Shared Services Among Local Health Departments in Ohio: A Case Study Toolkit

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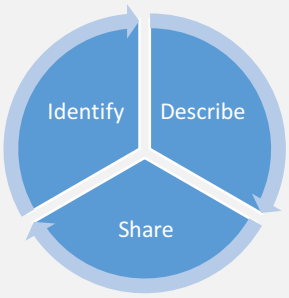
I. Introduction

Shared services, or Cross Jurisdictional Sharing (CJS), has been defined as the practice of reaching across boundaries to share resources, tasks, and results (Hilliker, 2014). Ohio's Local Health Departments (LHDs) have a history of sharing expertise, personnel and other resources to save money, as well as to improve and expand service provision in their respective jurisdictions (Dawar et al, 2018). Indeed, nearly 65% of the LHDs in Ohio were participating in some type of shared service arrangement in 2016, according to survey data collected by the Ohio State University's Center for Public Health Practice (OSU-CPHP) (OSU Accreditation Survey, 2016). However, in spite of the use of shared services strategies by a number of LHDs in Ohio, not all LHDs are using this kind of strategy and some LHDs may benefit from making greater use of this kind of approach as they seek to use resources more efficiently, enhance services, and pursue accreditation.

The overall purpose of this case study tool is to assist LHDs in thinking about whether and how to make greater use of shared services approaches in their ongoing operations. It pursues this purpose by providing information on several successful shared services arrangements currently being used in Ohio, and by summarizing one innovative approach that has been used in the northeastern part of the state. The intended audience for the tool includes leaders within Ohio's LHDs who may use the information provided to help them explore and generate new ideas for shared service arrangements in their jurisdictions.

The case study tool consists of three case study examples of shared services arrangements among Ohio LHDs. It also includes additional information on an interesting and innovative idea that has been used in northeastern Ohio. To compile this case study information, Kent State University's Center for Public Policy and Health (KSU-CPPH) worked closely with officials from the LHDs involved to compile the information contained in the tool. Multiple conversations were held with participating Health Commissioners and KSU-CPPH staff conducted reviews of health department documentation of the shared service arrangements. The findings from these activities were used to construct the case studies included herein.

To accomplish the purpose and benefits described above, the tool seeks to accomplish several objectives:



- Identify examples of shared services approaches used in Ohio.
- Describe motivations, successes, and challenges Ohio LHDs have experienced in implementing shared services arrangements.
- Share lessons learned from the example of shared services summarized in the case study tool.

By pursuing these objectives, we hope to engender productive use of shared services arrangements in cases where LHDs determine that they are appropriate strategies for building and expanding their public health service capacities. Readers seeking further information are invited to contact staff of the KSU-CPPH and OSU-CPHP, and/or key staff from the LHDs involved in the collaborative endeavors described in this tool.

II. Case Studies

Overview of the Case Studies

In this section, we present case studies of successful collaborations currently operated by LHDs in Ohio. Each case study identifies LHDs participating in an existing collaboration, briefly overviews that arrangement, outlines the historical development of the collaboration, describes key features of the collaboration, shares benefits and challenges associated with the arrangement, and presents lessons learned. The examples highlighted in this section include:

A. Darke County- Preble County Plumbing Inspection Contract – Through this contract, the Darke County General Health District provides residential and commercial plumbing services for Preble County Public Health. This arrangement has allowed Preble County Public Health to acquire the limited plumbing inspection services it needs without hiring its own employee, while also providing cost offsets for Darke County's operations.

B. Lake County-Trumbull County Grant Writing Contract - Trumbull and Lake County's health departments have a contract under which Lake County provides grant writing and management services for Trumbull County. This arrangement has helped both participants, as Trumbull County received needed grant writing services without hiring a full-time employee, and at the same time, Lake County was able to secure a full-time employee for grant related services with the help of revenue flows from the arrangement.

C. Local Public Health Services Collaborative, LLC – The Collaborative is a third party limited liability corporation which is set up as a subsidiary to the Association of Ohio Health Commissioners (AOHC). The Collaborative provides central business office functions for clinical services provided by LHDs, including billing and the associated Electronic Medical Record (EMR) infrastructure for clinical services provided by local health departments in Ohio, along with additional services in support of public health in Ohio. It has helped member LHDs increase the revenue generated by clinical services through increased access to health insurance providers and standardized practices.

A. Darke County - Preble County Plumbing Inspection Contract

Participants: The Darke County General Health District and Preble County Public Health

Overview

The Darke and Preble County Health Departments (DCGHD and PCPH, respectively) implement a shared service arrangement for plumbing services. Under this arrangement, DCGHD provides the residential and commercial plumbing inspection services for Preble County, and this allows both counties to benefit from less costly plumbing inspection services than either county could achieve on their own. A description of the collaboration follows below along with a discussion of the perceived benefits, challenges, and lessons learned associated with the arrangement.

The Historical Development of the Collaboration

The motivation behind this collaboration was the fact that neither health departments had the service need to hire plumbing inspection personnel. Darke did not have need for a full-time employee in this area, and Preble County did not have the need and/or resources to hire a part time person after the retirement of the staff person who handled this service area in the past for Preble County. After initial conversations, which took place over the course of about a month, a contract was drafted between the two county departments and approved by the respective Boards of Health. The original contract was signed in 2015 and continues through the time of this writing. The result was Darke County was able to support a full-time inspector that would also provide part-time inspection services in Preble County.

Description of the Collaboration.

Under the contract which governs this collaborative arrangement, DCGHD provides plumbing inspection services in Preble County on an hourly basis. These inspections enforce Ohio's Plumbing Code outlined in Ohio Administrative Code Chapter 4101:3-1 to 4101:3-13 (Darke-Preble Contract, 2015), which outlines regulations related to water supply systems, sanitary drainage systems, and other aspects of plumbing systems installed in commercial and residential buildings. The plumbing inspections for potable and waste water plumbing systems, including fixtures, flow, and backflow prevention are conducted for residential and commercial new-construction and remodels. These inspections are an important part of a local health department's mission to protect public health. Backflow prevention, for example, has a direct tie to protecting local residents from illness and potential death. Cross connections between potable drinking systems and waste systems can provide a pathway for the backflow of contaminated waste water and dangerous gases into drinking water systems (USEPA, 2001).

Plumbing inspections tied to food service licensing are also covered by this agreement. Under the contract, responsibility for registration of the plumbing contractors and the tracking of backflow prevention devices in Preble County will stay with Preble County Health Department but are included in the scope of the agreement.

The price of service paid by PCPH to DCGHD is $32 per hour plus the Internal Revenue Service standard mileage rate in effect at the time of service to cover transportation costs (Darke-Preble Contract, 2015). The plumbing inspection services provided in Preble County follow a standardized schedule and occur every Tuesday and Thursday morning and include about 10 hours of work in Preble County a week, as needed.

The inspectors are employed by DCGHD, which is responsible for the salary and fringe benefits of the inspectors, including any education or training that is required for the certification of the inspectors. DCGHD invoices Preble County on a monthly basis.

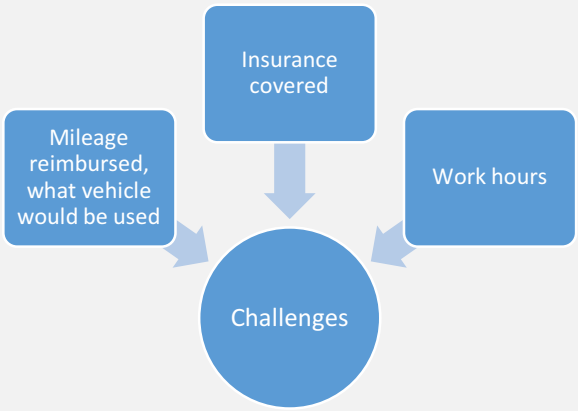
Benefits of the Collaboration

Both departments have received benefits from this arrangement. Preble County is able to acquire the modest inspection services it needs without having to invest funds to hire a part-time employee themselves. From Preble County's perspective, they are thus able to pay for the cost of the service directly with no administrative costs which results lower hourly costs for the service compared to hiring a part-time employee. In addition, they are able to pay only for the amount of work that is needed, rather than having to find other tasks for the employee to perform given the relatively few hours needed to be spent on plumbing inspections a week. Another benefit experienced by Preble County includes having someone from another department that has a different perspective, who can bring a potentially unbiased, fresh look to the plumbing services being provided in Preble County.

On the other hand, the collaborative arrangement allows Darke County to build the plumbing capacity they need by hiring a full-time inspector which is partially paid for with external funds. As a result, their net costs for plumbing inspections are lower than they would otherwise be.

Challenges Associated with the Shared Service

While there appears to have been no major obstacles associated with the development or implementation of this shared plumbing inspection services arrangement, there were important issues that needed to be addressed as the effort moved forward.



These issues included deciding how mileage would be reimbursed, what vehicle would be used for travel (a county vehicle or personal vehicle), which department's insurance covered the inspector during time spent in Preble County, what hours counted as "work hours" to be paid for under the contract, who is the inspector's boss while they are working in Preble County. These issues were worked through as they came up, often through consultation with each department's legal counsel, and were addressed either through the mutual understanding resulting from their discussions and/or changes to the contract over time.

Lessons Learned and Advice to Others

This simple contractual shared service has yielded lessons learned for others interested in pursuing contractual relationships with neighboring departments. First, while one department may be seeking to address a need, the solution to that need can be beneficial for both parties in the arrangement. It is important to seek out those "win-win" situations. The contracts for these arrangements can be tailored to the needs of both parties, either from the outset or through changes over time. Also, these types of arrangements provide the opportunity to provide services without the full cost of providing the service internally, especially when there is a low level of effort needed to address the service need locally.

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B. Lake County - Trumbull County Grant Writing Contract

Participants: Lake County Health Department & Trumbull County Health Department

Overview

Ohio's Trumbull and Lake County Health Departments (TCHD & LCHD, respectively) currently have a contract in place for grant-related services. By way of this contract, LCHD provides grant writing and management services for TCHD. As a result, TCHD is able to access grant writing and management services without hiring a full-time employee, thereby alleviating workload pressures on TCHD staff who had previously handled grant-related responsibilities in supplement to their primary duties. LCHD also benefits from the arrangement, which provides financial support for a full-time employee devoted to expanding the agency's policy, research, and planning efforts. Challenges associated with this shared service agreement were minimal, and both agencies have garnered considerable benefit.

Historical Development of the Collaboration

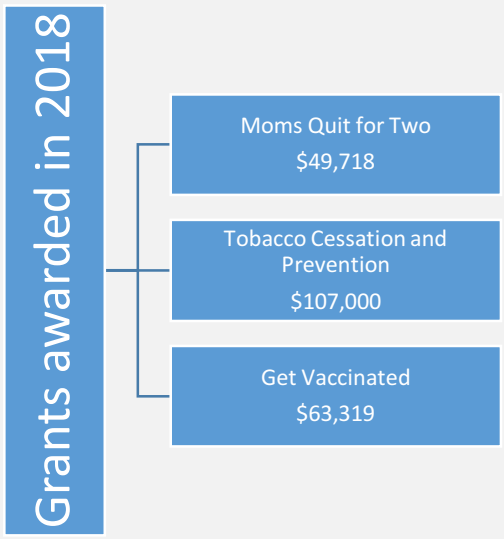
In 2016, a number of missed grant opportunities prompted TCHD to re-think the ways in which it applies for and manages external funds. At this time, TCHD did not have staff support dedicated to grant writing services; grant writing was handled primarily by the department's Nursing Division, and diverted resources away from the division's primary responsibilities. While TCHD considered increasing grant writing capacity within the department by hiring of a full-time grant writer, the estimated cost prompted the TCHD Health Commissioner to explore a shared services arrangement. He found an interested partner in LCHD.

In October of 2017, the Health Commissioners from TCHD and LCHD met to discuss how a shared services arrangement might be structured. They subsequently arrived at an agreement on key terms, structured the arrangement, and took steps to build support within their respective departments. Both agencies worked with their legal counsels to develop a written contract, obtained approval from their respective Boards of Health, and informed the Ohio Department of Health (ODH) of the arrangement. A final agreement was signed, taking effect in December of 2017.

Description of the Collaboration

Under the LCHD-TCHD contract, LCHD's grant writer provides grant writing and management services to TCHD. The contract specifies that LCHD receives a 10% administrative fee from each successfully funded grant, and this administrative fee is divided into monthly installments, so as to avoid TCHD paying one single lump sum. In the event that the grant is not awarded, LCHD will collect an hourly rate subject to the contract, the latter of which is capped. LCHD acts as a liaison between the grantor and TCHD programmatic staff, and assists TCHD in programmatic, compliance, and financial efforts.

Benefits of the Collaboration
The agreement has fostered significant benefits for both LCHD and TCHD:



- Through the agreement, TCHD was able to solicit 5 grant funds totaling roughly $400,000 during the first six months of 2018. As of this writing, three grants have been awarded. The award of one $49,718 grant has been received to support the community health program called "Ohio Department of Health Moms Quit for Two", the second one is awarded $107,000 to support the "ODH Tobacco Cessation and Prevention" program in Trumbull County and the third one is awarded to support Ohio Department of Health "Get Vaccinated" program for $63,319.

As of this writing, 2 TCHD grant applications are pending, and 5 additional TCHD grants are now under development.

- The Shared Service arrangement took additional workload off of TCHD's Nursing Division, and has thus allowed program staff to focus on their primary responsibilities.
- TCHD also reports approximately $40,000 in annual cost savings from the grant writing collaboration, when compared to the hiring of a grant writer.
- The agreement has helped LCHD secure a full-time employee to support its grant-writing needs, and this employee – as of this writing – has submitted five grant applications in excess of $984,000 for funding of LCHD community health efforts, of which one $84,000 program through the Ohio Department of Health's Violence and Injury Prevention Program has been awarded (the remaining two are pending).
- This employee is also enhancing LCHDs capabilities in other areas, including practice-based research, agency planning, and public health policy.
- The arrangement has enhanced inter-agency cooperation and communication, trust, and – over time – may yield additional beneficial collaborations between TCHD and LCHD.

Challenges Associated with the Shared Service

While challenges in establishing this collaboration were minimal, they included:

- Up-front work to negotiate contract provisions, as well as efforts to seek and obtain legal counsel and approval from County Prosecutors' Offices and Boards of Health.
- TCHD had to re-structure existing work expectations with its staff, and there was some internal resistance associated with this process, as well as a need to sell the idea to the collective bargaining unit. Over time, resistance has subsided and staff are now becoming more comfortable with the new arrangement.
- LCHD had to budget for the new position, recruit and hire an employee to fill it, and orient the new staff member to his responsibilities.

Lessons Learned and Advice to Others

Staff members identified the following lessons learned from their experience:

- The TCHD Health Commissioner mentioned the importance of conducting an "Internal Assessment" before considering shared services arrangements.
- He suggested that LHDs should look at their current financial condition and their current capacity before entering into any type of the shared services arrangement.
- He also indicated that his department is now benefiting from the openness and communication that is developing between the two departments, as LCHD involvement in his department's grant work is yielding additional and useful insights on TCHD grant management and financial arrangements.

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C. The Local Public Health Services Collaborative LLC

Participants

There are currently 20 Ohio local health departments (LHDs)[1] that are fully incorporated into the "Collaborative". One additional LHD is in the process of onboarding into the organization.

Overview

The Local Public Health Services Collaborative ("Collaborative") is a shared service arrangement functioning as a central business office (CBO) established as a subsidiary of the Association of Ohio Health Commissioners (AOHC). The purpose of the collaborative is to provide the billing and Electronic Medical Record (EMR) infrastructure for clinical services provided by Ohio LHDs, along with additional services in support of public health in Ohio. All AOHC member LHDs are eligible to become members of the Collaborative.

The Historical Development of the Collaborative

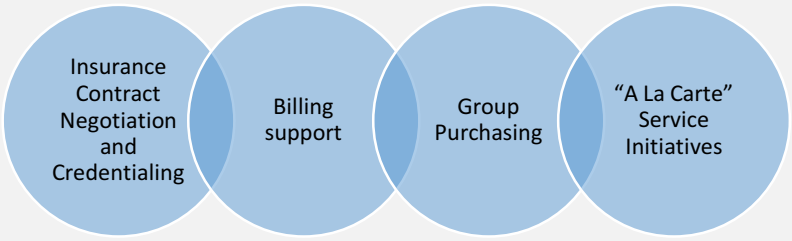
A group of about ten Health Commissioners from across Ohio comprised the original founders of the Collaborative. The partners wrote a Local Government Innovation Fund (LGIF) grant in 2012 to support a feasibility study of a collaborative venture with "the potential for sharing ancillary services necessary for the efficient operation of modern clinic services given changes in both state and federal regulations" (Union County Health Department, LGIF Grant Application, 2012). Changes to state policy made after the passage of the Affordable Care Act prohibited the use of "Vaccines for Children" program-vaccines covered by private health insurance. This, in turn, created an opportunity for collaboration on insurance contracting and credentialing as well as the infrastructure associated with clinical billing and electronic medical records.

Through a feasibility assessment process supported by the LGIF grant, the Collaborative's founders decided to establish a third-party organization which would be governed by the members of the Collaborative. The new entity was established as a wholly owned subsidiary and Limited Liability Corporation (LLC) of AOHC in early 2013. While the Collaborative is a subsidiary of AOHC, it is governed separately, by a board made up of participating LHD commissioners and staff. This group has voting authority to appoint a president and make decisions impacting the entity's hiring and service provision. The Collaborative currently employs one full time and one part time employee, and contracts with AOHC for clerical services.

[1] Current member LHDs include those serving Lorain County, Brown County, Highland County, Union County, Athens County**,** Morrow County, Perry County, Williams County, Ottawa County, Champaign County, Clark County, Hamilton County, Clermont County, Clinton County, Adams County, Pike County, Richland County, Noble county, Fairfield County and Lake County.

Description of the Collaborative's Shared Services Framework and Services

A key aim of the Collaborative is to provide solutions to clinical service challenges faced by Ohio LHDs, including complying with new Electronic Medical Record (EMR) requirements and billing public and private insurers for services. For a fee, LHDs can buy into the Collaborative and receive the clinical billing and EMR related services.



For members of the Collaborative, there is a one-time "onboarding" fee of $1,500, and an annual fee of $8,037 paid by LHDs to be members of the Collaborative (Local Public Health Services Collaborative, 2017). Member LHDs also need to pay 7% of revenue from clinical billing claims received through the Collaborative (Local Public Health Services Collaborative, 2017).

For members of the Collaborative, the fees paid enable LHDs access to a set of core services related to clinical billing and infrastructure. These services are outlined below:

Insurance Contract Negotiation and Credentialing – Drawing on services and client bases associated with its members, the Collaborative negotiates contracts with insurance companies that pay for clinical services provided by LHDs across the State of Ohio. The Collaborative currently has contracts with 14 insurance providers in place, which member LHDs can bill for medical services provided within their jurisdictions. Insurance companies with whom the Collaborative has negotiated contracts on behalf of its members include Anthem/BCBS, Aetna, AARP Medicare, CareSource- Private and Medicaid, Molina, Humana, Medical Mutual, Medicare, Ohio Medicaid, United Healthcare- Commercial and Medicaid, Paramount and Meritain Health.

Prior to the Collaborative being established, it was difficult for LHDs to establish contracts with the insurance providers because of their relatively small size. By combining the capabilities and services provided across multiple LHDs, the Collaborative becomes a more attractive client for insurance companies, whose profitability often depends on the size of the populations they serve. By being a part of the Collaborative, LHDs effectively become a "practice" that is a part of a larger healthcare provider CBO for insurance purposes.

The process of establishing contracts with insurers is a potentially complex process involving legal counsel. Health commissioners have noted that there can be disagreements between insurers and LHDs' local legal counsel on the wording of contracts. These stalemates can lead to LHDs not being able to have contracts approved by local legal counsel. The Collaborative handles this negotiation and contracting process on behalf of members, which can avoid potential legal complications at the local level.

The insurance contracting process also includes credentialing processes through which individual healthcare providers are linked with an LHD for in network insurance billing to occur. The process of credentialing with insurers can also be a time intensive process for LHDs, and it is a process that the Collaborative manages on behalf of its members.

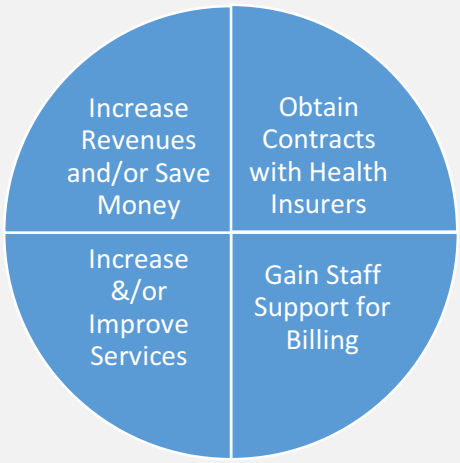
Billing support –Through its CBO model, the Collaborative developed infrastructure to provide billing support for member LHDs. This is based on clinical encounter information provided by member LHDs through the Collaborative's EMR.

LHDs, like other clinical service providers, must implement an EMR system if they are to bill Medicare and Medicaid clients for clinical services they provide. By using the Collaborative's billing support services, participating LHDs gain access to a capability to bill these two federal programs for clinical services provided to their eligible populations. This system also enables billing for clinical services provided to clients who are insured outside of these two government programs. To enable this billing to occur, the Collaborative provides its members the access to a third party EMR service called eClinical Works (ECW). Extensive support is required to implement and maintain this system, as EMR systems can be both expensive and complex. The Collaborative also provides shared IT support to maintain LHD engagement in the ECW system.

LHDs that are members of the Collaborative also benefit from medical billing-related education and training that supports clinical operations. In this regard, members of the Collaborative benefit from conference calls, webinars, and in-person meetings through which they are updated on changes and developments in billing practices. This kind of centralized process also enables use of standardized and discounted fee schedules, financial policies and procedures, and business processes, which provide financial and logistical support for LHD clinical services.

Group Purchasing – The Collaborative helps enable LHDs to access group purchasing contracts to its members through which they may take advantage of potential cost savings associated with high-volume purchasing of common vaccines. It also provides group purchase contracts to enable purchase of clinical supplies and equipment (Local Public Health Services Collaborative, 2017).

"A La Carte" Service Initiatives – Ohio LHDs may also participate in "A La Carte" services provided by the Collaborative. While programs of this kind are still under development, one notable opportunity that is being developed relates to a HealthCare Connect Internet Discount Program. Because some LHDs in Ohio serve rural communities, the Collaborative is eligible to participate in a program to reduce the cost of rural tele-communications for Medical Providers. The Collaborative has applied for participation in this program, which may reduce internet access costs, for participating LHDs. Non-rural health departments may also be able to participate if over half of participants in the program are from rural areas.



Benefits of the Collaborative

The benefits of participating in the Collaborative vary by LHD, and may depend on their particular situations and circumstances. In some cases, where clinical services are well developed (as may occur through LHD operation of a Federally Qualified Health Center, for example), there may not be major benefits for LHDs to participate in the Collaborative's CBO. However, in other cases where billing processes for clinical services are less well developed, LHDs may experience significant benefits. Below, we describe benefits which may accrue to LHDs, based on data provided by the Collaborative and information supplied by a sample of participating LHDs.

Obtain Contracts with Health Insurers - As noted above, the Collaborative has helped LHDs establish contracts with insurance plans. This can be a challenge for smaller LHDs, which may experience difficulties in contracting with insurers due to their relatively small client base and the inherent complexities involved in the negotiation process. A half a decade ago, for example, Union County Ohio had difficulty obtaining and negotiating Medicaid Managed Care insurance contracts to enable billing for its clinical services to the Medicaid population. Through the creation of a larger pool of clients via the Collaborative, Union County now has access to Medicaid Managed Care Plans to which they previously did not have access.

Gain Staff Support for Billing – LHDs that are unable to fully staff their billing support functions may benefit from relying on the Collaborative to provide this capacity. Billing for clinical services requires specialized knowledge, and LHDs that do not have staff with this knowledge may benefit from relying the Collaborative's staff who are experienced in this area. According to the Collaborative's leadership, it can provide this function at a cost that is likely less than what it would cost an individual department to do so by using the Collaborative's experienced staff to help minimize the negative effects of learning curves and associated hiring and start-up costs. The Lorain County Health Department, for example, paid a total of about $28,000 to the Collaborative in participation fees in 2017, an amount that they report is likely less than what it would cost them internally to carry out the functions provided for them by the Collaborative.

Increase &/or Improve Services - The Collaborative may also help LHDs increase or improve the clinical services they provide for citizens in their jurisdictions. Because the Collaborative may enable LHDs to establish contracts with health insurance payers that they may not be able to establish on their own, they may be able to receive needed reimbursement for services provided. This creates access for individuals covered by those insurers. Indeed, some participating LHDs report seeing increased productivity in terms of number of services provided and numbers of clients/patients after participating in the Collaborative. For example, Clermont County reports increases in the number of immunizations provided between 2014 and 2016, following their engagement in the ECW system in 2015.

Increase Revenues and/or Save Money – The Collaborative started generating revenue in 2015 after implementing its current EMR, participating LHDs report increased revenue supporting clinical services since that time. The Clermont County Public Health, for example, increased their agency's immunization revenue by $23,346 between 2014 and 2016 (Nesbit, 2018). The Union County Health Department has also experienced revenue increases since joining the Collaborative, and has averaged $135,213 more in overall nursing revenue in the two years after joining the Collaborative compared to the four years prior to joining (figure based on data provided by Orcena, 2018).

In addition, the Collaborative can save time and resources for participating LHDs in terms of establishing contracts with health insurers. Establishing such contracts can be a lengthy process for an individual LHD and stand-alone LHDs may have trouble garnering the interest of health insurers who may be interested in establishing contracts with larger organizations. Lorain County Public Health, for example, reports this kind of time (and associated cost) saving as a key benefit associated with its participation in the Collaborative.

Challenges

While the Collaborative offers the potential for benefits to participating LHDs, there have been challenges associated with the development of the organization and in the terms of trade-offs for participating members. Some of these challenges are briefly summarized below.

Challenges faced while setting up the Collaborative:

- Establishing the Collaborative and enabling it to provide valuable services was a long and complex process, and it required seed money from the state and substantial efforts by the founding Health Commissioners and AOHC to be realized.

- There are growing pains associated with ensuring that the Collaborative has the staffing it needs, in part due to uncertainties about needs and in part due to the need to arrive at consensus among multiple LHDs regarding the need for staffing.

- Like other collaborations involving multiple entities, the Collaborative's Board has had to go through a learning process. An early contract with a practice manager vendor did not work out as hoped, although the experience from this process enabled the Board to learn what was truly needed and this enabled the Collaborative to hire an experienced, integrated EMR vendor that better met its needs.

Challenges faced by Member LHDs:

- LHDs participating in the Collaborative may face challenges because they have to give up some autonomy in their delivery of services. The standardized processes noted above are not optional and LHDs are required to adopt standardized fee schedules and other procedures and policies established by the Collaborative's Board.

Lessons for Others Engaged in Shared Services

Lessons have emerged from the experiences of the Collaborative. They include:

- It is important to start small with a manageable group of participants and areas of focus which can enable the development of trust among participants. As members of the Collaborative built trust, the issues with starting a new endeavor have been addressed.
- For more complex collaborations, more upfront work may be needed. This impacts both the timeline needed to establish a solid foundation for the collaboration as well as the resources necessary to complete the upfront work.
- The benefits of collaboration also entail costs. While members of the Collaborative have experienced workload, financial, and service benefits, they have also learned to live with decisions through the Collaborative's governance arrangements.

- There is always the risk of failure with complex collaborations and those involved in the start-up of any collaboration need to accept that possibility going into it. Some level of risk taking is inherent in any collaborative endeavor and is necessary to achieve a successful shared arrangement.

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III. An Innovative Collaboration Idea: The Northern Appalachian Public Health Alliance

Below, we provide a summary of an innovative idea developed and implemented in the Northern Appalachian region of Ohio, which was written by Krista Wasowski and Matt Falb of the Medina County Health Department. While this collaboration is not currently operating in the same way as the collaborations summarized in the case studies presented in section II, it does offer ideas and insights that may be beneficial to LHDs contemplating greater use of shared services arrangements.

Northern Appalachian Public Health Alliance (by Matt Falb and Krista Wasowski)

Purpose: Members of the Northern Appalachian Public Health Alliance (NAPHA) wanted to support one another with our existing resources as we worked toward meeting public health accreditation standards. Members decided to start with PHAB standard 9.2 (version 1.0) on quality improvement and submitted a joint proposal to the Ohio Public Health Partnership (OPHP) to support our collaborative efforts to address this standard.

Participants: Medina, Wayne, Columbiana, Holmes, Tuscarawas, Carroll County Health Departments, along with the Salem City, New Philadelphia City, and East Liverpool City Health Departments.

Description of Collaborative: We submitted the joint proposal to the OPHP in January 2013. The scope of the proposal was to conduct standardized customer service and employee satisfaction assessments across jurisdictions as well as identify needs and provide training on quality improvement related topics. We received funding support from the OPHP from March through September 2013. NAPHA members continued to meet and collaborate in 2014, and we were heavily involved in working together in response to the multi-jurisdiction Measles Outbreak in Spring/Summer 2014. We also collaborated with Kent State University to provide a LEAN training to members. The purpose of the training was to build capacity and skills to identify and address quality improvement in our agencies.

Benefits: NAPHA members received summary reports providing feedback from the customers and employees for their jurisdiction, along with aggregate data for all participating jurisdictions. The standardized approach to assessing customer service delivery and employee satisfaction provided members with an opportunity to benchmark results across jurisdictions and establish a baseline to measure changes over time. Most members had not systematically collected data on customer service delivery and employee satisfaction prior to 2013. Another benefit was the utilization of grant dollars to cover the cost of purchasing 2 tablets for each jurisdiction and fees associated with a survey app to collect and store data. This provided jurisdictions with a data collection and management infrastructure that could be utilized beyond the funding period. Several jurisdictions, for example, used the customer service results to demonstrate compliance with PHAB measure 9.1.4. At least one of the member counties has continued to use the employee satisfaction survey every other year to assess the agency climate as part of employee retention efforts for PHAB measure 8.2.2. The surveys have also been shared with other Ohio jurisdictions who requested it for the same PHAB purposes. All departments that participated were able to contribute, regardless of size or agency funding. Having a level playing field made it easier to develop working relationships, and it generated early honest discussions about what accreditation could mean for Ohio.

Challenges and how were challenges addressed: The primary challenge was the composition of NAPHA members. This a diverse group of health departments ranging in employee size of 4 to 60. Given the differences in organizational size and structure, members had varying degrees of capacity to meet PHAB standards and buy-in to the PHAB process. In addition, health departments have different sets of procedures. We addressed these challenges by scheduling an in person meeting to share methods and instruments that we were using to assess customer service delivery and employee satisfaction. We made

efforts to utilize best practices among members and external resources to build consensus among the group to implement a standardized approach to customer service delivery and employee satisfaction that was practical and sustainable for all members.

Lessons Learned: The project increased understanding of organizational strengths and weaknesses among members and provided members with a better understanding of opportunities for collaboration across jurisdictions. This understanding helped facilitate collaboration during the Measles Outbreak and was the foundation for addressing quality improvement training needs through NAPHA sponsored LEAN training.

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VI. About the Center for Public Health Practice and the Center for Public Policy and Health

The Ohio State University Center for Public Health Practice (OSU-CPHP)

The OSU-CPHP provides support to local health departments via organizational support services, accreditation support, and workforce development opportunities. The OSU Center serves as the leader of the Ohio Local Public Health Accreditation Support Project to provide technical assistance and training opportunities so local departments can successfully meet the Public Health Accreditation Board's standards and requirements. Please visit the Center website, https://u.osu.edu/cphp/, for more information. We may also be reached by telephone at 614-292-2291.

The Kent State University Center for Public Policy and Health (KSU-CPPH)

KSU-CPPH has been assisting public and non-profit sector entities on issues related to public health and public policy for more than 30 years. The Center is made up of an experienced staff and affiliated faculty members, professionals, and students. In recent years, the Center has provided technical assistance to local health departments and others seeking to perform evaluations of their operations and programs, strategically investigate shared services and potential consolidations, and implement health assessment and improvement planning activities. The Center and its affiliated faculty and staff have also produced research in professional and peer-reviewed outlets in multiple areas, including shared services, water and environmental health, substance use and abuse, health department consolidation, and effective coordination of health services. More information can be found on the Center's website, https://www.kent.edu/cpph. Please contact the Center at 330-672-7148 if we can be of assistance.

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