Cross-jurisdiction Shared Services Arrangements in Local Public Health: Research in Progress

Susan Zahner, DrPH, RN
Kusuma Madamala, PhD
University of Wisconsin-Madison

WPHRN Webinar
November 12, 2014

Acknowledgements

• Support for the research projects is provided by a grant from the Robert Wood Johnson Foundation
• WPHRN is supported by grant 1UL1RR025011 from the Clinical & Translational Science Award (CTSA) program of the National Center for Research Resources National Institutes of Health

Inter-organizational collaboration

“Any joint activity by two or more agencies that is intended to increase public value by their working together rather than separately” (Bordusch, 1998)

– Common between local public health organizations
  • 50% US (Vest & Shah, 2012)
  • 71% Wisconsin (Madamala, et al., 2014)

– Motivations
  • Saving costs and improving service quality (Kaufman, 2010)
  • Better use of resources, providing better services, responding to program requirements (Madamala, et al., 2014)
Factors associated with more inter-organizational collaboration:

- Similar domains and goals
- Recognize interdependence and benefits
- Prior ties
- Leadership
- Prevailing community norms or institutional pressure
- Mandates

Cross-jurisdictional shared services arrangements in local public health (Wisconsin)

- Build on “Current and planned shared service arrangements among Wisconsin’s local and tribal health departments” (Young, 2012)
- Funding: Robert Wood Johnson Foundation ($198,749)
- 2014-2015
- Staffing:
  - Susan Zahner & Kusuma Madamala, Co-Investigators
  - Tracy Mrochek & Adam Karlen, Project staff

Partners

Organizations
- Institute for Wisconsin’s Health, Inc.
- Network for Public Health Law
- Center for Sharing Public Health Services
- WALHDAB
- Northwoods Collaborative
- 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, DPH, Northern Regional Office
- Kim Whitmore, DPH
- Gianfranco Pezzino, Center for Sharing Public Health Services
- Nancy Young, Institute for Wisconsin’s Health, Inc.
Specific Aims
1. Describe SSA and LTHD 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)

Data collection
- **Phase One** (January-October, 2014)
  - IRB approval- DONE
  - Invite participation and sharing of written SSA- DONE
  - Collect written SSA- DONE
  - Extract SSA features from SSA- DONE
  - Interview LTHD directors – IN PROCESS
  - Retrieve secondary data - DONE
- **Phase Two** (May – December, 2014)
  - IRB approval - DONE
  - Survey - IN PROCESS

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
Status of data collection: SSA

- Shared services agreements
  - 126 submitted
    - 24 duplicates
    - 17 did not meet criteria
    - 85 unique SSA
  - 3 LTHD declined to participate
  - 13 LTHD have not responded to our invitation to participate

Findings to date: SSA Features

N=15

- Number of LTHD partners: 2 to 10
  - Mean = 3.53; 6 are between 2 partners
- 91% started since 2012
- Terms: 4 to 60 months
  - Mean = 20 months
  - Median/Mode = 12 months
  - Term not specified in 8 (53%)
- Notice required to terminate: 10 to 120 days
  - Unknown = 2

Findings to date: SSA Features

N=15

- No prior agreement = 12/15
- Program focus:
  - Environmental health (7)
  - Emergency preparedness (2)
  - Chronic disease (tobacco) (2)
  - MCH (2)
  - Communicable disease STI/ HIV (1)
  - Administrative (1)
- Nature of sharing:
  - Share service provision (12/15)
  - Share staffing (10/15)
  - Share technical assistance or training (7/15)
  - Share administrative functions (6/15)
  - Share equipment (1/15)
Status of data collection: Interviews

- LTHD interviews
  - 42 telephone interviews completed
  - 20 agreed to participate but have not yet scheduled interviews

Findings to date: Motivations

<table>
<thead>
<tr>
<th>SSA</th>
<th># LTHD partners</th>
<th>Cost saving</th>
<th>Increase efficiency</th>
<th>Increase revenue</th>
<th>Increase quality</th>
<th>Increase capacity</th>
<th>Improve outcomes</th>
</tr>
</thead>
<tbody>
<tr>
<td>A</td>
<td>2</td>
<td>1</td>
<td>.5</td>
<td>1</td>
<td>1</td>
<td>.5</td>
<td></td>
</tr>
<tr>
<td>B</td>
<td>2</td>
<td>.5</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td></td>
<td></td>
</tr>
<tr>
<td>C</td>
<td>2</td>
<td>1</td>
<td>0</td>
<td>1</td>
<td>1</td>
<td></td>
<td></td>
</tr>
<tr>
<td>D</td>
<td>7</td>
<td>.43</td>
<td>1</td>
<td>0</td>
<td>1</td>
<td>.86</td>
<td>1</td>
</tr>
<tr>
<td>E</td>
<td>3</td>
<td>.66</td>
<td>1</td>
<td>0</td>
<td>1</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>F</td>
<td>6</td>
<td>0</td>
<td>.83</td>
<td>.66</td>
<td>1</td>
<td>.8</td>
<td>1</td>
</tr>
</tbody>
</table>

Mean = 4.42

Findings to date: Extent of implementation

<table>
<thead>
<tr>
<th>SSA</th>
<th>SSA Focus</th>
<th># LTHD partners</th>
<th>Extent of implementation (0 = no components implemented to 5 = all components fully implemented)</th>
</tr>
</thead>
<tbody>
<tr>
<td>A</td>
<td>Environmental health</td>
<td>2</td>
<td>4.5</td>
</tr>
<tr>
<td>B</td>
<td>Preparedness</td>
<td>2</td>
<td>4</td>
</tr>
<tr>
<td>C</td>
<td>Preparedness</td>
<td>2</td>
<td>5</td>
</tr>
<tr>
<td>D</td>
<td>Preparedness</td>
<td>7</td>
<td>4.71</td>
</tr>
<tr>
<td>E</td>
<td>Preparedness</td>
<td>3</td>
<td>3.5</td>
</tr>
<tr>
<td>F</td>
<td>MCH</td>
<td>6</td>
<td>4.83</td>
</tr>
</tbody>
</table>

Mean = 4.42
Findings to date: Perceived performance

<table>
<thead>
<tr>
<th>SSA</th>
<th>SSA Focus</th>
<th># LTHD partners</th>
<th>Extent to which the SSA succeeded in achieving expected outcomes (0 = none achieved; 5 = all achieved)</th>
</tr>
</thead>
<tbody>
<tr>
<td>A</td>
<td>Environmental health</td>
<td>2</td>
<td>5</td>
</tr>
<tr>
<td>B</td>
<td>Preparedness</td>
<td>2</td>
<td>4</td>
</tr>
<tr>
<td>C</td>
<td>Preparedness</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>D</td>
<td>Preparedness</td>
<td>7</td>
<td>4.14</td>
</tr>
<tr>
<td>E</td>
<td>Preparedness</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>F</td>
<td>MCH</td>
<td>6</td>
<td>3.83</td>
</tr>
</tbody>
</table>

Experience with prior collaboration (n=39)

- 92% identified at least one type of prior collaboration
- Most common:
  - Collaborate on program areas
    - Preparedness (83%)
    - Environmental health (64%)
    - Communicable disease (39%)
  - Peer support (39%)
    - Mentoring, support network, professional sharing

Types of incentives to collaborate (n=39)

- 95% identified at least one type of incentive to collaborate on at least one SSA
- Most common:
  - Collaborate to obtain funding (65%)
  - State mandates
    - Mandate to provide the service (41%)
    - Directive to collaborate (35%)
  - Collaborate to strengthen public health (59%)
Positive results of collaboration (n=39)

- 100% identified at least one positive result from collaboration
- Most common:
  - Expand capacity & improve services (59%)
  - Building relationships (31%)
  - Increased efficiency (26%)
  - Increased staff skills (21%)

Challenges of collaboration (n=35)

- 90% identified at least one challenging aspect of collaboration
- Most common:
  - Complexity (21%)
  - Financial constraints (21%)
  - Political challenges (13%)
  - Staff turnover (13%)
  - Value to partners varies (13%)

Recommendations (n=38)

- 97% identified at least one positive result from collaboration
- Most common:
  - Reasons to partner (53%)
  - Qualities of a good agreement (45%)
  - Getting to agreement (15%)
  - Just do it! (21%)
CJSSA Follow-up Survey

- Final phase of two-phase research project entitled “Cross-jurisdictional shared service arrangements in local public health.”
- Follow up survey results will be compared to the baseline survey results from 2012
- Two email reminders have been sent
- Current 2014 response rate = 54%
- 2012 survey response rate = 92%

CJSSA Follow-up Survey

- Final reminder – one phone follow-up starting Nov. 20, 2014 after APHA
- Survey close – Dec. 5, 2014
- Participation incentive - random drawing of a handheld GPS unit

Analysis plan

- Descriptive
- Assess relationships of SSA features on implementation and performance using latent class analysis
- Assess influence of LTHD characteristics on these relationships
- Assess changes since 2012 (survey)
Translation and dissemination

1. Guided by SAT
2. Recommendations for practice and policy
3. 2 Webinars
4. Report on legal aspects for NPHL newsletter
5. Research-policy briefs (CSPHS, WPHPRN)
6. Video format research brief for CSPHS website
7. Conference presentations (research and practice)
8. Peer reviewed publication

Your turn...

• Do any of these preliminary results surprise you?
• What suggestions do you have for improving response rates?
• What would you like this study to be able to tell you?
• What is the best way for you to learn about the results of this research?

Resource for cross-jurisdiction sharing

http://www.phsharing.org/
Purpose:
Links public health practitioners and researchers to answer questions and disseminate discoveries that can be applied to improve public health practice and population health

Activities:
• Facilitate connections between practice and research
• Disseminate information on funding & educational opportunities
• Support/endorse/generate/conduct research projects
• Translate and disseminate findings from PHSSR

Join the network at:
http://www.wphrn.org/join.html

We invite your comments!

Contact for study:
Susan Zahner
sjzahner@wisc.edu

Kusuma Madamala
madamala@wisc.edu

Adam Karlen, Project Assistant
akarlen@wisc.edu

Contact for WPHRN:
Tracy Mrochek
mrochek@wisc.edu

We invite your comments!