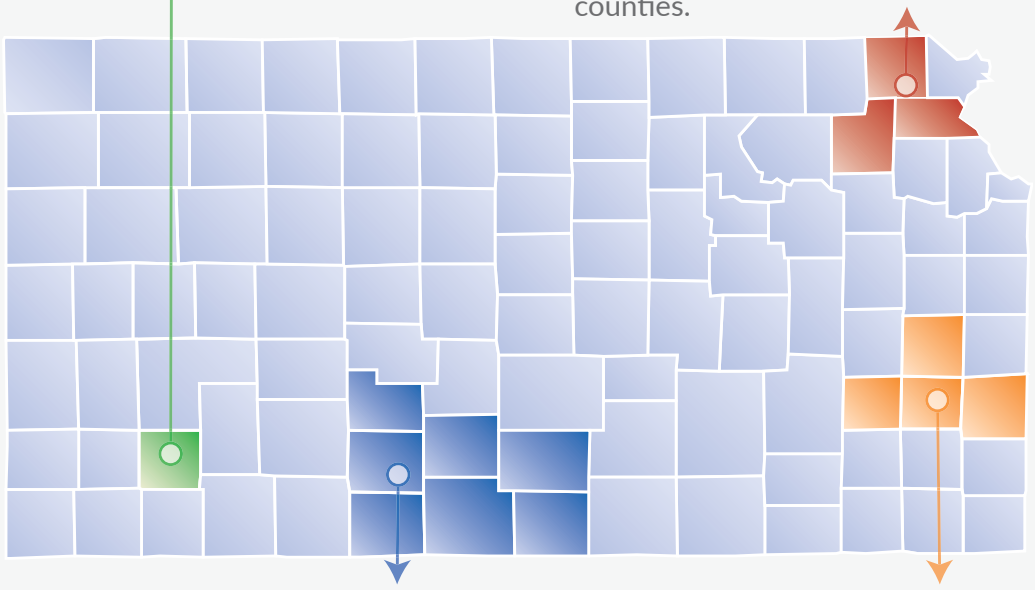
Overview of Case Studies

Haskell County Collaboration

- Partnership with Satanta District Hospital.
- Health department staff are employed by Satanta District Hospital.
- Developed in 1993.
- County identified need for public health services following tuberculosis outbreak.
- Last health department to form in Kansas.
- County pays Satanta District Hospital a fixed amount.
- Every five years, county reimburses hospital for any losses related to health department.
- Current board of health consists of three county commissioners.

Northeast Kansas (NEK) Multi-County Health Department

- Partners include Atchison, Brown and Jackson Counties.
- Developed in late 1960s when community voiced need for public health program.
- Private nonprofit 501(c)(3) organization.
- Developed multi-county health department to pool population to compete with larger counties for grants.
- Board of directors consists of a chief executive officer and three people from each county: one health care provider, one county commissioner and one health care consumer.
- Each county has a health department, plus one joint home health agency that serves all three counties.



South Central Kansas Coalition for Public Health (SKCPH)

- Partners include Barber, Comanche, Edwards, Harper, Kingman, Kiowa and Pratt Counties.
- Collaborated to pool populations to apply for federal Women, Infants and Children (WIC) program in 1985.
- After success with their WIC program, SKCPH decided to expand their shared services by formalizing the relationship in an interlocal agreement.
- The interlocal agreement developed in 1996 when the counties were awarded a grant to formalize their prior sharing experiences.
- Each county has its own health department with an eighth organization to manage the coalition.

Southeast Kansas (SEK) Multi-County Health Department

- Partners include Allen, Anderson, Bourbon and Woodson counties.
- Developed in early 1970s to increase local immunization rates.
- Each county contributes a set amount of money depending on their county population sizes.
- Board of health consists of three individuals from each county: one health care professional, one county commissioner and one health care consumer.
- Each county has a health department, but they share an administrator, accountant and medical director.

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Cross-Jurisdictional Sharing Spectrum

The *Cross-Jurisdictional Sharing Spectrum* identifies four main categories of sharing arrangements, as shown in the chart below.

On the left side of the *Spectrum* there are informal arrangements, where one jurisdiction collaborates with other jurisdictions. On the right side of the *Spectrum* is formal regionalization, where multiple jurisdictions are served by a single governmental entity that delivers all services and formally assumes the risks, costs and decision-making across the jurisdictions involved.

In-between, there are two other *Spectrum* categories: service-related arrangements and shared functions with joint oversight. Unlike informal sharing, service-related arrangements involve regular and predictable sharing, usually formalized through contracts. If all entities contribute resources and have a formal role in decisions about how and when to deliver services, then the arrangement is a shared function with joint oversight.

The governance model, financial structure and decision-making process are different for each *Spectrum* category. Moving from left to right along the *Spectrum*, the level of service integration increases, the level of jurisdictional autonomy decreases, and the arrangements become more complex. Each model can produce gains in effectiveness and efficiency, if implemented correctly following the steps indicated in the *Roadmap to Develop Cross-Jurisdictional Sharing Initiatives* (www.phsharing.org/roadmap).

For more information, visit the Center for Sharing Public Health Services at www.phsharing.org.

Cross-Jurisdictional Sharing Spectrum

Informal and Customary Arrangements	Service-Related Arrangements	Shared Functions with Joint Oversight	Regionalization
• "Handshake" • Information sharing • Equipment sharing • Coordination • Assistance for surge capacity	• Service provision agreements (e.g., contract to provide immunization services) • Purchase of staff time (e.g., environmental health specialist)	• Joint projects addressing all jurisdictions involved (e.g., shared HIV program) • Shared capacity (e.g., joint epidemiology services)	• New entity formed by merging existing local public health agencies • Consolidation of one or more local public health agencies into an existing local public health agency
Looser Integration			**Tighter Integration**

Source: Center for Sharing Public Health Services. Adapted from: Kaufman, N. (2010) which in turn was adapted from Ruggini, J. (2006); Holdsworth, A. (2006).

KANSAS HEALTH INSTITUTE

The Kansas Health Institute delivers credible information and research enabling policy leaders to make informed health policy decisions that enhance their effectiveness as champions for a healthier Kansas. The Kansas Health Institute is a nonprofit, nonpartisan health policy and research organization based in Topeka that was established in 1995 with a multiyear grant from the Kansas Health Foundation.

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