Center for Sharing Public Health Services
Rethinking Boundaries for Better Health

SITE VISIT REPORT: WISCONSIN NORTHWOODS SHARED SERVICES PROJECT

INTRODUCTION

The Center for Sharing Public Health Services visited the Shared Services Learning Community site of Northwoods in Wisconsin on May 29–30, 2014.This *Site Visit Report* documents the activities from the site visit as well as some of the Center's observations.

The report includes a lengthy *Background* section for those not familiar with the partnership. For those familiar with the partnership, go directly to the *Observations* section, which starts on page 5.

BACKGROUND

About the Center

The Center for Sharing Public Health Services helps communities learn how to work across jurisdictional boundaries to deliver essential public health services. The Center serves as a national resource on cross-jurisdictional sharing (CJS), building the evidence and producing and disseminating tools, methods and models to assist public health agencies and policymakers as they consider and adopt CJS approaches.

Building Evidence: One way the Center builds evidence is by working closely with a Shared Services Learning Community (SSLC), made up of demonstration projects in several states that encompass a diverse spectrum of CJS initiatives, from small-scale initiatives to full consolidation of health departments. The Center provides technical assistance and a forum that allows these communities to share lessons learned with each other and the Center. In return, the SSLC acts as a learning laboratory by providing real world experiences that the Center collects and analyzes and shares with the nation.

Producing and disseminating tools, methods and models: The experiences of the SSLC, along with other research and expert opinions, provide the knowledge and insight the Center needs to provide tools and assistance to any community or group of communities considering CJS arrangements.

The Center for Sharing Public Health Services is a national initiative managed by the Kansas Health Institute with support from the Robert Wood Johnson Foundation.

About the Area

This area is made up of 18 counties in Northern Wisconsin. It is a large geographic area comprised of relatively small counties. There is a tribal presence in many of the counties.

The counties are listed below, sorted in descending order based on population size. Total population is listed in the parenthesis along with the percent of persons in the county living below federal poverty level:

- Marathon (135,416, 10.4%)
- Wood (73,959, 10.1%)

- Portage (70,380, 13.5%)
- Shawano (41,643, 11.4%)
- Marinette (41,610, 13.1%)
- Oneida (35,689, 10.8%)
- Lincoln (28,684, 10.5%)
- Vilas (21,368, 14.0%)
- Taylor (20,610, 13.6%)
- Langlade (19,575, 13.2%)
- Sawyer (16,513, 19.5%)
- Ashland (16,016, 18.1%)
- Bayfield (15,156, 13.7%)
- Price (13,802, 14.2%)
- Forest (9,126, 16.0%)
- Iron (5,886, 16.4%)
- Florence (4,520, 13.4%)
- Menominee (4,317, 23.2%)

Wisconsin's public health system is made up of five regions. The counties involved in this project do not identify with a single state region. Two of the counties are part of the Northeastern Region; fifteen of the counties comprise the entire Northern Region, and the one tribal jurisdiction is located within the Northern Region.

About the Northwoods Shared Services Project Demonstration Site

At the time of the site visit this project team was led by Chris Dobbe, program coordinator for Marathon County Health Department. Having accepted a position with the Minnesota Department of Health, Ms. Dobbe's last day with Marathon County was June 20 and Amanda Ostrowski has assumed the role of team lead.

The team's efforts to date include: a literature review of CJS; an inventory of current public health capacity using the Public Health Accreditation Board (PHAB) self-assessment tool; an analysis of interviews conducted with policymakers from each participating jurisdiction; and a monthly newsletter. In addition, at the time of the site visit they had just released a comprehensive shared services toolkit for the health departments in their region, with the purpose of:

- Defining shared services and the spectrum of possible sharing arrangements.
- Understanding the current status of shared services among local and tribal health departments in the project area and Wisconsin.
- Understanding the success factors and barriers to cross jurisdictional sharing.
- Highlighting examples of successful sharing arrangements in the project area.

- Providing tools that can be adapted for local health departments and elected officials.
- Providing recommendations to assure the success of future shared services.
- Accessing summaries of published articles and reports on shared services.

Now they are using their knowledge and resources to identify opportunities for sharing among counties that make up the Northwoods area.

SITE VISIT

Site Visit Participants

Host team:

- Chris Dobbe, Program Manager**,** Marathon County Health Department (team lead)
- Amanda Ostrowski, Public Health Educator, Marathon County Health Department (communications coordinator)
- Mary Hilliker, Consultant

Phillips, Wisconsin (May 29):

- Terri Kramolis, Director, Bayfield County Health Department
- Holly Stratton, Supervisor, Florence County
- Cindy Kmecheck, Board of Health, Florence County
- Annette Seibold, Director, Florence County Health Department
- Larry Berg, Supervisor and Board of Health Member, Forest County
- Zona Wick, Director, Iron County Health Department
- Patty Subera, Emergency Preparedness Coordinator, Lac Courte Oreilles Community Health Center
- Bob Kopisch, Board of Supervisors Chair, Price County
- Bruce Jilka, Board of Supervisors Vice Chair and Health and Human Services Board member, Price County
- Travis Nez, Supervisor and Health and Human Services Board member, Price County
- Paula Kock, RN, Health and Human Services Board member, Price County
- Michelle Edwards, Public Health Division Manager/Health Officer, Price County Health and Human Services
- Marilyn Schreuder, Health and Human Services Director , Price County Health and Human Services
- Warren Johnson, Supervisor and Health and Human Services Board member, Sawyer County
- Eileen Simak, Health Officer, Sawyer County Health and Human Services
- Jaime Bodden, Director, Shawano Menominee Counties Health Department
- Donna Rozar, Supervisor and Board of Health Chair, Wood County

- Sue Kunferman, Director, Wood County Health Department
- Angela Nimsgern, Northern Region Director of Office of Policy and Practice Alignment, Wisconsin Division of Public Health

Wausau, Wisconsin (May 30):

- John L. Smith, Supervisor and Board of Health Chair, Iron County
- Holly Matucheski, Supervisor, Langlade County
- Ron Barger, Director, Langlade County Health Department
- Sue Weith, Board of Health Member, Lincoln County
- Shelley Hersil, Health Officer, Lincoln County Health Department
- Deb Hager, Deputy County Administrator, Marathon County
- Sue Gantner, Board of Health Member, Marathon County
- John Robinson, Supervisor and Health and Human Services Committee Chair and also Board of Health Chair, Marathon County
- Joan Theurer, Health Officer, Marathon County Health Department
- Kathy Just, County Board Vice Chair and Health and Human Services Board Chair, Marinette County
- Mary Rosner, Health Officer, Marinette County Health and Human Services
- Carl Meyer, Assistant Director, Oneida County Health Department
- Janis Borski, Health and Human Services Board Vice Chair, Portage County
- Nancy Prince, Health and Human Services Board Member, Portage County
- Gary Garski, Health Officer/Health Division Coordinator, Portage County Health and Human Services
- Rollie Thums, Supervisor and Board of Health Member, Taylor County
- Sue Breneman, Supervisor and Board of Health Member, Taylor County
- Regina Syryczuk, Board of Health Member, Taylor County
- Patty Krug, Director, Taylor County Health Department
- Kim Whitmore, Policy Section Chief of Office of Policy and Practice Alignment, Wisconsin Division of Public Health
- Angela Nimsgern, Northern Region Director, Office of Policy and Practice Alignment, Wisconsin Division of Public Health

Other Shared Services Learning Community Sites:

Minnesota System Wide Team:

- Allison Thrash, Supervisor, Minnesota Department of Health
- Wendy Kvale, Public Health Nurse Consultant, Minnesota Department of Health

Robert Wood Johnson Foundation:

Emmy Ganos, Program Associate, Robert Wood Johnson Foundation

Center for Sharing Public Health Services:

- Pat Libbey: Co-Director, Center for Sharing Public Health Services
- Grace Gorenflo, Senior Project Consultant, Center for Sharing Public Health Services

Site Visit Activities

The site visit team met with the host team on May 29th in Phillips, Wisconsin, which is located in Price County. The day began by meeting with County Board of Supervisors from Bayfield, Florence, Forest, Iron, Menominee, Price, Sawyer, Shawano and Wood Counties as well as a representative of the Lac Courte Oreilles tribe to discuss governance issues. Later they met with County Health Officers from the same jurisdictions to discuss leadership issues. A representative from the Wisconsin Division of Public Health also was present at the meetings. Afterwards, they went on a windshield tour of several counties.

The following day, May 30th, they met at the Marathon County Health Department with county commissioners from Iron, Langlade, Lincoln, Marathon, Marinette, Oneida, Portage and Taylor Counties to discuss governance issues and then with board of health members or board of health and human services members from the same jurisdictions to discuss public health leadership issues. Two representatives from the Wisconsin Division of Public Health were present at meetings that day also. Later in the afternoon, they held a debriefing with the host and site visit team.

OBSERVATIONS

Site visits provide a valuable learning opportunity, both for the Center staff and for the participants. There is only so much information the Center can gather from reports or phone calls. Meeting with people in their actual environment completes the picture and contributes to a better understanding of the project.

Some observations gleaned by the Center as a result of participating in the site visit are listed below.

This site is working on a methodology for sharing instead of on a specific sharing arrangement.

This site is large geographically, with 18 jurisdictions participating. It did not set out to explore or begin implementation of a specific arrangement across all of the jurisdictions. Instead, the team is seeking to facilitate the exploration, planning and implementation of sharing arrangements among subsets of counties. The team also is identifying potential sharing opportunities in the region.

The main role of the largest county is that of facilitator.

Marathon County is the largest jurisdiction in the partnership. It is administering the CJS grant and has taken on the role of facilitator among the 18 jurisdictions. To help with facilitation, the team has hired a neutral third-party consultant to run meetings and gather information.

Large and small county dynamics are at play here.

While all sizes of counties can benefit from sharing arrangements, the leadership of larger counties are often concerned they will need to give more to the partnership than they will receive. To help avoid that situation, Marathon County has developed a tool to evaluate sharing arrangements. It includes an analysis of shared visions, expectations and commitments.

The state public health certification system is a driver for CJS arrangements.

Every five years, the operations of all local health departments in Wisconsin are reviewed. A *Certificate of Designation* is awarded to each health department to show it has satisfied the requirements for a level one, two or three health department. The levels are based on the range of services provided.

Because state funding ties back to the level of certification a health department achieves, the desire to participate in a CJS arrangement is often driven by a desire to achieve a higher state certification level.

Jurisdictions here are more focused on sharing specific services than on sharing capacity.

While jurisdictions are aware that sharing functions, like billing services, within the region can save money, there may be more interest in expanding the range of services provided by sharing specific programs. In discussions, for example, participants in the northernmost counties seemed interested in sharing a human health hazards program as a result of having completed a shared community health assessment.

Participants were concerned that distance to services could increase with sharing arrangements.

Given the geographical size of this demonstration site, there was concern that sharing services could present challenges in terms of travel time for both staff and residents. There was a feeling that services need to be available locally and that local public health departments could best serve their own residents.

Several challenges exist with public health funding in the state.

Participants at the site visit seemed to feel there was an overall lack of public health funding from the state. In addition, Wisconsin has capped or eliminated growth in property taxes. The only new growth is tied to valuation of new construction. Therefore, new funding coming from local dollars is unlikely.

County taxes vary widely. Policymakers are very concerned about using money generated in one county to provide services in another county, even if they can make an economic argument that there is value or a net gain for their county. There is a real hesitancy with having local dollars cross jurisdictional lines, not just in Wisconsin but among other demonstration sites as well.

Public health departments often look for other funding sources, like grant dollars. However, grant funding can be unstable and that instability causes concern among public health officials that they may not be able to sustain new projects because of a lack of future funds. There also is a hesitancy to share services if it results in increased costs, even those services that result in improved public health effectiveness.

Public health policy change is particularly onerous in Wisconsin.

In Wisconsin, the approval process for public health policy involves several layers. First, it must be approved by the board of health at the health department. Then it must be approved by the board of health at health and human services in those counties where the two are combined. Once approved by those boards, a policy change must go before the entire County Board of Supervisors, which could have as many as 38 members. The county board could send the policy change to a sub-committee before it is considered by the whole County Board. Making a policy change is a very involved process that can take a lot of time. If there is an election in the middle of the process, it could result in significant delays as they bring new policymakers up to speed on the measure. Given this climate, public health officials seem more likely to work through less involved mechanisms, such as mutual aid agreements.

It is difficult to engage tribes in sharing arrangements.

Because tribes are sovereign nations, local government does not have any authority on reservations that are geographically located within their jurisdiction. Moreover, the tribal leadership equivalent is at the federal government level, not the local government level. Thus, it can be difficult to engage tribes in sharing arrangements when county health departments seek to ensure the reach of population-based health initiatives across tribal boundaries.

This site is great at communicating.

This site team does a great job of communicating with partners in this large collaborative. They have a newsletter and a website that keeps stakeholders informed. They have created connectivity amongst the jurisdictions and have increased understanding of the potential of CJS among public health officials.

LESSONS LEARNED

As a result of participating in this site visit, the Center staff came away with several insights that could be useful in this project and when working with other jurisdictions considering sharing arrangements.

Sustaining the partnership will require dedicated effort.

A challenge facing this group is how to centrally support the collaborative once the grant funding ends. The large size of the group, coupled with the lack of a sharing arrangement involving them all, presents a somewhat unique challenge. It may be helpful for each county to identify a specific sharing arrangement in the near future and begin work on it before the grant ends. Several jurisdictions in the north, for example, are considering focusing on a shared approach to human health hazards, as they each would like to provide the service but cannot support a full-time person on their own.

It could be helpful to articulate specifically those services that could be shared.

A prevalent concern was that services should be available locally and that each county could best serve its own residents. After talking about it, there was a recognition that CJS could offer opportunities for

expertise that single health departments may not be able to offer on their own, or may only need on a periodic basis. There also were comments that maybe only urgent or frequent services needed to be available locally. Another activity prior to the end of the grant funding could be to further discuss and define those services areas of expertise that would lend themselves to sharing arrangements.

Maintaining good relationships with tribal leaders may allow informal sharing.

Formal arrangements expand the issue beyond its impact on public health and must take into account the relationship between the governmental body and the tribe. Therefore, maintaining good relationships with tribal leaders may facilitate informal sharing arrangements.

SELECTED COMMENTS AND QUOTES FROM THE SITE VISIT AND FOLLOW-UP EVALUATIONS

Fiscal pressures are preventing local policymakers from showing willingness to provide resources to support shared services arrangements.

Trust and local identity are strong motivators for entering into a sharing arrangement.

Health departments primarily share services. Entering into a higher level sharing arrangement will be challenging and require additional planning and technical assistance.

It became clearer as we progressed under what circumstances health officers felt sharing was valuable, and under what circumstances policymakers would support shared services.

Cross-jurisdictional sharing across the country is moving along slowly and cautiously for the most part.

The biggest take home message that I learned was the need to look at ways to support and evaluate cross-jurisdictional sharing with agencies that are not located next door, but rather explore relationships with similar communities based on size and population served.

I learned that health officers across the geographic area of the project are having the same needs and wants for shared services. I also learned what policymakers prioritize and expect a shared service will bring to their communities.

Collaboration is often the only way that issues can be addressed. Unfortunately, this is difficult to explain to many supervisors.

… the affirmation that shared services are a necessary part of rural local health departments in a time of shrinking budgets, large systems thinking, and a new wave of public health practice.