

Cross-jurisdictional sharing for local public health services: Implications for efficiency and cost savings

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ABSTRACT: Insufficient evidence exists regarding how cross-jurisdictional sharing (CJS) of local public health services affect costs and efficiency. In a 4-state study public health leaders from Washington, Oregon, New York, and Wisconsin worked and practice-based researchers examined whether CJS influences volume, intensity, and unit costs of services delivered by local health departments (LHDs). We hypothesized that LHDs engaged in CJS would have lower spending and higher efficiency than LHDs without CJS. Our survey went to directors of all LHDs in Oregon (N=35), New York (N=58), and Washington (N=34), and we combined results with similar data from Wisconsin (N=92). Our response rate was 65% (N=145). Existing 2014 administrative data for Washington LHDs were also included from the Public Health Activities & Services Tracking (PHAST) project's standardized public health service delivery measures. We found: 1) Most LHDs deployed CJS to improve service delivery and make better use of resources, but not to 'save money'; 2) CJS was not associated with lower spending on Foundational Public Health Services; 3) in some circumstances, LHDs deploying CJS were comparatively more efficient. CJS associated with a variety of positive outcomes for LHDs, even though there was mixed evidence that it led to lower spending and greater efficiency.

OBJECTIVE(S):

- Describe new ways in which local public health jurisdictions are working together to expand prevention service delivery and what this appears to mean for health transformations underway.
- Describe approaches taken to examine the range of and factors related to cross-jurisdictional sharing among local health jurisdictions.
- Describe the implications of opportunities identified regarding for improving service distribution, equity, efficiencies through cross-jurisdictional sharing.

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