

Spectrum of 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. For a more detailed description of CJS and resource sharing in general please refer to phaboard.org/servicesharing

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 Sharing Arrangements identifies four main types of arrangements (Figure 1).

Generally, moving from left to right along the Spectrum, the level of service integration increases, the level of jurisdictional autonomy decreases, and implementation and governance may become more complex. The governance model, financial structure and decision-making process can be different for each type of arrangement on the Spectrum.

Because there is not a one-size-fits-all approach to implementing successful sharing arrangements, it is important to refer to the Spectrum early and often during the process that is outlined in the Roadmap to Develop Cross-Jurisdictional Sharing Initiatives.

SPECTRUM OF SHARING ARRANGEMENTS (Figure 1)

Looser Integration



Information sharing (e.g., infectious disease testing protocols, health education messaging)

Equipment sharing

Assistance for surge capacity (e.g., assisting with food delivery during a crisis, providing temporary contact tracing capacity)

Assisting with enrolling in public benefit programs

Service-Related **Arrangments**

Service provision agreements (e.g., contract to provide immunization services, providing grants to community members to implement population health strategies)

Purchase of staff time (e.g., environmental health specialist)

Shared Programs or Functions

Joint programs and services (e.g., shared HIV program, shared data platform)

Joint shared capacity (e.g., epidemiology, communications)

Group purchasing/ procurement processes Joint management and governance of grants

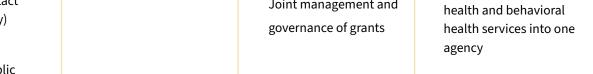
Regionalization/

Consolidation

Tighter

Integration

- 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
- · Consolidating health and human services into one agency
- Consolidating public health and behavioral agency



2021 Updates: The Spectrum was updated in April 2021 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 sharing arrangements where one partner collaborates with others on an as-needed basis. These arrangements are often informal and customary, as well as episodic in nature.

Some examples of as-needed assistance include:

- Information sharing (e.g., infectious disease testing protocols, health education messaging)
- · Equipment sharing
- Assistance for surge capacity (e.g., assisting with food delivery during a crisis, providing temporary contact tracing capacity)
- Assisting with enrolling in public benefit programs

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, providing grants to community members to implement population health strategies)
- 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 HIV program, shared data platform)
- Joint shared capacity (e.g., epidemiology, communications)
- Group purchasing/procurement processes
- Joint management and governance of grants

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
- Consolidating health and human services into one agency
- Consolidating public health and behavioral health services into one agency

CONCLUSION

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

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

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These resources were created under the original language around cross-jurisdictional sharing. As we've learned more about this work over time, we've broadened our language to service and resource sharing. However, the documents reflect the term 'CJS' for this reasons. They were created to provide guidance for two ore more health departments developing a shared arrangement. We will be updating these resources and adding new resources to describe the broader types of service and resource sharing models based on learnings.