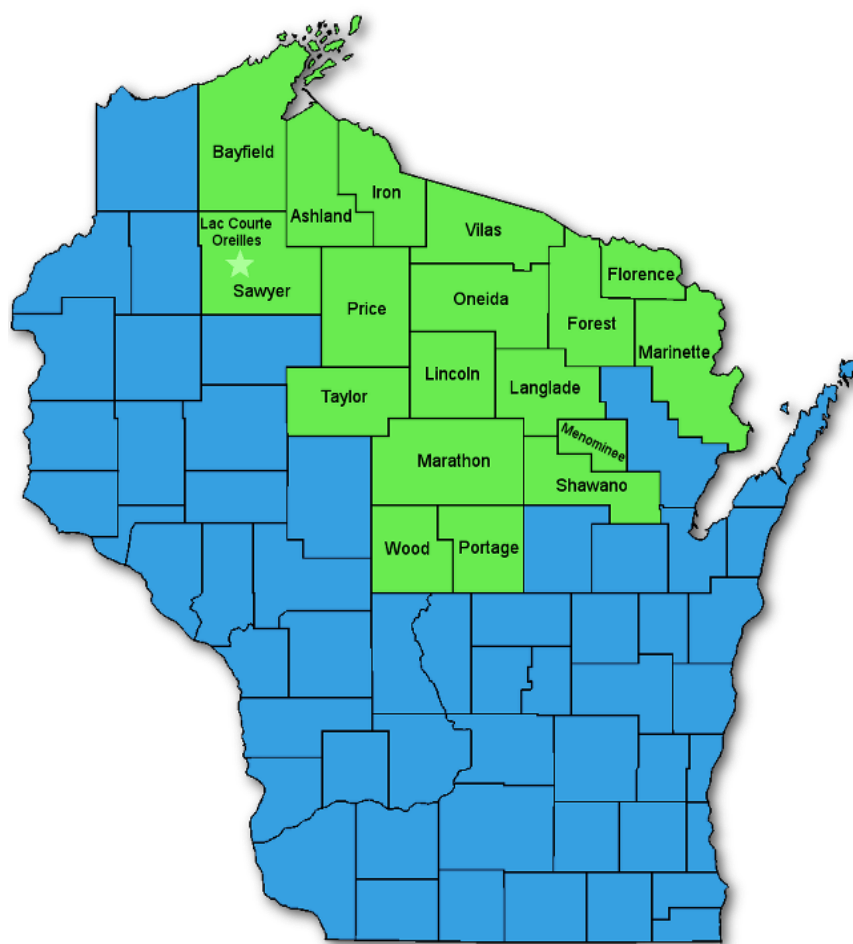


# Shared Services in Public Health

April 2014



Toolkit prepared by Northwoods Shared Services Project Staff

With support from the Center for Sharing Public Health Services and the Robert Wood Johnson Foundation



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# Section A: Introduction & Overview

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## The Toolkit

This toolkit is the result of the activities conducted by the Northwoods Shared Services Project with support from the Center for Sharing Public Health Services and Robert Wood Johnson Foundation. It is intended to be used by local health department directors/managers/health officers, policymakers, and professionals that provide technical assistance to local governments and tribes. While the toolkit is specifically designed for public health, it may be helpful and adaptable for other local government services. It reflects the political history/climate in Wisconsin of strong local government control.

### The purpose of the toolkit is to:

- Define shared services and the spectrum of possible sharing arrangements.
- Understand the current status of shared services among local and tribal health departments in the project area and Wisconsin.
- Understand the success factors and barriers to cross jurisdictional sharing.
- Highlight examples of successful sharing arrangements in the project area.
- Provide tools that can be adapted for local health departments and elected officials.
- Provide recommendations to assure the success of future shared services.
- Access summaries of published articles and reports on shared services.

The toolkit and associated resources were informed by a literature review on shared services in government and public health, the Center for Sharing Public Health Services (CPHS) framework for shared services, a Public Health Accreditation Board (PHAB) Standards and Measures self-assessment, health officer interviews held from June – August 2013, policymaker discussion groups held from September 2013 – April 2014, and key informant interviews.

## Northwoods Shared Services Project Overview

The Northwoods Shared Services Project (NSSP) is a two-year grant for public health officials, policymakers, and other stakeholders to explore how cross-jurisdictional sharing (CJS) might better equip them to fulfill their mission of protecting and promoting the health of the communities they serve. The Robert Wood Johnson Foundation Shared Services Learning Community grant is for \$124,610 and is from Jan. 15, 2013 – Jan. 31, 2015.

The NSSP is a coalition of 18 jurisdictions in central and northern Wisconsin including: Marathon (lead agency for project administration), Ashland, Bayfield, Florence, Forest, Iron, Langlade, Lincoln, Marinette, Shawano-Menominee, Oneida, Portage, Price, Sawyer, Taylor, Vilas, and Wood Counties and the Lac Courte Oreilles Band of Lake Superior Ojibwe.

## Goals of the Project

- Assess current and future shared services opportunities that would add value to each organization's ability to fulfill their mission of providing high quality services.
- Use Public Health Accreditation Board (PHAB) standards to assess ability to deliver essential public health services in the community.
- Improve performance at the public health agency, including meeting public health accreditation standards.

Participating jurisdictions are considering PHAB self-assessment results when evaluating the potential of cross-jurisdictional sharing to increase public health capacity and the quality of services they provide.

While one of the health departments in the project is a consolidation of two county health departments, the initiative is not intended to merge health departments. Project efforts have been focused on assessing the full spectrum of possible sharing arrangements that can be successful and effective. An assessment of what isn't working and perceptions about why has been conducted to help formulate recommendations for future action.





## Overview of Shared Services in Public Health

### What are Shared Services?

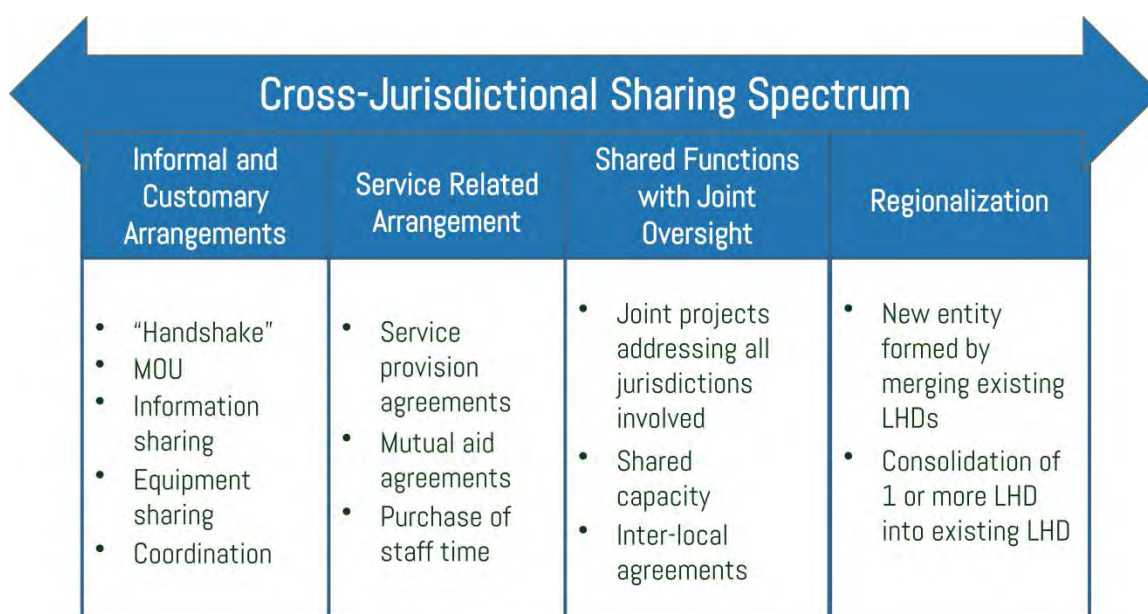
#### Definition of Shared Services:

**Cross-jurisdictional sharing is the process of reaching across boundaries to share resources, tasks, and results.**

The Northwoods Shared Services Project has defined shared services to include cross-jurisdictional sharing of: funding, staff or other personnel or human inputs, space, equipment, and supplies. Agencies involved in the shared arrangement:

- Help set program policies and priorities.
- Influence and shape programs including how services are delivered and who will be served.
- View the arrangement as more than a partnership or collaboration.
- Consider the arrangement current and up-to-date.

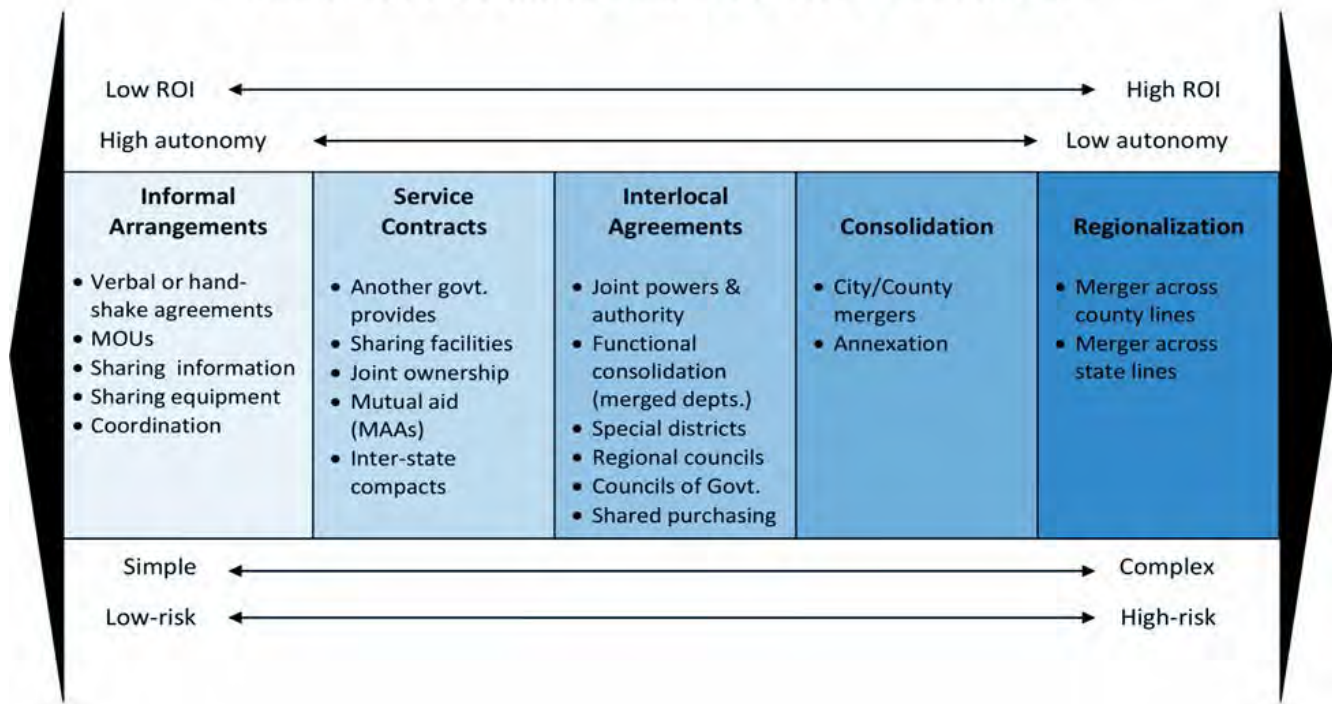
The Center for Sharing Public Health Services published a continuum of sharing that is helpful in understanding the many ways that shared services may be planned and implemented:



Source: Center for Sharing Public Health Services, 2014.

On the spectrum of shared service arrangements are varying levels of return on investment (ROI), autonomy and risk. The type of service (simple or complex) may inform the formality of the agreement that is considered.

**Exhibit 1: Government Shared Services Continuum**



Source: Kaufman, 2010. Adapted from: Ruggini, J. (2006); Holdsworth, A. (2006).

"On the simpler end of the spectrum lie the informal arrangements where changes in operating structures are not needed. The more complex and difficult consolidations/mergers occupy the opposite end of the continuum. Interlocal agreements fall in between - the middle ground where powers are linked and a new service delivery entity may form, but separate government jurisdictions remain. Moving from the simple, low-risk models to the complex, higher-risk brings opportunity for a higher return on investment, accompanied however by lower autonomy." (Kaufman, 2010)

## The Need for Shared Services

### Budget Cuts

Budget cuts to vital public health programs, the desire by communities to tackle growing public health challenges, a growing interest in meeting voluntary national accreditation standards and projected public health staff shortages are trends that necessitate the consideration of shared services.

**"Wisconsin ranks 47th in the nation for spending to meet public health needs."**

The state of public health in Wisconsin, 2013

The National Association of County and City Health Officials (NACCHO) surveyed local health departments nationwide in 2013 to assess the status of jobs, budgets, and programs. The survey found that 26% of responding health departments in Wisconsin reported their budget was lower in 2013 than 2012, and 36% expected their budget to be lower in 2014. (National Association of County & City Health Officials, July 2013)

### Meeting Public Health Accreditation Board (PHAB) Benchmarks

Local health departments face unique challenges including the need to increase capacity to provide core functions of a local public health department, improve effectiveness and efficiency in the delivery of services, and provide high quality services. While national accreditation standards and measures from the Public Health Accreditation Board (PHAB) provide important benchmarks for health departments in achieving these goals, accomplishing all of the accreditation requirements is very challenging. By pooling resources and working together toward increased capacity, local health departments may be able to gain efficiencies to provide leadership and necessary services in the community.

### Public Health Workforce Shortages

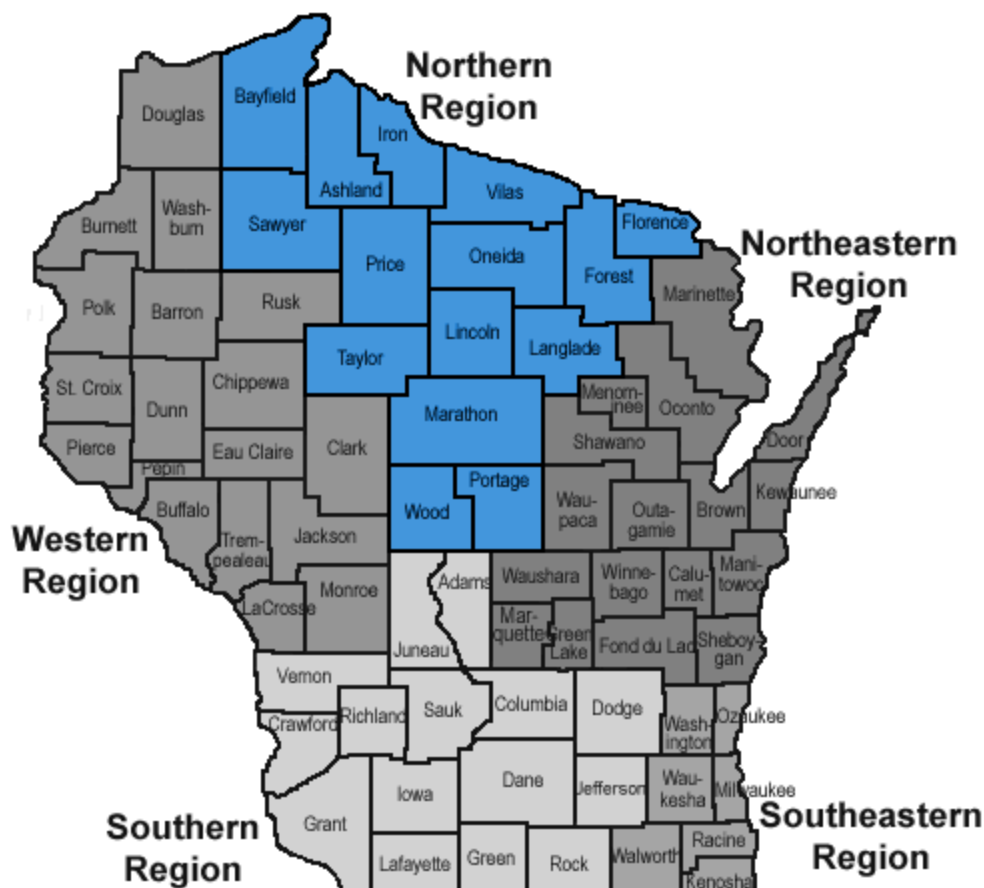
The Wisconsin Local Health Department Survey 2011 report shows that almost half of the current public health workforce is 50 years of age or older. While almost half of the public health workforce in Wisconsin is moving toward retirement in the next 15 years, there are also shortages in specific areas of expertise. Health officers in the project area have mentioned that it is difficult to recruit public health personnel to meet some program requirements (e.g. Registered Dietitians for the WIC program and Epidemiologists for public health infrastructure functions). (Wisconsin Local Health Department Survey 2011, 2013)

**"For at least a decade, the United States has experienced worsening workforce shortages in the public health professions. Predicted personnel shortages in research, information sciences, health promotion, preparedness, epidemiology, and the laboratory sciences will affect critical core public health capacities. The current public health workforce is inadequate to meet the needs of the U.S. population and shortages are predicted to reach 250,000 by 2020."** (USDHHS Strategic Plan, 2010 - 2015, 2011)

## Trends in Shared Services in Public Health

### Wisconsin and the Northwoods Shared Services Project Area





A survey of local and tribal health departments conducted in 2012 revealed that 71% of the respondents were currently sharing public health services. An even higher percentage of respondents from the DPH Northern Region were sharing (84%) compared to other regions of the state. The top five shared services programmatic areas were: emergency preparedness (public health preparedness), environmental health, maternal and child health, inspection or licensing, and communicable disease. (Madamala, 2012)



Moving forward to 2013, all (100%) of the agencies in the Northwoods Shared Services Project are participating in or are part of some level of multi-jurisdictional sharing. The trend toward shared services is increasing, with 65% of the health officers indicating that they are sharing to a greater extent in the past two years than ever before.



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

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%

(NSSP: Project-Specific Results from the Center for Sharing Public Health Services Assessment Tool for Public Health: Existing Services , 2013)

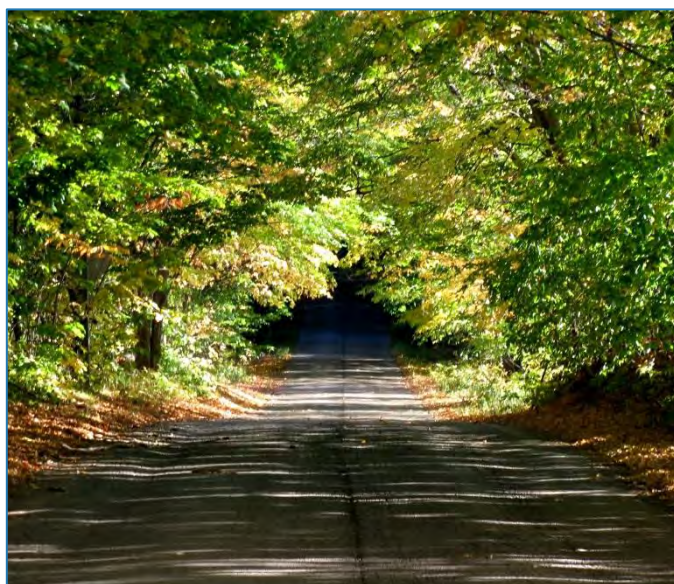
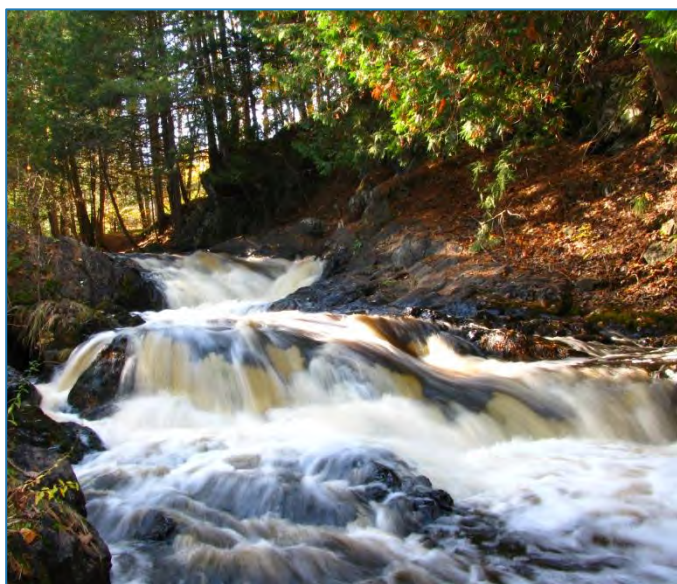
## Reasons for Considering Shared Services

The main reasons health officers in the project area cited for sharing were to:

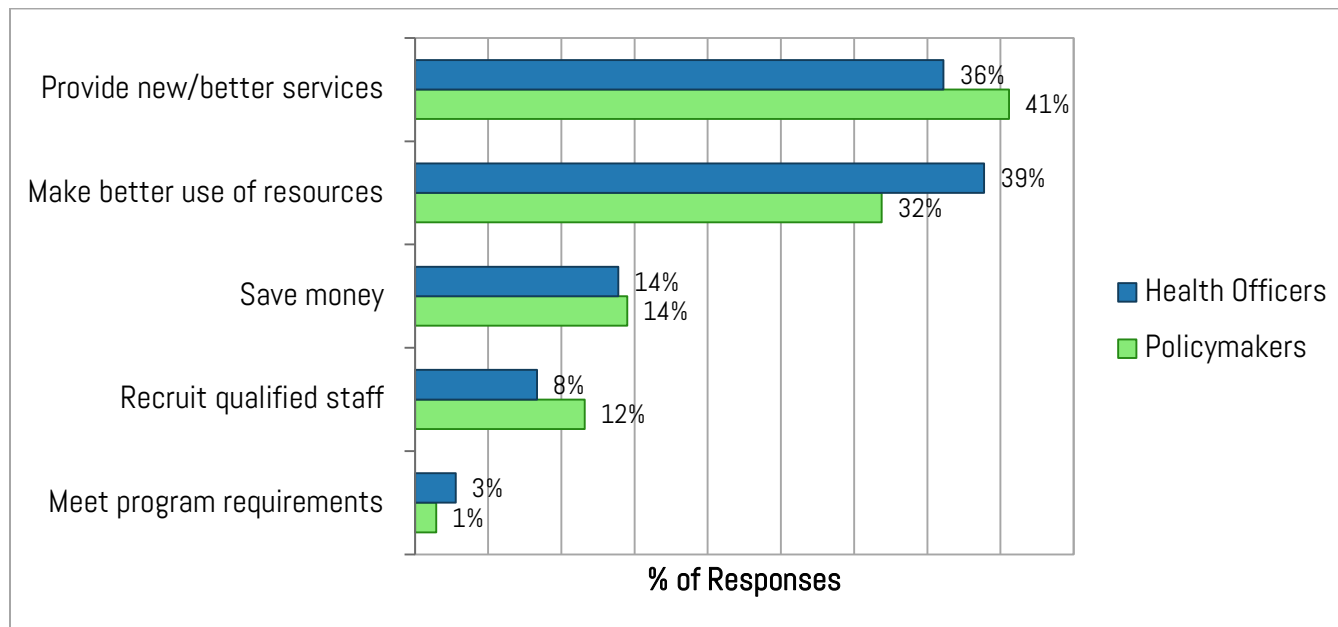
- Provide better services.
- Provide new services.
- Make better use of resources.
- Respond to program requirements.
- Meet voluntary national accreditation standards.

Policymaker discussion groups were held in each jurisdiction from September 2013 through April 2014.

Policymakers in the project area, including Board of Health, Health and Human Services Board and Health Committee members, concurred with health officers.



## Survey Question: Why enter into a cross-jurisdictional sharing arrangement?

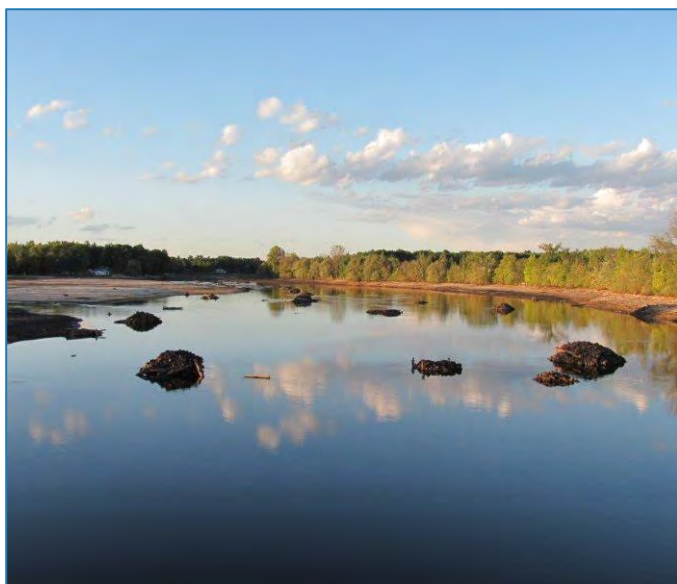


(NSSP: Project-Specific Results from the Center for Sharing Public Health Services Assessment Tool for Public Health: Existing Services , 2013)

(NSSP: Policymaker Discussion Groups, 2014)

"People shouldn't be afraid of shared services. Sometimes when you hear 'shared services' you think that it means combining. If we work toward shared services where we can, it is showing initiative on our part to be as efficient and effective as possible. We are already exploring the areas that we feel would benefit from shared services. It doesn't necessarily mean combining health departments. People need to view shared services in a different light. You want to share a service when it increases services, decreases cost, and increases efficiency and improves effectiveness."

Linda Conlon, Director/Health Officer, Oneida County



## Reasons for Considering Shared Services: Case Reports

### Providing New Services: The Northwoods Dental Project

The Northwoods Dental Project is a public-private partnership that provides preventive dental services, oral health programs and referral to dentists for treatment in Florence, Forest, Oneida and Vilas Counties. The project was started to address inadequate access to dental care in northern Wisconsin. A Vilas County Board of Health member recently discussed the importance of the program for dental care access for children of the Lac du Flambeau Tribe. See Section A Tools for more on the Northwoods Dental Project.



### Making Better Use of Resources: Community Health Planning



Community health needs assessment, planning, and implementation are areas that several health departments have identified as amenable to shared services and a way to make better use of resources. Major health care providers in central and northern Wisconsin often serve multiple counties and have been open to multi-jurisdictional planning and implementation around community health. Counties in the project area that have been involved in multi-jurisdictional sharing for community health assessment and planning include: Ashland and Bayfield, Oneida and Vilas, and Marinette and Oconto. See Section A tools for more information on shared public health services for community health needs assessment and community health planning.

### Providing Better Service: Iron-Vilas-UW Oshkosh Food Service Licensing and Inspection Program

Tourism communities often have a greater demand for permitting and inspections of food service and lodging facilities during the peak summer tourism season. This situation creates a workload issue for State of Wisconsin sanitarians who are charged with reaching a large number of establishments in the summer months without adequate staffing to do so.

To address the need for adequate and timely permitting and inspections in two tourist counties in northern Wisconsin, Vilas County Public Health Department and Iron County Health Department worked together with UW-Oshkosh to hire a full-time sanitarian for the two counties. The sanitarian is supported in the summer months by UW-Oshkosh students.














This shared service arrangement provides better service to establishments during their peak season, a higher level of service delivery, and assists UW-Oshkosh with student placements that provide real-life public health career-building opportunities. The shared arrangement is supported by licensing and inspection fees and has been in existence since 2010.

## Shared Services by Programmatic Areas

The most prevalent areas of sharing in the project area include emergency preparedness (public health preparedness), environmental health, epidemiology/surveillance, population-based primary prevention programs, communicable disease screening or treatment, maternal and child health services, community health assessment, and licensing and inspection.

**Survey Question: For which programmatic areas or organizational functions does your health department share resources?**

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

(NSSP: Project-Specific Results from the Center for Sharing Public Health Services Assessment Tool for Public Health: Existing Services , 2013)

## Successful Sharing Arrangements

### Overview of Success Factors for Shared Public Health Services

A literature review of cross-jurisdictional shared services in public health and other government services as well as health officer interviews in the Northwoods Shared Services Project revealed success factors for shared services including:

- Shared perception of need.
- Clarity of purpose.
- Opportunity for improved service and ensuring the availability of a needed service.



- Trust between involved entities.
- Willingness by public health leaders and elected policymakers.
- Proactive and collaborative inter-governmental leadership.
- Role in governance – have a say and oversight in the effort.
- Attention to culture and history.
- Community support.
- Incentives, especially financial.
- Clear fiscal benefits. (Libbey, 2011) (A Roadmap for Government Transformation, 2010) (NSSP: Interviews with Health Officers, 2013)

Following is a discussion of the key success factors for shared services that emerged as some of the most important ones from Health officer interviews and policymaker discussions in the Northwoods Shared Services Project.

### Key Success Factor: Specific Programmatic Areas in Public Health

Interviews with health officers revealed major program areas where there are successful sharing arrangements including: public health preparedness, environmental health, maternal and child health services, dental health, communicable disease, chronic disease, and HIV testing/case management.

The most frequently cited example of a successful sharing arrangement in the project area was the Northwoods Collaborative, a cross-jurisdictional collaboration in Florence, Forest, Iron, Langlade, Marathon, Marinette, Price, Sawyer, Taylor, and Vilas Counties. The collaborative focuses on public health preparedness, epidemiology and surveillance, and increased health department capacity in performance management and quality improvement. See Section A Tools for more information on the Northwoods Collaborative.

**"The Northwoods Collaborative has strong centralized leadership with good communication to and input from member organizations. In the NWC, we're on the same page when it comes to vision and planning. I look at the Northwoods Collaborative as a best practice model. The NW Collaborative has helped us provide better quality services and to provide even essential services in some of our rural areas."**

**Ron Barger, Health Officer, Langlade County**

**"Sometimes those services cannot be provided independently and so you're not really saving costs but you're securing specialized services that you don't want to invest in. "**

**Joan M. Theurer, Health Officer, Marathon County**

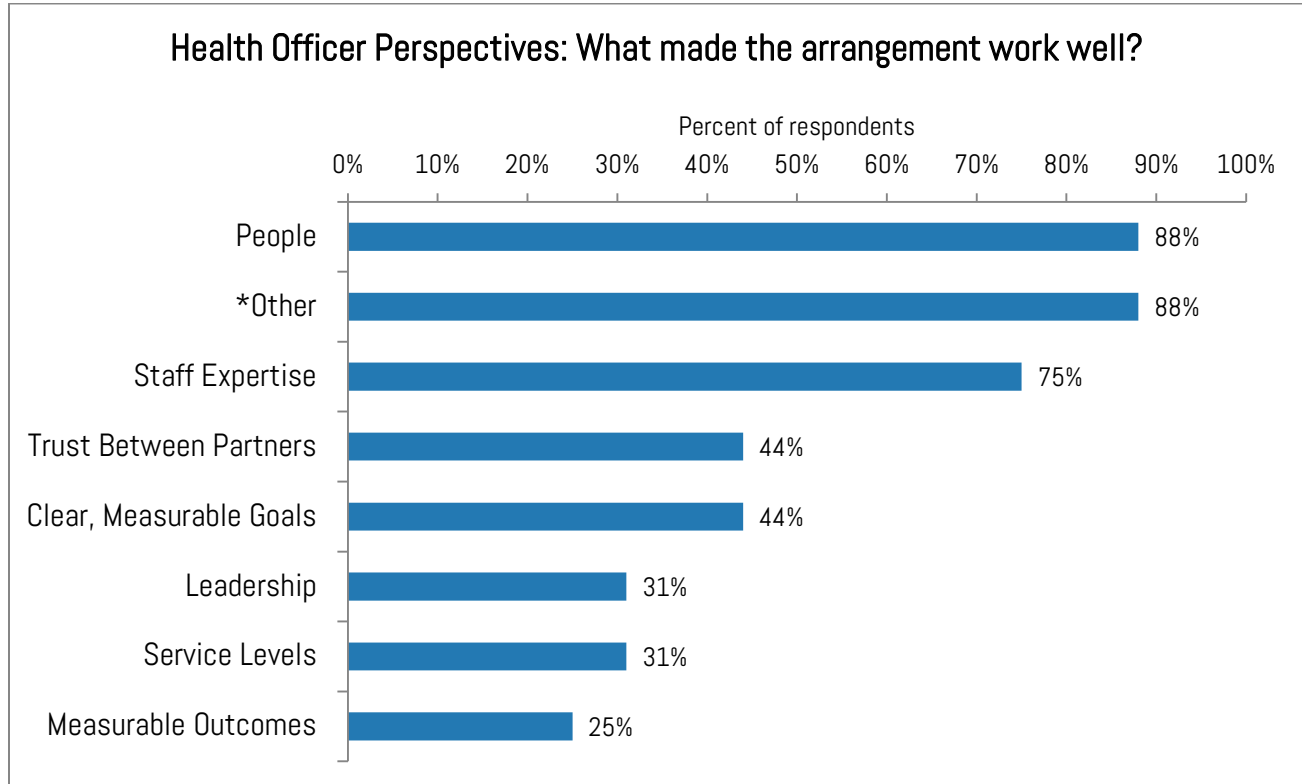
## Key Success Factor: People, Trust between Partners, Relationships

What makes shared services arrangements work well? The top factor cited by health officers in the project area in interviews during summer 2013 was PEOPLE. In fact, 87.5% of health officers in the project area cited PEOPLE. Another related PEOPLE success factor cited by 44% of health officers was TRUST BETWEEN PARTNERS.

When we queried health officers further about who contributed to successful shared services, they said that the health officers, local health department or specific program staff and the board of health were all PEOPLE *within the organization* that were key to the success of shared services.

Several health officers also commented on how the leadership structure in county government can make or break shared service agreements. Key stakeholders in county government structures include the county administrator or executive, corporation counsel, the human resources/personnel director, the finance director and the human service agency director in cases where there is a combined health and human service department.

PEOPLE *outside the organization* that were mentioned as critical to the success of shared services included community partners from local health care clinics and hospitals, UW-Extension, academic partners (UW-Stevens Point, UW-Oshkosh and UW-Eau Claire), elected officials (county and state), charitable foundations, schools, community volunteers and mentors.



(NSSP: Interviews with Health Officers, 2013)

Under the category of OTHER, health officers cited many PEOPLE-related attributes, mainly relationships and staff who are experienced, professional, efficient and timely with technical assistance. Memorandum of Understanding (MOU), evaluation, and fiscal agent flexibility were also mentioned.

**"These shared services work because of relationship, respect that we share with each other, trust and leadership qualities."**

Zona Wick, Health Officer, Iron County

**"Know the personalities and how to get them to the table to discuss what you're looking for. Speak openly with these key partners. Resolve conflicts from the start."**

Patty Krug, Health Officer, Taylor County

### Key Success Factor: Staff Expertise

Staff expertise was mentioned in 75% of health officer interviews as an important factor in successful sharing arrangements. Strong project management skills are considered an important success factor for shared services in government according to Burns and Yeaton. Project management is defined as the "tools and techniques used to organize and manage resources so that a project can be successfully completed within defined scope, quality, time, and cost constraints." (Burns, 2008)

Specific competencies and staff skills identified by health officers as important for shared services include:

- Programmatic expertise.
- Technology skills.
- Communication skills.
- Planning skills that help define outcomes, measurable objectives, goals, and work plan/templates.
- Participatory meeting management skills.
- Evaluation expertise.

**"The number one thing that makes the Northwoods Collaborative work well is having an effective coordinator leading the group."**

Jill Krueger, Health Officer, Forest County

**"Sometimes it's hard to find particular staff expertise in our county such as a registered dietitian."**

Annette Seibold, Health Officer, Florence County

## Key Success Factor: Processes That Lead to Measurable Goals & Outcomes

Planning, implementation, and evaluation processes were mentioned as critical to successful shared arrangements by health officers. The use of best practice and evidence-based models for shared services and timely, accessible, high quality service delivery methods were mentioned as important considerations.

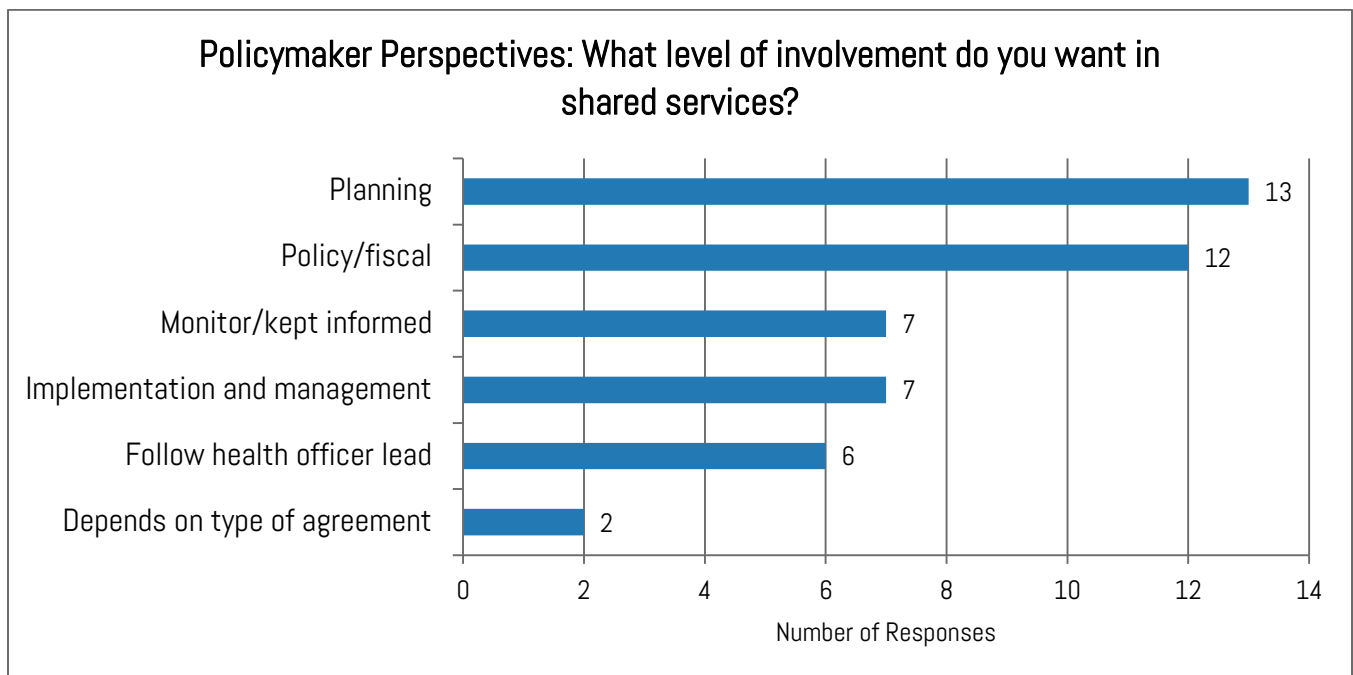
The need to start a shared arrangement with a shared vision and mission and engage in planning processes that result in clear goals, measurable objectives, and outcomes was frequently mentioned in health officer interviews. Several health officers mentioned the importance of work plans and templates.

**"Whenever you start a new program, the planning process is very important. You have to have your partners on board, you need the evidence that it works, you need to show the evidence, and you need to plan your program. The planning process is as important as the implementation process. If it's not planned well, you aren't going to be successful in your implementation."**

Linda Conlon, Director/Health Officer, Oneida County

Formal membership agreements were often mentioned as important in resolving conflicts and clarifying member roles and responsibilities. The Master Sharing Grid in Section A shows the variety of agreement types that exist in the project area for various shared arrangements.

Policymakers in the project area see their role in cross-jurisdictional sharing arrangements as being part of planning and policy/fiscal decision-making.



(NSSP: Policymaker Discussion Groups, 2014)

## Key Success Factor: Leadership

Almost one-third of health officers specifically mentioned leadership as an important success factor for cross-jurisdictional sharing. The leadership teams for different shared arrangements in the project area typically include the health officer(s) involved in the arrangement and the shared service project coordinator.

A crucial leadership role is often the health officer from the lead agency/fiscal agent county. The board of health chair from the lead agency was often mentioned as a key leader and champion for the shared arrangement.

**"Members must have input into the processes and feel comfortable voicing opinions."**

Jill Krueger, Health Officer, Forest County

**"Important in terms of group facilitating that each has an equal voice. Do not lose our voice by being part of a collaborative effort. Ownership and authority are important. A jurisdiction with more population doesn't make that person more important and more worthy of a vote."**

Vilas County Board of Health Member

**"The leader needs to have a good idea of what everyone needs in the arrangement. What's necessary and most beneficial?"**

Mary Rosner, Public Health Officer, Marinette County

**"The person who is the lead needs to be able to think outside the box about what needs to be done and how to get it done. I need that Board of Health's support for what I need to be done programmatically. The Board of Health needs to be able to understand how an arrangement will help the county...We have to have larger, broader thinking to find the resources and how to set up the working agreements to make it work... The health officer needs to sell how the symbiotic relationship helps their county."**

Terri Kramolis, Health Officer, Bayfield County

Leaders in shared arrangements are often involved in facilitating two critical success factors for shared services in local government: senior-level support and change management strategies. Burns and Yeaton in *Success Factors for Implementing Shared Services in Government* define change management as a "structured approach designed to transition an organization from its current state to the desired future state." Change management strategies typically begin during the planning phase and continue through the implementation phase. See Section C for more on change management. (Burns, 2008)

## Key Success Factor: Service Levels

Almost one-third of health officers indicated that service levels were an important success factor in shared arrangements. Service levels were mentioned by policymakers as critically important to their constituents, leaving them cautious about shared service arrangements. Several policymakers indicated that regionalization efforts in other government services in Wisconsin (e.g. economic support) have negatively affected service levels in their respective jurisdictions resulting in lower service delivery levels and waiting lists.

**"The sustainability of the county is important to them (county board members)...Sometimes in other shared services they haven't felt that we got the resources or the services."**

Annette Seibold, Health Officer, Florence County

**"How is that shared service going to meet the needs of our County? That is our main concern: people in our County. Does it make it better for our County's residents, or does it dilute the service delivery and quality?"**

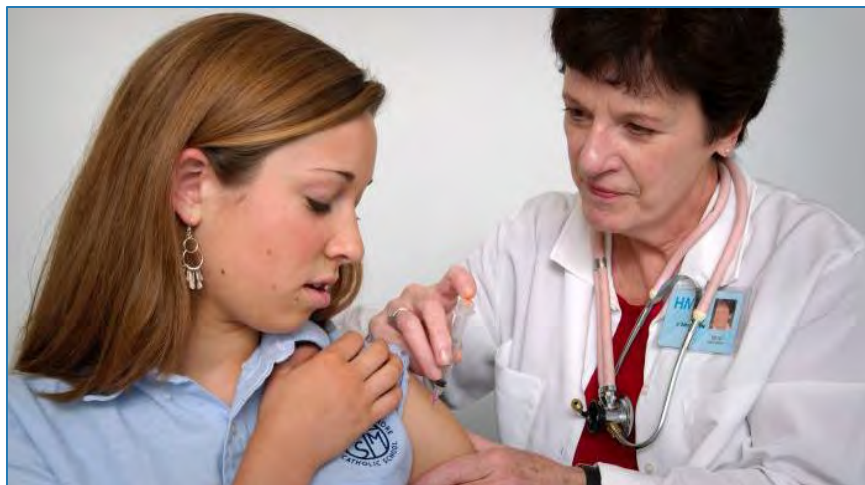
Vilas County Board of Health Member

**"Need to get an adequate level of service for our county in a shared service agreement and the amount of service for the price."**

Lincoln County Board of Health Member

**"Underlying commitment to the service to be shared is needed. If we are partnering with a county that is priding themselves on a low tax rate, that does not bring anything to the table for us. Until they can commit to a basic level of service it does not make sense to partner when there is a one-way exchange of resources."**

Marathon County Board of Health Member



## Barriers to Shared Services

Barriers to shared services should be considered when exploring new multi-jurisdictional sharing arrangements and evaluating current arrangements. Barriers to shared services across many different local government sectors identified by Kaufman include:

- Overcoming distrust, fears and the politics of place.
- State and federal laws and regulations.
- Engagement and agreement of voters, executives and governing bodies.
- Timing.
- Ignoring critical steps in achieving change. (Kaufman, 2010)

Following is a discussion of the most important barriers for sharing in public health that were identified by health officers and policymakers in the Northwoods Shared Services Project area. (NSSP: Policymaker Discussion Groups, 2014) (NSSP, NSSP: Interviews with Health Officers, 2013)

### Barrier: Specific Types of Public Health Programs and Services

Health officers in the project area could easily identify which programs are more difficult to deliver across county borders, some due to the type of service, others due to the geographic distance involved, and others due to how the program is organized at the state level. Thirty-nine percent of health officers mentioned multi-jurisdictional tobacco coalitions as an example of a shared service that is not working well.

Barriers specific to the multi-jurisdictional tobacco control coalitions identified from interviews with health officers included:














- Drastic budget cuts after the passage of statewide clean indoor air legislation.
- A large reduction in the number of local coalitions.
- Inadequate funding for the expected level of service.
- Larger geographic distance to be covered by coalitions.
- Difficulty in maintaining a local presence in the new multi-jurisdictional coalitions.
- State-directed coalition groupings and objectives that lacked local input.
- Difficulty in doing grassroots organizing and coalition building across multiple counties.
- Lack of identification of local tobacco control areas to organize around.
- Staff turnover resulting in less experienced tobacco control staff at the local level.

“The challenges lie in coalition work. When you’re trying to do grassroots organizing (tobacco control coalitions) in three counties, that’s challenging. When you’re trying to share highly specialized services or consulting services, that’s much better. When you’re trying to do shared services in the other communities, you need to have a local contact that can pave the way. (Example: HIV Partner Services requires a nurse liaison in each county.)

Joan M. Theurer, Health Officer, Marathon County

Health officers identified factors such as geographic distance (under Other), communication, people factors, service levels and funding as the reasons some sharing arrangements weren't working as expected.

### Health Officer Perspectives: What impacts shared services that aren't working as well as expected

Answer		Response	%
Other		14	88%
Communication		8	50%
People (Partners, Governance, Project Leader, Staff, public input, legal counsel)		8	50%
Service Levels		7	44%
Funding		4	25%
Measurable Outcomes		3	19%
Clear, measurable goals		2	13%
Implementation Processes		2	13%
Leadership		2	13%
Trust between partners		2	13%
Staff Expertise		2	13%
Consensus		2	13%
Engagement of local elected officials		1	6%

### Barrier: Other/Geographic Distance

The most troublesome aspect of shared services that came up in interviews with health officers was “Other” and most comments involved the geographic distance that is often covered in multi-jurisdictional sharing arrangements. Health officers are very cognizant of realistic travel distances based on the type and frequency of service that is shared.



A larger geographic distance for highly specialized but infrequent services seems to be acceptable (lead assessment, HIV partner services, children with special health care needs). Direct services to clients that are delivered frequently over large geographic distances are more problematic, both for clients and for managing travel costs for staff (e.g. home visits). Many policymakers across the project area expressed concerns about the regionalization of Wisconsin's economic support services as an example of putting undue burden on the client receiving services.

Geographic distance is less of an issue for services that are consultative such as public health preparedness and epidemiology. The Northwoods Collaborative, a shared arrangement viewed positively by the partners involved, gathers input and delivers services using e-mail, phone calls, conference calls, software programs, websites, webinars and in-person consultative meetings. The collaborative also uses quarterly meetings in a central location to maintain the benefits of relationship building that occur in person.

### **Barrier: Communication**

Communication was mentioned by health officers as a reason that some sharing arrangements don't work well. Communications between the key partners in the agreement is crucial. Determining how partners will have regular communication is typically done in the planning phase. It is critically important to evaluate how communication between the partners is going and to adjust as needed.

Constituents, clients, and employees that are impacted by a shared service arrangement are important audiences to communicate with as the shared service is planned and implemented. There are many lessons to be learned from service mergers that have been attempted in areas like police and fire services. Failure to communicate specific information with employees (and their respective unions) and the public at every stage in the process has often derailed service-sharing arrangements.

**"Would effective communication be lost across county lines?"**

Bayfield County Board of Health Member

**"Communication is key. [You] cannot just drop stuff on board members if they do not know what you are talking about. [We] need time to process. Boards look at finances; that is what the board is looking at. Look at the first [cross-jurisdictional agreement] in '93 when it passed. It was communication."**

Marathon County Board of Health Member

## Shared Public Services Serving American Indian Tribes: Successes & Challenges

All county health departments in the project area that have American Indian tribes within their county borders (45% of health officers interviewed) had some degree of shared public health services with the tribes. The most common areas mentioned for shared services and cooperation were: animal bites/rabies control, dental health, communicable disease, public health preparedness, Wisconsin Well Woman Program, staff expertise/consultation, and environmental health.

The Menominee Tribe was an important stakeholder in the consolidation of the Shawano and Menominee County Health Departments. Over 85% of the population of Menominee County is American Indian. While the tribal health center is the main public health provider in Menominee County for American Indians, there was interest by the tribe and counties to work together to develop strong partnerships for public health in the two counties.

**"The tribal partners were our most important partners. They needed to agree to the consolidation [Shawano-Menominee Counties Health Department] to make it work."**

Rebecca Hovarter, Former Health Officer, Shawano-Menominee Counties

The benefits of shared services with the tribes cited by health officers include: clear expectations about who does what (e.g. when there is an animal bite), getting better service to the people, timely and coordinated response (for public health emergencies) and sharing the most expert knowledge that either party has.

**"The tribe sits in my county so it's another way to get a picture of my county. I want to know what's going on. They may have their own programs and services and they are a sovereign nation but when the chips are down, we all have to work together."**

Gina Egan, Director/Health Officer, Vilas County

**"There is coordination, communication and collaboration (with Red Cliff Tribe). It's phenomenal when I have a foodborne outbreak or a Hepatitis A outbreak and the process works."**

Terri Kramolis, Director/Health Officer, Bayfield County

Informal agreements were more common between health departments and tribes. Several health officers mentioned that they want more formalized and up-to-date agreements to clarify responsibilities.

Stability in tribal leadership and retention of tribal health clinic staff improve the ability of local health departments and tribes to work together according to several health officers. Relationship building was mentioned as a key success factor for county-tribal shared services.

Tribal sovereignty and tribal members' distrust of government were frequently mentioned as issues that health officers are respectful of related to how they approach issues that have a public impact on the tribe as well as other residents of the county. Good relationships with tribal leaders and tribal clinic staff and cultural humility were mentioned as critical to effective shared public health services.

**"It's about the relationships, not the data."**

Kristin H. Hill, Director, Great Lakes Inter-Tribal Epidemiology Center

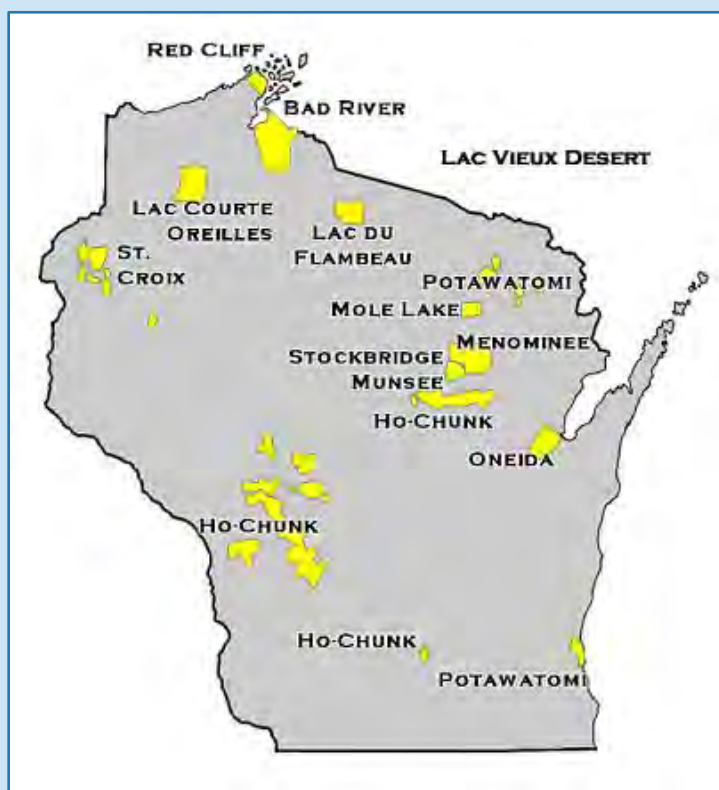
**"The tribe is working more and more on developing their own capacity in their own jurisdiction. Until they have the capacity to do it, they may interact with us until they have developed that capacity. The tribe has a lot of pride in developing their own services within their jurisdiction."**

Eileen Simak, Health Officer, Sawyer County

Great Lakes Inter-tribal Council, Inc. (GLITC) is a major provider of shared public health services across many tribes in Wisconsin including programs such as: Birth to Three, Children with Special Health Care Needs, WIC and MCH programs (Honoring Our Children), and epidemiology services. The Epidemiology Center at GLITC has been in existence since 1996 and has secured core funding from Indian Health Service and adopted unique staffing models to be able to provide timely data resources and solutions that are trusted.

Kristin H. Hill, Director of the Great Lakes Inter-Tribal Epidemiology Center, discussed challenges for providing shared services across tribes. Geographic distance, staff recruitment and retention, competition for funding, chronic underfunding and resourcing, especially in the presence of great health disparities, and varying relationships between states and tribes all present challenges for providers of shared services in tribal communities. (Hill, K.

Telephone interview. 2013, June 26, 2013)



## Master Sharing Grid for the Northwoods Shared Services Project

What is the Shared Service?	Who Participates in the Sharing Arrangement?	Who Pays for it?	Type of Agreement
<b>Animal Control</b>	Forest County (lead agency), Sokaogon Chippewa Health Clinic, Forest County Potawatomi Health and Wellness	Tax levy	Memorandum of understanding with Sokaogon Chippewa. Informal with Forest County Potawatomi.
<b>Animal Control</b>	Sawyer County, Lac Courte Oreilles Tribal Health Clinic	In-kind	Informal
<b>Animal Control (animal control officer shared position)</b>	Ashland and Bayfield Counties, City of Ashland	Local tax levy	Informal
<b>Animal Control and rabies follow-up</b>	Wood County, Ho-Chunk Indian Tribe	Local tax levy	Formal policy that has clear expectations about who does what when there is an animal bite
<b>Breast Health Coalition</b>	Langlade, Lincoln, Marathon (lead agency), Taylor, Wood, Portage, and Shawano Counties; Marathon County provides staff support to the Coalition	Susan G. Komen Grant	Informal; Marathon County has a contract with Komen Foundation. No agreement at this time with participating counties, in the planning stages of creating a Breast Cancer Treatment Access Fund
<b>Child Car Seat Safety</b>	Ashland and Bayfield Counties, Bad River Tribe, City of Ashland Fire Dept.	MCH Funding through state	Informal
<b>Children with special health care needs, Northern Regional Center for Children with Special Health Care Needs (information, referral, follow-up)</b>	Ashland, Bayfield, Florence, Forest, Iron, Langlade, Lincoln, Marathon (lead agency), Oneida, Portage, Price, Sawyer, Taylor, Vilas, and Wood Counties	Federal MCH Block Grant funds passed through the State of Wisconsin to regional centers	Informal; Marathon County has formal agreement with DHS; informal agreement between counties
<b>Chronic disease prevention and general health promotion</b>	Menominee County was consolidated into Shawano-Menominee Counties Health Department in 2012	Menominee County contributes some tax levy dollars and preparedness funding to cover the costs for services provided by the health department.	Legally binding contract signed by both county administrators. Contract was signed in 2012 and lasts 5 years, to be reviewed and renewed annually after that.

What is the Shared Service?	Who Participates in the Sharing Arrangement?	Who Pays for it?	Type of Agreement
Chronic Disease Prevention, LEAN Coalition	Oneida and Vilas Counties	Funding from each county and in-kind	Formal bylaws
Chronic Disease Prevention, Wellness Partnership for Physical Activity and Nutrition	Marinette and Oconto Counties	Grants and in-kind	Informal
Communicable Disease Outbreak and Investigation	Bayfield County and Red Cliff Tribe	In-kind	Informal
Communicable Disease Outbreak and Investigation	Forest County (lead agency), Sokaogon Chippewa Health Clinic, Forest County Potawatomi Health and Wellness	Tax levy	Memorandum of understanding with Sokaogon Chippewa. Informal with Forest County Potawatomi.
Communicable Disease Outbreak and Investigation	Sawyer County and Lac Courte Oreilles Tribal Health Clinic	In-kind	Informal
Communicable Disease Outbreak and Investigation	Shawano-Menominee Counties and Stockbridge-Munsee Tribe	In-kind	Informal
Community Health Assessment	Oneida and Vilas Counties	In-kind from both health departments	Informal
Community Health Improvement Planning (CHIP)	Ashland and Bayfield Counties, Memorial Medical Center	Institute of Population Health and NACCHO grant Local tax levy In-kind	Informal
Fetal Infant Mortality Review	Clark, Portage, and Wood Counties	MCH Grant	Formal – Written agreement
Head Start, Medical Advisory Council	Ashland, Bayfield, Douglas, Iron, Price, Counties; Family Forum-Head Start	Tax levy	Contract with Family Forum
Health Education Outreach (health fairs, etc.)	Ashland and Bayfield Counties	Combination of sources depending on health fair focus, mostly state grants	Informal
Health Officer Back-up – Advisory Only	Ashland and Bayfield Counties	In-kind	Memorandum of Understanding
HIV Partner Testing	Marathon (lead agency), Portage, and Wood Counties	State of WI Division of Public Health reimburses staff time for services provided	Memorandum of understanding with LHDs – Contract with the State of WI

What is the Shared Service?	Who Participates in the Sharing Arrangement?	Who Pays for it?	Type of Agreement
<b>HIV Testing and Case Management</b>	Ashland, Florence, Forest, Iron, Price (lead agency), Sawyer, Taylor, Oneida, Lincoln, Vilas, and Langlade Counties	State funding for all 11 counties	Contract with state Department of Health Services and Price County Health Department
<b>HIV Testing and Case Management</b>	Bayfield and Eau Claire Counties	State funding	Memorandum of Understanding
<b>HIV Testing and Case Management</b>	Brown and Marinette Counties	State funding to Brown County for a group of counties	Informal
<b>Immunization Outreach, Planning and TB</b>	Ashland and Bayfield Counties, Memorial Medical Center, health care providers	State and other funds	Informal
<b>Immunizations</b>	Menominee County was consolidated into Shawano-Menominee Counties Health Department in 2012.	Menominee County contributes some tax levy dollars and preparedness funding to cover the costs for services provided by the health department.	Legally binding contract signed by both county administrators. Contract was signed in 2012 and lasts 5 years, to be reviewed and renewed annually after that.
<b>Immunizations, Communicable disease investigation, Other public health programs</b>	Shawano-Menominee Counties Health Department; Work closely with Menominee Tribe and Tribal Clinic to designate a responsible person for specific public health services	In-kind	Informal
<b>Inspection Back-up Agent Services</b>	Lincoln and Marathon Counties	Licensing and inspection fees	Cooperative Inspection Agreement
<b>Inspection, permit, and licensing (inspections of food service operations and retail food establishments)</b>	Iron and Vilas Counties, UW-Oshkosh	Licensing and inspection fees	Contract with UW Oshkosh
<b>Lead investigation</b>	Menominee County was consolidated into Shawano-Menominee Counties Health Department in 2012	Menominee County contributes some tax levy dollars and preparedness funding to cover the costs for services provided by the health department.	Legally binding contract signed by both county administrators. Contract was signed in 2012, lasts 5 years, and is annually reviewed thereafter.
<b>Lead Risk Assessment</b>	Lincoln, Oneida, Portage, Sawyer, Shawano-Menominee Counties; Marathon County Health Department provides lead risk assessments	Participating health departments pay fee-for-service.	Memorandum of Understanding

What is the Shared Service?	Who Participates in the Sharing Arrangement?	Who Pays for it?	Type of Agreement
Maternal and child health services (prenatal care coordination)	Bayfield and Iron Counties, Bay Area WIC Program	Reimbursed services	Memorandum of Understanding
Maternal and child health staff training	Ashland and Bayfield Counties	MCH Funding through state	Informal
Nutrition Education	Ashland and Bayfield (lead agency) Counties	Reimbursed services	Contract
Oral health, dental sealants and varnishes	Marinette and Oconto Counties, Lakewood FQHC	Reimbursed services, grants	Formal agreement
Oral Health, Northwoods Dental Project (health education, assessment, preventive services)	Florence, Forest, Oneida, Vilas (lead agency) Counties	Reimbursed services, grants, donations	Informal but required Vilas Co. Board of Health approval to add Florence County to project
Oral Health, Seal-a-Smile (school-based)	Price (lead agency) and Taylor Counties	Grant	Maternal and Child Health Services (DHS) sharing arrangement
Physician and Nursing Services (medical advisor)	Ashland and Bayfield Counties, North Lakes FQHC	Voluntary position	Memorandum of Understanding
Prenatal Care Coordination	Menominee County was consolidated into Shawano-Menominee Counties Health Department in 2012.	Menominee County contributes some tax levy dollars and preparedness funding to cover the costs for services provided by the health department.	Legally binding contract signed by both county administrators. Contract was signed in 2012 and lasts 5 years, to be reviewed and renewed annually after that.
Prenatal Care Coordination Planning and Staff Networking	Ashland and Bayfield (lead agency) Counties, Bad River and Red Cliff Tribes	Reimbursed services	Informal
Public Health Preparedness	Ashland and Bayfield Counties, Bad River Tribe, Memorial Medical Center	Federal public health preparedness allocation	Formal agreement
Public Health Preparedness	Forest County, Sokaogon Chippewa Health Clinic	Federal public health preparedness allocation and tax levy	Memorandum of understanding with Sokaogon Chippewa
Public Health Preparedness	Menominee County was consolidated into Shawano-Menominee Counties Health Department in 2012.	Menominee County contributes some tax levy dollars and preparedness funding to cover the costs for services provided by the health department.	Legally binding contract signed by both county administrators. Contract was signed in 2012 and lasts 5 years, to be reviewed and renewed annually after that.

What is the Shared Service?	Who Participates in the Sharing Arrangement?	Who Pays for it?	Type of Agreement
Public Health Preparedness	Ashland and Bayfield (lead agency) Counties, Red Cliff Indian Tribe	Federal public health preparedness allocation	Contract
Public Health Preparedness (shared staff, equipment, functions, services)	Lincoln, Oneida, Portage, and Wood Counties	Federal public health preparedness allocation	Mutual Aid Agreement
Public Health Preparedness, Border Coordination Committee	Florence, Forest, Iron, Vilas, and Marinette Counties (Wisconsin); Dickinson-Iron, Delta-Menominee, and Western UP Health Departments (Michigan)	Tax levy and PHP grant	Interstate MOU with Michigan
Public Health Preparedness, Northwoods Collaborative (general emergency preparedness and planning; epidemiology)	Florence, Forest, Iron, Langlade, Marathon (lead agency), Marinette, Price, Sawyer, Taylor, and Vilas Counties	Member agencies contribute % of federal public health preparedness allocation	Memorandum of Understanding
Public Health Preparedness, Pandemic group	Iron County, Western UP Health Department (MI), Gogebic and Iron County Emergency Management, Aspirus Grand View, Gogebic Community College	Federal public health preparedness allocation	Informal arrangement – community coalition
Public Health Preparedness, Superior Influenza Coalition	Ashland and Bayfield Counties, Bad River and Red Cliff Healthcare Clinics, Memorial Medical Center, North Lakes Community Health Center, Chequamegon and Essentia Clinics	Combination of sources, mostly state grants	Informal
Public Health Preparedness, Syndromic Surveillance Group	Forest, Oneida, and Vilas Counties	Tax levy and PHP grant	Memorandum of Agreement
Radon	Ashland, Bayfield, Iron, Price, Lincoln, Rusk, Taylor (lead agency) Counties	State grant	Informal
Radon, North Central Radon Information Center	Florence, Langlade, Marathon (lead agency), Marinette, Oconto, Oneida, Portage, Shawano-Menominee, Waupaca, Wood, Vilas Counties	State GPR and Federal EAP pass through the State of WI	Informal; Marathon County has a contract with the State of WI



What is the Shared Service?	Who Participates in the Sharing Arrangement?	Who Pays for it?	Type of Agreement
<b>Radon, Wisconsin Radon Information Center</b>	Barron, Dunn, Pierce, Sawyer, and St. Croix Counties	State GPR and Federal EAP pass through the State of WI	Informal; Contract – Dunn County with the State of WI
<b>Reproductive Health</b>	Ashland and Bayfield Counties, Health Care Clinic	Reimbursed services	Formal agreement
<b>Reproductive Health (training, technical assistance and regional leadership/fiscal agent)</b>	Price County Health Department provides technical assistance to other jurisdictions as identified by state DPH Reproductive Health Program. Is fiscal Agent for Family Planning Health Services and Douglas County Community Health Center	Reproductive Health state funds or Health Care Education and Training (HCET) grant funds	Contract with State DPH Reproductive Health and/or HCET for technical assistance and regional leadership and subcontracts with fiscal agent
<b>Sexually transmitted infection (STI) follow-up</b>	Sawyer County and Lac Courte Oreilles Tribal Health Clinic	In-kind	Formal agreement
<b>TB treatment</b>	Menominee County was consolidated into Shawano-Menominee Counties Health Department in 2012.	Menominee County contributes some tax levy dollars and preparedness funding to cover the costs for services provided by the health department.	Legally binding contract signed by both county administrators. Contract was signed in 2012 and lasts 5 years, to be reviewed and renewed annually after that.
<b>Tobacco control</b>	Marathon (lead agency), Portage, and Wood Counties	State of WI Division of Public Health Tobacco Prevention and Control Program	Memorandum of understanding with LHDs – Contract with the State of WI
<b>Tobacco control</b>	Ashland, Bayfield, Douglas, Iron, Sawyer, and Washburn Counties through American Lung Association	State grant to lead agency	Informal
<b>Tobacco control, Northwoods Tobacco Free Coalition</b>	Florence, Forest, Lincoln, Oneida (lead agency), Price, and Vilas Counties	State of WI Division of Public Health Tobacco Prevention and Control Program	Contract (state) with Oneida County, Oneida County subcontracts with counties in the coalition
<b>Well Testing Program</b>	Ashland (lead agency) and Price Counties	Department of Natural Resources (DNR) grant to Ashland County	Contract
<b>WIC Program, Bay Area</b>	Ashland, Bayfield, and Iron Counties	Federal money passed through state	Contract
<b>Wisconsin Well Woman Program</b>	Ashland County and Bad River Tribe	WWWP State funding	Contract with the state of WI

## Section A Tools

### Tool Summaries

The following tools are provided to demonstrate the extent of, success in, and motivation for sharing public health services in the Northwoods Shared Services Project.

#### Successful Sharing Arrangements in the Northwoods Shared Services Project – Case Reports:

The following case reports provide information about successful sharing arrangements within the Northwoods Shared Services Project, including information about successes, benefits, challenges, governance and organizational structure:

##### Northwoods Collaborative Profile



Northwoods  
Collaborative Profile

##### Community Needs Assessment



Community Needs  
Assessment

##### Northwoods Dental Project



Northwoods Dental  
Project

##### Bay Area WIC Program



Bay Area WIC  
Program

#### Accreditation Readiness in the Northwoods Shared Services Project

Accreditation readiness is an important motivator for sharing services. This handout provides examples of how sharing arrangements in the project area are helping communities prepare for accreditation.



Accreditation  
Readiness...

## Successful Sharing Example: Northwoods Collaborative

### Collaboration for Preparedness & Quality Improvement *The Northwoods Collaborative*



#### AT A GLANCE

- A cross-jurisdictional collaboration in Florence, Forest, Iron, Langlade, Marathon, Marinette, Price, Sawyer, Taylor, and Vilas Counties.
- **Key Success Factors:** Clear, shared goals, service-specific activities, trust, leadership, staff expertise, support of Health Officers and Board of Health members, technology, formal agreements, attention to local culture.
- **Key Benefits:** Increased capacity for preparedness and quality improvement, access to epidemiology and technology expertise, efficient use of resources and staff, increased communication and sharing across health departments, shared vision.

#### The Partnership

The Northwoods Collaborative is a partnership that provides member health departments with resources and technical assistance in public health preparedness and improving quality and capacity for meeting accreditation standards. The collaborative is starting its third year.

Services provided to members of the collaborative include:

- Developing emergency plan templates and tools, training, and testing of response capabilities
- Assisting in local planning and collaboration efforts
- Consulting on epidemiology and surveillance
- Developing resources for public health accreditation standards and measures
- Seeking funding and other support to further the purpose and goals of the collaborative

#### Impetus

In 2011, the Wisconsin Department of Health Services (DHS) stopped funding consortia that had been providing technical assistance in public health preparedness to local health departments. Nine agencies in north central Wisconsin formed a new partnership, the Northwoods Collaborative, to continue working together and sharing expertise and resources.

#### Barriers to Overcome

- Rural, sparsely populated counties often have difficulty recruiting or affording expert public health personnel with unique skill sets in program management and epidemiology, especially when those staff members may only be offered part-time work.
- The collaborative covers a large geographic area in central and northern Wisconsin. Winter travel is often particularly challenging in the far northern part of the region.

#### Oversight, Governance, and Staffing

Marathon County Health Department is the collaborative fiscal agent and employs collaborative staff, a full-time program manager and three additional staff funded for 2 to 14 hours a week. Member agencies sign a memorandum of understanding and contribute a portion of their public health preparedness funds to the collaborative budget. Members approve the budget and work plan and direct staff work assignments.

#### Strategic Planning

Health departments in the Northwoods Collaborative take a variety of approaches to strategic planning to ensure the organizational health of the collaborative as well as each agency. As part of the Public Health



Infrastructure Improvement (PHII) grant and overall quality improvement efforts, agencies have been developing or updating their strategic plan and developing performance management plans and measurement tracking systems. The Collaborative sponsors workshops on strategic planning, performance management, and quality improvement utilizing PHII grant funds.

### Tracking Member Satisfaction

Each year, collaborative staff request input from members on satisfaction with participating in the collaborative including meeting agendas and scheduling, staff responsiveness and expertise, information sharing and oversight on the budget and other management issues, and priorities to focus on in the coming year. The group reviews survey results and develops a work plan for addressing concerns and priority areas.

### Funding

The Northwoods Collaborative is funded by member agencies that authorize the Wisconsin Department of Health Services (DHS) to forward a percentage of the agencies' annual public health preparedness (PHP) allocation to the collaborative fiscal agent. The collaborative has been successful in obtaining Public Health Infrastructure Improvement grant funds for the 2012 and 2013 grant years, and Shared Services Learning Community program funding from the Robert Wood Johnson Foundation for 2013-14. Due to increased grant funding, the local contribution from PHP allocations for 2013-14 was reduced from 25% to 22%.

### Key Success Elements:

- Planning, implementation and evaluation processes that are responsive to local needs and interests
- Trust in staff and partner agencies
- A leader with program management skills
- Leadership from the Marathon County Health Department Health Officer (fiscal agent)
- Timeliness of staff technical assistance
- Health officer support, collaboration, and continued commitment to strengthening relationships with each other for the success of the collaborative and other shared services
- Board of Health support
- Use of technology for training, meeting, and communication across the large geographic area
- Use of formal agreements for participation in the collaborative
- Flexibility of fiscal agent to consider local needs of the participating counties



### Ongoing Challenges

- Public health funding continues to fall, placing a greater burden on small health departments to contribute funds to a collaborative effort.
- Grant funds are an unpredictable revenue source and limit strategic planning and sustainability.

### Contact Information:

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Northwoods Shared Services Project August 2013 Contact: Chris Dobbe, [Chris.Dobbe@co.marathon.wi.us](mailto:Chris.Dobbe@co.marathon.wi.us), 715-261-1915

## Successful Sharing Example: Northwoods Dental Project

### Increased Capacity to Address a Public Health Priority: *The Northwoods Dental Project*

#### AT A GLANCE

- A cross-jurisdictional shared service for preventive dental services in Vilas, Oneida, Forest and Florence Counties
- **Key Success Factors:** Leadership, skilled and experienced program management, supportive Board of Health Chair, ability to secure funding
- **Key Benefits:** Increased capacity to address a priority public health problem in all 4 counties

#### The Partnership

The Northwoods Dental Project is a public-private partnership that provides community members in Florence, Forest, Oneida and Vilas Counties' preventive dental services, oral health programs and referral to dentists for treatment. The project is starting its sixth year of operation. The program's preventive services include:

- ∞ Oral health exams and risk assessments of children's teeth at Early Head Start, Head Start centers and school districts
- ∞ Oral health education for children and community members at schools, Head Start centers and public venues
- ∞ Dental sealants, fluoride varnishes, fluoride supplements and fluoride rinses for children at risk for tooth decay
- ∞ Help for families searching for a dental office



#### Impetus

High rates of tooth decay in children and adults and limited access to dental care for low-income families was the impetus for health officers and community partners in northern Wisconsin to address a growing public health problem.

#### Barriers to Overcome

- ∞ Resources to move forward
- ∞ Providers to provide the dental services
- ∞ Having a qualified staff person to lead the effort

#### Oversight, Governance and Staffing

The fiscal agent for the project is Vilas County Public Health Department in Eagle River, WI. The Vilas County Board of Health is the governing body for the project. Gina Egan, Health Officer for Vilas County and Kelley Moran, Program Coordinator and Public Health Dental Hygienist, lead program operations.

Health officers from all 4 counties provide input into the unique needs of their counties as well as provide in-kind staff, community contacts, and volunteers for dental clinics in their counties. The project provides consultation to each county for oral health programs that are conducted by the county health department.



The project is staffed by Kelley Moran, Program Coordinator and a working Public Health Dental Hygienist providing services in the project as well as two dental assistants, dental volunteers (mainly hygienists), other community volunteers and in-kind public health staff from all 4 health departments.

### Strategic Planning

The Northwoods Dental Project completed a strategic plan as part of the Vilas County Health Department's strategic planning process. Goals will focus on staff development on technology and oral health programs, policies and procedures, funding and community education.

### Tracking Results

The project provides an annual report of services to their governing board and participating counties, demonstrating their highest year of activity, serving 1874 students in Vilas, Oneida, Forest and Florence Counties, in 2012-13.

### Funding

The project is funded in part by billing for Medicaid services, and grants and community donations from faith-based, medical, and local service organizations such as Kiwanis, Rotary and United Way.

### Key Success Elements:

- Shared recognition of oral health as a priority public health problem in the participating counties
- A passionate leader in Gina Egan, Health Officer for Vilas County
- A dedicated and experienced program manager in Kelley Moran, Program Coordinator
- A supportive Board of Health chair in Vilas County, Erv Teichmiller
- Ability to secure funding and bill for services
- Dental volunteers who staff the clinics
- School personnel who are essential to the success of school-based dental clinics
- Commitment of the four participating health departments, their health officers and staff
- Demonstrated success in addressing a priority public health problem in the 4-county project area



### Ongoing Challenges

- ∞ Shortages of dentists in general and shortages of dentists who accept Medicaid in northern Wisconsin, which will most likely be an ongoing problem
- ∞ Finding a dental home for children, which is now being addressed through case management services

### Contact Information:

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### Northwoods Shared Services Project

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The project is funded by the Robert Wood Johnson Foundation and supported by the Center for Sharing Public Health Services.

## Successful Sharing Example: Community Needs Assessment

### Making Better Use of Limited Resources: *Community Health Planning*

#### AT A GLANCE

- Community health needs assessment, planning and implementation may work as a shared service when counties or county/tribes have a history of working together, a reasonable geographic distance for the service area, mutual respect and trust, and shared medical providers and community agencies.
- **Key Success Factors:** Establish ground rules up front, identify key outcomes needed in the planning phase, have a shared vision for a geographic area, leadership, and motivation by all key partners.
- **Key Benefits:** Better use of resources, improved efficiency due to the regionalized nature of medical care providers and community agencies, a better concentration of resources for health priorities, shared media outlets for communication campaigns.

#### The Impetus

Community health needs assessment, planning, and implementation are areas that several health departments have identified as amenable to shared services and a way to make better use of resources. Health care provider networks and community agencies (such as mental health services) in central and northern Wisconsin often serve multiple counties and have an openness to multi-jurisdictional planning and implementation around community health. Hospitals and public health departments have statutory or other requirements around community health assessment, assurance and policy development.

"We have the same partners with Oneida County. You can't keep tapping the same people to come to the table."

-- Gina Egan, RN, BSN, Director/Health Officer, Vilas County Public Health Department

#### The Partnerships

##### Marinette and Oconto Counties

Marinette County Health & Human Service Department and Oconto County Health Department have a 13+ year history of working together on the priority health problem of chronic disease prevention. The **Wellness Partnership for Physical Activity and Nutrition** uses grants and in-kind to work on population-based public health projects such as breastfeeding promotion, increasing fruit and vegetable consumption and safe routes to school.

##### Ashland and Bayfield Counties

Ashland County Health and Human Services Department and Bayfield County Health Department partnered with Memorial Medical Center in Ashland to conduct a multi-county community health needs assessment and plan. The counties have been working together on a shared community needs assessment since the 1990's. Discussions around partner expectations, needed outcomes and ground rules were important to the most recent successful planning phase.



"Establishing ground rules for the CHAW/CHIP was important. Health departments and hospitals have different needs in this process. It helped us narrow our focus."

--Cyndi E Zach, MPH, BSN, RN, Health Officer, Ashland Co. Health & Human Services



**Oneida and Vilas Counties**

Oneida County Health Department and Vilas County Public Health Department partnered with Ministry Medical Group, Marshfield Clinic and other community agencies to conduct a multi-county community health needs assessment and implementation plan. Historically both health departments had organized implementation groups around priority health issues. A current challenge is bringing together implementation groups that were once county-specific in a way that respects each county's voice, stage of coalition development and cultural differences.



"Even though we might be closely tied by medical partners, we may be at different stages in our community coalition work for a health priority and we may have different cultures."

--Linda Conlon, RN, BAN, MPH, Director/Health Officer, Oneida County

"We just have to make sure that our voice is heard."

--Pam Pederson, RN, BSN, Public Health Nurse, Vilas County Public Health Department

**Barriers to Overcome**

- Keeping each county or county/tribe's voice and culture in a shared service
- Helping each partner achieve their specific statutory or other mandatory requirements

**Oversight, Governance and Staffing**

The shared services discussed here are all informal arrangements. The agencies have had a history of working together on other public health issues or community projects. A variety of arrangements for leadership are used including the use of a steering committee that includes the key partners.

Health officers, leaders from medical care providers and community agencies (such as UW-Extension) have been key partners for community health needs assessment, planning and implementation. Staffing and leadership for implementation teams has often included a combination of public health department and community partner staff.

**Tracking Results**

Most community health planning efforts are reviewed on an annual basis.

**Funding**

Shared services for community health planning are funded with in-kind staffing, local tax levy and various grants.

**Key Success Elements:**

- Shared geographic service area
- Leadership from the key partners
- Shared vision, goals and expected outcomes

**Northwoods Shared Services Project**

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## Successful Sharing Example: Bay Area WIC Program

### Staff and Resource Efficiency across Jurisdictions

#### *Bay Area WIC Program*

#### AT A GLANCE

- Bay Area WIC is the 3-county Special Supplemental Nutrition Program for Women, Infants and Children serving residents in Iron, Ashland and Bayfield Counties.
- **Key Success Factors:** Long-term natural partnerships among the 3 health departments, reasonable geographic distances, collaboration among the 3 health departments for other maternal and child services such as Prenatal Care Coordination, dental sealants, and immunizations, and the standardized nature of WIC program services.
- **Key Benefits:** Staff efficiency related to the WIC Director/Registered Dietitian position, efficient use of other resources, and collaboration for efficient delivery of maternal and child health services in the 3-county area.



#### Oversight, Governance and Staffing

Bayfield County Health Department is the fiscal agent for the Bay Area WIC project. Bayfield County hires and pays the staff, including: one Registered Dietitian/WIC Director, two clerical, a breastfeeding peer counselor and one nurse. The Bayfield County Health Officer supervises the WIC Director/Registered Dietitian. The WIC Director/Registered Dietitian supervises the WIC staff, attends WIC Director Meetings, is responsible for program reporting requirements and provides nutrition services. A Bayfield County public health nurse provides nursing services to the WIC clinics, including immunization screening, health checks, hemoglobin and lead testing, and coordination and referral to other health services.

The WIC home office is based in Ashland (Ashland County). Bay Area WIC travels to outlying clinics in Hurley in Iron County, Washburn, Iron River and Cable in Bayfield County, and Ashland in Ashland County.

The partnerships between the 3 health departments has resulted in continued innovation and collaboration for delivery of maternal and child health services such as Prenatal Care Coordination and coordination with the North Lakes Community Health Center to offer dental sealants once a month at the WIC office.

#### Tracking Results

The WIC program tracks outcomes in several areas including: % of the eligible population served, breastfeeding incidence and duration, childhood obesity and other nutrition and health outcomes.

#### Funding

WIC is funded by USDA through the State of Wisconsin Department of Health Services. Bayfield County Health Department contracts with the state for the 3-county program.

#### Key Success Elements:

- Reasonable geographic service area
- Natural partnership of the three collaborating counties
- Standardized nature of the services provided through the Special Supplemental Nutrition Program for Women, Infants and Children

## Accreditation Readiness in the Northwoods Shared Services Project

### Accreditation Readiness in the Northwoods Shared Services Project

Health departments in the Northwoods Shared Services Project are using Public Health Accreditation Board (PHAB) standards to assess their ability to deliver essential public health services in the community.

#### What is PHAB's role in the Northwoods Shared Services Project?

- ❖ [PHAB](#) is a non-profit organization that serves as the national accrediting organization for tribal, state, local, and territorial health departments.
- ❖ PHAB accreditation standards are based on the 10 Essential Public Health Services plus administrative capacity and governance.
- ❖ Participating jurisdictions will consider PHAB self-assessment results when evaluating the potential of cross-jurisdictional sharing to increase public health capacity and the quality of services they provide.

#### We count on public health to:

- Prevent epidemics and control the spread of disease
- Protect against environmental hazards
- Prevent injuries
- Promote and encourage healthy behaviors
- Respond to disasters and assist communities in recovery
- Assure the quality and accessibility of health services

#### How does Public Health do this? – *Essential Public Health Services*

1. Monitor health status to identify community health problems
2. Diagnose and investigate health problems and health hazards in the community
3. Inform, educate, and empower people about health issues
4. Mobilize community partnerships to identify and solve health problems
5. Develop policies and plans that support individual and community health efforts
6. Enforce laws and regulations that protect health and ensure safety
7. Link people to needed personal health services and ensure the provision of health care
8. Ensure a competent public health and personal health care workforce
9. Evaluate effectiveness, accessibility, and quality of health services
10. Research for new insights and innovative solutions to health problems

#### Essential Public Health Services in Project Jurisdictions

##### 1. Monitor the health of the community

The **Sawyer County/Lac Courte Oreilles** Joint Prevention Coalition and community partners

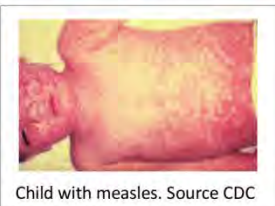


are using information gathered for the Community Health Assessment to develop strategies for reducing tobacco use and alcohol and drug abuse, and increasing access to mental health services.

##### 2. Diagnose and investigate health problems

The **Forest, Oneida, and Vilas County Health Department**

syndromic surveillance group meets with area medical services



Child with measles. Source CDC

providers, distributes updates, and conducts drills to detect, prevent, and coordinate a quick response to infectious disease incidents and outbreaks.



Northwoods Shared Services Project

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**3. Inform, educate, and empower people**

Since 2003, **Marinette and Oconto County Health Departments** have coordinated community initiatives through the Wellness Partnership for Physical Activity and Nutrition. And with **Taylor County Health Department** in the lead, **Price, Lincoln, Taylor, Bayfield, Ashland, and Iron Counties** share radon education and testing services.

**4. Mobilize community partnerships**

**Ashland and Bayfield County Health Departments, and Langlade County Health Department** partner with local hospitals to complete the Community Health Assessment and Improvement Plan, develop strategies for addressing community health needs, and implement plans for improving community health status.

**5. Develop policies**

**Portage, Wood, and Marathon Counties** work collaboratively on tobacco control policies as the [Central Wisconsin Tobacco Free Coalition](#); and **Lincoln, Florence, Forest, Oneida, Price, and Vilas** collaborate in the [Northwood's Tobacco-Free Coalition](#).

**6. Enforce laws and regulations**

**Iron and Vilas County Health Departments** partner with UW-Oshkosh for registered sanitarian personnel who inspect food service and lodging facilities for both counties.



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**7. Link to and provide health services**

The Northwoods Dental Project is a public-private partnership that provides community



members in **Florence, Forest, Oneida, and Vilas Counties** with preventive dental services, oral health programs, and referral to dentists for treatment.

**8. Assure a competent workforce**

Health departments collaborate with local technical colleges and universities to provide internships and other opportunities for students to learn about and practice public health first-hand in the community.

**9. Evaluate quality**

As part of a Public Health Improvement grant through the [Northwoods Collaborative](#), **Price County Health Department** developed a quality improvement program and decreased the incidence of unnecessary lead testing.

**10. Research**

**Marathon County Health Department** along with the Centers for Disease Control and Prevention (CDC), Wisconsin Division of Public Health, and Marshfield Clinic Foundation conducted a study of a 2010 outbreak of blastomycosis published in the online journal [Clinical Infectious Diseases](#).

