

Resource-Sharing Partnerships and Structures

in Wisconsin: A Summary

Overview of the environmental scan

The Division of Public Health (DPH) and the Office of Policy and Practice Alignment (OPPA) led an environmental scan of resource sharing partnerships among local health departments (LHDs) in Wisconsin and other states. OPPA reviewed documents, searched through existing data, and conducted nine key-informant interviews around current strategies to form and maintain coalitions, consortiums, and other shared partnerships. Data gathered can support governmental public health leaders looking to expand capacity, improve the delivery of public health services, and improve provision of the Foundational Public Health Services (FPHS) model to their jurisdictions without relying solely on additional funding.

Key takeaways

Shared resource and service partnerships can support implementation of the FPHS Areas and Capabilities. In Wisconsin and across the nation, shared service partnerships vary in their degree of complexity. Shared partnerships benefit from careful planning, attention to relationship building, and sustainable funding maintenance; they should not be approached as a strictly cost saving strategy. Several impacts of these partnerships were noted, including increased capacity of LHDs and partners; utilization of community partnerships to strengthen the public health system; and increased capacity to not only meet the Foundational Areas and Capabilities required of governmental public health, but support additional activities and initiatives.

Successes

- Those that have successful resource sharing partnerships cited the importance of relationship building, careful planning, and transparent communication between member organizations.
- The structures are adaptable to potential changes in statutory requirements, funding, membership, or other factors.
- Shared resources can include the opportunity to share specialized and skilled professional services, which otherwise might be difficult to find and sustain.

Common challenges

- A lack of sustained funding was a consistent problem in dissolved or unsuccessful partnerships.
- Turnover in health department staff and local government was also described as a challenge in maintaining partnerships.
- Negotiating, developing, and navigating shared funding structures can create barriers.
- Changes in priorities or resources may lead member jurisdictions to drop out of the program.

Next steps

The results of the environmental scan will be incorporated into future efforts and resources that support public health system strengthening in Wisconsin. This will include documents detailing complementary data and takeaways from the statewide governmental public health Costing & Capacity Assessment and Workforce Assessment. The goal is to facilitate conversation around strategic actions to improve the delivery of FPHS statewide. These collective findings will assist with developing recommendations to improve the public health system, as well as inform LHDs looking to improve service delivery of the FPHS model.

Examples aligned with the FPHS

Hmong and Hispanic Communication Network (H2N)

Alignment with FPHS categories: Access to & Linkage with Clinical Care; Communicable Disease Control; Community Partnership Development

H2N was developed in 2020 in response to the COVID-19 pandemic. H2N addressed and removed barriers surrounding COVID-19 vaccine acceptance, hosted vaccination clinics, conducted outreach efforts, and created communication campaigns. Through strong community partnerships and shared resources, they served members of Hmong and Hispanic communities in their preferred languages and in trusted community settings through a network of community health workers and community coordinators.

Northwoods Shared Services Project (NSSP)

Alignment with FPHS categories: Communicable Disease Control; Environmental Public Health; Maternal, Child, & Family Health; Organizational Competencies

From 2013 to 2015, the Northwoods Shared Services Project (NSSP) was an initiative funded through the Robert Wood Johnson Foundation. Public health officials, policymakers, and other stakeholders from 18 jurisdictions in central and northern Wisconsin explored how shared services might better equip them to fulfill their mission of protecting and promoting the health of the communities they serve. The NSSP was a coalition comprised of 16 LHDs and one Tribal community health center, of whom defined shared services to include the sharing of funding, staff, space, equipment, and supplies.

<u>City of Madison Health Department and Dane County Division of</u> **Public Health merger**

Alignment with FPHS category: Equity

In 2008, the City of Madison Health Department and the Dane County Division of Public Health merged to form Public Health Madison & Dane County (PHMDC), housing a staff of more than 250 people that serve over 560,000 people in 60 cities, villages, and towns. While this merger resulted in significant cost-saving and accessibility improvements, it also represents how increased staff capacity can result in health equity advancements, including the following: more equitable distribution of FPHS, meeting the varying needs of Dane County communities, and the creation of an internal health and racial equity team.