

Assessment Tool for Public Health

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: 0 Town or township (1) \mathbf{O} City (2) O County (3) O Tribe/tribal clinic (4) O 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? 0 Yes (1) \mathbf{O} No (2) IF NO: This is the end of your survey. Thank you for your response.

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If YES: Continue to Q3.2.

	asons motivated your governance body (e.g., Board of Health) to explore or implement 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 decis	sion-makers and policymakers in my community support a vision for cross-jurisdictional .
0	Strongly Agree
0	Agree
0	Neutral
0	Disagree
•	Strongly Disagree
0	I Don't Know
SECTION 4	I — STAGE OF CJS DEVELOPMENT
Q4.1: Which ph	nase best 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?
	Implement and Improve — We are implementing CJS initiatives.

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-	risdictional sharing team members have worked to share and combine data and eeded for public health decision-making.
OOOOO	Strongly Agree Agree Neutral Disagree Strongly Disagree I Don't Know
SECTION	5 — LEADERSHIP
Q5.1: Roles ar	nd responsibilities of cross-jurisdictional sharing partners are clearly identified.
Q5.2: One or of efforts.	Strongly Agree Agree Neutral Disagree Strongly Disagree I Don't Know more policymaker champions have been identified to promote cross-jurisdictional sharing Strongly Agree
0	Agree Neutral
0	Disagree
0	Strongly Disagree I Don't Know
SECTION	6 — GOVERNANCE
-	have a formal agreement among policymaking bodies to explore/implement a cross-sharing arrangement?
0	Yes No



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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.)
0	Contract
•	Memorandum of understanding
0	Joint powers agreement

Mutual aid agreement
 Agreement to provide surge capacity
 Board resolution or meeting minutes

O Written agreement, but unsure how to classify

O 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 services		
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?

Acknowledgements: The Center for Sharing Public Health Services thanks the following individuals and organizations for their contribution to the development of this instrument:

- Institute for Wisconsin's Health (with funding from the Robert Wood Johnson Foundation's Public Health Practice-Based Research Networks program).
- Krista Wasowski, Anne Goon, Beth Bickford Association of Ohio Health Commissioners Public Health Futures Task Force, 2012.
- Colorado Public Health Practice-Based Research Network (with support provided by a grant from the Robert Wood Johnson Foundation's Public Health Law Research program).

SECTION 9 — ADDITIONAL RESOURCES

Assessment Tools for Public Health — 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)