

Exploring Shared Service Collaboration in Wisconsin Local Public Health Agencies

Contextual Elements

Three elements were identified as important to creating a context for future successful shared service development in Wisconsin.

- Efforts to increase Local Health Department (LHD) capacity through shared service collaborations would benefit greatly from a clear policy definition of what public health capacity should be at base. Examples are the NACCHO Operational Definition of a Functional Local Health Departmentⁱ and the emerging Public Health Accreditation Board Standardsⁱⁱ. Once such standards are delineated, local capacity can be more objectively evaluated and filling capacity gaps can become shared local priorities.
- Wisconsin currently has a statutory definition of LHD service levels including the provision of core functions and essential services, but the statutes are silent on the issue of collaboration to provide such services.
- Given limited resources, shared service collaborations will be unlikely to develop in the absence of financial benefit.

Principles

1. The focus of a shared service collaboration should be on increasing the capacity for, or sustainability of, public health services. Partners should clearly state the business case for collaboration to key stakeholders like boards, government executives, legislators and the public.
2. A shared vision, mission, values and deliverables should be clearly articulated at the beginning of a collaboration and should be revisited periodically.
3. A shared service agreement should not be created or sustained unless there is evidence to support its purpose, function and structure. The following conditions should be present:
 - a. The services delivered or planned should have an evidence base that supports their effectiveness and when applicable, improved population health outcomes.
 - b. Essential service capacity enhancement should be considered desirable whether or not there are cost savings in a particular arrangement.
 - c. The structure of a collaborative arrangement should be based on a successful model whenever possible.
 - d. Cost analysis of proposed arrangements should be done. E.g. Collaboration may be particularly useful in programs that involve relatively large capital or fixed costs; scarce or highly specialized skills; economies of scale such as bulk purchasing; cross-jurisdictional planning, response or service use.
 - e. Every LHD involved must participate in the governance of the collaboration. Decision making processes should be pre-defined.

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- f. Funding and shared resources should support adequate staff and capacity for equal and effective service provision to all intended recipients.
- g. There must be an openness to staffing models that best serve project goals. Collaboration should be viewed as an opportunity to redesign workflow for greater effectiveness, productivity and/or agility.
- h. The arrangement should be evaluated in relation to agreed-upon measures by all partners periodically.
- i. All partners should invest in the collaboration in some fashion.

4. There are specific activities that can promote successful collaboration and trust development, such as:

- a. Planned, regular communication
- b. Advance planning for transitions such as those in leadership and funding
- c. Full transparency in financial matters
- d. Clear delineation of roles of each partner in the initial planning stagesⁱⁱⁱ
- e. Evidence that all parties should benefit from the arrangement (“win-win”)
- f. Acknowledgement and discussion of risks that all parties are taking by changing the status quo
- g. A strong leader(s) skilled in exploring and breaking down barriers
- h. Building new collaborations among partners who have collaborated successfully in the past – a way to build on established trust

5. Flexibility is essential to successful development and operation of shared service agreements.

Examples of such flexibility include:

- a. Recognition of differences in capability, organizational and political realities among local partners.
- b. A willingness to look beyond geography for partnership footprints that make sense. If specific geography is to be imposed in a multi-jurisdictional collaborative, the rationale should be clearly stated.
- c. Processes appropriate for the level of the service sharing. In some cases this might include formal memoranda of understanding and intergovernmental agreements; in other cases, management tools used could be less formal.
- d. Fair may not mean equal. Often each participant cannot bring equal resources to a collaboration, but their investment should reflect their capability and their expected benefit.

6. Collaboratives should consider in advance:

- a. Smaller staffs, workflow considerations and emergency demands on local health departments may require flexibility in the deployment of staff and resources.
- b. Whether and how to accommodate cross-training and redeployment of staff and other resources to address emergencies or temporary needs.
- c. Funders of collaborations need to consider the degree of flexibility they can permit. Broadly defined and funded collaboration, or expanding the functions and funding of existing collaborations, may promote stability and necessary flexibility.

ⁱ <http://www.naccho.org/topics/infrastructure/accreditation/OpDef.cfm>

ⁱⁱ <http://www.phaboard.org/>

ⁱⁱⁱ See Arthur T. Himmelman, *Collaboration for a Change: Definitions, Decision-making Models, Roles, and Collaboration Process Guide*. January 2002, Himmelman Consulting, Minneapolis, MN.

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