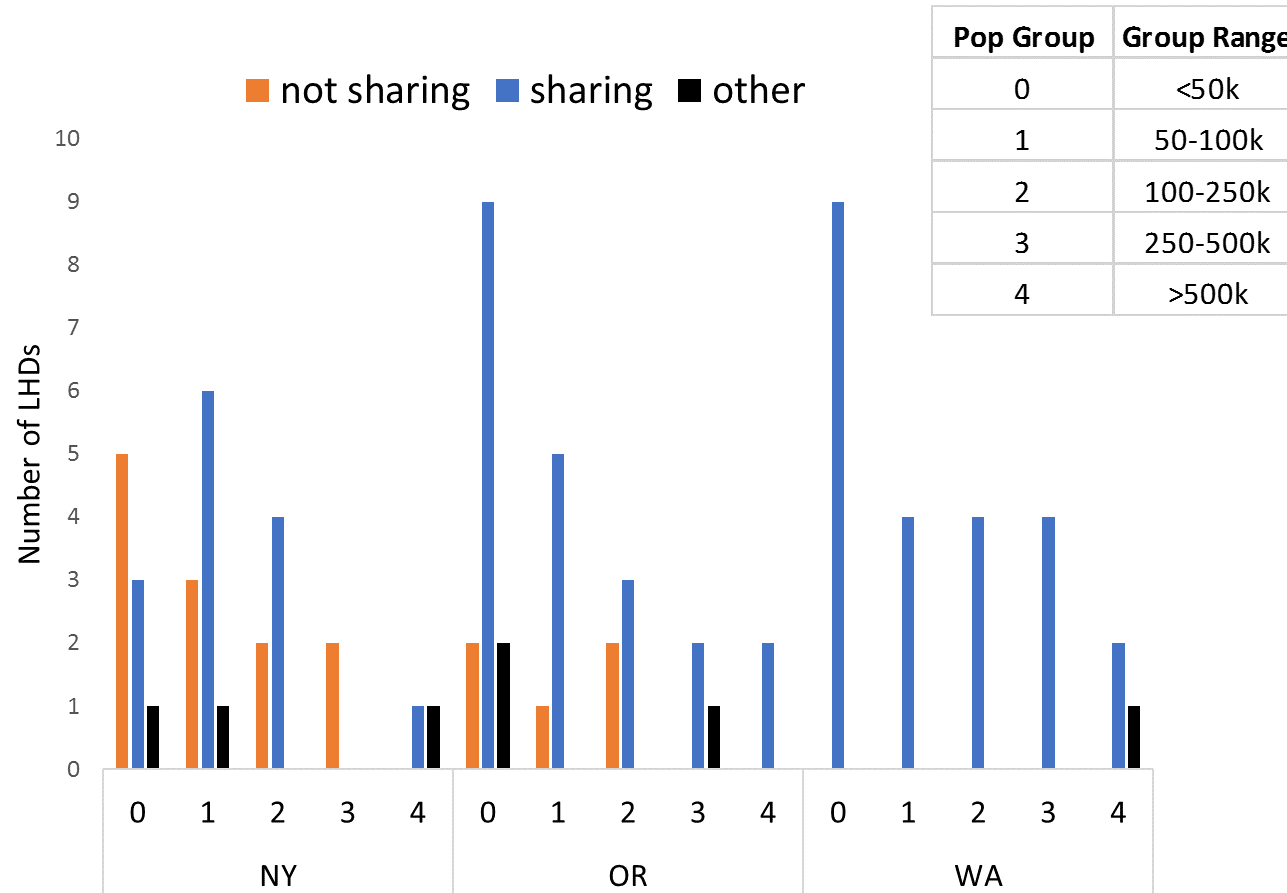
## Formal CJS Arrangements by State and Program/Capability





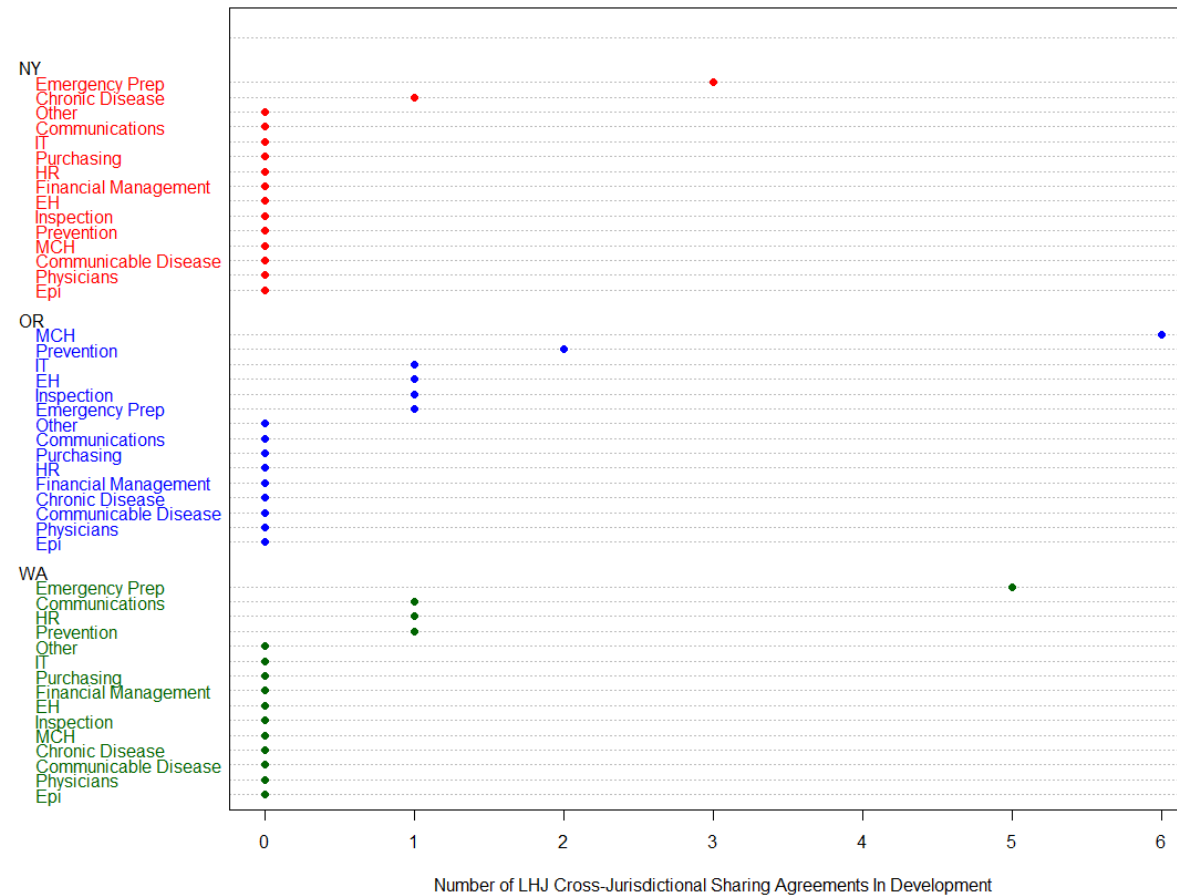
# Where is CJS Happening?

## Formal CJS Arrangements by LHJ Population



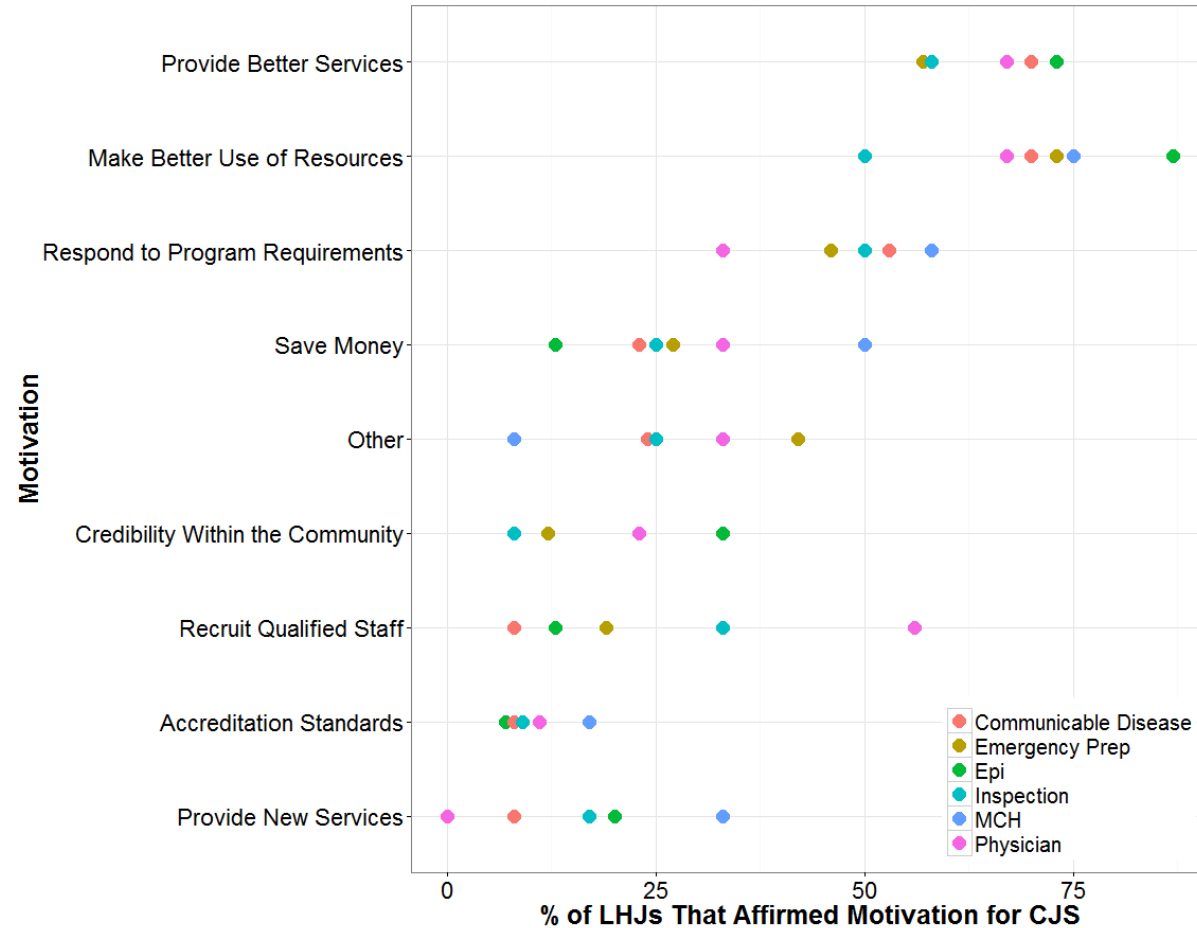
# Where is CJS Happening?

## CJS in Development by State and Program/Capability



# Why is CJS Happening?

## Motivations for CJS by Program/Capability



# Do CJS Improve Service Delivery?

## Survey Respondent Perceptions

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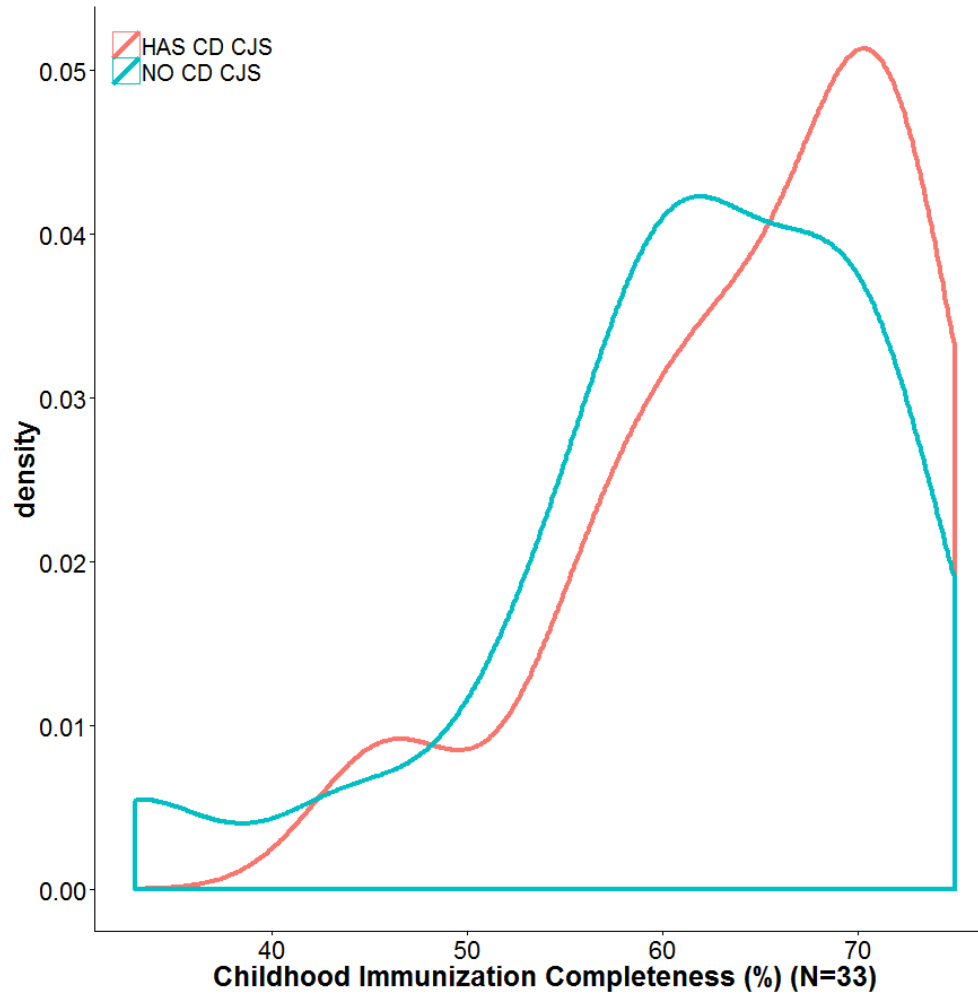
- > Respondents overwhelmingly characterize CJS as effective
- > Typical characterizations of success include: “Helps us deliver services we otherwise couldn’t deliver”; “Improves our depth of knowledge”; “Gives us capacity we don’t have”
- > And yet, less than CJS include a formal evaluation mechanism
  - Moreover, “contract renewal” or “grant renewal” are the most common evaluation mechanisms
  - Less than 10% of CJS include evaluation criteria or performance benchmarks

# Do CJS Improve Service Delivery? Incorporating MPROVE Measures

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- > We combine our CJS survey findings with Multi-Network Practice and Outcome Variation (MPROVE) measures on communicable disease services and capabilities in all four states
- > Question: Do CJS improve observable CD outcomes?
- > Communicable disease measures include:
  - Childhood immunization rates
  - Sexually-Transmitted Infections – case volume and partner follow-up rates
  - Tuberculosis – case volume and treatment rates
  - Foodborne/Waterborne case volume
  - CD staffing and resources

# Does CJS Improve Service Delivery? Evidence from Childhood Immunization Completeness



## Next Steps

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- > Analyze impact of CJS on volume and intensity of communicable disease services; other services if MPROVE data are available – Spring 2016
- > Case studies on the explanatory links/causal mechanisms between CJS and service-delivery outcomes – Winter



# Mini-Grant Opportunity

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- > The Center for Sharing Public Health Services has created a mini-grant program
  - Five teams with **up to \$10,000** in funding to support initiatives **to explore, plan, implement, or improve cross-jurisdictional sharing (CJS) arrangements.**
  - Applications will be considered on a rolling basis until **June 10, 2016** (or until all five grants are awarded)
  - CJS arrangements including a minimum of three jurisdictions of any size, or, two jurisdictions having a combined population of 50,000 or greater.
- > More information at: <http://phsharing.org/2016/02/01/center-offers-new-mini-grants/>



**Center for Sharing  
Public Health Services**

*Rethinking Boundaries for Better Health*

(855) 476-3671 - [PHSharing@khi.org](mailto:PHSharing@khi.org)

[www.phsharing.org](http://www.phsharing.org)



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UNIVERSITY of WASHINGTON

## Other Resources

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### International City/County Management Association case studies on cross-jurisdictional sharing in public health

- Crittenden County, Kentucky
- Prowers County, Colorado
- Mansfield, Connecticut

Available at: <http://phsharing.org/2015/01/09/case-studies/>



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# Commentary



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Independent Public Health Systems Consultant

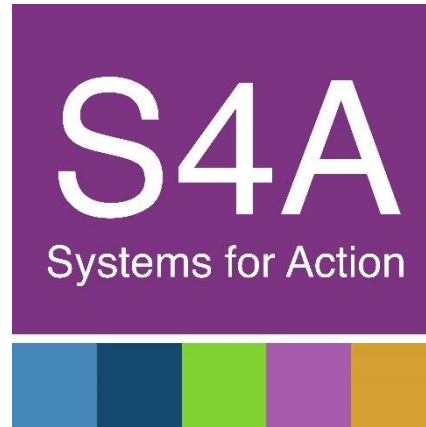
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## Questions and Discussion

Thank you for participating in today's webinar!



For more information about the webinars, contact:

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