As shown on our cover, hotels often settle for cleanliness vs. sanitation, but our feature this month, “Sanitary Status and Incidence of Methicillin-Resistant Staphylococcus aureus and Clostridium difficile Within Canadian Hotel Rooms,” highlights the dangers of that kind of approach. The authors sampled various surfaces from hotel rooms in three cities in Canada. Coliforms were recovered from 36% of surfaces, and oxacillin-resistant bacteria were recovered from 19% of surfaces with 46% of isolates confirmed as methicillin-resistant Staphylococcus aureus. The results of the authors’ study show that more emphasis is needed on sanitizing surfaces in hotel rooms rather than simple cleaning. See page 8.

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ADVANCEMENT OF THE SCIENCE

International Perspectives: Sanitary Status and Incidence of Methicillin-Resistant Staphylococcus aureus and Clostridium difficile Within Canadian Hotel Rooms

International Perspectives/Special Report: The Role of Health Impact Assessment in Advancing Sustainable Development in Latin America and the Caribbean

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What Does the Public Know About Environmental Health? A Qualitative Approach to Refining an Environmental Health Awareness Instrument

Building Capacity: Analytics Build Capacity for Health Departments Combatting Rodent Infestations

NEW Direct From AAS: An Introduction and History of the American Academy of Sanitarians

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Environmental health is a critical component of governmental public health, as provided in state, tribal, local, and territorial jurisdictions. The environmental health services provided by each health department can vary; common examples include the following:

- inspecting food establishments,
- monitoring the quality of drinking and recreational water,
- managing solid and liquid waste,
- performing vector control, and
- inspecting buildings to assure compliance with environmental codes.

Difficulty in finding qualified personnel (especially in small jurisdictions) coupled with challenges in paying for the cost of providing the desired services have been important drivers for health departments to explore alternative options. One of these options is cross-jurisdictional sharing (CJS) (Madamala et al., 2014).

Cross-jurisdictional sharing enables collaboration across jurisdictional boundaries to deliver essential public health services (Center for Sharing Public Health Services, 2015). Sharing models range from informal agreements limited in scope to full consolidation of local health department agencies (Figure 1).

These approaches can provide more value for investments in public health by allowing economy of scale and expansion of public health services in some areas that otherwise might not be economically feasible. Sharing agreements can also help attract skilled, qualified personnel who may be reluctant to operate only in a small jurisdiction. Sharing services can help health departments improve both effectiveness (i.e., scope and quality of services offered) and efficiency (i.e., maximum results for each dollar invested).

In 2012, the Robert Wood Johnson Foundation provided funding to the Kansas Health Institute to establish and manage a national Center for Sharing Public Health Services (www.phsharing.org). The center collected and reviewed published information and collected new evidence from 16 demonstration sites to develop a model to plan and implement sharing agreements that health departments can use. This roadmap includes multiple steps divided into three phases (Figure 2). In every phase of the model, it is necessary to obtain the support of policy makers and governing bodies that often have the ultimate authority to finalize the sharing agreements.

The Centers for Disease Control and Prevention (CDC) also has expressed interest in CJS as an opportunity for health departments to address resource constraints while providing quality services to communities. In 2012,
the advisory committee to the CDC director recommended that CDC explore and foster opportunities for shared services. As a result, CDC identified numerous opportunities and strategies to support CJS, all of which can be relevant for environmental health (www.cdc.gov/stlpublichealth/cjs). Examples include the following:

- Creating funding opportunity announcements that promote or allow for shared services. As a result, some states built lead control programs with staffing and program infrastructures shared by state and local agencies.
- Advancing interjurisdictional sharing around discrete activities or services.
- Supporting shared services through tools, training, or peer sharing. For example, the Healthy Community Design Initiative promotes processes, such as health impact assessment, to help health departments facilitate and planning collaboration across jurisdiction lines.
- Several examples highlight successful CJS initiatives in the area of environmental health services:
  - In the geographically isolated San Luis Valley, Colorado, six county health departments agreed to share most environmental health services, including the first-ever environmental health needs assessment for the area. The counties now share ongoing environmental health services that they otherwise could not have procured easily on their own. One county serves as the fiscal agent and employer of a new, shared environmental health position with oversight from the health officials of the participating jurisdictions.
  - In Nevada, Carson City and neighboring Douglas County reached an agreement through which environmental health services formerly provided by the state in Douglas County are now provided by Carson City staff. Through an interlocal agreement (http://phsharing.org/2014/04/10/interlocal-contract-between-public-agencies-carson-city-douglas-county-nevada/), Carson City health department staff was given authority to enforce provisions of the environmental health code approved by the Douglas County commission.
  - In Wisconsin, three county health departments formed an environmental health consortium to provide services across jurisdictions. One county serves as the fiscal agent and employer of environmental health staff for the consortium. The arrangement improved both efficiency and effectiveness of environmental health services while improving local accountability and accessibility.
  - In western New York, two county health departments now share an environmental health director and staff across the two counties, resulting in improved ser-

![FIGURE 1](Spectrum of Cross-Jurisdictional Sharing Activities)

**FIGURE 1**

**Spectrum of Cross-Jurisdictional Sharing Activities**

<table>
<thead>
<tr>
<th>Horizontal and Customary Arrangements</th>
<th>Service-Related Arrangements</th>
<th>Shared Functions with Joint Oversight</th>
<th>Regionalization</th>
</tr>
</thead>
<tbody>
<tr>
<td>“Handshake”</td>
<td>Service provision agreements (e.g., contract to provide immunization services)</td>
<td>Joint projects addressing all jurisdictions involved (e.g., shared HIV program)</td>
<td>New entity formed by merging existing local public health agencies</td>
</tr>
<tr>
<td>Information sharing</td>
<td>Purchase of staff time (e.g., environmental health specialist)</td>
<td>Shared capacity (e.g., joint epidemiology services)</td>
<td>Consolidation of one or more local public health agencies into an existing local public health agency</td>
</tr>
<tr>
<td>Equipment sharing</td>
<td></td>
<td></td>
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<tr>
<td>Coordination</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Assistance for surge capacity</td>
<td></td>
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</tr>
</tbody>
</table>

**Looser Integration**

**Tighter Integration**

Source: Center for Sharing Public Health Services, 2015.

![FIGURE 2](Development Phases for Cross-Jurisdictional Sharing (CJS) Agreements)

**FIGURE 2**

**Development Phases for Cross-Jurisdictional Sharing (CJS) Agreements**

**PHASE ONE**

EXPLORE
Is CJS a feasible approach to address the issue you are facing? Who should be involved?

**PHASE TWO**

PREPARE AND PLAN
How exactly would it work?

**PHASE THREE**

IMPLEMENT AND IMPROVE
Let’s do it!

Source: Center for Sharing Public Health Services, 2015.

Many public health laboratories are collaborating across jurisdictions by making arrangements to share test services or provide surge capacity (Association of Public Health Laboratories & Centers for Disease Control and Prevention, 2014).
vice efficiency and effectiveness for both departments.

Environmental health services are good candidates for CJS projects. These services are usually fee funded, which makes cost sharing easier to compute; they require skilled workers or contractors, who are more easily accessible through sharing agreements; and the volume or type of demand for some environmental health services may be too low and episodic for a single health department to justify the investment required to offer those services. Cross-jurisdictional sharing is of growing interest to public health and its value for environmental health services is particularly promising.

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References