Background and Purpose

Cross-jurisdictional sharing of services is a management strategy used by health departments to increase capacity and provide public health services. The purpose of this study is to gain a more complete understanding of current and future use of shared service arrangements (SSA) in Wisconsin health departments. This study was completed in two phases. The second phase of this study included an online cross-sectional survey of health departments to assess changes in use and perception of SSA.

Principal Findings

The purpose of this study is to gain a more complete understanding of current and future use of shared service arrangements (SSA) in Wisconsin health departments. This study was completed in two phases. The second phase of this study included an online cross-sectional survey of health departments to assess changes in use and perception of SSA.

Reasons for Considering Shared Service Arrangements (SSA)

- Increase our department’s credibility
- Respond to program requirements
- Make better use of resources
- Provide better services
- Provide new services
- Meet national voluntary accreditation standards
- Continue current and future use of SSA

Types of SSA

- Formal cooperative agreements
- Informal agreements (a mutual understanding or “handshake” agreement)

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).

Methods

Study Advisory Team:

- Kusuma Madamala PhD, MPH, Susan Zahner DrPH, RN, Adam Karlen, BS, RN, Tracy Mrochek, MPA, RN
- Linda Conlon, Oneida County Health Department, Bob Leischow, Wisconsin Division of Public Health, Northern Regional Office, Gianfranco Pezzino, Center for Sharing Public Health Services, WPRN

Study Advisory Team Reviewed:

- 2012 Survey
- 2014 Survey

Survey LAunched:

- 2014 Survey

Survey Closed:

- 1/23/2015

Data Collection:

- Cross-Sectional Survey of WI LTHDs conducted in 2014

Reminder:

- Two Emails and One phone call

Response rate = 69% (n=63)

Number of respondents by health region:

- Southeast - 61% (n=8)
- Southern - 70% (n=7)
- Northeast Region - 85% (n=11)
- Northern Region - 83% (n=10)

Table 1: Type of Service

<table>
<thead>
<tr>
<th>Type of Service</th>
<th>Number of Respondents</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Another LHD provides services</td>
<td>38% (n=24)</td>
<td></td>
</tr>
<tr>
<td>Our LHD provides functions</td>
<td>44% (n=28)</td>
<td></td>
</tr>
<tr>
<td>Our LHD shares equipment with another LHD</td>
<td>18% (n=11)</td>
<td></td>
</tr>
</tbody>
</table>

Types of Governing Authorities

- County Board
- Joint county health board
- County Health Department Board
- Public health board

Table 2: Governing Body Approval

<table>
<thead>
<tr>
<th>Governing Body Approval</th>
<th>Number of Respondents</th>
</tr>
</thead>
<tbody>
<tr>
<td>Approve all arrangements</td>
<td>35% (n=22)</td>
</tr>
<tr>
<td>Approve some arrangements</td>
<td>49% (n=31)</td>
</tr>
<tr>
<td>Do not approve</td>
<td>4% (n=2)</td>
</tr>
</tbody>
</table>

Table 3: Results of Shared Services

<table>
<thead>
<tr>
<th>Results</th>
<th>Number of Respondents</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>76% (n=48)</td>
</tr>
<tr>
<td>No</td>
<td>24% (n=15)</td>
</tr>
</tbody>
</table>

Table 4: Change in the past 12 months

<table>
<thead>
<tr>
<th>Change in the past 12 months</th>
<th>Number of Respondents</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sharing to a greater extent than before</td>
<td>52% (n=33)</td>
</tr>
<tr>
<td>No change because we are sharing services to the same extent</td>
<td>40% (n=26)</td>
</tr>
<tr>
<td>Sharing to a lesser extent than before</td>
<td>12% (n=8)</td>
</tr>
</tbody>
</table>

Table 5: Outcomes of Shared Service Arrangements: Exemplars

<table>
<thead>
<tr>
<th>Outcomes of Shared Service Arrangements: Exemplars</th>
<th>Number of Respondents</th>
</tr>
</thead>
<tbody>
<tr>
<td>“This arrangement has provided our level of expertise”</td>
<td>62% (n=40)</td>
</tr>
<tr>
<td>“By sharing services with County X in our WIC program, we provide consistent services between our two counties”</td>
<td>28% (n=18)</td>
</tr>
<tr>
<td>“Our LHD provides savings awareness of program to community”</td>
<td>42% (n=27)</td>
</tr>
<tr>
<td>“Our LHD shares equipment with another LHD”</td>
<td>40% (n=25)</td>
</tr>
</tbody>
</table>

Conclusion

- There is widespread use of SSA among local health departments in Wisconsin
- Many respondents express interest in continuing current SSA and in development of new SSA
- Making better use of resources and providing better services are primary motivators
- Evidence is needed to support administrators’ perceptions of gains to service effectiveness and efficiency

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Study Advisory Team Members:

- Linda Conlon, Oneida County Health Department
- Bob Leischow, Wisconsin Division of Public Health
- Gianfranco Pezzino, Center for Sharing Public Health Services, WPRN
- Dan Winkler, Wisconsin Center for Education Development, Inc.
- Damar Rausch, Greenfield Health Department
- Kim Whitmore, Wisconsin Division of Public Health, Office of Policy and Practice Alignment
- Nancy Young, Institute for Wisconsin’s Health, Inc.

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Definition of shared services

“SHARING OF 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).