



Exploring Shared Service Collaboration in Wisconsin

Shared service collaboration – the idea of two or more local public health agencies pooling resources through formal or informal agreements to increase capacity and provide better service delivery – is a topic of growing interest in Wisconsin¹ and in several states across the nation.

Forces driving the discussion of shared services include economics, growing acceptance of a public health essential services framework, and emerging national voluntary accreditation. These forces are creating a push in many states to explore ways in which local public health agencies can work together to increase capacity.

In Summer 2009, the Wisconsin Division of Public Health, under the leadership of Administrator Seth Foldy, MD, MPH, contracted with the Institute for Wisconsin's Health to complete a preliminary exploration of the current status of collaboration among public health agencies in Wisconsin to share services. The basic elements of the project included:

- A literature review that included peer-reviewed and other key literature on regionalization, shared services and regional collaboration in public health, as well as telephone and email queries with selected public health leaders.
- Key issues identification through interviews and survey – Telephone interviews were completed with eight key informants who had significant shared service agreements and/or formal collaborative experience. An online survey was created and the link distributed to all local and tribal health departments and selected regional and central Wisconsin Division of Public Health staff.
- An in-person meeting with 40 invitees was held in Madison on June 24, 2009. Each Wisconsin Association of Local Health Departments and Boards regional chair sent a team of representatives to the meeting. Dr. Foldy invited key Division of Public Health regional and central office staff based on their leadership roles and/or history with shared services projects. The purposes of the meeting were to: a) encourage discussion around the issue of shared services in public health, and, b) to explore issues of consensus.
- The group developed principles that could be used as a guide for future collaborative efforts by the Division of Public Health, local health department leaders and others. The draft principles were reviewed in an online discussion board, revised and finalized. The process and principles may also serve as a guide or discussion starter for other states or groups looking for ways to increase capacity and improve service delivery through collaboration.

Wisconsin is a home rule state with 92 local public health agencies and 11 tribal health agencies. All local public health agencies currently participate in collaborative efforts, though level of participation and type of collaborations vary greatly.