

Factors that Contribute to Successful Shared Services Arrangements Between Local Health Departments and Health Centers



How to Use This Tool

This tool was prepared by the Center for Sharing Public Health Services (the Center) to provide an overview of those factors or conditions that materially contribute to successful sharing arrangements between local health departments (LHDs) and health centers (HCs). The tool has been adapted specifically to be applicable to resource sharing between local health departments (LHDs) and health centers (HCs) or federally qualified health center “look-alikes,” as defined by Section 330 of the Public Health Service Act. This document is part of a set of six tools produced by the Center in collaboration with the National Association of County and City Health Officials (NACCHO).

The presence of certain factors has been shown to contribute to successful sharing arrangements while the absence of these factors can be detrimental to success. This document articulates those factors and categorizes them as prerequisites, facilitating factors, and project characteristics. It can be helpful for the parties to have an overview of these factors and conditions as they begin developing a sharing arrangement. It can provide a general reference from which to both examine their current condition and to consider what, if any, developmental areas to possibly address as they proceed.

The primary purposes of this document are to increase partners’ awareness of these factors and stimulate dialogue and possible actions to address any concerns raised regarding particular factors as they undertake planning and development of a sharing arrangement. Please keep in mind some assumptions and limitations while using this document. It is not a guide or set of “how to” instructions for addressing specific factors. When a factor is identified as a concern to the partners, they should make a plan on how to address it. There are tools and resources available including some on the Center’s website (<http://phsharing.org>).

This document is only one component of a careful exploration and planning of a sharing arrangement that must take place. That process is described in the [Roadmap to Develop Shared Services Arrangements Between Local Health Departments and Health Centers](#).

Introduction

By virtue of their missions, LHDs and HCs share a commitment to advancing population health, and many have successfully collaborated to this end. Since the passage of the Affordable Care Act in 2012, there has been a greater impetus for LHDs to shift the provision of primary care services to HCs, prompting even more interest in collaboration as a means to achieve improved health status and health equity.¹ Collaboration can take many forms and involve any variety of services. For example, shared services arrangements can range from very informal, “handshake” agreements to those governed by detailed legal documents. They can involve clinical and/or non-clinical services.

Regardless of the level of formality or the service(s) being shared, several factors can increase the likelihood that a shared services arrangement will be successful. We have divided these success factors into prerequisites, facilitating factors, and project characteristics.

¹Allee, M. K., Botsko, C., Huang, T. (2016). *NACCHO Research Brief: Partnerships Between Local Health Departments and Community Health Centers in Pursuit of the Triple Aim*. Washington, DC: National Association of County and City Health Officials (NACCHO).

Prerequisites

The following factors should be in place before LHDs and HCs start to work on a shared services arrangement. If any are missing, we recommend that partners spend some time addressing them before beginning to formalize a sharing initiative.

Understand Your Partner

While both LHDs and HCs have similar missions, each type of agency has its own unique operational requirements. It is important to understand the constraints that these different obligations can place on sharing services and establish any needed parameters accordingly.

Clarify Your Objectives

Both LHDs and HCs, as partners, need to explicitly state what their expectations are for the shared services arrangement and ensure that their respective objectives are clear and aligned. It also is important to cultivate a shared language, including articulating shared definitions of health and the social and structural determinants of health, among other key concepts to operationalize shared efforts. Once objectives are determined and confirmed, it is important to review them often with all stakeholders in order to verify that they still are valid and to avoid misunderstandings, hurt feelings and damaged relationships.

Confirm Acceptability of Benefits and Cost

When a new shared services arrangement is developed, a critical component of achieving success is ensuring that the anticipated benefits and costs of the arrangement are acceptable to the partners. Leadership from each agency, respectively, should be clear about the anticipated benefits and costs and confirm they are aligned with the stated objectives.

Build Trust

Trust is essential in all collaborations between LHDs and HCs and should start at the top and percolate down. The partners in a shared services arrangement must be confident that the other parties involved will make honest, good-faith efforts to achieve the common objectives that were agreed upon. A successful outcome is dependent, in part, on the behavior and reliability of everyone

involved. Trust is built slowly but can be lost swiftly. It is important, therefore, to consider the existing trust level between the organizations and stakeholders involved when determining the feasibility of a shared services arrangement. To measure the existing trust level among partner organizations, use the [Collaboration Trust Scale for Shared Services Arrangements Between Local Health Departments and Health](#).

Facilitating Factors

There are three factors that facilitate success in a shared services arrangement. While the presence of these qualities is positive, their absence does not necessarily mean a sharing arrangement will fail.

Success in Prior Collaborations

LHDs and HCs that have successfully worked together in the past may find it easier to work together on new sharing initiatives. It often takes time for group members to trust each other and to learn how to be productive when working together. If there is anxiety among stakeholders about the initiative, pointing out success in prior collaborations and understanding what may be different in the new effort can help to diffuse it.

Common Service Population

LHDs and HCs each have responsibilities for specific populations, and do not necessarily have an identical service area. That said, a significant overlap in the respective populations served facilitates a shared approach to health, and this nexus can be a good starting point for collaboration.

Positive Interpersonal Relationships

Positive interpersonal relationships, especially among those negotiating, can help to facilitate a collaboration for several reasons. For example, strong relationships cultivate trust. Also, people who like each other and have a positive working history together are more likely to work well together in a new sharing arrangement. Moreover, they also may be more willing to compromise in order to craft an arrangement that is mutually beneficial to all agencies involved. If strong relationships do not already exist, carve out time to build and nurture them. And because it is highly likely that new relationships will be

formed due to the nature of collaboration, it is advantageous to involve in the sharing initiative staff who are known for having good “people skills” and are likely to get along with their counterparts from other organizations.

Project Characteristics

The following project characteristics can help a collaboration succeed. Partners in a shared services arrangement should ensure that these elements are addressed in the project plan and implementation.

Senior-Level Support

Shared services arrangements have important implications for functions, services and capacity. Therefore, it is imperative that all shared services initiatives have the support of the top executives of the agencies. They also should clearly express that the collaboration is a priority for them and that they expect everyone in their agency to work toward its success.

Strong Project Management Skills

The people working to plan and implement a sharing initiative often have full-time duties in addition to their shared services work. Staying organized and on track can present challenges. A strong project management plan, with clearly identified roles, responsibilities, and timelines, is essential to ensure that all the planned activities are implemented successfully and smoothly.

Strong Change Management Plans

Shared services arrangements always involve change, which can come in many forms and can affect both the organizations and the individuals involved. For example, policies and procedures can change as can governance and staff responsibilities. People may have concerns while they try to anticipate what is ahead for them. Deliberately tending to change and its effect on staff and stakeholders is an important component of change management, and it requires the presence of good communication and meaningful engagement of all employees and stakeholders.

Effective Communication

Communication plays a vital role in any undertaking, especially those involving change. A well-developed

communications plan dealing with the shared services arrangement is recommended. This plan should specify who the target audiences are, what messages should be delivered to them, and which organization or individual is responsible for communicating about the initiative. The plan should include receiving communication and feedback from the audiences as well as providing them with information. Communications activities should target both internal stakeholders directly involved in the shared services arrangement as well as senior leadership and external partners who can be affected by the initiative.

Conclusion

LHD and HC leadership planning or implementing a shared services arrangement should keep in mind these success factors, leveraging those that are present, while being aware of the potential impact of those that are lacking, and working to incorporate them into the process. They should make the most of important facilitating factors; for example, by highlighting successes in prior collaborations and including people (especially those who are negotiating) who have positive interpersonal relationships. Finally, a successful shared services arrangement is marked by a number of characteristics, including senior-level support, strong project management skills, strong change management plans and effective communication.

Resource

Local Health Department-Community Health Center Collaboration Toolkit

The Local Health Department-Community Health Center Toolkit is a set of tools designed to support collaborations between local health department (LHDs) and community health centers (CHCs) to increase access to and quality of critical services for underserved populations. The toolkit contains three tools along with a description on how to use each and a list of related resources. It aims to help LHDs and CHCs work together so that they can make more effective use of limited resources and help make healthcare work better for everyone. Please download the tool at: <https://www.naccho.org/uploads/downloadable-resources/Programs/Public-Health-Infrastructure/NACCHO-LHD-CHC-collaboration-toolkit.pdf>.

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