CJS
Impact Measurement Program: Where We Are Coming From, Where We Are Going

Center for Sharing Public Health Services

Rethinking Boundaries for Better Health

National Network of Public Health Institutes

Robert Wood Johnson Foundation

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- DOB: May 2012
- National initiative
  - Managed by the Kansas Health Institute
  - Funded by the Robert Wood Johnson Foundation
- Goal:
  - Explore, inform, track and disseminate learning about shared approaches to delivering public health services

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CSPHS Staff

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PHASE 1 (2013-2015)

Questions to Answer in Phase 1

- Is CJS a viable option to improve effectiveness and efficiency of public health services?
- Does it work?
- Under what circumstances?
- What makes a CJS project successful?

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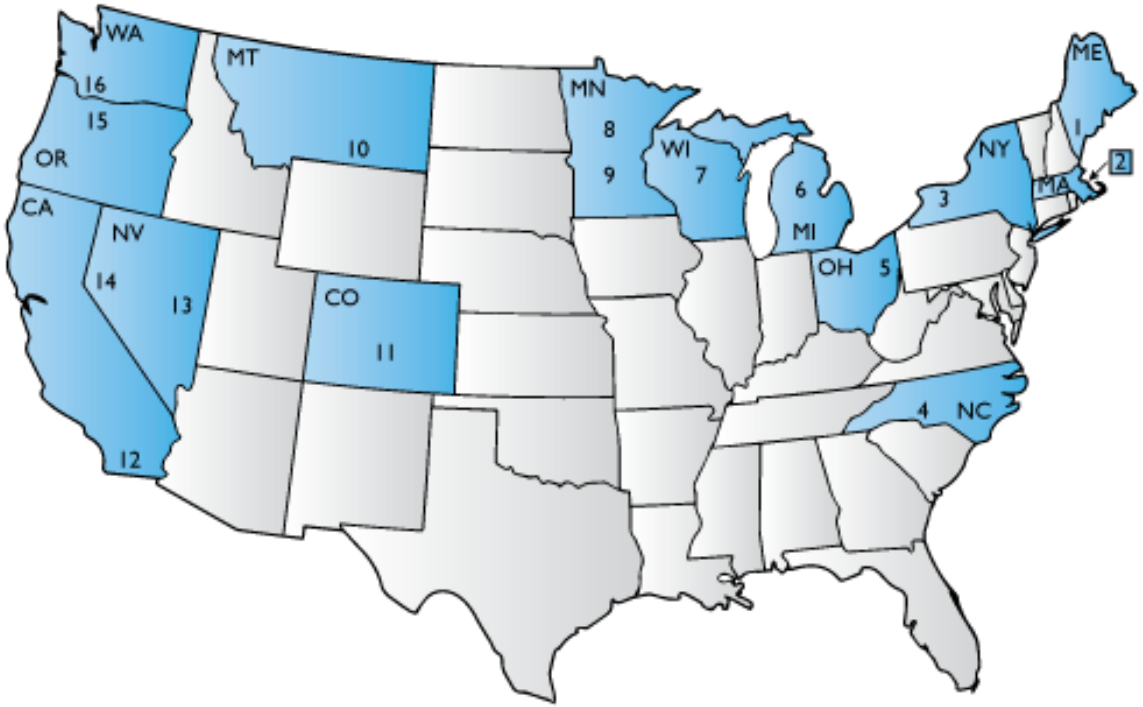
Shared Services Learning Community

16 sites

14 states

2-year grants



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WHAT WE LEARNED IN PHASE 1

Factors for Success

Prerequisites	Facilitating factors	Project characteristics
Clarity of objectives	Success in prior collaborations	Senior-level support
A balanced approach (mutual advantages)	A sense of “regional” identity	Strong project management skills
TRUST!	Positive personal relationships	Strong change management plans
		Effective communication

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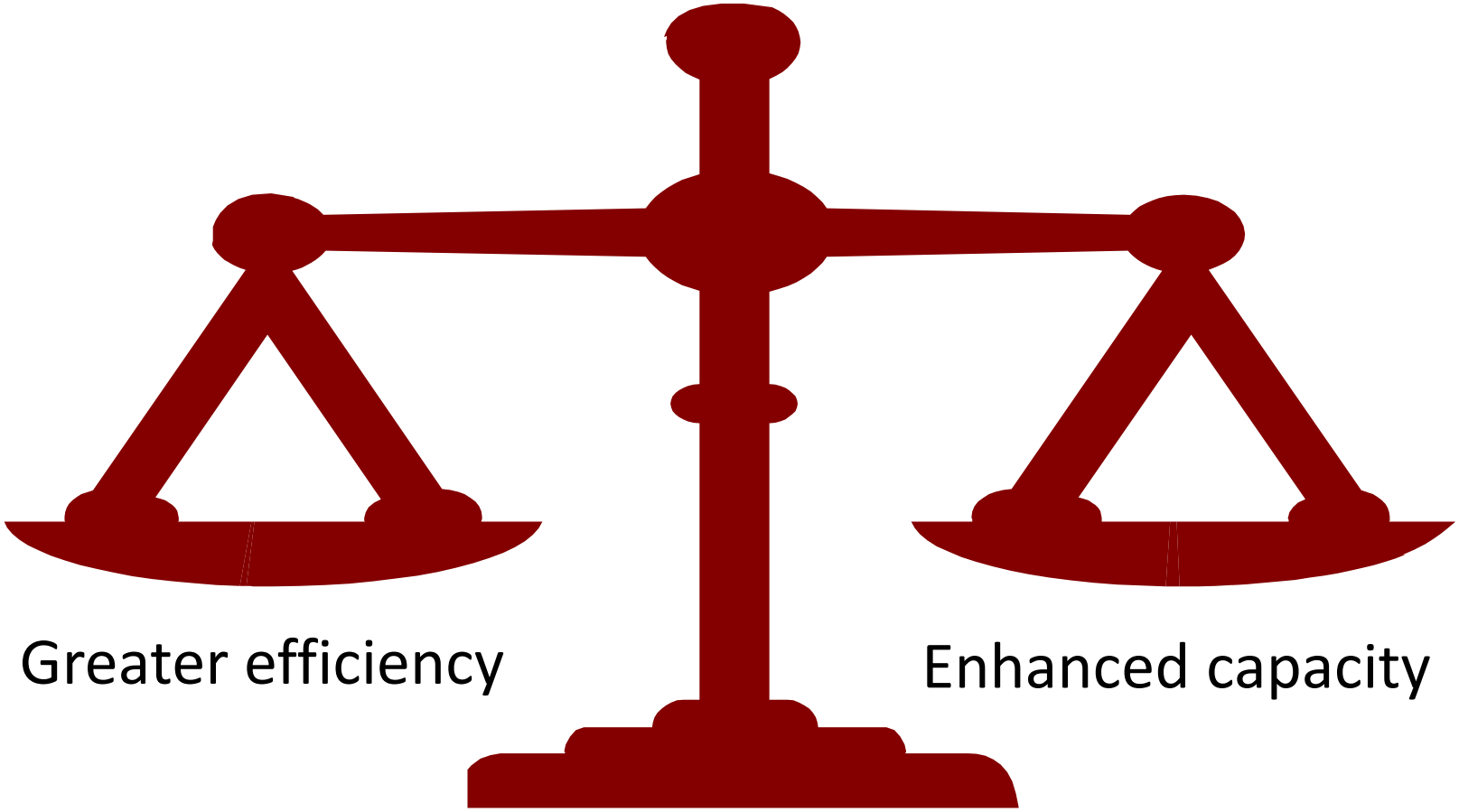

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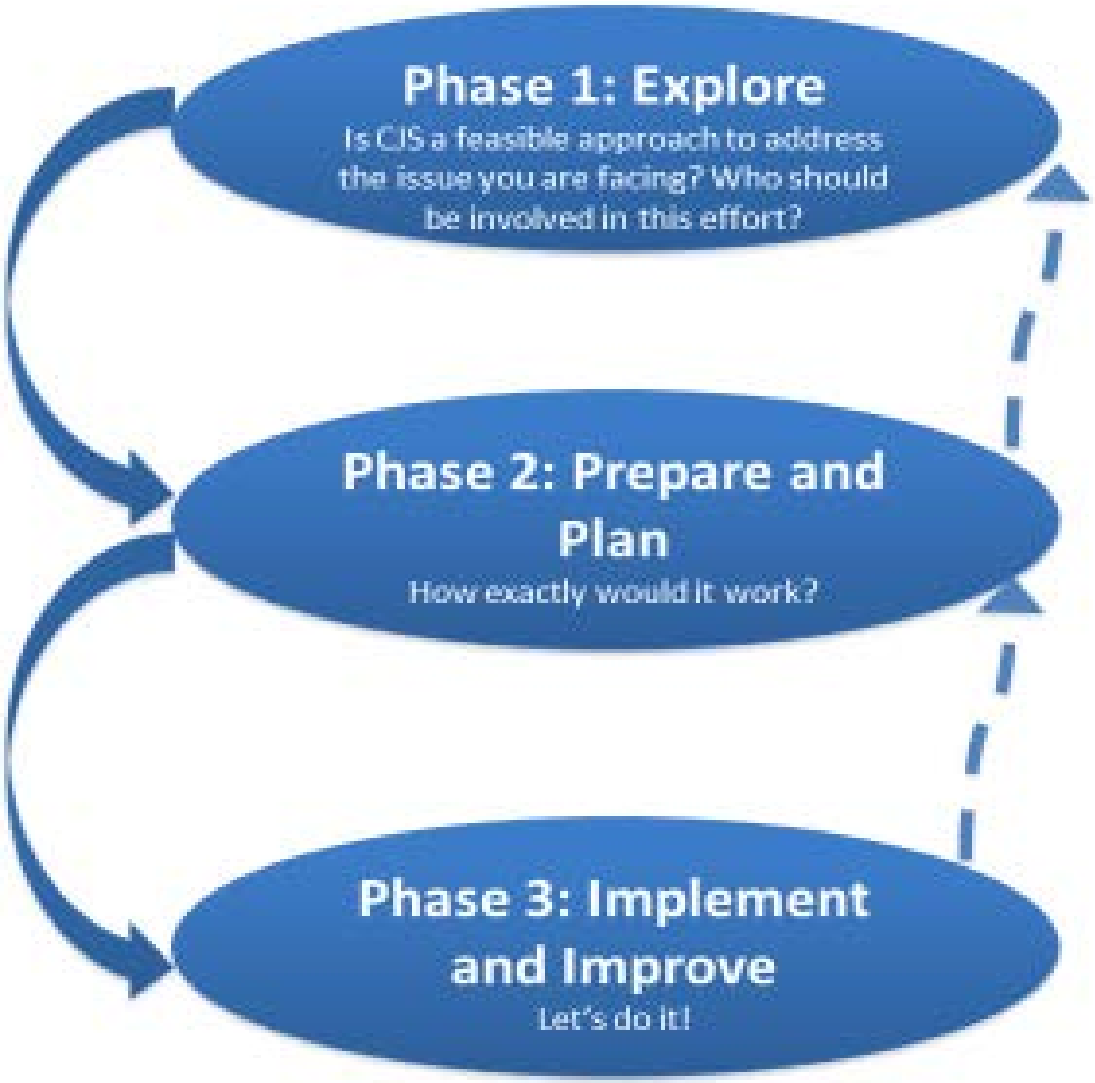
CJS Roadmap



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Does it Work?

Evidence of impact from Phase 1 projects is *case-specific* and mostly *qualitative*

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Improved Efficiency

- Reduced costs – both overall costs and unit costs
- Greater productivity and economy of scale
- Ability to employ more robust and current service management systems
- Increased eligibility in some instances for state and federal grants

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Improved Effectiveness

- Greater range of public health services and/or functional capacities available
- Improved quality of services
  - Timeliness
  - Accessibility
  - Professional level
- Ability to meet state or other performance standards (incl. accreditation)

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Evidence from Ohio

- Consolidating HD experienced total expenditure reduction = 16%
  - No reduction for admin costs
- LHO reported that after consolidation :
  - Savings were achieved
  - Services were maintained at least at pre-existing levels
  - There was positive impact on PH

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Am J Public Health. 2015 Apr;105 Suppl 2:S174-80

Integration in Genesee & Orleans Counties, NY

Criteria	Description	Genesee Co. Enhanced Benefit	Orleans Co. Enhanced Benefit	TOTAL Enhanced Benefit
Shared Staffing Savings	Public Health Director Environ Hlth Director Patient Svcs Director	$66,000/yr $21,941/yr $51,000/yr	$66,000/yr $ -0- /yr $51,000/yr	**$132,000/yr** **$ 21,941/yr** **$102,000/yr**
Travel Expense Savings	PH Director attending conferences and trainings	$514/yr	$652/yr	**$1,166/yr**
Shared Consultation Savings	Existing Genesee Co. consultation shared with Orleans Co.	$ -0- /yr	Medical: $ 7,500/yr Environ Eng: $13,000/yr	**$20,500/yr**
CDC PHAP Associate Benefit	Provided and paid for by CDC to assist with research /analysis	$21,843/yr	$21,843/yr	**$43,686/yr**
Shared Transportation Savings	Joint RFP for 3-5 Preschool and Early Intervention Transportation	$ -0- /yr	$107,295/yr	**$107,295/yr**
TOTAL				**$428,588/yr**

Does it Work?

- We need to move from case-specific to systematic evidence
- We need to create and validate standardized definitions and methods

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Why Measuring Impact?

- Anecdotal evidence that CJS can improve efficiency and effectiveness
  - Little systematic evidence of the magnitude of effect
- Policymakers and health officials want to know:
  - “How much will this cost? Will it save money?”
  - “What results can we expect”?

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PHASE 2 (2016-2017)

Our Main Question

- Does a CJS initiative result in a ***measureable*** change in ***efficiency*** and / or ***effectiveness*** for the shared ***public health services***?

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Project Sites

- Health Department of Northwest Michigan
- Horizon Public Health, MN
- North Dakota Department of Health and Environment
- Ozaukee and Washington Counties, WI

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Definitions

- **Effectiveness**: the ability of a public health program, service or function to achieve its desired results
- **Efficiency**: getting the most out of the amount of resources needed to produce a given output or outcome.
- **Impact**: the change in efficiency and effectiveness generated by a CJS agreement.

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Programs, Functions and Services
9 Domains

- **Administration and management**
- Chronic disease prevention
- Communicable disease control
- **Community health assessment and improvement**
- Emergency preparedness
- **Environmental health protection**
- Epidemiologic services
- Policies and planning
- Workforce development

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Efficiency Measures

1. **Saved Time**
2. Reduced Number of Steps
3. **Increased Revenues**
4. **Cost**

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Effectiveness Measures

1. **Increased Customer Satisfaction**
2. **Increased Reach to Target Population**
3. Dissemination of Information
4. **Quality Enhancement**
5. Increased Preventive Behaviors

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Measurement Requirements

- Perform:
  - 1 baseline measurement
  - At least 1 follow-up measurement
- Baseline measurement may be based on theoretical models, e.g.:
  - When shared services were not available before CJS agreement
  - When baseline information is not available

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Implementation and Impact Measurement Program Projects

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Additional Thoughts

- "Not everything that counts can be counted"
  - Importance of qualitative factors, stories
    - E.g. Improved relationships, ability to work together
  - How do we capture those in standardized ways?
- What is important to measure for different partners?

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