Spectrum of Cross-Jurisdictional Sharing Arrangements

OVERVIEW

Cross-jurisdictional sharing (CJS) is when jurisdictions, such as cities or counties and sometimes states, come together and share resources across their respective boundaries to efficiently and effectively deliver public health services.

CJS can be beneficial for health departments that believe by working together — pooling resources, sharing staff, expertise, funds and programs — across boundaries, they can accomplish more than they could do alone.

The Center’s Spectrum of Cross-Jurisdictional Sharing Arrangements identifies four main types of CJS arrangements (Figure 1).

SPECTRUM OF CROSS-JURISDICTIONAL SHARING ARRANGEMENTS (Figure 1)

- **As-Needed Assistance**
  - Information sharing
  - Equipment sharing
  - Assistance for surge capacity

- **Service-Related Arrangements**
  - Service provision agreements (e.g., contract to provide immunization services)
  - Purchase of staff time (e.g., environmental health specialist)

- **Shared Programs or Functions**
  - Joint programs and services (e.g., shared HIV program)
  - Joint shared capacity (e.g., epidemiology, communications)

- **Regionalization/Consolidation**
  - New entity formed by merging existing local public health agencies
  - Consolidation of one or more local public health agencies into an existing local public health agency

2017 Updates: The Center updated the Spectrum in early 2017 to reflect lessons learned about CJS and other recent advances in the field of Public Health Systems and Services. The Center’s original 2013 Spectrum was adapted from previous versions produced by J. Ruggini (2006), A. Holdsworth (2006) and N. Kaufman (2010).
Types of CJS Arrangements

As-Needed Assistance
On the far left side of the Spectrum are CJS arrangements where one jurisdiction collaborates with other jurisdictions on an as-needed basis. These arrangements are informal and customary, as well as episodic in nature.

Some examples of as-needed assistance include:
- Information sharing (e.g., notifying adjacent counties of a rise in pertussis cases)
- Expertise sharing (e.g., access to an epidemiologist)
- Equipment sharing (e.g., a handshake arrangement to share generators when needed)
- Assistance for surge capacity (e.g., providing additional nurses to an adjacent county)

Service-Related Arrangements
Unlike as-needed assistance, service-related arrangements involve regular and predictable sharing, usually formalized through contracts.

Some examples of service-related arrangements include:
- Service provision agreements (e.g., contract to provide immunization services)
- Purchase of staff time (e.g., environmental health specialist)

Shared Programs or Functions
If all entities contribute resources and have a formal role in deciding how and when to deliver services, then the arrangement is a shared program or function.

Some examples include:
- Joint programs and services (e.g., shared stake in a regional HIV program)
- Joint shared capacity (e.g., shared oversight of a single epidemiologist)
- Joint ownership of assets (e.g., multiple counties contract to purchase heavy machinery)

Regionalization/Consolidation
On the right side of the Spectrum is regionalization/consolidation, where multiple jurisdictions are served by a single governmental entity that delivers all services and formally assumes the risks, costs and decision-making across the jurisdictions involved.

Some examples include:
- New entity formed by merging existing local public health agencies
- Consolidation of one or more local public health agencies into an existing local public health agency

Conclusion
The Center views this Spectrum as a living document. As such, the Center will continue to refine and modify it over time, as new learnings emerge. Check the Center’s website for updates.

For more information, or to provide feedback about the Spectrum, please email phsharing@khi.org.