

# Northwoods Shared Services Project





# Starting Out

- 2003 influx of funding created public health preparedness consortia
- 2003-2010 Northwoods Public Health Preparedness Consortium
  - 21 jurisdictions
  - Epidemiology/outcomes-based approach
  - Public health accreditation
- July 2011 elimination of consortia funding
- August 2011 Northwoods Collaborative



# Why not 21 of 21?

Possible barriers to joining collaborative:

- Budget cuts/retain staff
- Agency size allows for dedicated staff
- Extra funding helps shore up other efforts (accreditation)
- Distance/relate more to other regions



# Northwoods Collaborative

Memorandum of understanding

- Preparedness
- “Other services”

Mutual aid agreement

Public Health Infrastructure Improvement Project  
(accreditation)





# Shared Services Learning Community Grant Application

- Natural fit for collaborative and region
- Accreditation
- Shrinking resources
- Examine and improve on what we are doing
- Increase policymaker involvement
- Local team approach/identity



# Resources & Expectations

- Pressure to provide effective and efficient services
- Wisconsin at bottom in funding public health
- Accreditation
- Performance management

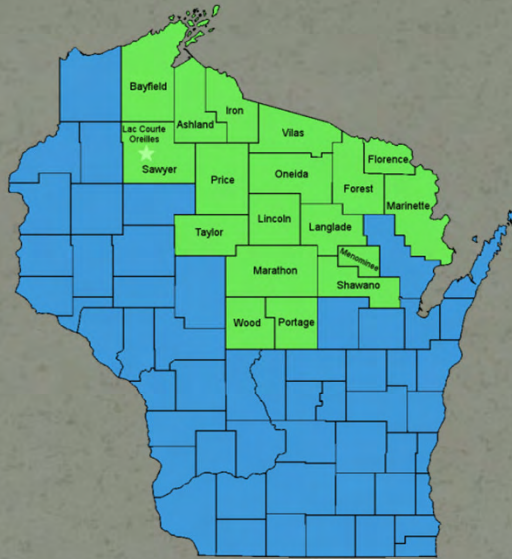


# Key Questions

- What criteria should health departments use to evaluate the effectiveness of sharing arrangements?
- When is cross-jurisdictional sharing cost-effective?
- How can sharing arrangements contribute to an increase in quality and capacity in public health department services, functions, and accreditation efforts?



# Northwoods Shared Services Project







## A few facts

- 18 Jurisdictions
  - 16 county health departments
  - 1 consolidated health department (2 counties)
  - 1 tribal clinic
- Health department staff size 4 to 46
- County population 4,400 to 134,000
- One quarter of the counties and land mass of Wisconsin
- 10% of the State's population



# Project Objectives

1. Identify opportunities for cross jurisdictional sharing (CJS) that improve effectiveness, efficiency, capacity, performance
2. Increase policymaker understanding of CJS and the value of public health accreditation as a tool to measure performance
3. Increase health department capacity for meeting accreditation standards



# Process & Deliverables

- Assessment of sharing arrangements
- Lit review
- Report analyzing models, means, criteria for engaging in sharing
- Public health and policymakers identify opportunity(s) for sharing
- Public Health Accreditation Board (PHAB) self-assessment baseline and follow-up



# Organization & Approach

- Marathon County Health Department grant fiscal agent
  - Project director/team lead 25% FTE
  - Contractor
  - Communications coordinator 5% FTE
  - Technical support 10% FTE
- Send six reps to in-person Learning Community meetings
- Public health meets monthly
- Website [northwoodssharedservices.org](http://northwoodssharedservices.org)
- Newsletter and 1-pagers
- Present at board meetings Fall 2013



# Accomplishments so far

- Website and newsletter launched
- Completed Center's sharing assessment
- Completed lit review ([on website](#))
- Health officer and key informant interviews in progress
- 15 of 18 PHAB baseline self-assessments completed



# Gathering Data on Shared Services

- Cross jurisdictional sharing assessment survey, Center for Sharing Public Health Services
- Health officer interviews
  - What works, not working? Why? Barriers
  - Best practices, criteria, plans for initiating and participating
  - Board involvement and makeup
- Key informant interviews with tribes, policymakers
- Case studies



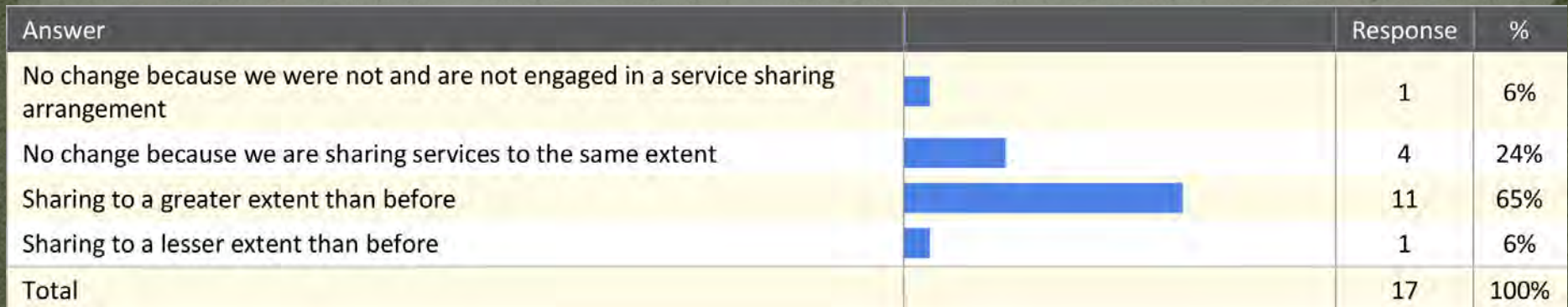
# Cross Jurisdictional Sharing Assessment

- Completed May 2013
- 18 jurisdictions





# Has the extent to which your department shares services with other health departments changed in the past two years?



A horizontal bar chart with four bars representing different response categories. The bars are blue and extend from the left side of the table. The longest bar is for 'Sharing to a greater extent than before' at 65%.

Answer	Response	%
No change because we were not and are not engaged in a service sharing arrangement	1	6%
No change because we are sharing services to the same extent	4	24%
Sharing to a greater extent than before	11	65%
Sharing to a lesser extent than before	1	6%
Total	17	100%



# What role(s) do elected officials play in arrangements to share services with other local or tribal health departments?

Answer	Response	%
Decision maker	4	24%
Oversight	5	29%
Advisor	4	24%
Serves on governing body	10	59%
No role	2	12%
Unknown	0	0%
Other (please specify)	0	0%










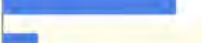





You indicated that your health department's governing body has discussed or is currently discussing a potential shared service arrangement. What reasons were/are being given for considering the arrangement?

Answer		Response	%
To make better use of resources		4	33%
To save money		2	17%
To respond to program requirements		4	33%
To aid in recruitment of qualified staff		1	8%
To provide new services		3	25%
To provide better services		6	50%
To meet national voluntary accreditation standards		3	25%
To increase our department's credibility within the community		1	8%
To support our department's independence		1	8%
Do not know		0	0%
Other (please specify)		3	25%



# For which programmatic areas or organizational functions does your health department share resources?

Answer		Response	%
Emergency preparedness		14	93%
Epidemiology or surveillance		6	40%
Physician and Nursing services		2	13%
Communicable disease screening or treatment		6	40%
Chronic disease screening or treatment		1	7%
Maternal and child health services		5	33%
Population--based primary prevention programs		6	40%
Inspection, permit or licensing		4	27%
Environmental health programs other than Inspection, permit or licensing		8	53%
Community health assessment		5	33%
Administrative, planning and support services		1	7%
Laboratory services		2	13%
Other (please specify)		1	7%



# What functions of Environmental Health Programs other than inspection, permit, or licensing are shared?

Answer	Response	%
Lead assessment	6	75%
Lead abatement	3	38%
Radon	2	25%
Water	0	0%
Sewage	0	0%
Solid waste	0	0%
Vector control	0	0%
Parks and camping sites	0	0%
Recycling-litter prevention	0	0%
Others (please specify)	1	13%



# Challenges

- Geography
- Staff time
- Policymaker:
  - Time
  - Awareness of essential services
  - Agreement on core public health functions
  - Commitment to public health accreditation/PHAB standards and measures



# What we hope to accomplish

- Increased understanding among policymakers
  - 10 Essential Services/national accreditation
  - Infrastructure necessary to support public health
- Cross-jurisdictional sharing criteria
- How sharing can increase capacity and infrastructure



For more info

<http://northwoodssharedservices.org/>

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