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**

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- **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

- SSA features
- Implementation
- Performance
- LHD characteristics
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

- Environmental health: n=28
- Emergency preparedness: n=18
- Communicable disease: n=12
- Health promotion/chronic: n=9
- MCH: n=8
- Other: n=8
Type of sharing  N=83 SSA

Sharing services  n=64
Sharing staffing  n=37
Sharing administrative functions  n=16
Sharing technical assistance  n=24
Equipment  n=13
Length of term

- Min/max = 4 months to open-ended
- 40% = 12 months
- 33% = not specified
## “Completeness” (legal)

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

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
# 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**
  - $R = 4/5$ to $163$
  - $M = 31.24$

- **Total expenditure**
  - Mean = $2.8$ million

- **Per capita expenditure** *
  - Mean = $20.34$

* t-test difference $t = -2.27$, $p = .025$
Motivations for SSA

Meet requirements
Cost savings
Increase revenue
Enhance quality
Expand capacity
Increase efficiency
Improve outcomes

N = 44 interviews regarding 83 SSA  Percent yes
## Motivations by program focus

<table>
<thead>
<tr>
<th>Motivations</th>
<th>Emergency preparedness</th>
<th>MCH</th>
<th>Comm. Disease</th>
<th>Env. Health</th>
<th>HP-Chronic</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cost savings</td>
<td>40.7</td>
<td>8.3</td>
<td>18.2</td>
<td>36.9</td>
<td>42.1</td>
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<tr>
<td>Service efficiency</td>
<td>83.3</td>
<td>83.3</td>
<td>77.7</td>
<td>69.6</td>
<td>57.9</td>
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<tr>
<td>Revenue capture</td>
<td>1.9</td>
<td>25.0</td>
<td>20.5</td>
<td>39.1</td>
<td>42.1</td>
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<td>Service quality</td>
<td>90.7</td>
<td>91.7</td>
<td>86.4</td>
<td>82.6</td>
<td>68.4</td>
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<tr>
<td>Expand capacity</td>
<td>90.7</td>
<td>70.8</td>
<td>70.5</td>
<td>76.1</td>
<td>84.2</td>
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<tr>
<td>Improve outcomes</td>
<td>94.4</td>
<td>79.2</td>
<td>86.4</td>
<td>60.9</td>
<td>89.5</td>
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<tr>
<td>Meet requirement</td>
<td>51.9</td>
<td>41.7</td>
<td>36.6</td>
<td>23.9</td>
<td>57.9</td>
</tr>
</tbody>
</table>
## Motivations by nature of sharing

<table>
<thead>
<tr>
<th>Motivations</th>
<th>Shared staffing %</th>
<th>Shared equipment %</th>
<th>Shared Services %</th>
<th>Share TA, training %</th>
<th>Admin functions %</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cost savings</td>
<td>36.5</td>
<td>33.3</td>
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<td>15.9</td>
<td>12.5</td>
<td>35.8</td>
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<td>10.0</td>
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</tr>
<tr>
<td>Meet requirement</td>
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<td>25.0</td>
<td>32.5</td>
<td>37.7</td>
<td>57.5</td>
</tr>
</tbody>
</table>
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

SSA Implementation

Primary Nature of Sharing

- Staffing
- Service Provision
- Training
- Administration
- Other
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

Overall mean = 4.38
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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