

The Path to Multi-Jurisdictional Models of Public Health Service Delivery in Massachusetts: What do Local Community Leaders Face in Planning for Change?

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In 2010, the Massachusetts Department of Public Health received a “Strengthening Public Health Infrastructure for Improved Health Outcomes” grant from the Centers for Disease Control (CDC). A major objective of the grant is to form public health districts. Through this grant planning funds were awarded to eleven groups of municipalities to encourage formation of multi-jurisdictional public health shared service models. Massachusetts public health leaders have long struggled with how to provide consistent and high-quality public health services across the Commonwealth when each municipality (n=351) is responsible for funding and providing its residents with mandated services. Few communities are able to consistently offer all state mandated services, and most have little capacity to meet national performance standards. Research suggests that multi-jurisdictional approaches to service delivery can improve the quality and efficiency of services. The CDC infrastructure grant provides an historic opportunity to reorganize the public health infrastructure and increase the capacity of local authorities to perform essential services.

This paper draws on a series of qualitative interviews (n=27) with public health officials and municipal leaders from communities who participated in the 11 planning groups. This paper aims to clarify motivations, facilitating factors, and barriers to the formation and commitment to public health districts.

Analysis and thematic coding of the interviews was performed using the qualitative analysis software package QSR NVivo, Version 8. Data presented includes an overview of driving forces, strategies and circumstances that influence local public health infrastructure. Recommendations and lessons learned will be discussed for researchers, policymakers and other practitioners considering or embarking on infrastructure changes.

This paper adds to the literature on public health service sharing; and furthermore has implications for understanding how to effectively plan for multi-jurisdictional models as future communities explore service sharing as a strategy to provide essential public health services and meet accreditation standards.