



Inter-Organizational Collaboration in Local Public Health Systems

Research In Progress Webinar

Thursday, January 19, 2017

1:00-2:00pm ET/ 10:00-11:00am PT

Funded by the Robert Wood Johnson Foundation



**College of
Public Health**

*Center for Public Health Systems
and Services Research*

Agenda

Welcome: **C.B. Mamaril, PhD**, RWJF [Systems for Action](#) National Coordinating Center, Research Assistant Professor, University of Kentucky College of Public Health

Inter-Organizational Collaboration in Local Public Health Systems

Presenters: **Justin Marlowe, PhD, MPA, MA**, Endowed Professor, Public Finance and Civic Engagement, and Associate Dean for Executive Education, Evans School of Public Policy and Governance, University of Washington jmarlowe@uw.edu

Betty Bekemeier, PhD, MPH, RN, Associate Professor, School of Nursing; Director, School of Public Health's Northwest Center for Public Health Practice, University of Washington bettybek@uw.edu

Commentary: **Gianfranco Pezzino, MD, MPH**, Co-director, Center for Sharing Public Health Services, Kansas Health Institute

Questions and Discussion

Presenters



Justin Marlowe, PhD, MPA, MA

Endowed Professor, Public Finance and Civic Engagement, and Associate Dean for Executive Education

Evans School of Public Policy and Governance
University of Washington jmarlowe@uw.edu



Betty Bekemeier, PhD, MPH, RN

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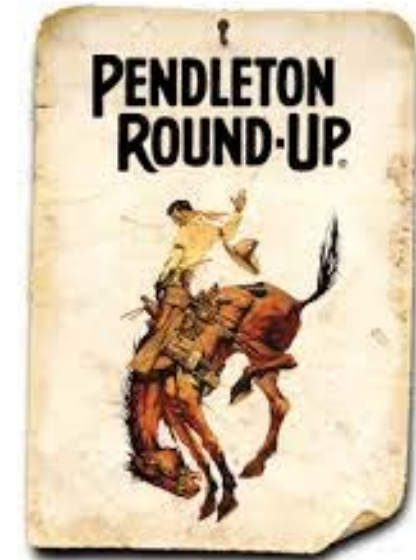
Inter-Organizational Collaboration in Local Public Health Systems

Betty Bekemeier, Ph.D.
Justin Marlowe, Ph.D.

University of Washington

S4A Research in Progress Webinar
January 19, 2017

A Quick Illustration: Communicable Disease Control in Umatilla County, OR and Morrow County, OR



Overview

- > Research Question: Does cross-jurisdictional sharing (CJS) affect the cost, quality, and reach of local public health services?
- > Our hypothesis: Yes. Local health jurisdictions (LHJs) that employ CJS will spend less, deliver better quality services, and have better reach than LHJs that don't

Overview

- > Our empirical strategy: Combine results from a survey of LHJs in four states – NY, OR, WA, WI – with administrative data on public health service delivery outcomes and spending
- > We find LHJs that share resources:
 1. Do not spend comparatively less on core public health services
 2. Are comparatively more efficient with some services, but less efficient with others
 3. Have comparatively better service quality and reach

Acknowledgements

- > Robert Wood Johnson Foundation Grant #72055 (“DIRECTIVE” program)
- > Key University of Washington Personnel: Betty Bekmeier, Associate Professor, School of Nursing (Co-Investigator); Sharee Squires, Ph.D. Candidate, School of Nursing and Greg Whitman, PHAST Project Manager, School of Nursing
- > Key Public Health Practice-Based Research Networks (PBRN) partners:
 - New York State Department of Health: Chris Maylahn, Isaac Michaels, Sylvia Pirani
 - Oregon Coalition of Local Health Officials: Kathleen Johnson and Morgan Cowling
 - Washington State Department of Health: Jennifer Tebaldi
 - University of Wisconsin: Theresa Watts and Susan Zahner

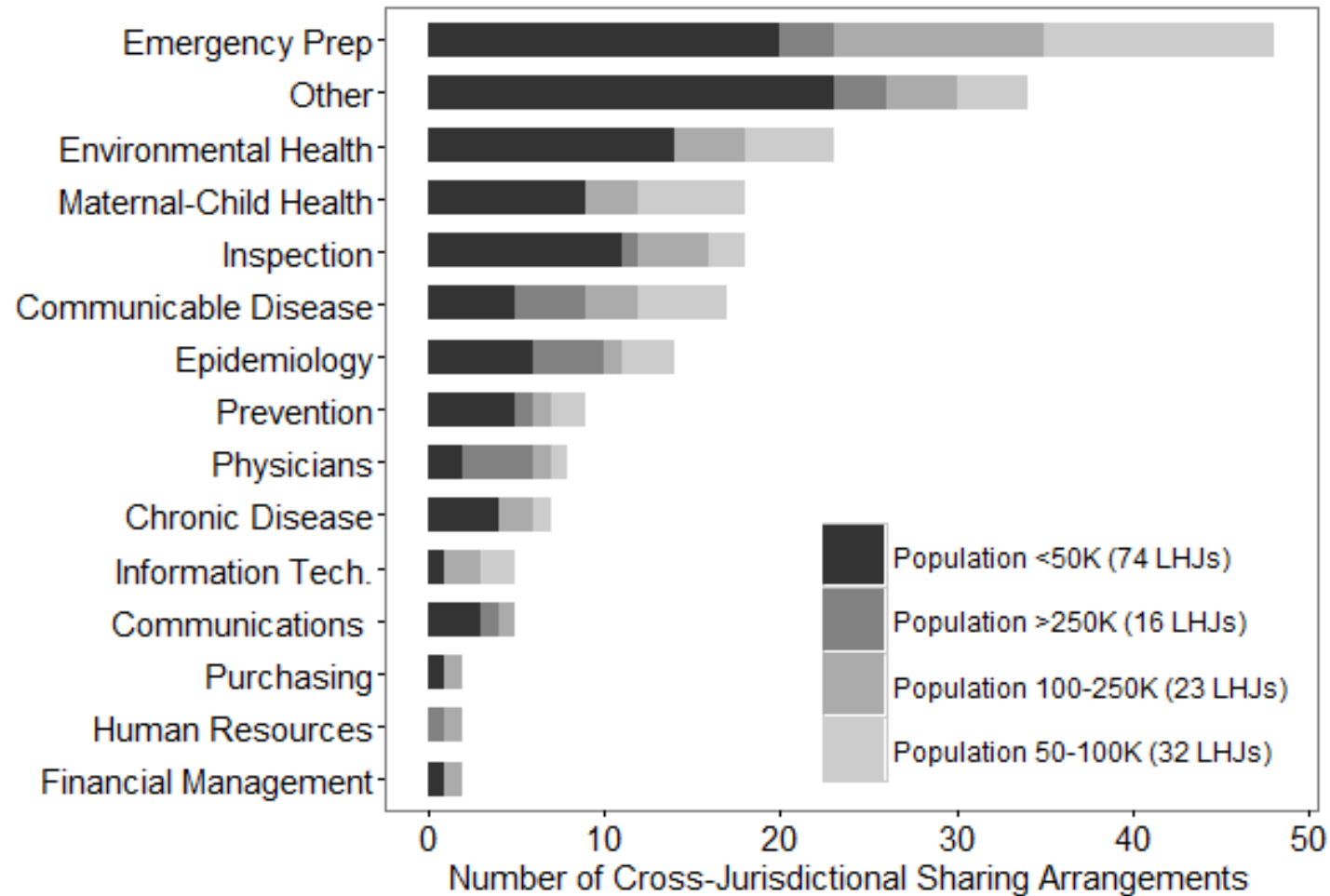
Some Context

- > “Cross-Jurisdictional Sharing”, “Inter-Municipal Cooperation,” and “Functional Consolidation” of local government services are a popular alternative to consolidation, annexation, and regionalized services
- > Small empirical literature suggests consolidation and regionalization drives efficiency gains (Mays, et. al. 2012; Mays 2012; Stefank 2012); Unclear if cross-jurisdictional sharing does as well
- > Limited evidence on outcomes and effectiveness of collaboration across all of public management (Bel and Warner 2014)

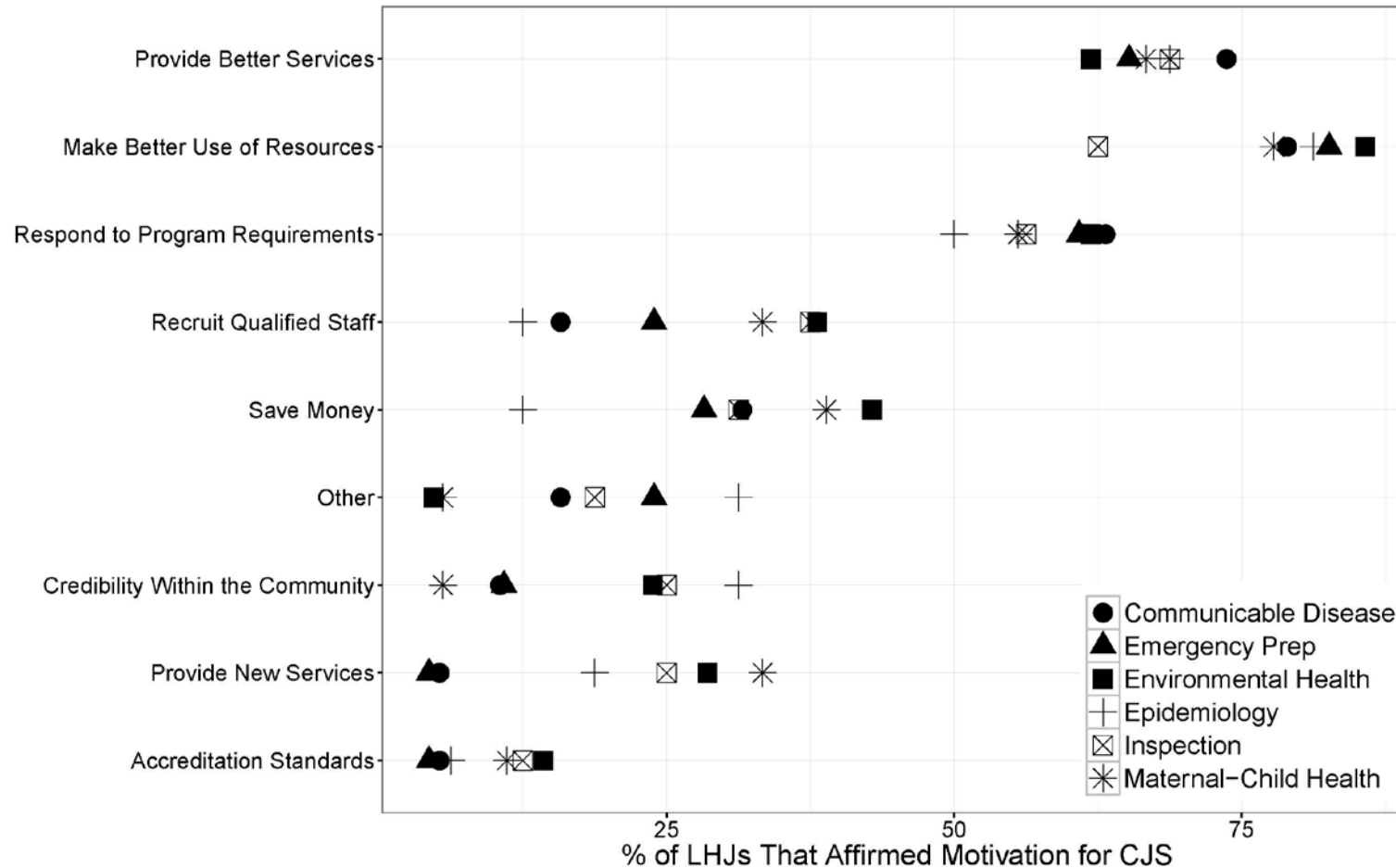
Methods and Data

- > CJS Defined: Sharing of resources between two local health departments
- > Web-based survey administered to local health jurisdictions in New York (N=58), Oregon (N=35), Wisconsin (N=92), and Washington State (N=35); Response rate = 65% (N=143)
- > Comprehensive questionnaire about current and planned CJS, motivations for CJS, perceptions of CJS effectiveness
- > 70% of LHJs have at least one sharing arrangement; 28% of respondents say they're sharing more now than in the past 12 months

CJS is most common among small LHJs, and for emergency preparedness (N=143)



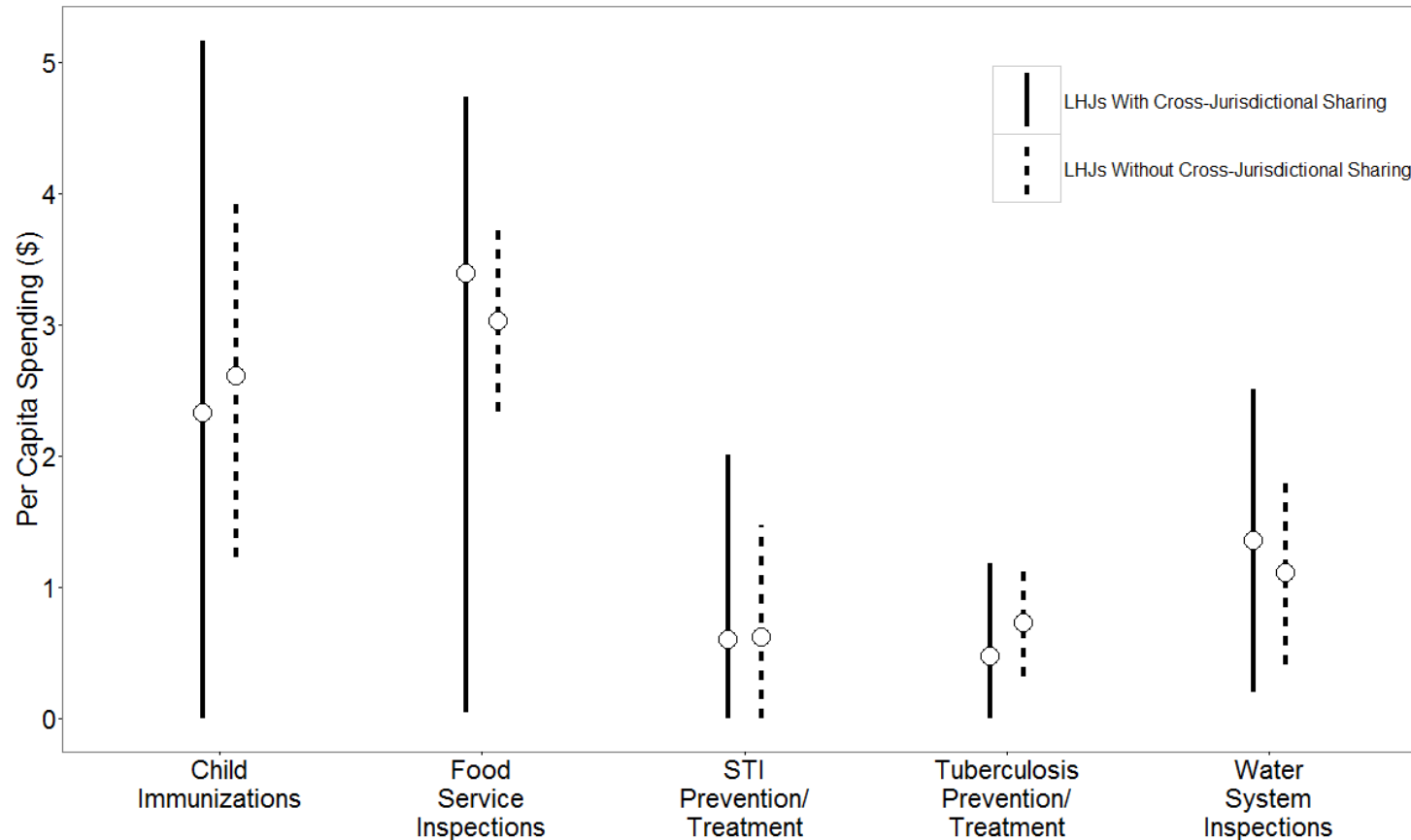
LHJs use CJS mostly to improve services and make better use of resources (N=143)



CJS and Cost Savings: Sub-Sample Evidence

- > Combined survey data with administrative data from Washington State
- > Approach #1: Compare LHJs that have CJS with similar LHJs that do not have CJS
 - Propensity score matching; paired each LHJ with a formal CJS arrangement with similar LHJs that do not have a CJS arrangement
 - “Nearest Neighbor” matching (ratio = 4:1) on population, local poverty rate, and service delivery outcome indicators
 - Between 3 and 5 LHJs with different types of CJS; repeated for five different service delivery areas

No clear relationship between CJS and spending in key communicable disease areas (N=25)



CJS and Cost Savings: Sub-Sample Evidence

- > Approach #2: Data envelopment analysis
 - “Inputs” included population, total spending, poverty rate
 - “Outputs” included service delivery outcome indicators
 - DEA assigns an “efficiency score”
 - Includes all 25 WA survey respondents
- > Key question: Do the most efficient LHJs also have CJS?

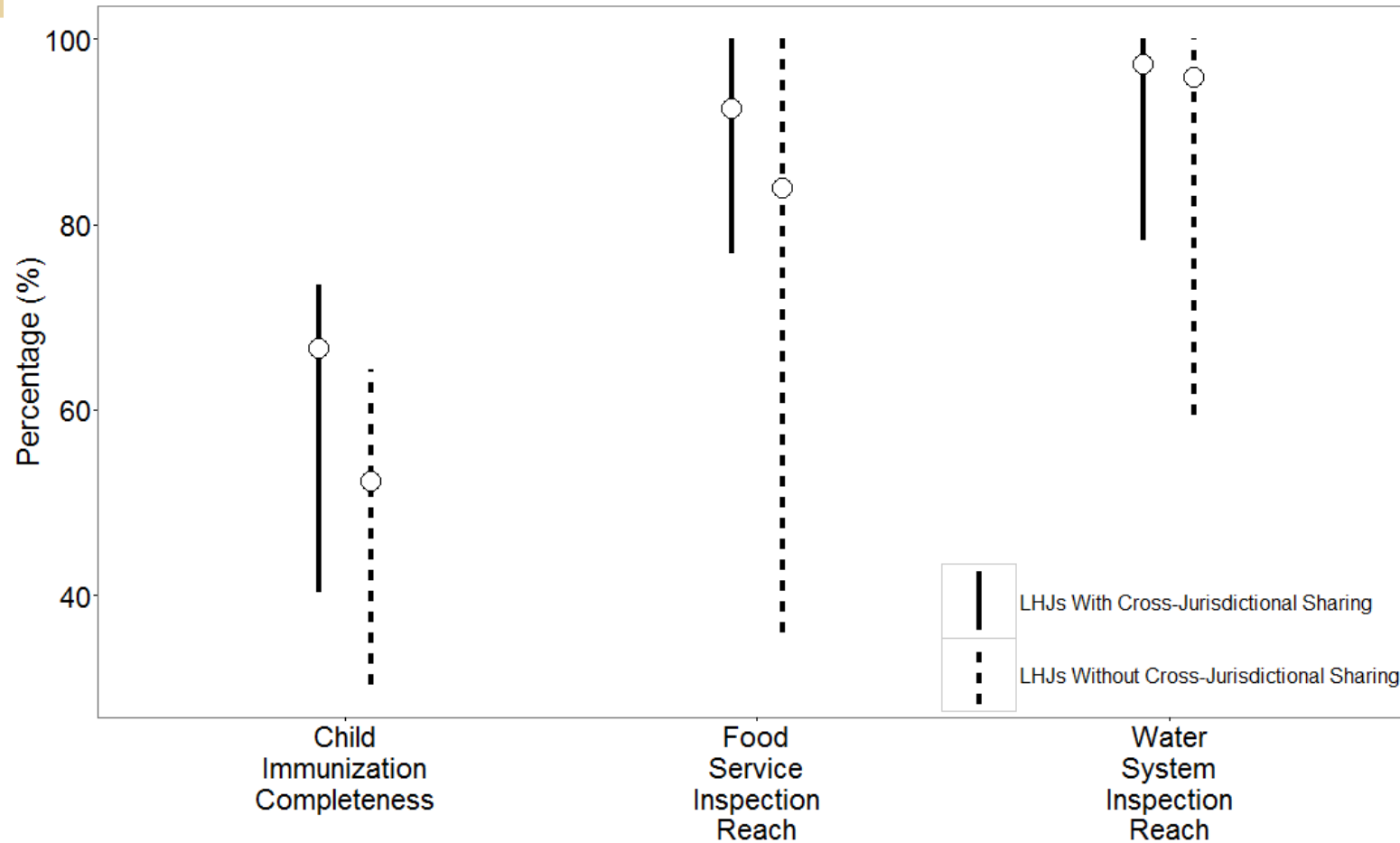
LHJs with CJS have stronger “technical efficiency”

LHJ	Communicable Disease Efficiency Score	Communicable Disease Efficiency Rank	CJS for Communicable Disease	LHJ	Environmental Health Efficiency Score	Environmental Health Efficiency Rank	CJS for Environmental Health
LHJ29	1.00	1	NO	LHJ16	0.77	15	YES
LHJ33	1.00	2	YES	LHJ5	0.72	16	NO
LHJ9	0.93	3	NO	LHJ31	0.70	17	YES
LHJ16	0.93	4	YES	LHJ8	0.70	18	NO
LHJ18	0.93	5	YES	LHJ29	0.69	19	NO
LHJ15	0.87	6	NO	LHJ26	0.59	20	NO
LHJ1	0.82	7	NO	LHJ14	0.55	21	NO
LHJ7	0.82	8	NO	LHJ25	0.51	22	NO
LHJ24	0.78	9	NO	LHJ17	0.49	23	NO
LHJ5	0.76	10	NO	LHJ13	0.42	24	YES

Survey results show LHJs believe CJS are effective

- > Respondents overwhelmingly characterize CJS as effective
- > Typical characterizations of success include: “Helps us deliver services we otherwise couldn’t deliver”; “Improves our depth of knowledge”; “Gives us capacity we don’t have”
- > And yet, less than CJS include a formal evaluation mechanism
 - Moreover, “contract renewal” or “grant renewal” are the most common evaluation mechanisms
 - Less than 10% of CJS include evaluation criteria or performance benchmarks

LHJs with CJS have better service reach in key communicable disease prevention services (N = 98)



Conclusions and Next Steps

> Mixed Results Overall

- Local health jurisdictions (LHJs) deploy cross-jurisdictional sharing (CJS) to “make better use of resources”; “Save Money” is not the principal motivation for CJS
- CJS does not appear to associate with lower spending on key public health services
- CJS does appear to associate with more efficiency services and better service delivery reach

> Next Steps

- Unpack “make better use of resources”; Is “save money” part of “make better use of resources”?
- Additional quantitative analysis on how CJS affects service quality
- Qualitative work to understand why and how CJS affects service delivery

Project Updates

Inter-Organizational Collaboration in Local Public Health Systems: Implications for Costs, Impact, and Management Capacity

<http://www.publichealthsystems.org/inter-organizational-collaboration-local-public-health-systems-implications-costs-impact-and#>

The screenshot shows the website for Public Health Services & Systems Research, Practice-Based Research Networks. The navigation bar includes Home, Research, Dissemination, For Grantees, and About Us. A search bar is located on the left. The main content area features a search bar, a sidebar with categories like 'SYSTEMS FOR ACTION', 'FOCUS', 'PBRNS', and 'INVESTIGATE', and a main article titled 'Inter-Organizational Collaboration in Local Public Health Systems: Implications for Costs, Impact, and Management Capacity'. The article includes backlinks to PBRN pages for Washington, Wisconsin, New York, and Oregon, an overview of the project, a publication list, and presentation information.

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Inter-Organizational Collaboration in Local Public Health Systems: Implications for Costs, Impact, and Management Capacity

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Year: 2014
Funding: Dissemination and Implementation Research to Improve Value Study (DIRECTIVE)
Status: Underway

Overview

Evidence regarding the ways in which cross-jurisdictional sharing (CJS) by local health districts (LHDs) affects volume, intensity and unit cost of services is important for informing real-world decisions. This **Dissemination and Implementation Research to Improve Value (DIRECTIVE)** project supports a consortium of the Washington, Wisconsin, and New York PBRNs, along with investigators from the emerging Oregon PBRN, in focusing on CJS in the domain of communicable disease. Led by the University of Washington, this four state consortium is collecting existing measures from the **Multi-Network Practice Outcome Variation Examination (MPROVE)** and administering a survey to LHDs to determine the extent and structure of CJS. Survey results will be combined with results of a similar survey of Wisconsin LHDs, and MPROVE-CJS data will be combined with LHD-level financial information (as available) to allow the observation of the relationship over time between LHD-level CJS and the costs, volume, and quality of service delivery.

Publication

- **Cross-Jurisdictional Sharing in Local Public Health Systems: Implications for Costs, Impact, and Management Capacity** (Research Brief, September 2016)

Presentations

- **Exploring Cross-Jurisdictional Sharing Among Local Health Departments in Four States** (Poster Presentation at National Association of County and City Health Officials Annual Conference, July 2016)

Commentary



Gianfranco Pezzino, MD, MPH
Co-director, Center for Sharing
Public Health Services
Senior Fellow & Strategy Team
Leader
Kansas Health Institute

Questions and Discussion

Webinar Archives

<http://systemsforaction.org/research-progress-webinars>

Upcoming Webinars

Wednesday, February 8, 12-1pm ET/ 9-10am PT

UNDERSTANDING RURAL-URBAN DIFFERENCES IN THE IMPLEMENTATION OF POPULATION HEALTH ACTIVITIES

Lava Timsina, PhD, MPH, Systems for Action National Coordinating Center, University of Kentucky College of Public Health

Thursday, February 16, 1-2pm ET/ 10-11am PT

STATE DISSEMINATION AND IMPLEMENTATION STRATEGIES AND LOCAL HEALTH DEPARTMENT ACCREDITATION READINESS & QUALITY IMPROVEMENT MATURITY

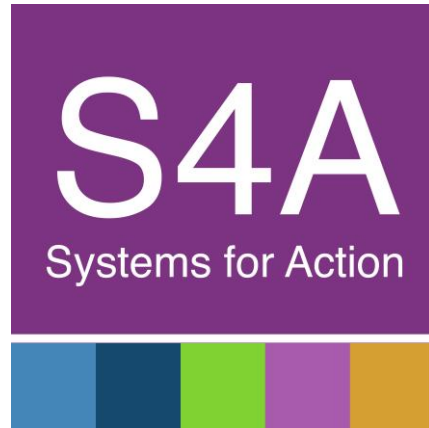
Adam J. Atherly, PhD, University of Colorado; Lisa VanRaemdonck, MPH, MSW, Colorado Association of Local Public Health Officials (CALPHO), CO Public Health PBRN

Wednesday, March 8, 12-1pm ET/ 9-10am PT

IMPROVING EFFECTIVENESS OF STD PREVENTION, SCREENING, AND TREATMENT IN LOCAL PUBLIC HEALTH SYSTEMS

*Lynn Silver, MD, MPH, Public Health Institute, California Public Health PBRN;
Robert Weech-Maldonado, PhD, University of Alabama at Birmingham, Alabama Public Health PBRN*

Thank you for participating in today's webinar!



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For more information about the webinars, contact:

Ann Kelly, Project Manager Ann.Kelly@uky.edu 859.218.2317

111 Washington Avenue #201, Lexington, KY 40536

Acknowledgements

Systems for Action is a National Program Office of the Robert Wood Johnson Foundation and a collaborative effort of the Center for Public Health Systems and Services Research in the College of Public Health, and the Center for Poverty Research in the Gatton College of Business and Economics, administered by the University of Kentucky, Lexington, Ky.



Speaker Bios

Justin Marlowe, PhD, MPA, MA, is the Endowed Professor of Public Finance and Civic Engagement and Associate Dean for Executive Education, at the University of Washington Evans School of Public Policy and Governance. He has published three books and more than 50 articles on a variety of topics in public financial management, including local fiscal policy, financing public health systems, and public-private partnerships. Several foundations and professional associations have supported his work, including the Robert Wood Johnson Foundation, the Bill and Melinda Gates Foundation, and the International City/County Management Association. His regular column in *Governing* magazine is read by thousands of state and local policymakers, and he is lead author of *Governing's* popular Guide to Financial Literacy series for state and local elected officials. Prior to academia he worked in local government in Michigan.

Betty Bekemeier PhD, MPH, FAAN, is a University of Washington (UW) School of Nursing Associate Professor, and Director of the Northwest Center for Public Health Practice at the UW School of Public Health. She is a nationally recognized public health systems and practice-based researcher, focusing on structures and services of state and local health departments in relation to health outcomes and reducing disparities. Much of her research and leadership in advancing public health systems has been conducted with state Public Health Practice-based Research Networks (PBRN) and the National Network of Public Health PBRNs. She leads several PBRN-related research projects, in particular, the Public Health Activities & Services Tracking (PHAST) study. PHAST is an ongoing multi-state PBRN study to develop the evidence regarding health outcomes associated with variation and change in local public health infrastructure and service delivery.

Gianfranco Pezzino, MD, MPH, is Co-director for the Center for Sharing Public Health Services at the Kansas Health Institute. He is also the Senior Fellow and Strategy Team Leader, and oversees KHI's work on public health services and systems. His work focuses on the development and dissemination of best practices for the organization, financing and delivery of public health services, which supports local public health departments in their preparation for national accreditation. The Center for Sharing Public Health Services, a multi-year, multi-million dollar national initiative funded by the Robert Wood Johnson Foundation, focuses on cross-jurisdictional sharing as a strategy to create efficiencies in public health. Dr. Pezzino has international health experience, and served as state epidemiologist and medical director for the bioterrorism program with the Kansas Department of Health and Environment. During this time, he was president of the Council of State and Territorial Epidemiologists. In addition to his work at KHI, Gianfranco serves as the Shawnee County, Kansas health officer and is a site visitor for the Public Health Accreditation Board (PHAB).