



Cross-jurisdiction sharing (CJS) among local and tribal health departments (LTHD) is becoming more common in Wisconsin.

CJS among LTHD in Wisconsin has increased from 71% in 2012 to 78% in 2014.

Smaller jurisdictions in Wisconsin are more likely to share services than larger jurisdictions.

Emergency preparedness and environmental health services are the most common program areas where CJS occurs in Wisconsin.

Practitioners and researchers should track outcomes of CJS agreements to build the evidence base and support for continued use.

[Sharing Local Public Health Services Across Jurisdictions: Comparing Practice in 2012 and 2014](#)

Cross-jurisdictional sharing (CJS) is an approach exercised by local and tribal health departments (LTHD) to collaborate across boundaries in order to solve problems, increase capacity, and deliver essential public health services. Due to budgetary limitations, accreditation processes, and implementation of the Affordable Care Act, more LTHDs are utilizing CJS. Nationally, 54% of local health departments (LHDs) engage in CJS.¹ In Wisconsin, CJS is more common. A baseline survey in 2012 revealed that 71% of LTHDs shared services.² The large amount of sharing in Wisconsin may be due to a greater number of smaller LTHDs, prior experience with regional emergency preparedness planning, and state statutes that allow for shared services.

In 2014, WPHRN members Dr. Kusuma Madamala and Dr. Susan Zahner collaborated on a study to identify the types and characteristics of CJS arrangements in Wisconsin and to identify changes in CJS practices between 2012 and 2014. An online survey was administered to 88 LHDs and 3 tribal health departments (THDs). In order to compare results from the 2012 baseline survey, the research team used the same survey in this study, with some minor clarifications based on feedback from the Study Advisory Team. The survey included topics related to various aspects of CJS.

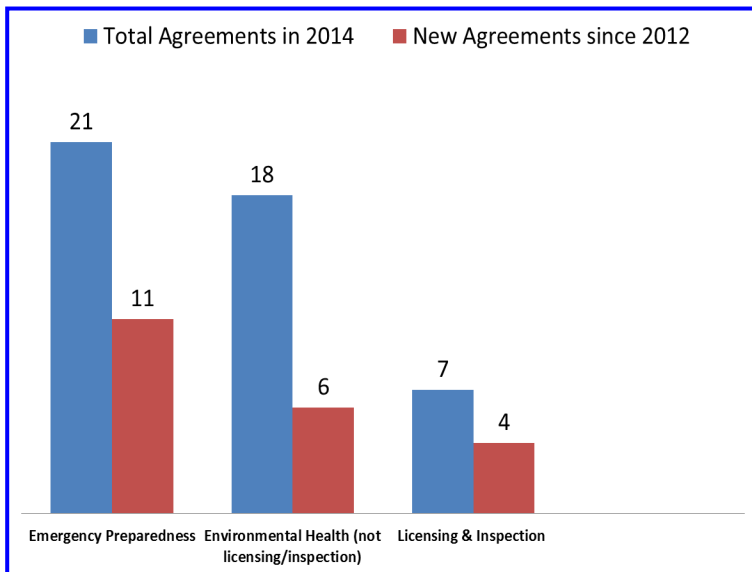
Characteristics and trends of CJS among Wisconsin LTHD³

There were 62 LHDs and one THD that responded to the survey (69% response rate). In 2014, 78% of LTHD reported sharing services, compared to 71% in 2012. LTHDs with smaller populations reported sharing more services. At least 60% of LTHDs in each region of the state (Northern, Northeastern, Southern, Southeastern, Western) reported CJS. Jurisdictions in two population categories (25,000—49,999 and 50,000—99,999) had significantly more sharing in 2014 compared to 2012. Statewide, 82% of LTHD reported the same amount or more sharing of services in 2014, compared to 75% in 2012. Across the various governance types of LTHD (freestanding with board of health, freestanding with board of health and human services, consolidated with health and human services department), CJS increased from 2012 to 2014. The three most common program areas for CJS were emergency preparedness (n=21), environmental health other than inspection and licensing (n=18), and inspection and licensing (n=7). Many of these arrangements were new since 2012 (figure 1).

Support for the research was provided by the Robert Wood Johnson Foundation, and coordinated by the Systems for Action National Coordinating Center, Public Health Services and Systems Research program, ID 71268.

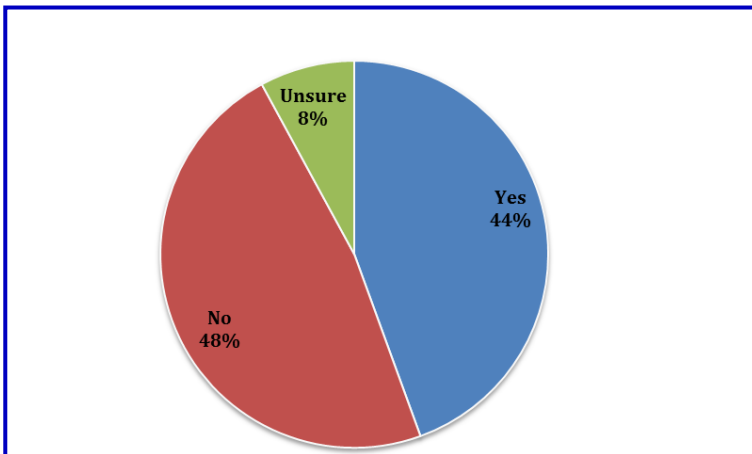
*WPHRN is supported by grant **UL1TR000427** from the Clinical & Translational Science Award (CTSA) program of the National Center for Research Resources National Institutes of Health and by other research grants.*

Figure 1: CJS program areas in 2014



The survey revealed that 40 LTHD who were sharing services in 2012 were still sharing in 2014. Only three LTHD in 2014 reported ending CJS from 2012. Nine LTHD that were not sharing in 2012 reported currently sharing services in 2014. There were 31 LTHD who reported sharing in 2012 but did not respond to the 2014 survey.

Figure 2: Percentage of LTHD reporting discussions of new CJS arrangements in the last two years



For more information or to join the Wisconsin Public Health Research Network, please visit www.wphrn.org

To read full research article, “Sharing Local Public Health Services Across Jurisdictions: Comparing Practice in 2012 and 2014” visit <http://uknowledge.uky.edu/frontiersinphsr/vol5/iss2/4/>

When asked about future plans for CJS, 86% of LTHD reported they were not in discussions to end a CJS arrangement. Nearly half of LTHD responded that they had discussed new sharing agreements (figure 2).

Implications for Public Health Policy and Practice

- ◆ The increased prevalence of CJS indicates that it can be a useful strategy for LHDs, particularly smaller ones, to improve service delivery and meet accreditation standards.
- ◆ In order to ensure the usefulness of CJS, researchers and practitioners need to track whether agreements are meeting their expected outcomes.
- ◆ To build the evidence base for CJS, experienced practitioners should share best practices and researchers should investigate factors that lead to successful implementation and outcomes of CJS.
- ◆ Future research should also focus on the cost-effectiveness of CJS agreements to garner continued support from policy makers.
- ◆ With CJS becoming more common in practice, it is essential that public health education programs contain content related to CJS, such as best practices for developing and implementing CJS agreements.

References

1. Shah GH, Badana ANS, Robb C, & Livingood WC. Cross-jurisdictional resource sharing in changing public health landscape: contributory factors and theoretical explanations. *J Public Health Manag Pract.* 2016;22(2): 110-119.
2. Madamala K, Young N, Young D, Giese L, Brandenburg T, Zahner S. Current and planned shared service arrangements in Wisconsin local and tribal health departments. *J Public Health Manag Pract.* 2014; 20(6), 640-646.
3. Madamala K, Zahner S, Brown R. Sharing local public health services across jurisdictions: comparing practice in 2012 and 2014. *Front Public Health Serv Sys Res.* 2016;5 (2):19-25.

Support for the research was provided by the Robert Wood Johnson Foundation, and coordinated by the Systems for Action National Coordinating Center, Public Health Services and Systems Research program, ID 71268.

WPHRN is supported by grant **UL1TR000427** from the Clinical & Translational Science Award (CTSA) program of the National Center for Research Resources National Institutes of Health and by other research grants.