Inter-O rganizational 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
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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Director, School of Public Health’s Northwest Center for Public Health Practice
University of Washington  bettybek@uw.edu
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
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”

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<th>LHJ</th>
<th>Communicable Disease Efficiency Score</th>
<th>Communicable Disease Efficiency Rank</th>
<th>CJS for Communicable Disease</th>
<th>LHJ</th>
<th>Environmental Health Efficiency Score</th>
<th>Environmental Health Efficiency Rank</th>
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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 CJJS 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

Commentary

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

Questions and Discussion
# 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!

www.systemsforaction.org

For more information about the webinars, contact:
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Twitter:  @ Systems4Action
#Sys4Act
Acknowledgements

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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).