

# Cross-Jurisdictional Sharing for Local Public Health Services: Implications for efficiencies

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# Acknowledgments

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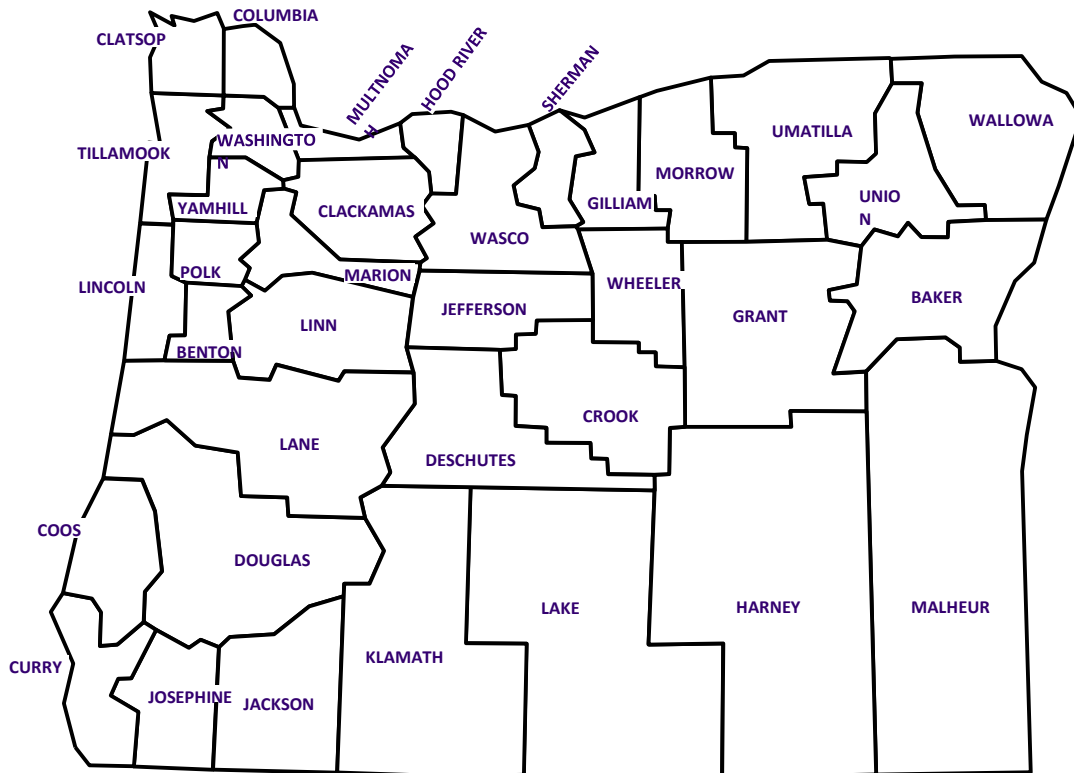
- PI-Justin Marlowe, UW Evans School of Public Policy & Governance
- UW Public Health Activities & Services Tracking (PHAST) Team Members
  - Sharee Squires & Greg Whitman, UW School of Nursing
- Key PH Practice-Based Research Networks (PBRN) partners:
  - OREGON Coalition of Local Health Officials
  - NEW YORK State DOH
  - WASHINGTON State DOH
  - WISCONSIN--University of WI

# Study Design

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- Research Question
  - **How does Cross-Jurisdictional Sharing (CJS) affect the volume, intensity, & unit costs of PH services?**
- Hypothesis
  - More *intense* & more *formalized* sharing will increase service intensity & volume, & drive down unit costs
- Approach (2015-2016)
  - Web-based survey of LHDs to measure the extent of CJS (65% overall response rate [OR: n=35])
  - Combined survey results with PHAST/MPROVE PH service delivery measures & LHD-level expenditures (where available)
  - Case studies conducted to illustrate how CJS affects service delivery

# OREGON'S Participation



- Research was timely with work happening in Oregon
- Help to answer question--Does CJS help improve efficiency & effectiveness?
- Supports need for more practice-based research in Oregon & development of PBRN

# Survey Results on Cross-Jurisdictional Sharing

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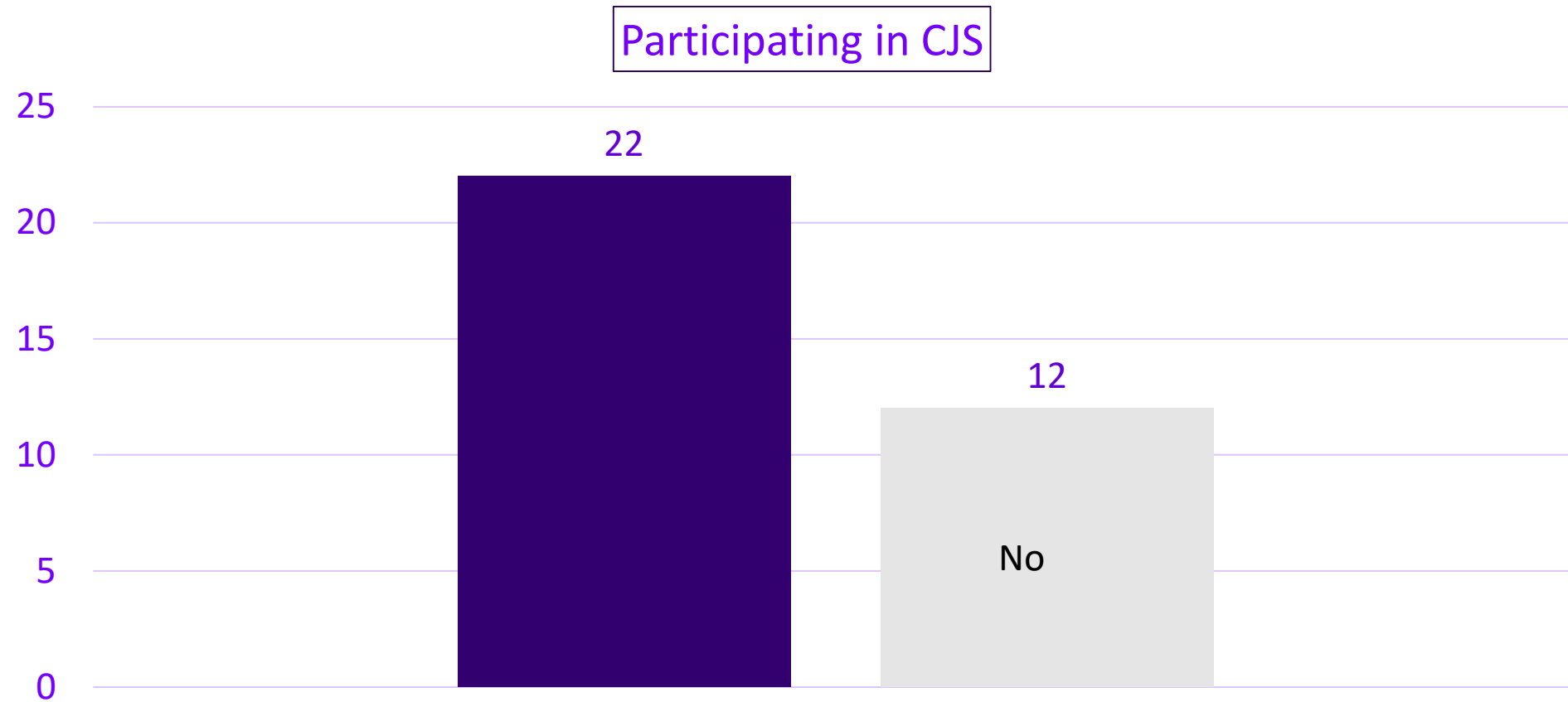
## Sample

- 70% of LHDs have at least one sharing arrangement
- 28% of respondents say they're sharing more now than in the past 12 months

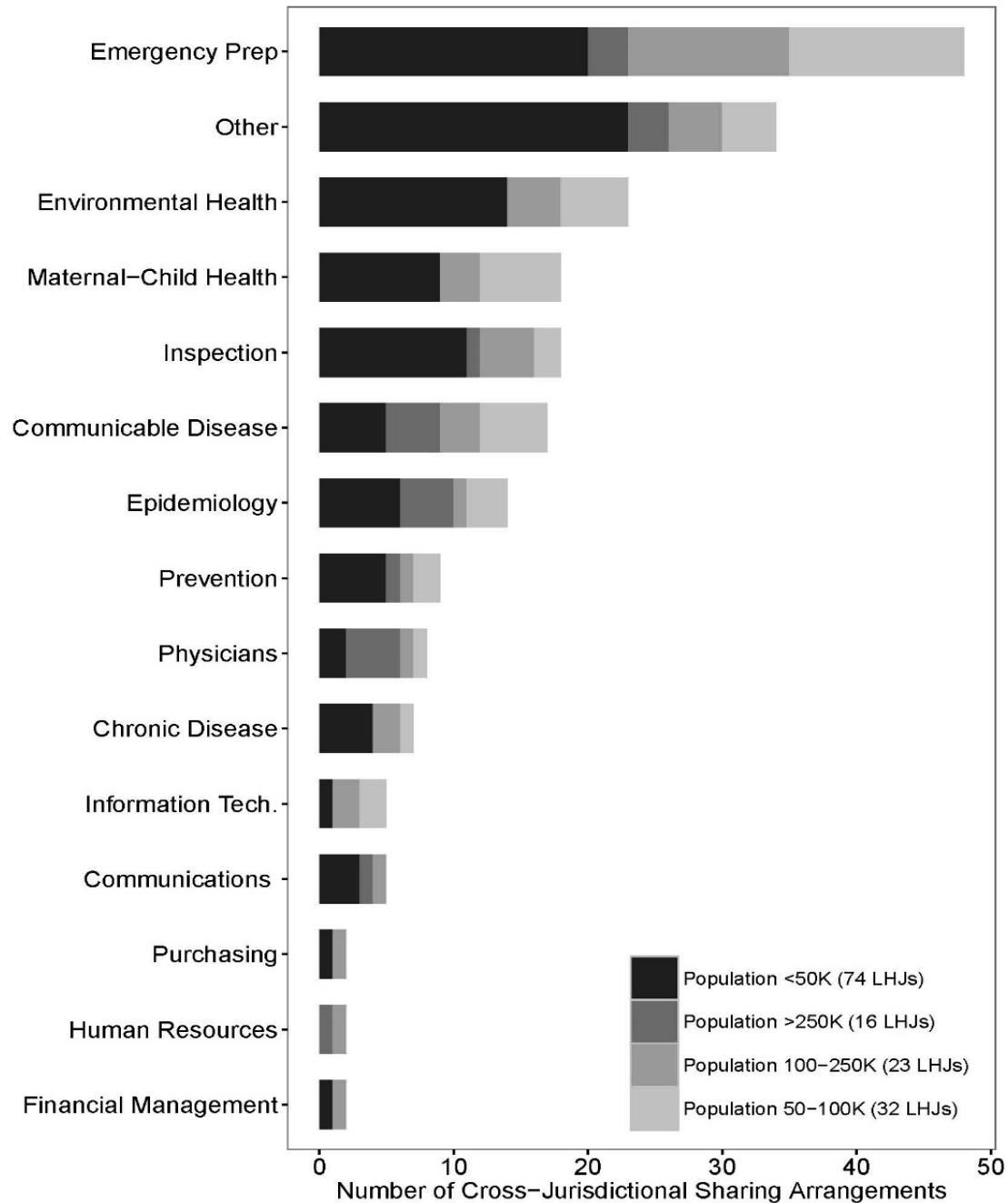
## Sharing

- ~ half of CJS are formal MOUs & contracts
- ~ half are informal (“handshake” agreements)
- ~ 85% of CJS were created since the “Great Recession”

# OREGON'S Cross-Jurisdictional Sharing

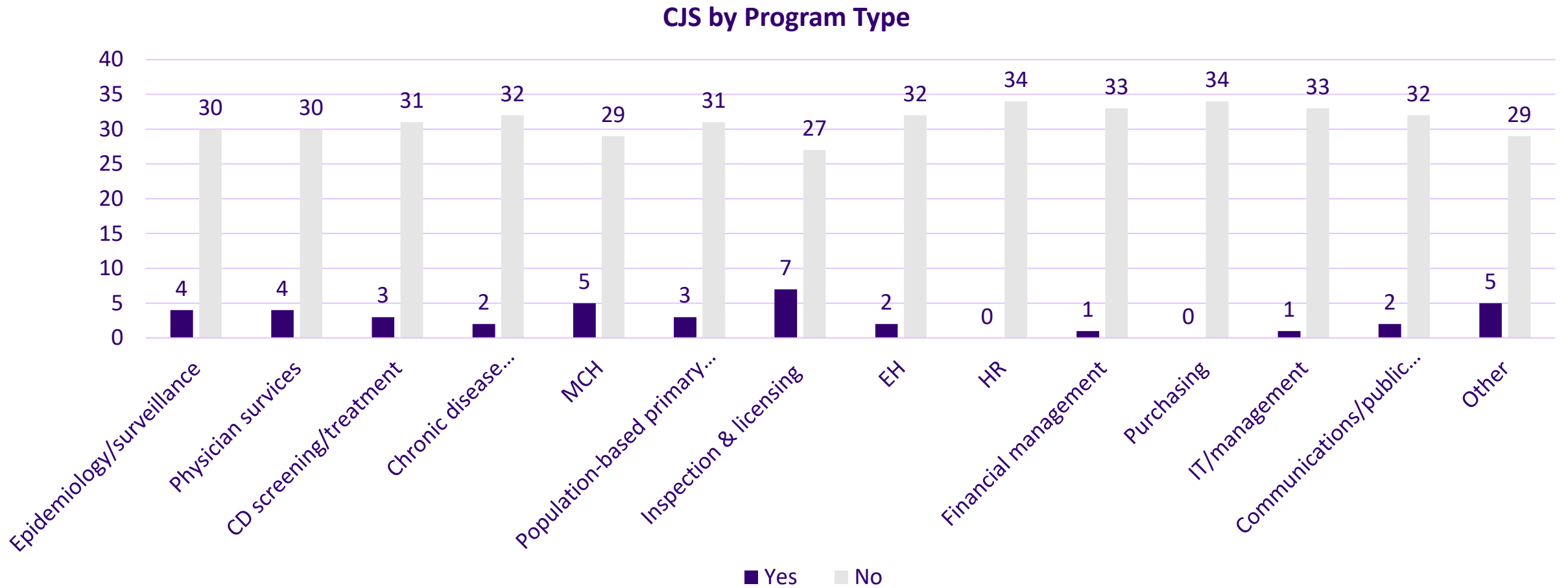


# Patterns of CJS



- Sharing is concentrated in a few service areas, & among *smaller* LHDs

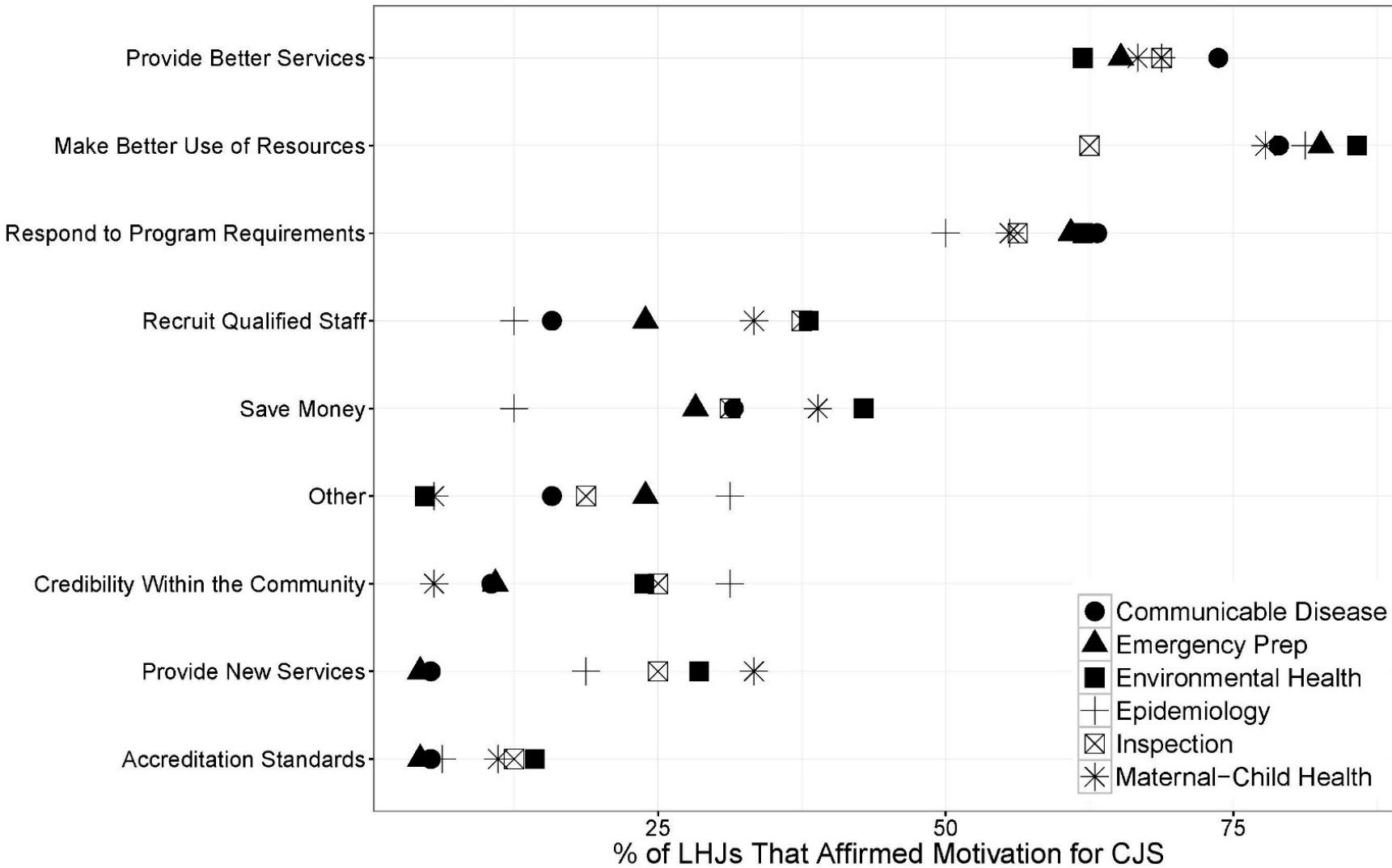
# OREGON'S Cross-jurisdictional Sharing by *Program Type*





# Motivations for CJS

- LHDs employ CJS mostly to *improve services* & make *better use of resources*

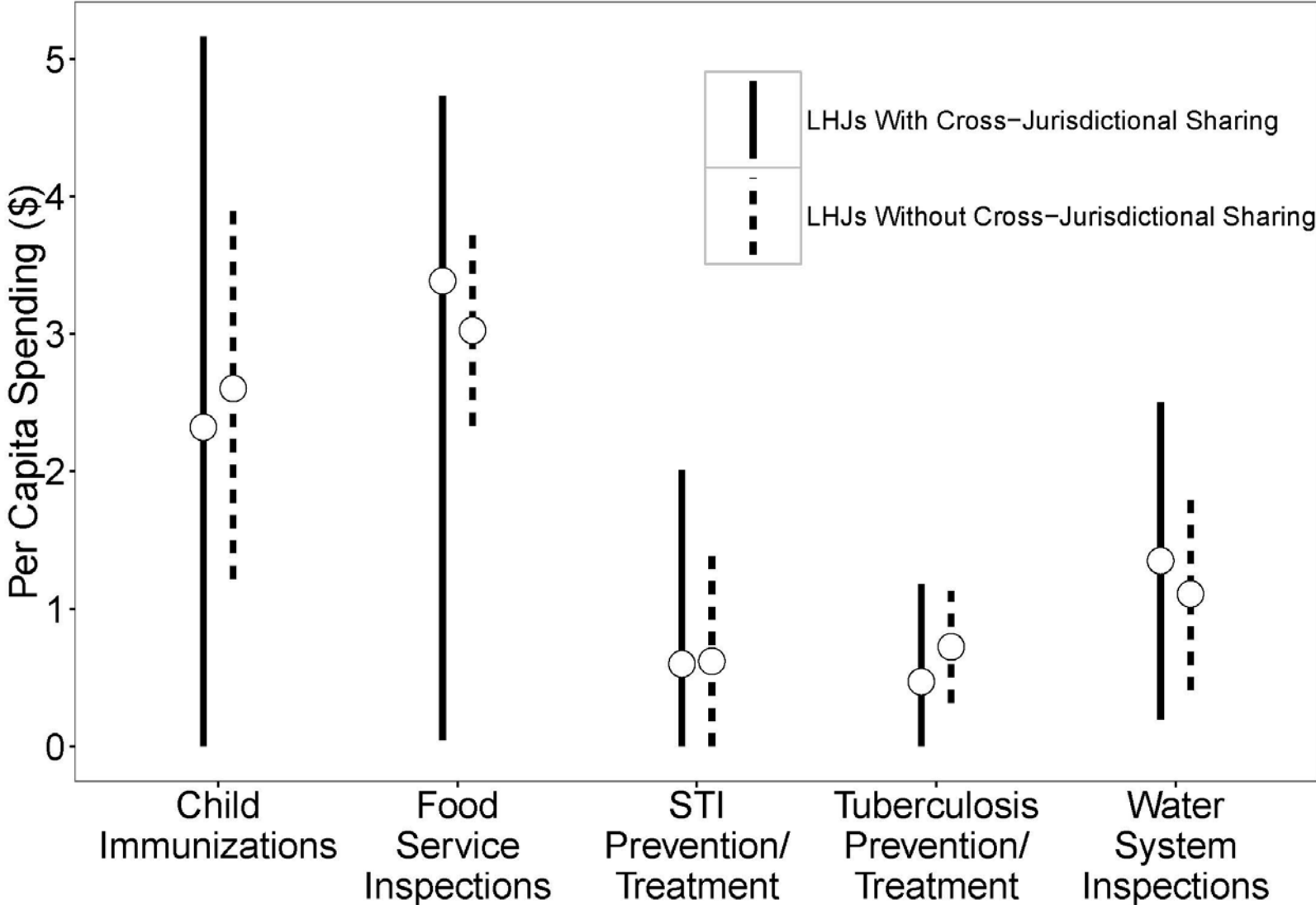


# Do LHDs that Share *Spend Less*?

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- Combined data from:
  - CJS survey findings in WA
  - With WA LHD expenditure data
  - Focused on CD Control and EH services
- Matched LHDs and ranked them by “efficiency”
  - 3 WA LHDs that shared CD Control resources with 4 similar LHDs that did *not* share
  - ...then compared mean per capita spending across the groups
  - ...then we computed “efficiency scores” for each LHD to show how well an LHD converted its inputs – i.e. spending and population characteristics – into outcomes

# Results



- Sharing was *not* associated with per capita spending on key CD Control services (N=12)

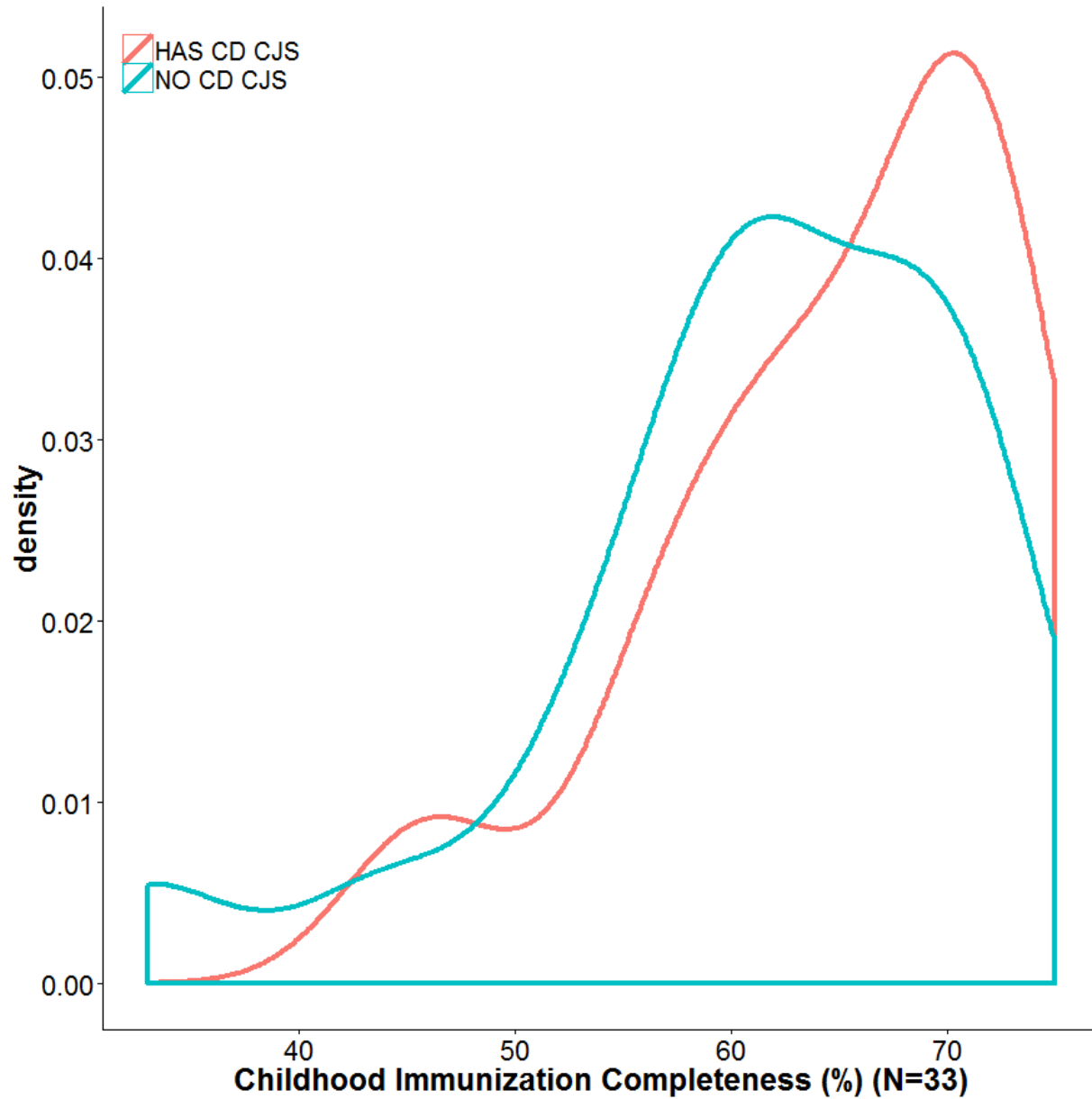
# Results

LHJ Characteristics			Rankings				
LHJ	Population	Poverty Rate (%)	Child Vaccinations	TB Prevention /Treatment	STI Prevention /Treatment	Water System Inspection	Food Service Inspection
LHJ1	18,575	23	1	1	1	6	6
LHJ2	254,104	16	17	14	15	5	5
LHJ3	110,800	14	1	10	9	7	10
LHJ4	4,001	13	2	1	1	1	1
LHJ5	102,138	18	2	18	7	15	17
LHJ6	2,246	10	3	2	2	1	2
LHJ7	29,802	14	21	16	16	<b>2</b>	<b>3</b>
LHJ8	40,954	22	4	3	11	19	20
LHJ9	75,399	14	5	4	3	4	9
LHJ10	10,536	14	<b>3</b>	<b>6</b>	<b>4</b>	<b>4</b>	<b>2</b>
LHJ11	60,545	17	6	8	5	14	14
LHJ12	64,058	18	<b>4</b>	<b>3</b>	<b>3</b>	16	7
LHJ13	15,740	11	14	12	5	8	6
LHJ14	1,940,777	11	7	11	12	2	4
LHJ15	714,443	10	8	4	4	1	2
LHJ16	426,984	12	9	5	13	2	5
LHJ17	470,375	15	22	13	10	10	12
LHJ18	798,528	12	13	7	14	3	5
LHJ19	252,410	11	10	5	4	2	3
LHJ20	4,003	16	11	6	5	17	18
LHJ21	58,643	18	16	15	17	3	15
LHJ22	201,404	16	20	17	6	<b>9</b>	<b>11</b>
LHJ23	242,454	22	<b>12</b>	<b>20</b>	<b>20</b>	13	19
LHJ24	20,421	19	18	21	19	18	13

- LHDs that share resources related to CD Control services are *more efficient* than LHDs that do not

Table 2: Washington State Local Health Jurisdictions Ranked by Technical Efficiency Scores for Five Services

# Results



- Sharing *does* seem to associate with better CD Control service delivery outcomes

# Key Findings

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- CJS used to *improve* service delivery
  - ...*not* to replace or outsource services
- Most common for
  - emergency preparedness,
  - communicable disease,
  - maternal-child health,
  - epidemiology
- Much more common for LHDs in *smaller, rural* areas
- Not seemly associated with lower spending, but with more *efficiency*
- Sharing that achieves intended results is more likely when
  - Sharing is *formalized, but flexible* (MOUs with broad latitude/discretion)
  - All parties have *easy access to shared data*, reports, & metrics
  - Sharing arrangements reflect *trust* throughout the partnership, & not the other way around