***Cross-Jurisdictional Sharing and Tribal Public Health Services***

**BACKGROUND:**

As a sovereign government and the local health authority, the Tribes have multiple options for administering and managing a public health program. Many Tribes have inadequate government infrastructure, not enough funding resources, and such small populations that it seems infeasible to deliver their own program. An option for Tribal public health system delivery is to enter into an intergovernmental agreement with another local health authority for cross-jurisdictional sharing of services.

#### Cross-Jurisdictional Sharing of Public Health Services (from CDC)

Cross-jurisdictional sharing (CJS) is “the deliberate exercise of public authority to enable collaboration across jurisdictional boundaries to deliver essential public health services” (Center for Sharing Public Health Services, 2013). Cross-jurisdictional sharing can range from supporting informal arrangements to more formal changes in structure. In public health, cross-jurisdictional sharing often occurs between health departments or agencies serving two or more jurisdictions. Collaboration allows communities to solve issues or problems that cannot be easily solved by a single organization or jurisdiction.

Examples of cross-jurisdictional sharing include

* Regionalization of health departments, such as through the consolidation of two or more health departments
* Sharing staff between two or more health departments, such as an epidemiologist or Environmental Health Specialist that supports multiple health department jurisdictions
* Sharing defined services, such as laboratory testing services or inspection services
* Collaborative assessment and planning processes that include two or more health departments and leads to shared priorities; examples might include regional preparedness plans, cross-border plans, or community health improvement plans

Intergovernmental Agreements between Tribes and surrounding local governments are founded on mutual respect. They serve as a pledge that the governments are committed to maintaining positive government-to-government relationships for the benefit of all community members. Many Tribes have agreements with their neighbors that address a multitude of services such as police protection and mutual aid, fire protection, zoning and land use, road maintenance, sewerage district services, storm water, environmental protection and restoration, tourism, and emergency communications. However, CJS agreements for public health are rare, but could be very instrumental to improving Tribal public health capacity.

**QUESTIONS:**

* What elements or variables should be considered if you were interested in evaluating the effectiveness of CJS agreements with Tribes?
* How do CJS policies get implemented? I really liked the article Lindsay shared about implementation theories and models, but do not have much knowledge about it, so appreciate your input.
* Do CJSs require a new governance structure? What should a structure look like – who should be represented on the board?

Resources

* This is the best link for understanding the topic: <https://phsharing.org/>

* The attachment I included has a worksheet and some Tribal example agreements.

Institute for Wisconsin’s Health, Incorporated. (2014). Exploring service sharing to improve tribal public health: agreement examples and worksheet. Available from: [www.instituteforwihealth.org](http://www.instituteforwihealth.org)

Stier, D.D., Thombley, M.L., DHHS, Centers for Disease Control and Prevention (CDC), Public Health Law Program. (n/a). Public health mutual aid agreements – a menu of suggested provisions. Retrieved via internet search.

Northwood Shared Services Project WI; Center for Sharing Public Health Services, Robert Wood Johnson Foundation. (2014). Shared services in public health. Available from: <http://phsharing.org/sites/wisconsin/>