

Blueprint for Public Health Excellence

CROSS-JURISDICTIONAL SHARING

FEBRUARY 2020

*In June 2019, the Special Commission on Local and Regional Public Health (SCLRPH) released its final report, **Blueprint for Public Health Excellence: Recommendations for Improved Effectiveness and Efficiency of Local Public Health Protections**. The report documents the Commission's findings and makes recommendations for strengthening local public health services across the Commonwealth.*

This fact sheet addresses the SCLRPH charge to evaluate “existing regional collaboration and various models of service delivery across the Commonwealth, including stand-alone, shared service and fully comprehensive regional districts.”

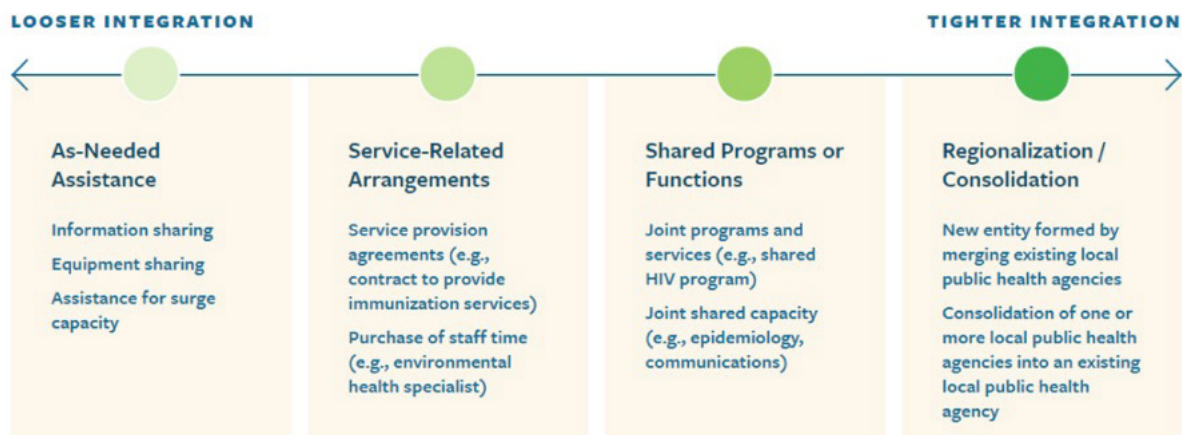
SCLRPH FINDINGS

- Massachusetts has more local public health jurisdictions than any other state (351) – one for each city and town – and cross-jurisdictional sharing of services is limited despite evidence that it improves effectiveness and efficiency.
- While other states have county or district-based systems, most Massachusetts municipalities operate standalone health departments that are unable to keep up with the growing list of duties.
- Massachusetts and national evidence supports cross-jurisdictional sharing as a means to improve the effectiveness and efficiency of the local public health system.

WHAT IS CROSS-JURISDICTIONAL SHARING?

Cross-jurisdictional sharing enables groups of municipalities to share the costs and benefits of running a state-of-the-art local public health department. There are three basic models: consolidated districts, shared services, or contracting for certain services.

SPECTRUM OF CROSS-JURISDICTIONAL SHARING ARRANGEMENTS



Reprinted with permission from the Center for Sharing Public Health Services. "Spectrum of Cross-Jurisdictional Sharing Arrangements." Topeka, KS: June 2019

WHY IS CROSS-JURISDICTIONAL SHARING IMPORTANT?

Massachusetts has 351 local public health jurisdictions, far more than any other state, and a long history of local autonomy. Unfortunately, this has resulted in differences from municipality to municipality in the services and protections residents receive.

Pooling resources, functions, and expertise allows a consortium of cities and towns, especially those that are smaller or less affluent, to improve compliance with their statutory and regulatory mandates and expand safeguards and opportunities for inhabitants. Individual boards of health do not give up statutory authority, and available resources are more efficiently utilized.

SCLRPH RECOMMENDATIONS

Increase cross-jurisdictional sharing of public health services to strengthen the delivery capabilities of local health departments, take advantage of economies of scale, and coordinate planning.

- Increase the number and scope of comprehensive public health districts, formal shared-services agreements, and other arrangements for sharing public health services.

WHAT IS THE COMMONWEALTH DOING TO HELP LOCAL HEALTH DEPARTMENTS WITH CROSS-JURISDICTIONAL SHARING?

In January 2020, Massachusetts Department of Public Health (MDPH) launched the Massachusetts Municipal Public Health Shared Services (MMPHSS) Grant Program to support planning of new shared services arrangements and the expansion of existing arrangements. Created in response to the SCLRPH recommendation, the grant program will enable groups of cities and towns to plan for or to expand the sharing of staff and resources to improve local public health effectiveness and efficiency.

In 2010, building on earlier work done by the Massachusetts Public Health Regionalization Working Group at the Boston University School of Public Health, MDPH provided funding to help five groups of municipalities form public health districts.

LESSONS LEARNED FROM THE MDPH PILOT PROGRAM

- Cross-jurisdictional sharing improves public health protections and services.
- Involve key stakeholders early in discussions on shared services.
- Strive for consensus in vision and goals from the beginning.
- Design a realistic and responsive structure that can grow over time.
- Emphasize sustainability, management, and long-term planning.

The Commission recommended the formation of the Local and Regional Public Health Advisory Committee to monitor progress on implementation of its recommendations: www.mass.gov/service-details/local-and-regional-public-health-advisory-committee. Launched in January 2020, the Advisory Committee includes a cross-jurisdictional sharing working group.

WHAT ARE OTHERS DOING LOCALLY AND NATIONALLY?

Other states, such as Colorado, New Jersey, Texas, Washington, Ohio, and Connecticut, have instituted cross-jurisdictional sharing with good results. It should be noted that this arrangement flows naturally from the county or district-level local public health systems common in other states.

The national **Center for Sharing Public Health Services (CSPHS)** has compiled case studies and offers models, including a spectrum of cross-jurisdictional sharing arrangements, tools, and technical assistance for cities and towns exploring cross-jurisdictional sharing.

WHERE CAN I FIND MORE INFORMATION?

- Department of Public Health Office of Local and Regional Health Resources: www.mass.gov/dph/olrh
- Center for Sharing Public Health Services: <https://phsharing.org>
- Massachusetts Public Health Regionalization Project: www.bu.edu/regionalization/our-work

The Commission's report, **Blueprint for Public Health Excellence: Recommendations for Improved Effectiveness and Efficiency of Local Public Health Protections**, is available on the Office of Local and Regional Health web site: www.mass.gov/dph/olrh.
