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LOCAL BOARD OF HEALTH GUIDANCE FOR CROSS-JURISDICTIONAL SHARING ARRANGEMENTS IN KANSAS

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TABLE OF CONTENTS

Introduction

Local boards of health are vital to ensuring the effective and efficient delivery of public health services. As budgets become tighter, it is important for those responsible for health departments to ensure that agencies meet community needs while remaining financially sound. Cross-jurisdictional sharing (CJS) is one tool that can be used to increase the effectiveness and efficiency of local health departments.

This document contains key concepts and considerations for local board of health members wishing to learn more about public health CJS. It provides an overview of CJS and examines the local board of health's role in the process of developing CJS arrangements.

What is Public Health? What is the Role of the Local Board of Health?

The World Health Organization defines public health as "the science and art of preventing disease, prolonging life and promoting health through the organized efforts of society."[1] The activities of public health include the prevention of communicable and chronic disease and injuries, and the promotion of conditions that allow people to make healthy choices.

There are 100 local public health departments in Kansas. Each one plays an important role in ensuring the conditions in which people can be healthy. Local public health departments are governed by local boards of health. In Kansas, the board of county commissioners serves as the local board of health, except in cases where a joint board of health is established. Joint boards of health are used primarily when two or more jurisdictions (i.e., two counties or a city and a county) decide to create one public health agency. All boards of health provide oversight of health department activities and budgets.

What is CJS?

Public health cross-jurisdictional sharing is defined as: *"the deliberate exercise of public authority to enable collaboration across jurisdictional boundaries to deliver public health services and solve problems that cannot be easily solved by single organizations or jurisdictions."*[2]

CJS is not limited to public health and there are many examples of sharing agreements between jurisdictions for other functions, such as public safety, refuse disposal, emergency management, public utilities and ambulance services, to name a few.[3] In public health, CJS has emerged as a strategy to ensure that the services provided by local health departments are effective and efficient at keeping the public safe and healthy.

A key part of the definition of CJS is the reference to public authority. In Kansas, the local board of health has the local authority to approve CJS agreements for public health functions before they are approved by the Kansas attorney general (KSA 12-2901 et seq.).

CJS in Kansas

There are a variety of existing public health CJS arrangements in Kansas.

For example, there are 15 emergency preparedness regions which were formed to prepare for possible biological and chemical attacks. Currently, 98 of 100 Kansas local public health departments participate in these regional emergency preparedness efforts.

In addition, there are two multi-county health departments in Kansas. The Southeast Kansas (SEK) Multi-County Health Department serves the counties of Allen, Anderson, Bourbon and Woodson, while the Northeast Kansas (NEK) Multi-County Health Department serves Atchison, Brown and Jackson Counties. Both CJS arrangements were formed in the 1970s to meet community needs for public health services.[4,5]

One other notable CJS arrangement involves the South Central Kansas Coalition for Public Health. In this CJS arrangement, seven counties—Barber, Comanche, Edwards, Harper, Kingman, Kiowa and Pratt—share some public health services through an interlocal agreement. In this model, three health departments each have responsibility for one shared program by serving in an administrative capacity and by applying for and receiving grants on behalf of the region. Those health departments then share the regional funds with each of the other health departments and the services are provided by each agency.[6]

There are many other public health CJS arrangements in Kansas. Several counties share programs and services, like the Special Supplemental Nutrition Program for Women, Infants, and

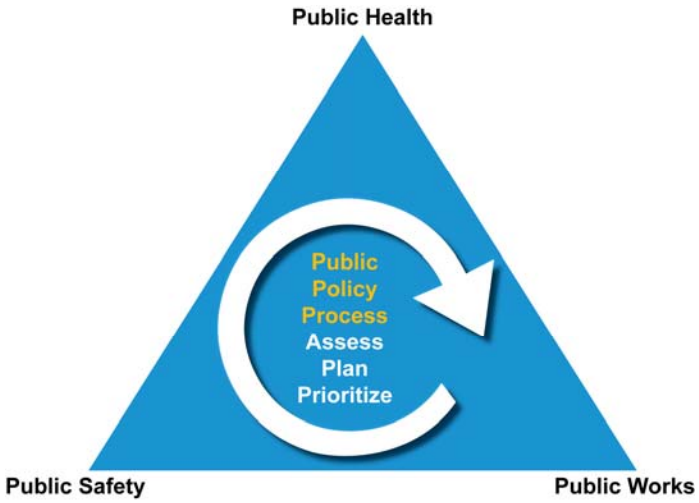
Children (WIC), community health assessment and improvement planning, maternal and child health services, environmental health programs and others.

Local Boards of Health

Authorities

According to KSA 65-201 et seq., the board of county commissioners serve as the local board of health, except in cases where a joint board of health is established. The local board of health is responsible for appointing a health officer, whose role is to protect public health by conducting disease investigations, inspections and other activities to protect the public's health. The local board of health oversees these activities.

Figure 1. Core Functions of County Government



Source: Kansas Association of Local Health Departments, Public Health and Local Governance: A Board of Health Workshop, 2013.

The board of county commissioners oversees several county departments, including public safety, public works and public health. In each of these areas, it is necessary to assess current needs, engage in planning for the department and prioritize resources for action. See *Figure 1* for a graphical representation of the balance of these duties. However, Kansas statutes only establish a dedicated board for public health functions, even though the board members are the same as the board of county commissioners.

Recent efforts by the Kansas Association of Local Health Departments (KALHD) to engage local board of health members and health department directors have highlighted the importance of communication between the local health officer or health department administrator and the local board of health so that each may understand the activities and concerns of the other.[7]

Governance Roles

The National Association of Local Boards of Health (NALBOH) has outlined six governance roles for local boards of health.[8] They are noted in *Figure 2*.

Figure 2. **Local Board of Health Governance Roles**

Governance Role	Description
Policy Development	This role involves the development of policies that protect, promote and improve public health.
Resource Stewardship	This role includes assurance of the availability of adequate resources for public health services.
Legal Authority	This governance role highlights the importance of understanding the roles, responsibilities and functions of the public health governing body, health officer and staff, as well as exercising authorities as applicable by law.
Partner Engagement	This role encompasses the development and strengthening of community partnerships through education and engagement.
Continuous Improvement	This includes setting measurable outcomes for improving community health, and routinely monitoring and evaluating progress.
Oversight	This role includes providing leadership and guidance, and assuming responsibility for public health performance in the community.

Source: National Association of Local Boards of Health (NALBOH), 2012.

Utilization of CJS arrangements is mentioned by NALBOH as one strategy within the resource stewardship function, along with other financial responsibilities such as engaging in fiscal planning and developing and approving budgets. It is important that this financial responsibility be balanced by the other roles in the list, including those focused on achievement of goals and objectives. CJS also can help to fulfill roles in other functions, such as understanding legal authority, strengthening the health department through partnership engagement and providing leadership and oversight to ensure high-quality public health performance.

Why Share?

Although sharing is not the right answer in every circumstance, there are many areas in which CJS arrangements can positively impact public health agencies and local governments.

Budgets and finances: A desire for improved efficiency (either by reducing cost or by supporting more activities with the same amount of money) is a common driver for CJS exploration. In a time when county finances often limit the opportunities for increased budgets for county departments, CJS may improve the efficiency of public health services. One commonly noted area for improving efficiency is through sharing program staff and department administrative services.[9] Sharing program directors or overhead costs across multiple jurisdictions can often be less expensive than each jurisdiction independently financing these costs. Additionally, despite larger overall budgets, health departments serving larger populations often spend less per capita than those serving smaller populations.[10] Combining service areas through CJS may be one way to achieve these economies of scale.

Service quality and quantity: Another common driver for CJS exploration is the opportunity to collaborate to offer new services or to improve the quality of existing services. Researchers have found that smaller health departments often offer fewer services than larger ones.[11] CJS can be one strategy (especially for smaller health departments) to offer additional services to residents by pooling resources, such as funding and staff. In Kansas, for example, CJS has allowed the South Central Kansas Coalition for Public Health to offer family planning and WIC services, which otherwise may not be available in all seven counties.[12]

Expertise: Sharing services with other counties may increase access to staff with specialized skills or expertise.[13] For example, if multiple jurisdictions contribute staff with specialized knowledge or skills in different programmatic areas—such as epidemiology or environmental health—all collaborating jurisdictions could benefit from an increased level of expertise. Additionally, when multiple jurisdictions pool resources, they may be better able to hire and retain staff members with specific credentials than they would be if they had more limited funding or less than full-time work.

Working relationships: Sharing services may increase communication between public health staff and administrators from different jurisdictions. Without sharing, program staff may not have relationships with their counterparts in other jurisdictions; however, working together can lead to improved coordination, shared ideas and a sense of moral support. Members of the South Central Kansas Coalition for Public Health report that this support, comradery and knowledge are some of the primary benefits of their sharing arrangement.[14]

Decision-making: The process of negotiating the details of a shared service arrangement may lead to important discussions about performance measurement and service delivery that might not have happened in the absence of the need for these negotiations.[15] The process of detailed discussions about accountability and service delivery can lead to improved decision-making in the future.

Innovation: By sharing ideas with other counties about how services are currently designed and delivered, counties may learn from one another and may even come up with new ideas for the effective delivery of public health services.[16]

Community outreach: CJS can enable multiple jurisdictions to offer a common set of services to residents and, therefore, can allow them to communicate a standard message about the role of public health across all jurisdictions.

Readiness for the future: Public health—both in Kansas and across the nation—is moving away from the provision of direct clinical services and toward population-based health improvement activities. These population-based activities may be more easily shared across jurisdictional boundaries than clinical services are.

Key Concepts in Cross-Jurisdictional Sharing

Efficiency and Effectiveness

Health department administrators are often motivated by the desire to offer more and better quality services.[17] [18] In some cases, a desire to save money can drive the exploration of CJS. However, recent research indicates that agencies using CJS strategies don't necessarily spend less per capita on public health, but that they are more efficient in delivering services than

agencies that don't employ CJS strategies.[19] Agencies using CJS strategies might provide more services, for example, than they would if each jurisdiction was offering the service individually. CJS is often cited as a strategy to improve efficiency and effectiveness of services.

Effectiveness in public health can be defined as the ability of a public health program, service or function to achieve the desired results, which are often organizational goals and objectives related to population health improvement. Effectiveness in public health is delivering services that are high-quality and successful at making an impact.

Efficiency, on the other hand, is getting the most out of the resources available to produce a given output or outcome. Efficiency is not necessarily about minimizing the amount of money spent on a health department initiative or program, but instead is about achieving the highest performance relative to the resources invested. In some cases, this may result in a cost reduction. In others, the investment of resources may remain unchanged but may produce better results.

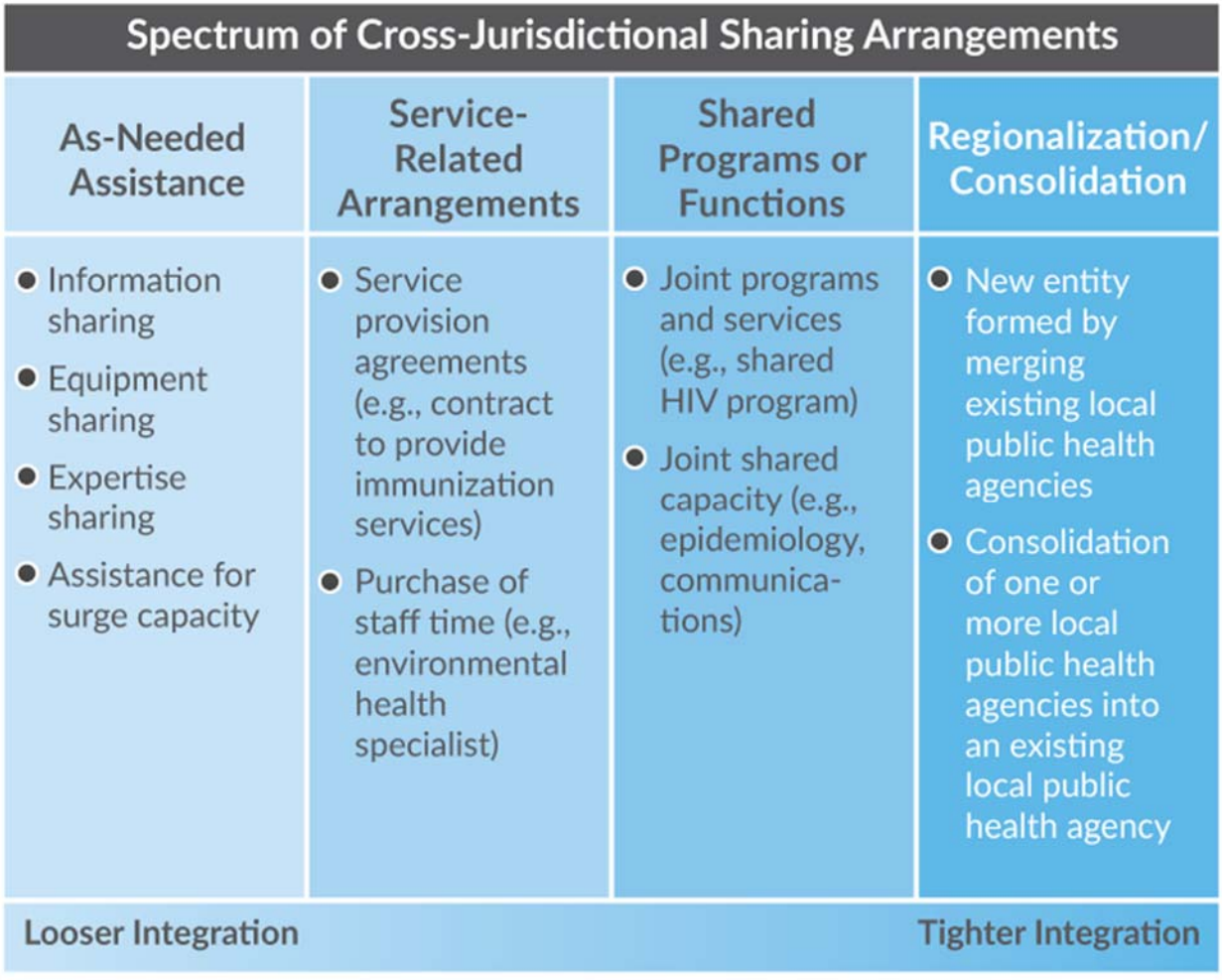
Effectiveness and efficiency are both important goals to pursue in CJS arrangements. However, activities that are efficient without being effective may not be the best use of time and money. CJS arrangements should aim for both effectiveness and efficiency. Therefore, prior to entering into a CJS arrangement, the desired goals and objectives of the CJS arrangement must be defined. It is important for local health department administrators and county commissioners from all jurisdictions involved in the potential CJS arrangement to communicate early and often in this process so that all parties can agree upon the objectives of the shared arrangement.

Types of CJS Arrangements

Figure 3, page 8 shows the *Spectrum of Cross-Jurisdictional Sharing Arrangements,* which was developed by the Center for Sharing Public Health Services. It identifies four main types of CJS arrangements, ranging from as-needed assistance on the left of the *Spectrum*, to a more tightly integrated approach on the right. The two columns in the middle are *service-related arrangements* and *shared programs or functions*, which typically involve formal contracts or interlocal agreements. The *Spectrum,* available online at http://phsharing.org/spectrum, is not meant to represent a desired continuum, meaning that there is no expectation to move from the

left side toward more integrated arrangements. Instead, each category of arrangement can be successful under the right circumstances if appropriate planning and implementation steps are taken. The *Roadmap to Develop Cross-Jurisdictional Sharing Initiatives*, which also was developed by the Center, can assist in selecting and implementing arrangements with the appropriate level of integration. The *Roadmap* is available online at http://phsharing.org/roadmap.

Figure 3. Spectrum of Cross-Jurisdictional Sharing Arrangements



Source: Center for Sharing Public Health Services, 2017.

Responsibilities and Authority

In Kansas, municipalities such as cities, counties or townships may contract with other municipalities to perform allowable governmental services, activities or undertakings. Contracts are often used in developing *service-related arrangements,* in the second column of the *Spectrum.* According to statute, any service-related contract must be approved by the local governing body (KSA 12-2908).

Local governmental units also can develop interlocal agreements with other governmental jurisdictions, Native American Tribes or private entities to meet local needs. Interlocal agreements often are used to create a quasi-governmental agency to oversee shared functions, and are frequently used for *shared programs or functions* (agreements in which two or more local units share responsibility for a specific program or function). Interlocal agreements must also be approved by local governing bodies prior to being submitted to the Kansas attorney general (KSA 12-2905). Interlocal agreements were used to set up the public health preparedness regions mentioned earlier in this document.

As an approval-granting entity, it is critical that the board of county commissioners is comfortable with and aware of the nature of any contracts or interlocal agreements that are developed for sharing public health services.

Financing CJS Arrangements

One important thing to note about CJS financing is that while delivery of public health services via CJS may be more cost-effective, it isn't always necessarily cost-saving or even budget-neutral. For example, if two counties decide to enter into an arrangement to deliver a new or expanded service, new costs may be introduced as a result. However, the costs of sharing delivery of the service among jurisdictions may be less per capita or per jurisdiction than delivery of the same service by each health department individually.

Additionally, one of the primary challenges to developing a CJS agreement is determining how the arrangement will be financed and how the costs are allocated between partners. The Center for Sharing Public Health Services has prepared a document (http://phsharing.org/Costs) that lists several models of financing CJS arrangements, as well as considerations for when each one

is appropriate.[20] The first step in developing a financing model is to calculate the full costs of the program, then to determine how those costs will be shared.[21] As the document notes, there are often trade-offs between funding models that are simple and easy to apply, and those that more fairly allocate costs to the partners engaged in the sharing arrangement.[22]

Success Factors

An additional consideration for local board of health members entering a CJS arrangement is the existence of factors that may contribute to or hinder the success of the arrangement. Based on research of CJS practices, the Center has developed a list of *Success Factors* (http://phsharing.org/SuccessFactors) that are key elements of a successful CJS arrangement.[23] Some of these factors must be present for the arrangement to succeed. These "prerequisites" include clearly stated objectives, an approach that balances effectiveness and efficiency, and trust between parties. If one or more of these is absent, the local board of health should consider investing time in understanding any gaps and addressing these factors before moving forward. Other factors are helpful, but not required elements of success. These include positive experiences in prior collaborations, a sense of regional identity and positive relationships between the individuals participating in the agreement. Once the arrangement is in place, there are additional factors that characterize a successful project.

Conclusion

The local board of health, which in Kansas is usually made up of the board of county commissioners, plays an important role in ensuring the effective and efficient delivery of public health services. Some boards of health and local health officers may wish to improve public health service delivery through CJS arrangements. When entering into a CJS arrangement, there are many considerations for local board of health members, including the sharing partners, the goals of the arrangement, the type of the arrangement, the financing model and the form of the agreement. As the governing body, local board of health members have local authority for entering into and overseeing these arrangements; therefore, an understanding of the key concepts of CJS is essential for boards of health whose health departments are exploring such options.

Endnotes

1. World Health Organization. (1998). *Health Promotion Glossary*. Retrieved March 29, 2017, from http://www.who.int/healthpromotion/about/HPR%20Glossary%201998.pdf.
2. Center for Sharing Public Health Services. (2013). *A Roadmap to Develop Cross-Jurisdictional Sharing Initiatives*. Retrieved March 29, 2017, from http://phsharing.org/wp-content/uploads/2015/04/RoadmapBrochure.pdf
3. Zeemering, E., & Delabbio, D. (2013). *A County Manager's Guide to Shared Services in Local Government*. Retrieved March 29, 2017, from http://www.businessofgovernment.org/sites/default/files/A%20County%20Managers%20Guide%20to%20Shared%20Services.pdf.
4. Hartsig, S., Chapman, S., & Boden, J. (2015). *Case Study: Public Health Shared Services-Southeast Kansas (SEK) Multi-County Health Department*. Retrieved March 29, 2017, from http://www.khi.org/policy/article/ks_cjs_sek
5. Hartsig, S., Chapman, S., & Boden, J. (2015). *Case Study: Public Health Shared Services-Northeast Kansas (NEK) Multi-County Health Department*. Retrieved March 29, 2017, from http://www.khi.org/policy/article/ks_cjs_nek
6. Hartsig, S., Chapman, S., & Boden, J. (2015). *Case Study: Public Health Shared Services-South Central Kansas Coalition for Public Health*. Retrieved March 29, 2017, from http://www.khi.org/policy/article/ks_cjs_skcph
7. Wichita State University Community Engagement Institute. (2016). *Engaging Your Board of Health: 2016 Edition*. Retrieved March 29, 2017, from http://www.kalhd.org/wp-content/uploads/2016/05/Engaging-Your-Board-of-Health-2016-Edition.pdf
8. National Association of Local Boards of Health. (2012). *The Governance Functions*. Retrieved March 22, 2017, from https://c.ymcdn.com/sites/nalboh.site-ym.com/resource/resmgr/Docs/Governance_Functions.pdf.
9. Zeemering, E., & Delabbio, D. (2013). *A County Manager's Guide to Shared Services in Local Government*. Retrieved March 29, 2017, from http://www.businessofgovernment.org/sites/default/files/A%20County%20Managers%20Guide%20to%20Shared%20Services.pdf
10. Kodrzycki, Y. (2013). *The Quest for Cost-Efficient Local Government in New England: What Role for Regional Consolidation?* New England Public Policy Center. Retrieved March 29, 2017, from http://www.bos.frb.org/economic/neppc/researchreports/2013/neppcrr1301.pdf.
11. Ibid.
12. Hartsig, S., Chapman, S., & Boden, J. (2015). *Case Study: Public Health Shared Services-South Central Kansas Coalition for Public Health*. Retrieved March 29, 2017, from http://www.khi.org/policy/article/ks_cjs_skcph.

13. Zeemering, E., & Delabbio, D. (2013). *A County Manager's Guide to Shared Services in Local Government*. Retrieved March 29, 2017, from http://www.businessofgovernment.org/sites/default/files/A%20County%20Managers%20Guide%20to%20Shared%20Services.pdf.

14. Hartsig, S., Chapman, S., & Boden, J. (2015). *Case Study: Public Health Shared Services-South Central Kansas Coalition for Public Health*. Retrieved March 29, 2017, from http://www.khi.org/policy/article/ks_cjs_skcph.

15. Zeemering, E., & Delabbio, D. (2013). *A County Manager's Guide to Shared Services in Local Government*. Retrieved March 29, 2017, from http://www.businessofgovernment.org/sites/default/files/A%20County%20Managers%20Guide%20to%20Shared%20Services.pdf.

16. Ibid.

17. Public Health Activities and Services Tracking. (2016). *Research Brief: Cross-Jurisdictional Sharing in Local Public Health Systems: Implications for Costs, Impact, and Management Capacity*. Retrieved March 22, 2017, from http://phastdata.org/sites/phastdata.org/files/DIRECTIVE_researchbrief.pdf

18. Felton, J., & Goldbeck, A. (2011). *Interjurisdictional collaboration: Local public health officials versus county commissioners*. Journal of Public Health Management and Practice, 17(1), E14–21.

19. Public Health Activities and Services Tracking. (2016). *Research Brief: Cross-Jurisdictional Sharing in Local Public Health Systems: Implications for Costs, Impact, and Management Capacity*. Retrieved March 22, 2017' from http://phastdata.org/sites/phastdata.org/files/DIRECTIVE_researchbrief.pdf

20. Center for Sharing Public Health Services. (2015). *Determining and Distributing Costs of Shared Public Health Services*. Retrieved March 22, 2017, from www.phsharing.org/costs.

21. Ibid.

22. Ibid.

23. Center for Sharing Public Health Services. (2014). *Success Factors in Cross-Jurisdictional Sharing Arrangements*. Retrieved March 23, 2017, from http://phsharing.org/wp-content/uploads/2015/04/SuccessFactorsFinal.pdf

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