WELCOME!!!

Current & Planned Shared Service Arrangements Among Wisconsin’s Local & Tribal Health Departments

Purpose today

☐ Review findings from this study
☐ Gain your feedback and insights
☐ Explore ways these findings can be used by health departments in practice
☐ Identify possible future research questions to explore
Purpose of this study

- To gain a more complete understanding of current and future use of shared service arrangements as a management strategy to increase capacity to provide public health essential services in Wisconsin

Methods

Online cross-sectional survey of 99 local and tribal health departments in Wisconsin

- Reviewed and incorporated elements from prior assessments of shared services including the Public Health Regional Approaches Survey by the CO Association of Local Public Health Officials and 2010 NACCHO Profile
- Referenced query of leaders in the WPHPBRN and WI Public Health Quality Initiative
- Iterative drafts of the survey were reviewed by team members
- Expert panel review for face validity check
Methods (continued)

- Survey modified per expert panel comments
- Survey launched: June 29, 2012
- Telephone and email follow-up conducted as needed
- Survey closed July 24, 2012
- Data incorporated variables from the 2010 WDPH Wisconsin Local Health Department Survey including size of population served and FTEs
- Data also included variables from analysis of local boards of health including WDPH region and governance type

Results

- 91 of 99 Wisconsin local and tribal health departments – 92% response rate
- Eight (of 11) tribal health department respondents
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).

Current shared services

Does your health department currently share services (as defined above) with another local or Tribal health department(s)?

- Yes: 28.6% (26)
- No: 71.4% (95)

Wisconsin Public Health Practice-Based Research Network
### Size of population served

(Local, Non-Tribal Health Departments)

<table>
<thead>
<tr>
<th>Currently Share Services</th>
<th>&lt;25,000</th>
<th>25,000-49,999</th>
<th>50,000-99,999</th>
<th>100,000+</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>23</td>
<td>15</td>
<td>13</td>
<td>6</td>
</tr>
<tr>
<td>No</td>
<td>7</td>
<td>8</td>
<td>6</td>
<td>5</td>
</tr>
<tr>
<td>Total</td>
<td>30</td>
<td>23</td>
<td>19</td>
<td>11</td>
</tr>
</tbody>
</table>

- Greater than 50% of respondents in each of the 4 population categories share services
- 76% (n=23) of LHDs serving a population of <25,000 currently sharing services
- 54% (n=6) of LHDs serving a population of 100,000+ currently sharing services

### Number of FTEs

(Local, Non-Tribal Health Departments)

<table>
<thead>
<tr>
<th>Currently Share Services</th>
<th>0-10 FTEs</th>
<th>11-20 FTEs</th>
<th>21-30 FTEs</th>
<th>31+ FTEs</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>25</td>
<td>15</td>
<td>8</td>
<td>6</td>
</tr>
<tr>
<td>No</td>
<td>9</td>
<td>8</td>
<td>1</td>
<td>4</td>
</tr>
<tr>
<td>Total</td>
<td>34</td>
<td>23</td>
<td>9</td>
<td>10</td>
</tr>
</tbody>
</table>

- Greater than 50% share services in each of the 4 FTE categories
- 73.5% (n=25) of those with 10 or less FTEs currently share services
- 60% (n=6) of those with 31+ FTEs currently share services

*Data sources 2010 WDPH Annual LHD survey*
Sharing Services Across WDPH Regions

Greater than 50% of respondents across each WDPH Region currently share services

- Northern – 84% (n=16) of Northern respondents
- NE – 73% (n=16) of NE respondents
- Southern – 69% (n=9) of Southern respondents
- SE – 67% (n=12) of SE respondents
- Western - 63% (n=12) of Western respondents

*Data source 2010 WDPH Annual LHD survey

Governance Type

<table>
<thead>
<tr>
<th>Governance Type (non-tribal LHDs)</th>
<th>% of Governance type that currently share services</th>
<th>% among LHDs that currently share services (n=57)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Free standing department with a board of health (n=55)</td>
<td>73% (n=40)</td>
<td>70% (n=40)</td>
</tr>
<tr>
<td>Free standing department with health and human services board (n=8)</td>
<td>63% (n=5)</td>
<td>9% (n=5)</td>
</tr>
<tr>
<td>Consolidated health and human services department (n=20)</td>
<td>60% (n=12)</td>
<td>21% (n=12)</td>
</tr>
<tr>
<td>Type of Service</td>
<td>n(%)</td>
<td></td>
</tr>
<tr>
<td>-------------------------------------------------------------</td>
<td>------------</td>
<td></td>
</tr>
<tr>
<td>Emergency preparedness</td>
<td>38 (58.5%)</td>
<td></td>
</tr>
<tr>
<td>Environmental health programs other than inspection and licensing</td>
<td>24 (36.9)</td>
<td></td>
</tr>
<tr>
<td>Maternal Child Health</td>
<td>13 (20%)</td>
<td></td>
</tr>
<tr>
<td>Inspection or licensing</td>
<td>13 (20%)</td>
<td></td>
</tr>
<tr>
<td>Communicable disease screening and treatment</td>
<td>12 (18.5%)</td>
<td></td>
</tr>
<tr>
<td>Population-based prevention programs</td>
<td>8 (12.3%)</td>
<td></td>
</tr>
<tr>
<td>Community health assessment</td>
<td>5 (7.7%)</td>
<td></td>
</tr>
<tr>
<td>Epidemiology</td>
<td>3 (4.6%)</td>
<td></td>
</tr>
<tr>
<td>Communication or public information</td>
<td>3 (4.6%)</td>
<td></td>
</tr>
<tr>
<td>Financial management</td>
<td>1 (1.5%)</td>
<td></td>
</tr>
<tr>
<td>Chronic disease screening and treatment</td>
<td>1 (1.5%)</td>
<td></td>
</tr>
<tr>
<td>Physician service</td>
<td>0</td>
<td></td>
</tr>
<tr>
<td>Human resources</td>
<td>0</td>
<td></td>
</tr>
<tr>
<td>Purchasing</td>
<td>0</td>
<td></td>
</tr>
</tbody>
</table>

**Your turn!**

☐ Is there anything about the findings so far that is surprising to you?

☐ If yes, please enter your comments in the chat box.
## Top 5 Shared Services

<table>
<thead>
<tr>
<th>Type of Service</th>
<th>Another LHD provides functions or services</th>
<th>Our LHD provides functions or services</th>
<th>Our LHD shares equipment with another LHD</th>
<th>Our LHD shares staff with another LHD</th>
</tr>
</thead>
<tbody>
<tr>
<td>Emergency Preparedness (n=38)</td>
<td>55.3% (n=21)</td>
<td>52.6% (n=20)</td>
<td>28.9% (n=11)</td>
<td>21.1% (n=8)</td>
</tr>
<tr>
<td>Environmental Health Programs (n=24)</td>
<td>45.8% (n=11)</td>
<td>41.7% (n=10)</td>
<td>33.8% (n=8)</td>
<td>25.0% (n=6)</td>
</tr>
<tr>
<td>Maternal Child Health (n=13)</td>
<td>42.6% (n=6)</td>
<td>42.6% (n=6)</td>
<td>7.7% (n=1)</td>
<td>0</td>
</tr>
<tr>
<td>Inspection or Licensing (n=13)</td>
<td>53.8% (n=7)</td>
<td>38.5% (n=5)</td>
<td>38.5% (n=5)</td>
<td>30.8% (n=4)</td>
</tr>
<tr>
<td>Communicable Disease (n=12)</td>
<td>66.7% (n=8)</td>
<td>50.0% (n=6)</td>
<td>8.3% (n=1)</td>
<td>0</td>
</tr>
</tbody>
</table>

### Written Agreements

<table>
<thead>
<tr>
<th>Type of Shared Service Arrangement</th>
<th>Participating LHDs have a written agreement for service sharing arrangement</th>
</tr>
</thead>
<tbody>
<tr>
<td>Emergency Preparedness (n=38)</td>
<td>97.4% (n=37)</td>
</tr>
<tr>
<td>Environmental Health other than inspection or licensing (n=24)</td>
<td>70.8% (n=17)</td>
</tr>
<tr>
<td>Maternal Child Health (n=13)</td>
<td>53.8% (n=7)</td>
</tr>
<tr>
<td>Inspection or licensing (n=13)</td>
<td>69.2% (n=9)</td>
</tr>
<tr>
<td>Communicable disease screening or treatment (n=12)</td>
<td>33.3% (n=4)</td>
</tr>
</tbody>
</table>
## Process to review or evaluate the shared service agreement

<table>
<thead>
<tr>
<th>Type of Shared Service Arrangement</th>
<th>Process to review or evaluate the agreement</th>
</tr>
</thead>
<tbody>
<tr>
<td>Emergency Preparedness (n=38)</td>
<td>68.4% (n=26)</td>
</tr>
<tr>
<td>Environmental Health other than inspection or licensing (n=24)</td>
<td>54.2% (n=13)</td>
</tr>
<tr>
<td>Maternal Child Health (n=13)</td>
<td>38.5% (n=5)</td>
</tr>
<tr>
<td>Inspection or licensing (n=13)</td>
<td>30.8% (n=4)</td>
</tr>
<tr>
<td>Communicable disease screening or treatment (n=12)</td>
<td>58.3% (n=7)</td>
</tr>
</tbody>
</table>

### Wisconsin Public Health Practice-Based Research Network

## Number of Shared Services

<table>
<thead>
<tr>
<th>Number of Types of Shared Services</th>
<th>WI LHDs n (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>22 (40.7%)</td>
</tr>
<tr>
<td>2</td>
<td>16 (29.6%)</td>
</tr>
<tr>
<td>3</td>
<td>12 (22.2%)</td>
</tr>
<tr>
<td>4</td>
<td>4 (7.4%)</td>
</tr>
</tbody>
</table>

### Wisconsin Public Health Practice-Based Research Network
Number of Shared Services and Size of Population Served
(Local, Non-Tribal health departments)

<table>
<thead>
<tr>
<th>Number of Shared Services</th>
<th>&lt;25,000</th>
<th>25,000-49,999</th>
<th>50,000-99,999</th>
<th>100,000-249,000</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 (n=17)</td>
<td>8</td>
<td>5</td>
<td>2</td>
<td>2</td>
</tr>
<tr>
<td>2 (n=14)</td>
<td>6</td>
<td>4</td>
<td>4</td>
<td>0</td>
</tr>
<tr>
<td>3 (n=11)</td>
<td>5</td>
<td>3</td>
<td>3</td>
<td>0</td>
</tr>
<tr>
<td>4 (n=4)</td>
<td>2</td>
<td>0</td>
<td>0</td>
<td>2</td>
</tr>
<tr>
<td>Total</td>
<td>21</td>
<td>12</td>
<td>9</td>
<td>4</td>
</tr>
</tbody>
</table>

- Approximately 50% of those sharing 1, 2, 3 or 4 services have a population of <25,000
- 38% of LHDs with <25,000 share one service (n=8) and 33% of LHDs with >50,000 share one service (n=4)

*Data source 2010 WDPH Annual LHD survey

Your turn!

- Do shared services agreements lead to more shared service development or at least consideration of same?
- Please enter your comments in the chat box.
Emergency Preparedness

Has this shared service arrangement accomplished what your health department hoped it would?

☐ As a small rural health department, resources are scarce and capacity is limited, especially when it comes to responding to an emergency of public health significance. **Having access to individuals and resources truly helps to assure our community that we have increased capacity to respond to the needs of our community.** In addition, we all share the same plans. This helps to assure that those who may be responding from another jurisdiction, typically have the same knowledge/level of training - thus making their ability to respond to an emergency in another county more seamless. **The requirements of the preparedness grant are enormous. Having the shared services arrangement is essential to our county in achieving these objectives.**
Emergency Preparedness (continued)

- This model of sharing services has definitely accomplished the goals of making better use of resources, meeting/exceeding program requirements, retaining an excellent staff member and ultimately helping our department be prepared to respond to emergent issues.

- Shared service has allowed us to meet our contractual obligation; Use of multicounty funding and trainings has saved us dollar; sharing of expertise has made the preparedness resources be utilized more productively and efficient.

- The consortium does help us meet grant requirements and with a small staff, it provides us with expertise we would not otherwise have there by helping us make better use of our resources and provide better services.

- It has allowed us to have better capabilities to respond and save money

- It has allowed us to meet program requirements without having to hire an other staff member. It has free time up for our staff to work on other programs.

The six counties have been in the...Preparedness Consortium since 2003. We joined together to make better use of our limited resources and to meet the requirements of the program. This resulted in better services in case of an event. We worked on plans together so if we had to provide mutual aid we were all on the same page. This arrangement helped with the employment of a coordinator to guide us through the process. We had to join a regional consortium 3 or 4 years ago but we stayed together, continuing to provide workshops and exercises for our staffs and community partners. The regional consortium dissolved but we continue to meet as 6 counties, working on objectives, providing workshops/exercises for staff and community partners. We have a mutual aid agreement in place to be used in case on an event. Did this save money? Yes, we were able to hire a coordinator for 6 counties rather than each one trying to hire our own. We really notice the difference now that we no longer have a coordinator and are left to complete the work on our own. This arrangement has worked well for us.
Has this shared service arrangement accomplished what your health department hoped it would?

- The mosquito surveillance and control services provided by...has been an effective means of providing this service. **We would not have the resources or volume of work to recruit/retain our own staff to provide this service.** We have not had a case of LaCrosse Encephalitis in several years.
- This program has been **in existence for over 20 years** and continues to be a very positive part of the public health programs in all the counties.
- Small book of business for our agency, however it is a **cost saving measure**....
- Yes, **We would not be able to meet unfunded mandates or provide valuable services with out this arrangement**.
- Goals are being met. This service arrangement lends itself well given the TA/consulting nature of this service. In addition, radon kits have been able to be obtained at reduce cost given bulk purchase.
Environmental health other than inspection or licensing (continued)

- Yes, it helps to have extra staff to bounce ideas off each other and cover for vacations. We can also spread out duties so there are some experts in certain areas (i.e., lead, radon).
- Yes, we have met the goals of the arrangement as well as increased revenue to better support our internal programs.
- Sharing environmental health services has been the only way for our county to provide the services in a timely manner. We share a Registered Sanitarian who is trained in all aspects of the job and is available to make home visits, provide education to agencies and families, assist with clean-up of human health hazards etc. This has been an extremely valuable service.
- Yes, our agency relied on the state regional sanitarians to be our lead risk assessor but they can no longer perform that function. Rather than train a staff member when we only require the services once every 5-10 years, we entered an agreement with a neighboring county with environmental services. It should be a cost savings for us.
- Take on local control of inspections, respond to environmental issues as they had growing concerns with EPA superfund sites, human health hazards, lead, more cost effective to have one person trained than all nurses trained. Is a program that has been very beneficial for all communities.

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Your turn!

- Is there anything about the findings so far that is surprising to you?
- If yes, please enter your comments in the chat box.

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Maternal Child Health: Please indicate the year (approximate if you are not certain of exact year) that this shared service arrangement began.

Wisconsin Public Health Practice-Based Research Network

Maternal Child Health: Please indicate the date (approximate if you are not certain of exact date) that this shared service arrangement expires.

Wisconsin Public Health Practice-Based Research Network
Maternal Child Health: If applicable, please indicate the nature of the written document (s):

- Memorandum of understanding or memorandum of agreement (i.e., an essay) - 66.7% (4)
- Contract (i.e., a binding agreement between two or more parties) - 11.1% (0)
- Written agreement but unsure how to classify - 11.1% (0)
- Other (please specify) - 11.1% (0)
- Mutual aid agreement (i.e., an agreement among emergency responders to...)
- Agreement to provide surge capacity (an in-domain - 2 of PHAB standards)

Wisconsin Public Health Practice-Based Research Network

Maternal Child Health

Has this shared service arrangement accomplished what your health department hoped it would?

- This health department's allocation for WIC services is too small to be able to provide that service. By pooling resources three health departments can send our residents to one WIC program. Without the contract, residents may not have had WIC services locally.
- Yes. We run to WIC sites for ___ County. Higher caseloads for two sites vs. lower caseloads for more result in increased efficiency for administration of the program and for the clients.
- We would not have the capacity to hire a RD or WIC clerk staff for 1 day a month.
Inspection or Licensing: Please indicate the year (approximate if you are not certain of exact year) that this shared service arrangement began.

Inspection or Licensing: Please indicate the date (approximate if you are not certain of exact date) that this shared service arrangement expires.
Inspection or licensing

Has this shared service arrangement accomplished what your health department hoped it would?

- It is a possible stepping stone to full agent status. Some revenue has been generated.
- Yes. This was to bring additional income in for the agency
- Our health department does not have a trained sanitarian so we use ___ and the State for our inspections and licensing. This has allowed us to have the services covered without using limited staff time.
- Yes, we are better able to control the services provides and it is cost-effective. By sharing staff, we have overlap if there are vacations. This is a tri-county consortium
Inspection or licensing (continued)

Has this shared service arrangement accomplished what your health department hoped it would?

☐ Contracting for services for this requirement has been challenging. Local Health Departments that have lead risk assessors are behind in their inspections and find it challenging to substantiate traveling to another county to provide a service that their own residents are waiting for. Lead Risk Assessments need a public health feel and having to contract with the private sector endangers the quality and consistency of the service. A large rural department like ___ County relied heavily on the Regional Office in the technical support of this program.

☐ The agreement has increased our local capacity for inspections, while also filling a need for a neighboring jurisdiction. Long term, this may morph into a more formal EH consortium with other jurisdictions joining in as well.
Communicable Disease

Has this shared service arrangement accomplished what your health department hoped it would?

☐ Allows us to utilize existing HIV screening programs instead of training and maintaining qualified staff at our agency.

☐ Yes - we provided few HIV partner counseling and referral services in the past that it was difficult for staff to remain comfortable providing the service. We continue to offer HIV testing, and the arrangement works out well.

☐ Cost savings with great success as well as pooling of resources.

☐ This arrangement is ideal for the jurisdiction.

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Change in shared services

Has the extent to which your department shares services with other health departments changed in the past 12 months?

- No change because we are sharing services to the same extent: 50.5% (48)
- Sharing to a greater extent than before: 24.2% (22)
- No change because we were not and are not engaged in a service shared...: 20.9% (19)
- Sharing to a lesser extent than before: 4.4% (4)
Discontinuing shared service arrangement

Has your health department’s governing body (e.g., city council or county board, board of health, or similar structure) discussed in the past two years, or is it currently discussing, the potential for DISCONTINUING a shared services arrangement? (If yes, please explain under “Comments”)

- Yes: 82.4% (76)
- Do not know: 23% (21)
- No: 4.6% (4)

What’s Next and Why?

The Future

Wisconsin Public Health Practice-Based Research Network
Creating shared service arrangement

Reasons for considering shared service arrangement

You indicated that your health department’s governing body has discussed or is currently discussing a potential shared service arrangement. What reasons were being given for considering the arrangement? (Check all that apply.)
Respondents who are developing or considering developing a shared service arrangement

- Environmental health other than inspection or licensing n=4
- Population based primary prevention programs n=4
- Communicable Disease Screening or Treatment n=3
- Maternal Child Health n=3
- Emergency Preparedness n=2
- Epidemiology n=1
- Inspection or licensing n=1

Focus group insights (preliminary)

- Can you talk about how any programming or operations have become more efficient as a result of a shared service arrangement?
  - Preparedness consortium has made the assessment results more standardized and uniform...
  - Efficiencies for consumers. Eg, combined reproductive health services allow one stop shops, consumers get their visit and prescriptions in one sitting.
  - Shared services leads to volume that allows recruitment of specialized staff
Focus group insights (preliminary)

- Can you talk about how any programming or operations have become more effective....
  - There is value in partnering with the Tribe because they have a level of cultural competency that the county doesn’t.
  - ...Through subcontracting I can keep that person on for an extra day a week...increased flexibility...
  - Our restaurant owners don’t care if the person works for X or works for Z, they just want someone who is competent and available and can perform the service.

Focus group insights (preliminary)

- Though many shared services lead to cost savings, a formal cost analysis had not been completed by the focus group participants.
- General support for the concept of service sharing among health departments if driven by local leadership and needs. Success can’t be forced.
- Access to good legal consultation can be important to the future of service sharing.
- Focus group analysis to be continued...
Brief Summary

- 71% of respondents currently share services
- Greater than 50% of respondents share services across 4 population categories & across each WDPH Region (non-tribal LHDs)
- Top 5 shared service arrangements
- Motivation for current shared services – better use of resources, provide better services and respond to program requirements
- Health officer, elected official(s), attorney (city or county) involved

Brief Summary (continued)

- 43% of LHDs governing bodies have discussed in the past 2 years or are currently discussing the potential for creation of shared service arrangement
- Motivation for discussing creation of arrangement - better use of resources, save money, provide better services and respond to program requirements
- Positive comments that shared service accomplished what the LHD hoped it would - reported gains in efficiency and effectiveness
Acknowledgements

☐ Research Team
- Terry Brandenburg, Lieske Giese, Aleena Hernandez, Kusuma Madamala, Dan Stier, Ema Uko-Abasi, Dustin Young, Nancy Young, Susan Zahner

☐ Expert Panel - Survey Face Validity Check
- Linda Conlon, Rebecca Hovarter, Doug Mormann, Jennifer Ibrahim

Acknowledgements

☐ Focus Group Participants
- Jean Durch, Chippewa County; Kelli Engen, Barron County; Chris Hovell, Jackson County; Wendy Kramer, St. Croix County; Patty Krug, Taylor County; Bob Leischow, Clark County; Susan Lorenz, Columbia County; Kathy Munsey, Green Lake County; Darren Rausch, Greenfield; Carol Rollins, Ho-Chunk Nation; Gretchen Sampson, Polk County County; Heidi Stewart, Pepin County; Richard Thoune, Eau Claire City-County; Patty Wohlfiel, Waushara County;
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- **Background**
  - Carolyn Leep, NACCHO, Pat Libbey, P Libbey & Associates; Lisa VanRaemdonck, Colorado Association of Local Public Health Officials

- **Funding**
  - Robert Wood Johnson Foundation & the Public Health Practice-Based Research Networks
  - National Coordinating Center at the University of Kentucky

- **And You – Wisconsin Survey Participants!!!**

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Your turn!

- What are the implications of this study in your practice?
- Please enter your comments in the chat box or speak up – webinar is un-muted
Do you have suggestions for further research based on these findings?

Please enter your comments in the chat box or speak up.

Thank you!

Contact
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