

Existing CJS Arrangements: Abbreviated Survey

SECTION 1 — GENERAL INFORMATION

Introduction — The purpose of this survey is to gain a more complete understanding of existing shared service arrangements among a group of public health agency jurisdictions as a management strategy to provide essential public health services in those jurisdictions. Having a complete list of agreements, their purposes, and their characteristics may provide helpful information to assess their current utility and to plan additional sharing initiatives. This survey should take about 10 minutes.

The survey should be completed by each public health agency involved in the cross-jurisdictional sharing (CJS) activities of interest. For example, if a group of 12 health departments in the northwest area of a state wish to examine their existing sharing agreements, each of them will complete a survey. For assistance or questions, please contact Gianfranco Pezzino at phsharing@khi.org.

Definitions — For the purposes of this survey, we are defining shared services as *sharing of resources* (such as staffing or equipment or funds) among public health departments on an ongoing basis (or, in the case of mutual aid agreements, on an as-needed basis). In some cases one or more partners may provide resources to support other partners. In other cases, partners may contribute jointly to assure the resources necessary for a shared service. The resources could be shared to support: a) Programs (like a joint WIC or environmental health program); b) Capacity (e.g., a shared epidemiologist in support of several programs); or c) Organizational functions (such as human resources or information technology). The basis for resource sharing as defined here can be *formal* (a contract or other written agreement) or *informal* (a mutual understanding or agreement). Another way to look at this is that each employee, project, resource, service, etc. that spans more than one public health agency jurisdiction is considered a shared resource.

What is not included in this definition? District agencies are, by their nature, cross-jurisdictional agencies and their programs will not be considered as shared services. However, if a district agency is providing (or receiving) services in a neighboring jurisdiction that is not within their district, those services would be considered shared. Resources shared among programs in the *same* jurisdiction, i.e., partnerships among departments in the same jurisdiction, are not considered shared services for the purpose of this survey.

Additional Resources — The Center for Sharing Public Health Services has other assessment tools for public health available on its website. See the complete list of available tools in the last section of this survey.

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SECTION 2 — YOUR HEALTH DEPARTMENT AND SHARED SERVICES

Note: Q2.1 will ask you to choose a project name for your group. All public health jurisdictions in your

group that complete the survey should use EXACTLY the same project name.
Q2.1: Your project name:
Q2.2: Your name:
Q2.3: Your job title:
Q2.4: Health department:
Q2.5: Address:
Q2.6: City/town:
Q2.7: State:
Q2.8: ZIP code:
Q2.9: Your email address:
Q2.10: Phone number:
Q2.11: Please indicate the jurisdiction type that your health department serves: Town or township (1) City (2) County (3) Tribe/tribal clinic (4)
☐ Multi-jurisdictional district (including combined city/county) (5)
SECTION 3 — MOTIVATION FOR CHANGE
Q3.1: Is your governing body (e.g., Board of Health) in the process of exploring or implementing shared service arrangements? Yes (1)
□ No (2)
IF NO: This is the end of your survey. Thank you for your response.
If YES: Continue to Q3.2.



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Q3.2: What reasons motivated your governance body (e.g., Board of Health) to explore or				
implement	shared service arrangements? (Please check all that apply.)			
	Make better use of resources			
	Save money			
	Respond to program requirements			
	Aid in recruitment of qualified staff			
	Provide new services			
	Provide better services			
	Meet or prepare for voluntary accreditation requirements			
	Increase department's credibility in community			
	Increase department's independence			
	Policymaker interest			
	I don't know			
	Other (please specify):			
Q3.3: Key d	ecision-makers and policymakers in my community support a vision for cross-jurisdictional			
sharing effo	orts.			
	Strongly Agree			
	Agree			
	Neutral			
	Disagree			
	Strongly Disagree			
	I Don't Know			
SECTIOI	N 4 — STAGE OF CJS DEVELOPMENT			
Q4.1: Whic	h phase <u>best</u> describes the current status of your CJS efforts? (Check only one.)			
	Explore — We are developing a conceptual feasibility study to answer questions such as:			
	Why do we want to consider CJS? What services and capacities would be shared? Who are			
	the partners that should be involved?			
	Prepare and Plan — We are preparing an implementation plan to answer questions such as:			
	What governance options do we want to consider for our CJS initiative? Who will have the			
	authority to make decisions? What is the timeline for implementation? How can we achieve			
	a balance between increased efficiency and effectiveness?			
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Ц	Implement and Improve — We are implementing CJS initiatives.			



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information needed for public hea	members have worked to share and combine data and alth decision-making.
☐ Strongly Agree	
☐ Agree	
☐ Neutral	
☐ Disagree	
☐ Strongly Disagree	
☐ I Don't Know	
SECTION 5 — LEADERSHIP	
Q5.1: Roles and responsibilities of cross-	-jurisdictional sharing partners are clearly identified.
☐ Strongly Agree	,
☐ Agree	
☐ Neutral	
☐ Disagree	
☐ Strongly Disagree	
☑ I Don't Know	
Q5.2: One or more policymaker champio	ons have been identified to promote cross-jurisdictional sharing
efforts.	
☐ Strongly Agree	
☐ Agree	
☐ Neutral	
☐ Disagree	
☐ Strongly Disagree	
☐ I Don't Know	
SECTION 6 — GOVERNANC	E
Q6.1: Do you have a formal agreement a jurisdictional sharing arrangement? Yes No	among policymaking bodies to explore/implement a cross-



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If "Yes" to Q6.1 is selected

Q6.1.A: Please indicate the nature of the written document(s). (Check all that apply.)
☐ Contract
☐ Memorandum of understanding
☐ Joint powers agreement
☐ Mutual aid agreement
☐ Agreement to provide surge capacity
☐ Board resolution or meeting minutes
☐ Written agreement, but unsure how to classify
☐ Other (please specify):

SECTION 7 – AREAS FOR SHARING

Q7.1: What are the areas for your current or planned CJS efforts? (Please check all that apply.)

	Current	Planned
	Efforts	Efforts
Emergency preparedness		
Epidemiology or surveillance		
Physician and nursing services		
Communicable disease screening or treatment		
Maternal and child health services		
Population-based primary prevention programs		
Inspection, permit, or licensing		
Environmental health programs (other than inspection,		
permit, or licensing)		
Community health assessment		
Strategic planning		
Administrative, planning, and support services		
Laboratory service		
Other (please specify):		
We have not identified a specific area for CJS yet		



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SECTION 8 — CLOSING

Q8.1: Do you have any other comments regarding service sharing among health departments?

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SECTION 9 — ADDITIONAL RESOURCES

<u>Assessment Tools for Public Health</u> — The Center for Sharing Public Health Services has these other assessment tools for public health available on its website.

Existing Services — A self-administered survey designed to gain a more complete understanding of existing public health services offered by a public health agency. (Publication Number: CSPHS/06-V1)

Existing CJS Arrangements: Detailed Survey — A self-administered survey designed to allow potential CJS partners a detailed and specific understanding of existing shared service arrangements among potential partners. (Publication Number: CSPHS/08-V1)

One Existing CJS Arrangement — A self-administered survey designed to help current or potential CJS partners (public health agency jurisdictions) gain a clear definition, and better understanding of one current or planned shared service arrangement. (Publication Number: CSPHS/09-V1)