

Sharing Environmental Health Services Across Jurisdictional Boundaries

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Editor's Note: NEHA strives to provide up-to-date and relevant information on environmental health and to build partnerships in the profession. In pursuit of these goals, we feature a column from the Environmental Health Services Branch (EHSB) of the Centers for Disease Control and Prevention (CDC) in every issue of the *Journal*.

In this column, EHSB and guest authors from across CDC will highlight a variety of concerns, opportunities, challenges, and successes that we all share in environmental public health. EHSB's objective is to strengthen the role of state, local, tribal, and national environmental health programs and professionals to anticipate, identify, and respond to adverse environmental exposures and the consequences of these exposures for human health.

The conclusions in this article are those of the author(s) and do not necessarily represent the views of CDC.

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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).

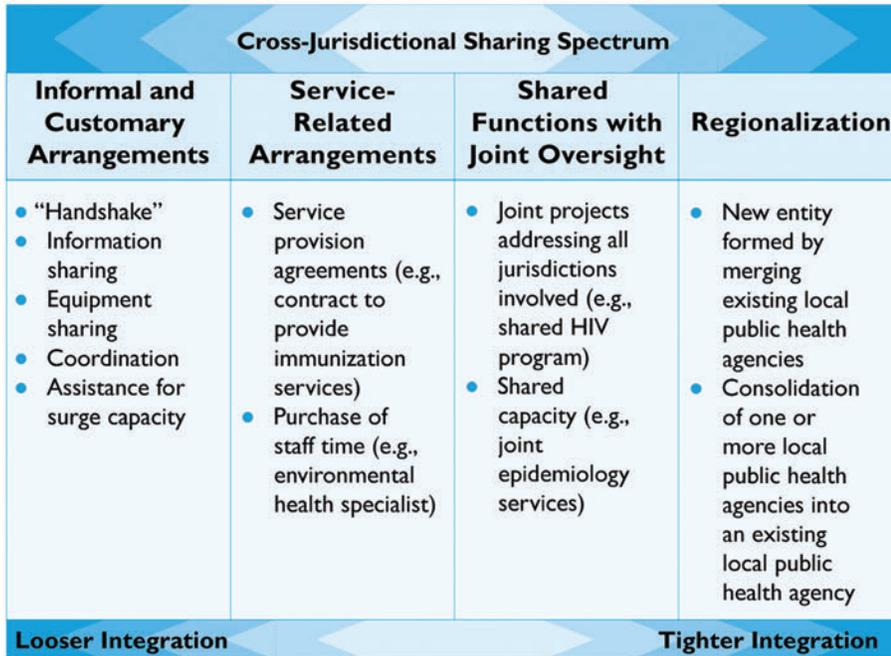
These approaches can provide more value for investments in public health by allowing economy of scale and expansion of public health services in some areas that otherwise might not be economically feasible. Sharing agreements can also help attract skilled, qualified personnel who may be reluctant to 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,

FIGURE 1

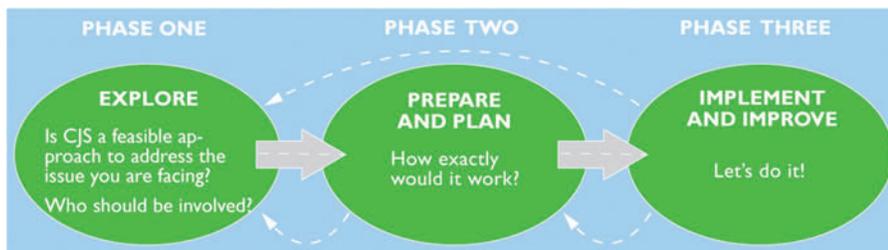
Spectrum of Cross-Jurisdictional Sharing Activities



Source: Center for Sharing Public Health Services, 2015.

FIGURE 2

Development Phases for Cross-Jurisdictional Sharing (CJS) Agreements



Source: Center for Sharing Public Health Services, 2015.

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/stltpublichealth/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.

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).

- 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 health 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-

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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