

Characteristics of Cross-Jurisdictional Shared Services Arrangements Between Local Health Departments in Wisconsin

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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

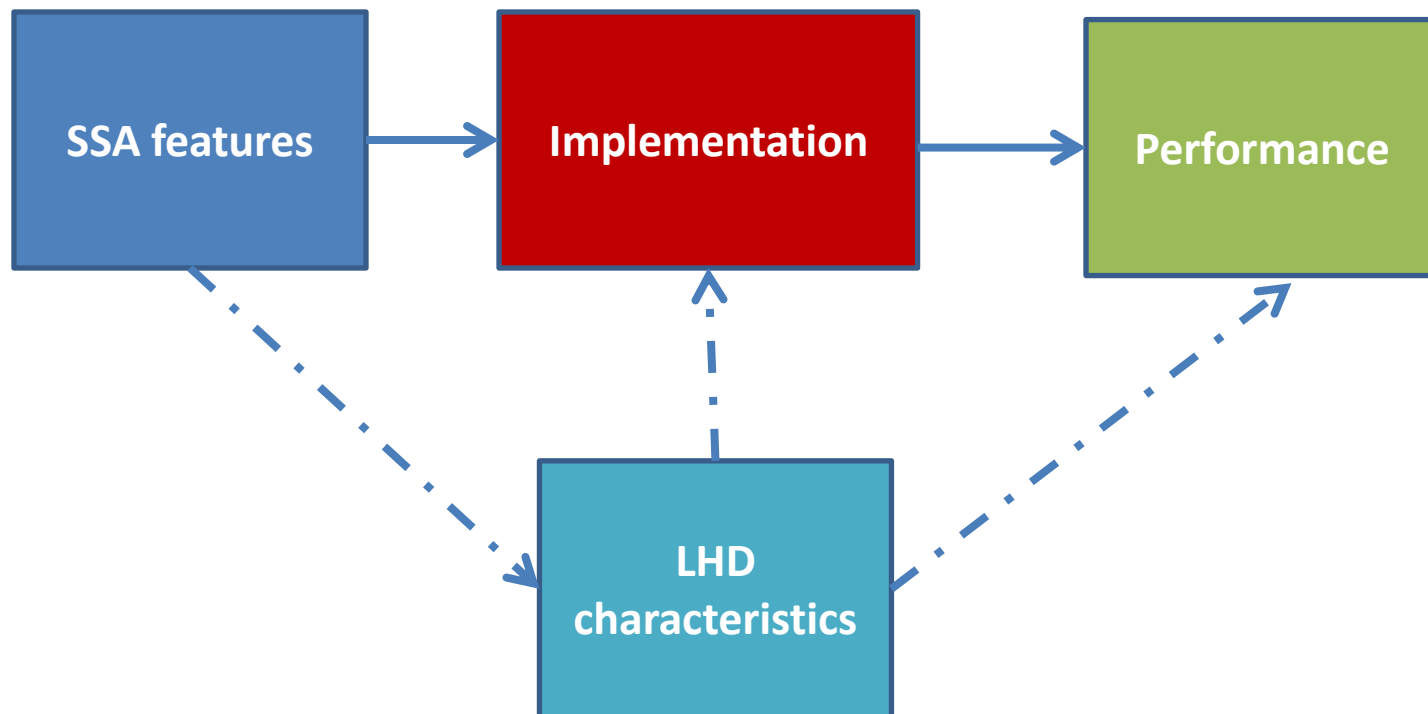
Study Advisory Team

- **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 LHD 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)

Conceptual Framework



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



Methods

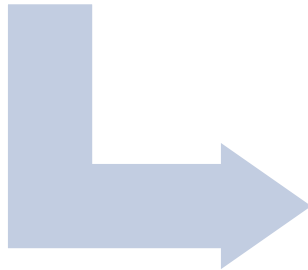
- IRB approval UW-Madison
- Invited LTHD to participate
- Collected SSA documents
- Extraction of SSA features from SSA
- Interview LTHD directors
- Content coding of open-ended (NVivo10)
- Local Public Health Department Survey
 - (annual state administered data)
- Analysis using NCSS & Stata
- Online Survey
 - 2012 & 2014



Shared services agreements

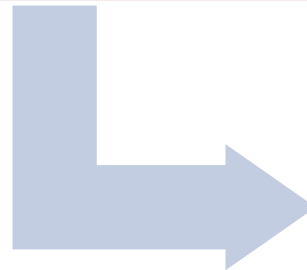
Invited:
91 LTHD

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



Submitted:
126 SSA

- 26 duplicates
- 17 did not meet criteria



Included:
83 SSA

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

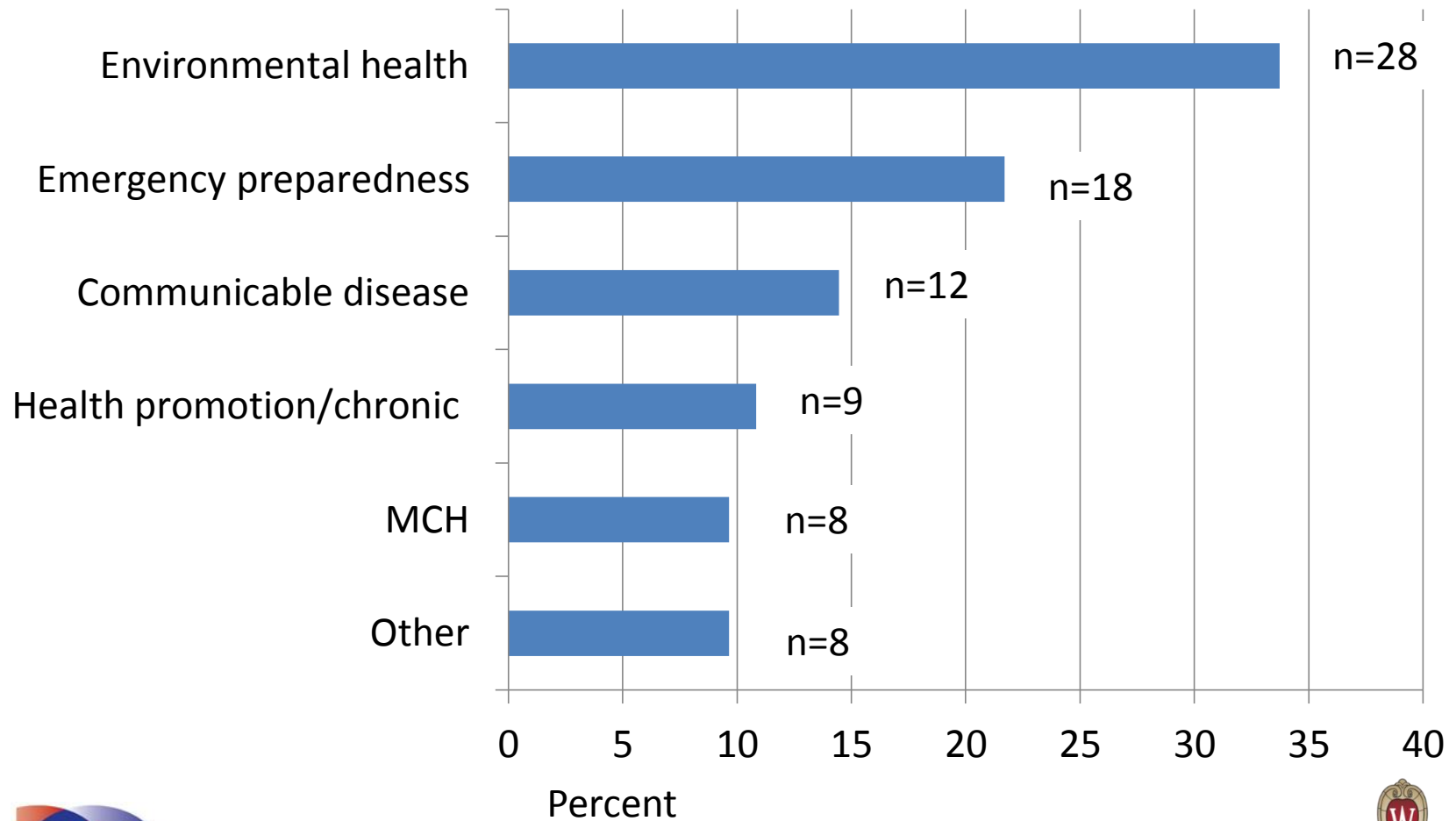
Interviewed:

n=44

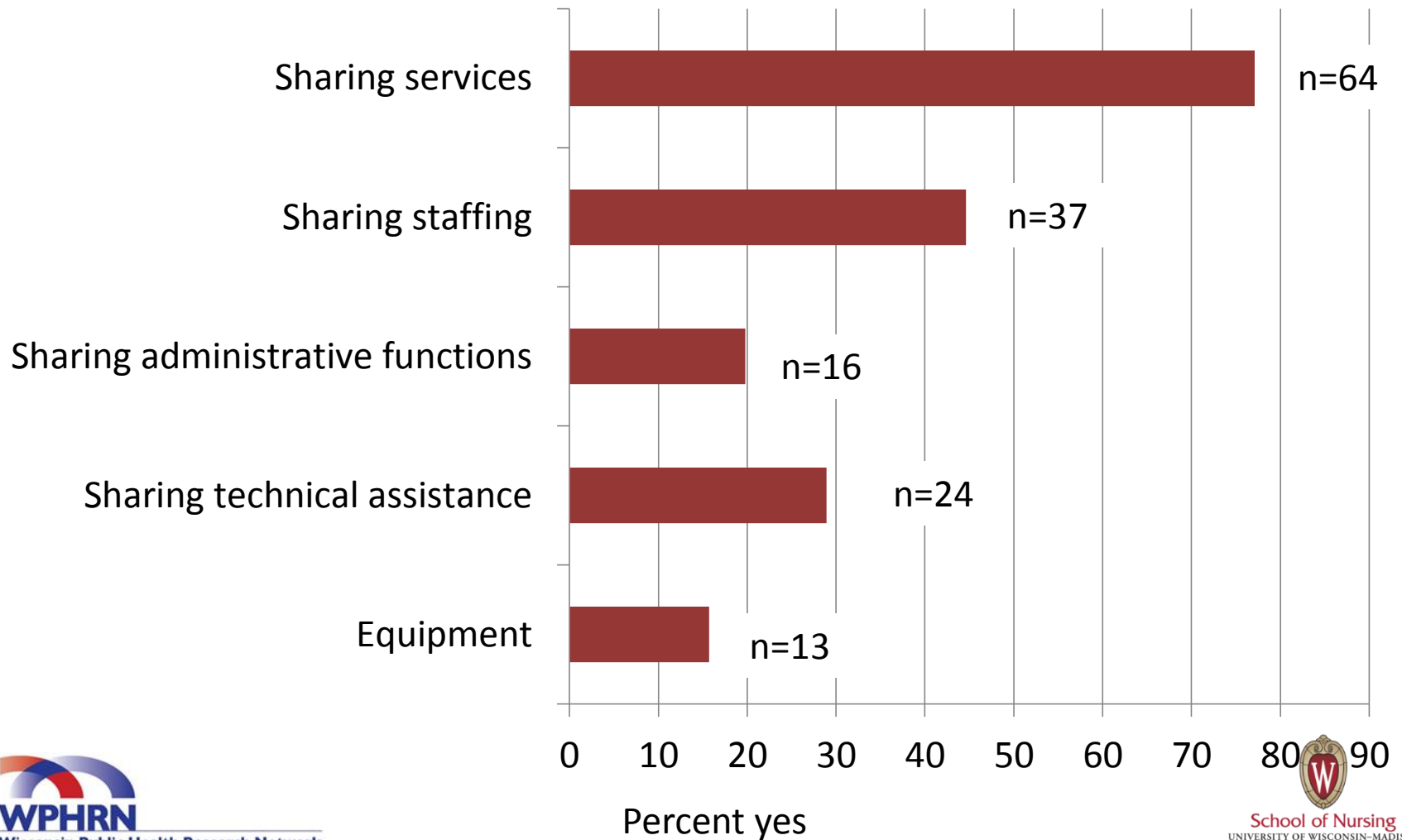
Results

- Aim 1: Describe...
 - Features of SSA
 - Organizational characteristics of LHD with SSA
 - Motivations
 - Expected outcomes
- Aim 2: Measure...
 - Extent of implementation
- Aim 3: Measure...
 - Performance in achieving expected outcomes

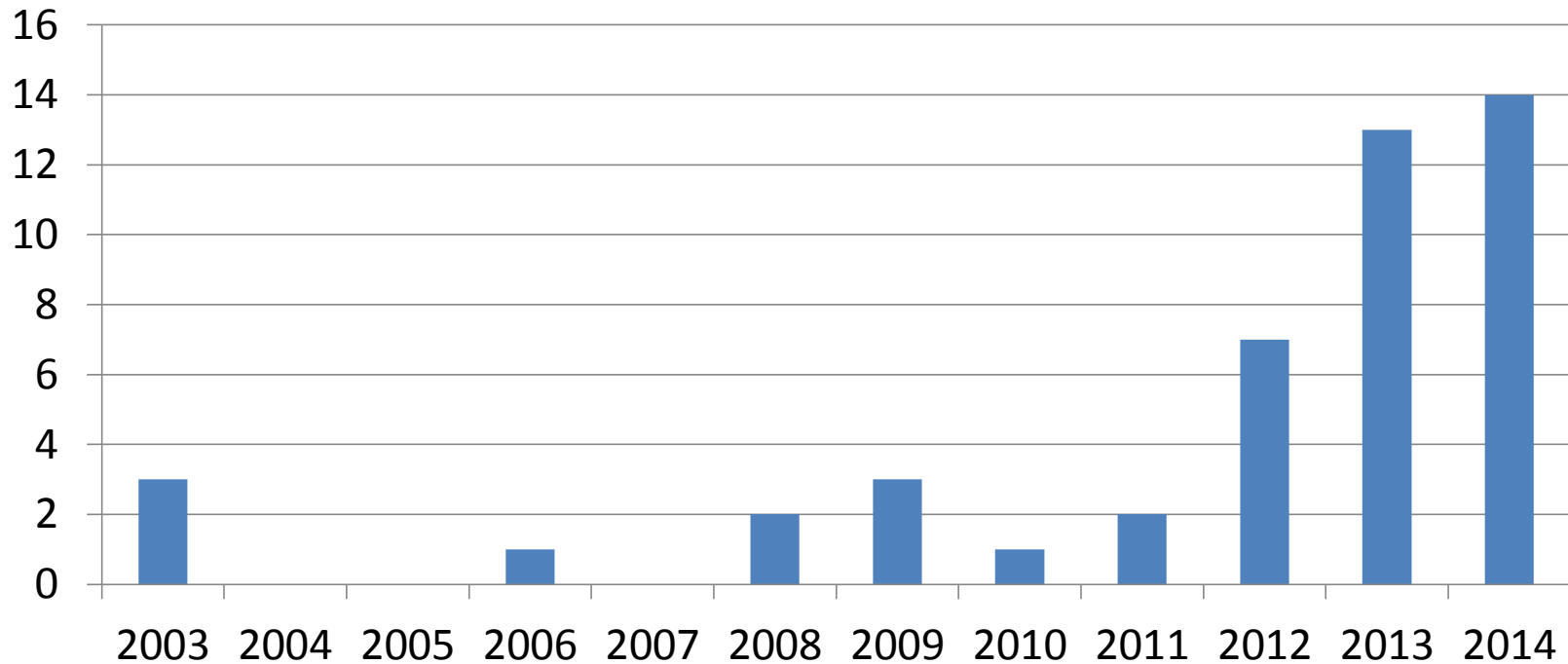
Primary program area N=83 SSA



Type of sharing N=83 SSA



Begin date



SSA = 83
Missing=7

Length of term

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

“Completeness” (legal)

Items in composite variable	N	%
Financial payment/reimbursement required	67	81
Expected outcomes are clear	70	84
Decision-making process is clear	78	94
All parties involved in decision-making	65	78
Communication processes are clear	53	64
Dispute resolution process is identified	15	18
Renewal process is identified	27	33
Legal obligation is created by agreement	82	99
SSA intention is binding	81	98

Mean=6.48 (SD=1.63); Min/Max=0 to 9

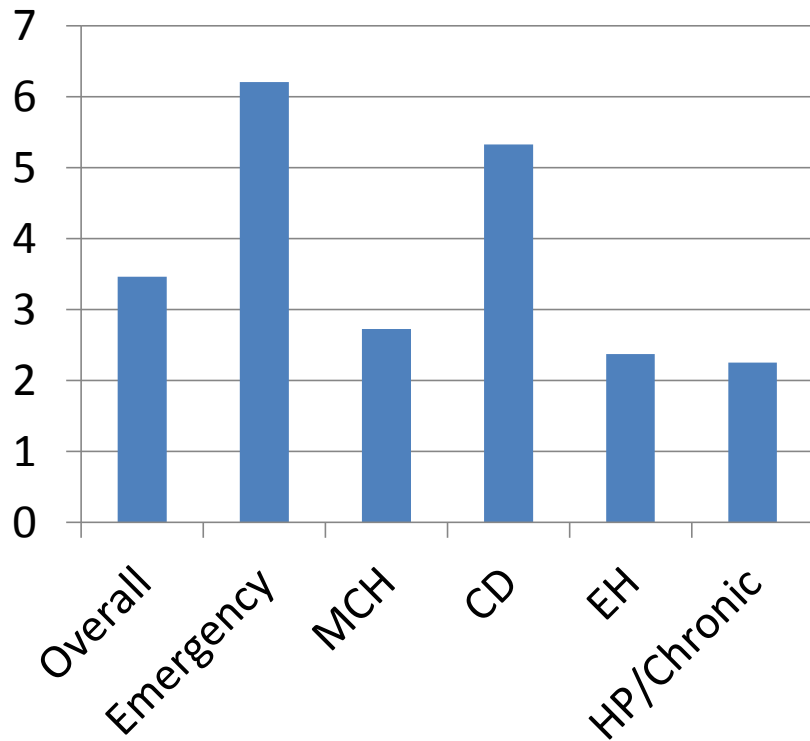
Jill Krueger, Attorney
Network for Public Health Law

Number of partners

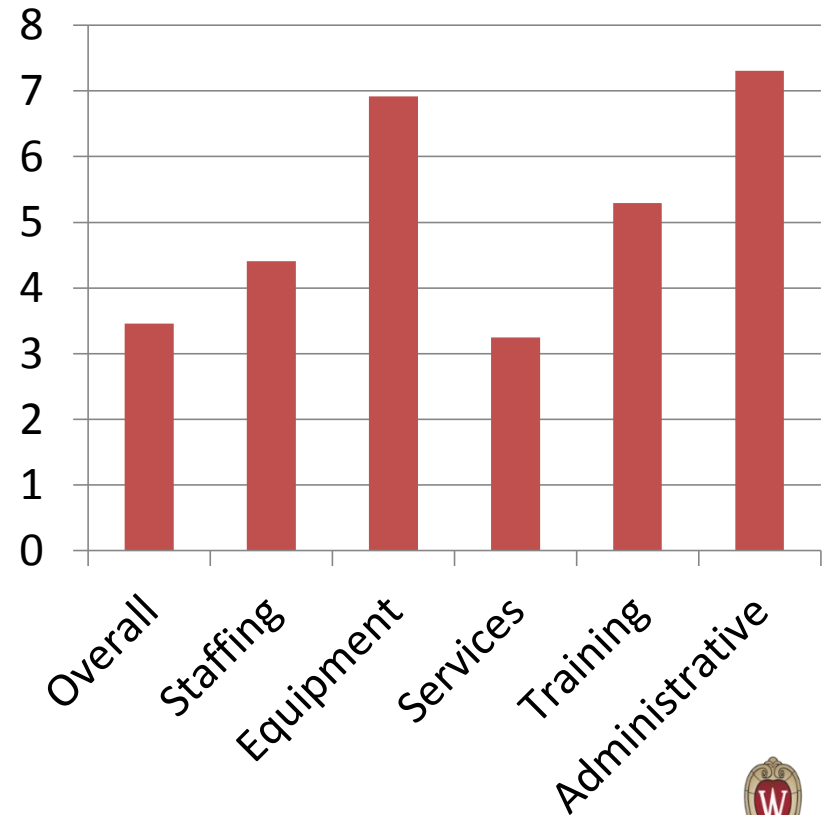
- Mean = 3.46 partners/SSA
 - SD=3.46; Min/max: 2-15
 - 74% with 2 partners
- 77/88 LHD (87.6%)
- 5/13 Tribal (38.5%)
- 7 other organizations

Number of partners in SSA

Mean partners by program



Mean partners by nature of sharing



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
- **Per capita expenditure***
 - Mean=\$30.04

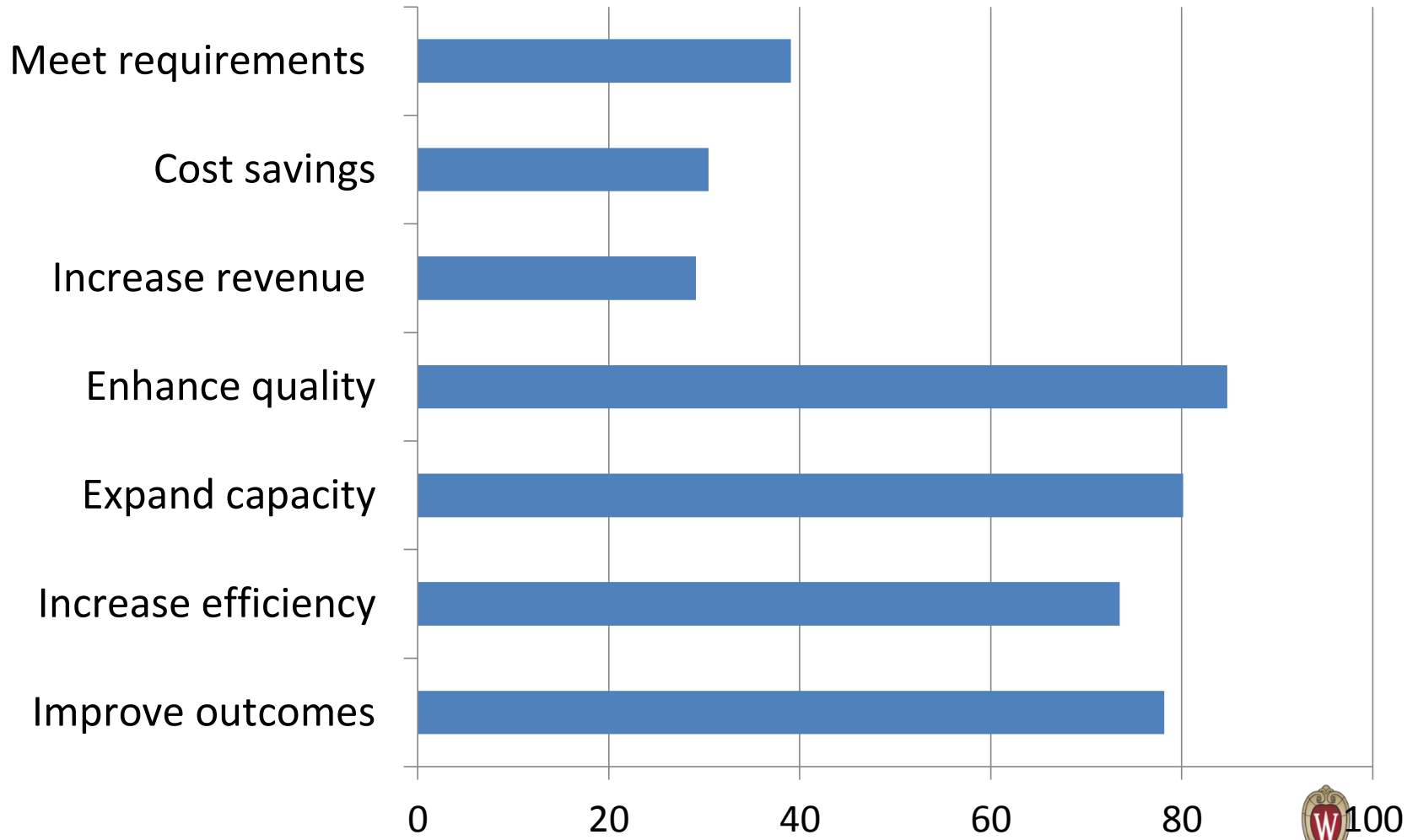
LHD with no SSA (n=11)

- Population
 - R=20, 604 - 476,417
 - **M=116,174**
- Total FTE
 - R=4/5 - 163
 - **M=31.24**
- Total expenditure
 - Mean = \$2.8 million
- **Per capita expenditure***
 - Mean=\$20.34

* ttest difference $t=-2.27$, $p=.025$



Motivations for SSA



N= 44 interviews regarding 83 SSA

Percent yes



Motivations by program focus

Motivations	Emergency preparedness %	MCH %	Comm. Disease %	Env. Health %	HP-Chronic %
Cost savings	40.7	8.3	18.2	36.9	42.1
Service efficiency	83.3	83.3	77.7	69.6	57.9
Revenue capture	1.9	25.0	20.5	39.1	42.1
Service quality	90.7	91.7	86.4	82.6	68.4
Expand capacity	90.7	70.8	70.5	76.1	84.2
Improve outcomes	94.4	79.2	86.4	60.9	89.5
Meet requirement	51.9	41.7	36.6	23.9	57.9

Motivations by nature of sharing

Motivations	Shared staffing %	Shared equipment %	Shared Services %	Share TA, training %	Admin functions %
Cost savings	36.5	33.3	32.5	26.4	42.5
Service efficiency	76.2	75.0	70.8	71.7	82.5
Revenue capture	15.9	12.5	35.8	13.2	10.0
Service quality	80.9	87.5	84.2	75.5	85.0
Expand capacity	79.4	83.3	80.0	69.8	82.5
Improve outcomes	82.5	83.3	75.0	71.7	87.5
Meet requirement	44.4	25.0	32.5	37.7	57.5

Expected outcomes

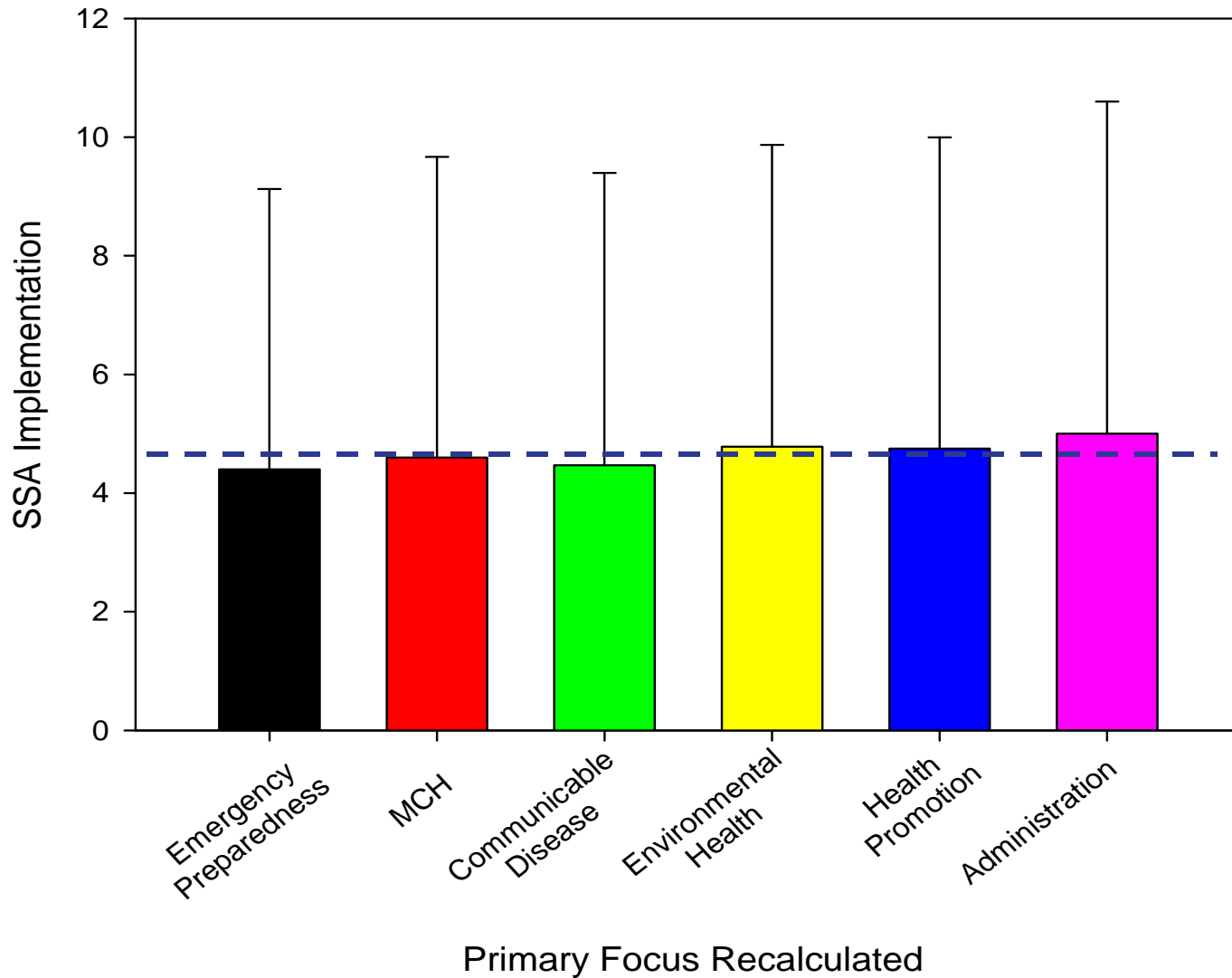
- “Provide mutual assistance in the event of a communicable disease outbreak or epidemic” (*communicable disease*)
- “Facilitate mutual assistance between parties...in the event of bioterrorism, infectious disease outbreaks, and other public health threats” (*emergency preparedness*)
- “Provide all services 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*)



Extent of implementation

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

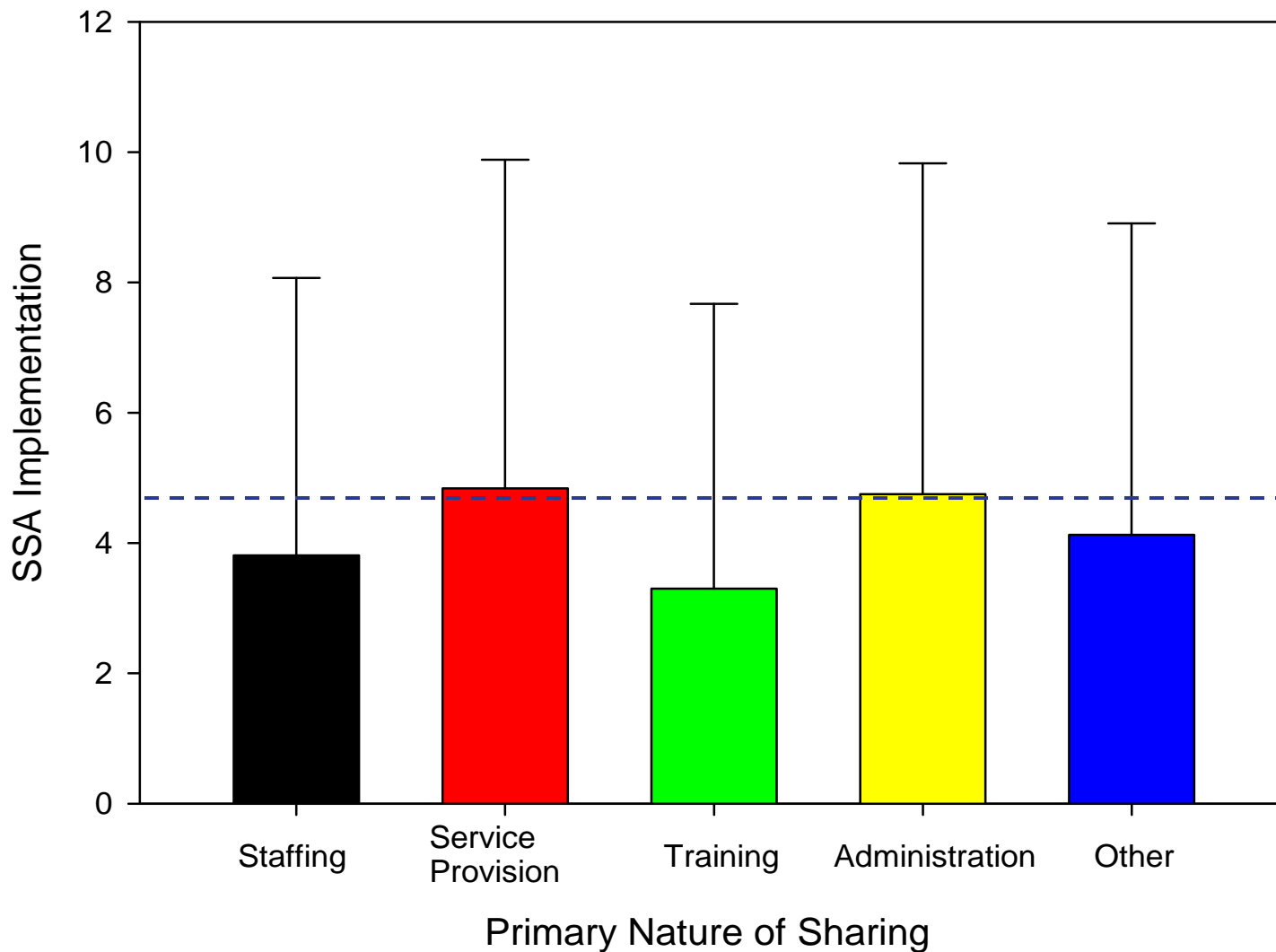
Mean Implementation Score by Program Focus



Overall
mean = 4.63



Mean Implementation by Primary Nature of Sharing



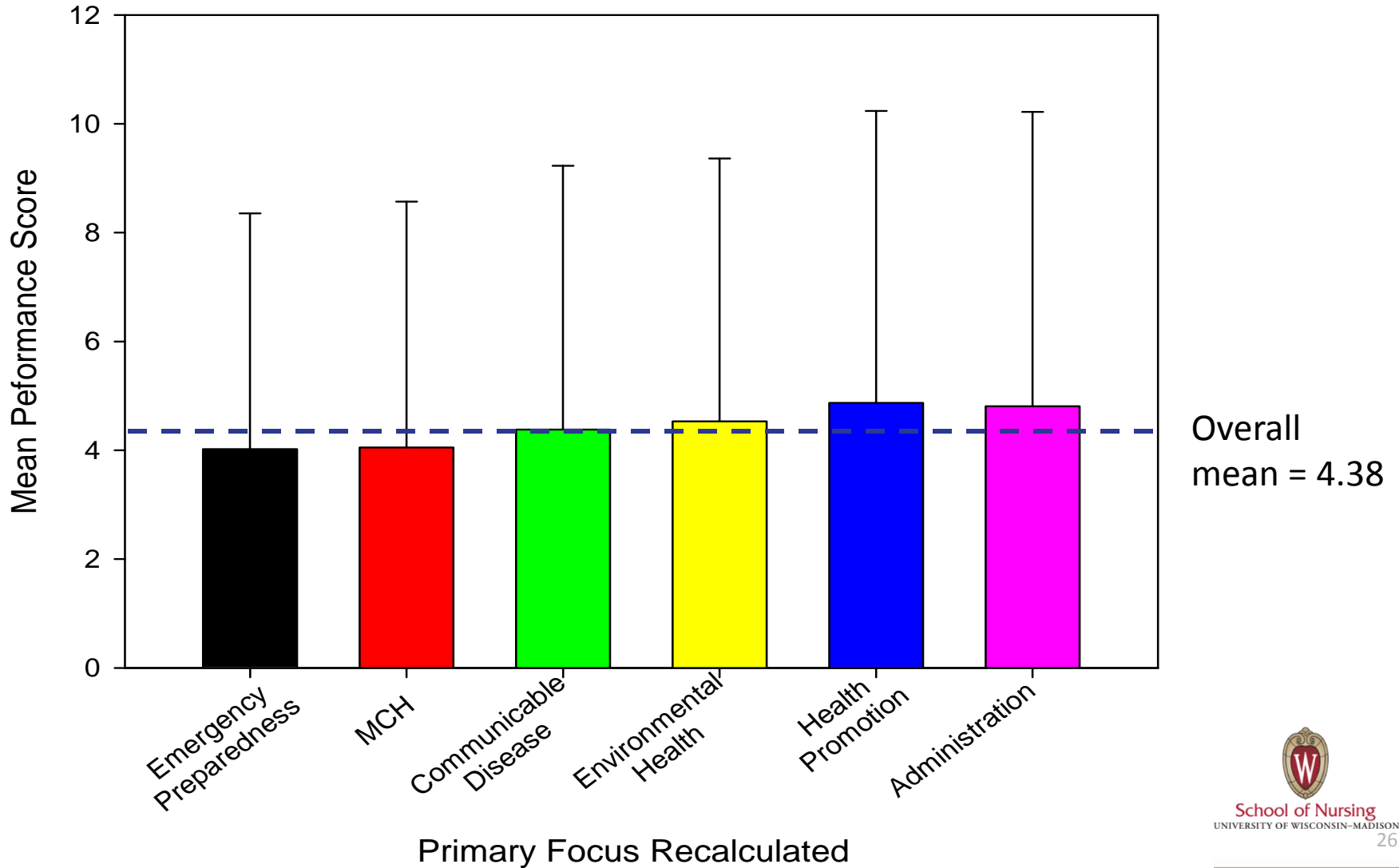
Overall
mean = 4.63



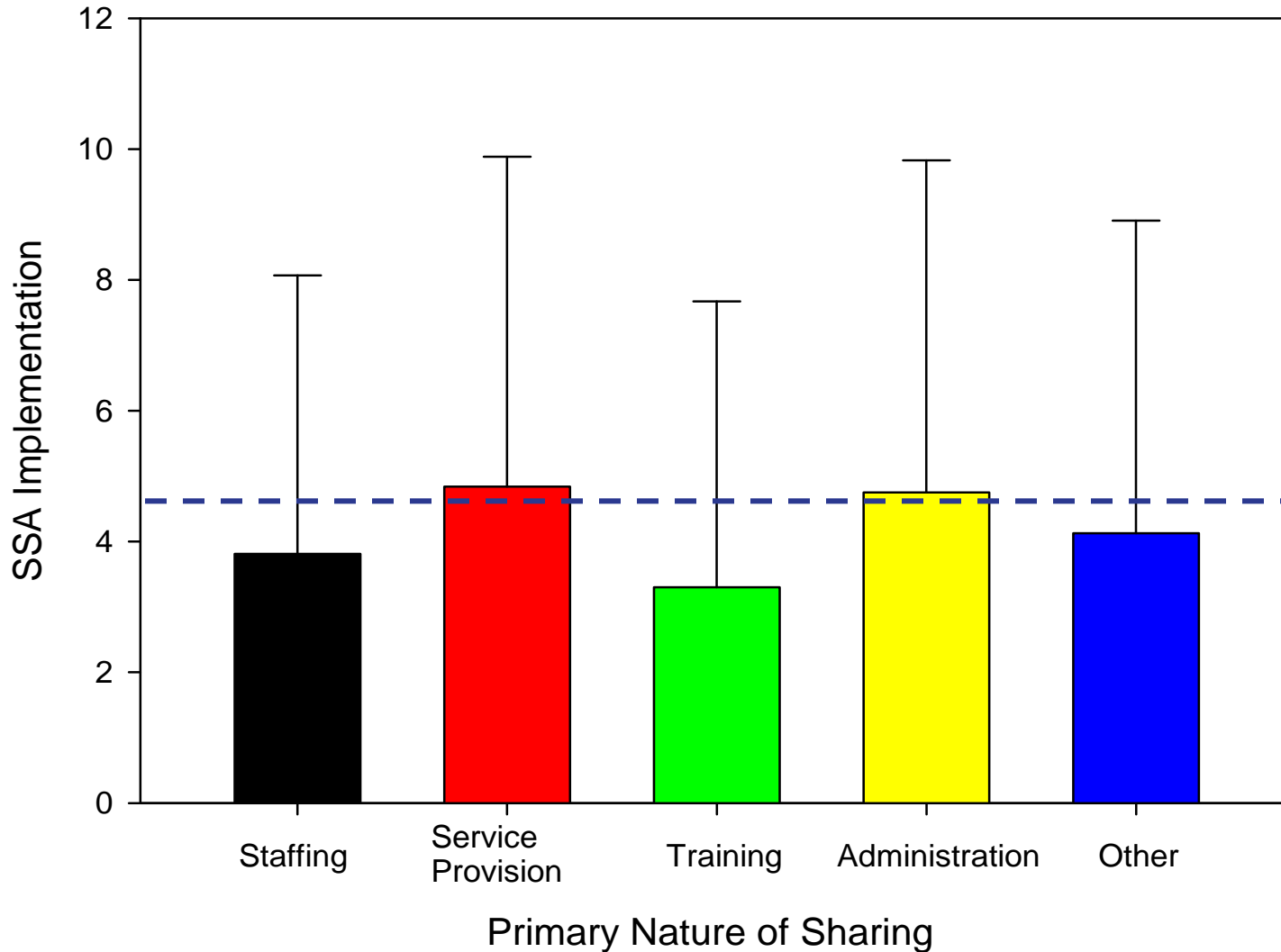
Perceived performance

- Extent to which the SSA succeeded in achieving expected outcomes
 - Scale:
 - 0 = No expected outcomes achieved
 - 5 = All expected outcomes achieved
 - Min/Max = 0 to 5
 - Mean = 4.38 (SD=1.04)

Mean Performance Score by Primary Focus



Mean Performance Score by Primary Nature of Sharing



Overall
mean = 4.38



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

Positive results of collaboration (n=44)

- 95% 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=44)

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

Recommendations (n=44)

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

Limitations

- 50% of LHD directors participated
- Limited tribal participation
- May have missed some SSAs meeting definition
- High mean scores for implementation and performance may limit ability to detect relationships in full model
- New/novel measures



Discussion

- Practice/Policy
 - SSA are common; current strategy
 - Used in a variety of program areas
 - Used in large and small LHD
 - Number of partners can vary; fit to purpose
 - More complete agreements (legal) may be stronger
 - Most frequent motivations of directors are not financial
- Research
 - Primary data collection is challenging
 - Longitudinal study of impact



Next steps

- Further analysis on:
 - “legal completeness”
 - Governance
 - Other LHD characteristics
- Analysis for Aims 4 and 5
 - Factors associated with higher implementation and higher performance
 - Comparison of baseline to follow up survey
- Policy and practice recommendations
- Dissemination



We invite your comments!

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