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Commentary Introducing the Issue

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Abstract

In an era of diminished resources, public health agencies are being asked to do more with less. Evidence suggests that while revenues at the state and local levels have been flat or increased slightly since 2010, a large number of governmental public health agencies in the United States have been forced to cut programs and/or staff to compensate for the relative paucity of funds at their disposal. At the same time, these agencies have been challenged to effectively deploy diminished resources to develop and implement multi-level interventions in their communities and to address the many determinants of complex chronic diseases, such as diabetes mellitus and heart disease. Infectious diseases like influenza still pose significant threats to public health, placing an additional strain on departmental resources. One way many health departments are addressing the challenge posed by diminished resources is through collaborating with other partners in the public health system to protect community health.

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The articles in this issue of *Frontiers in PHSSR* provide insight into the diversity of opportunities for collaboration between public health agencies and other system partners, but also remind us that collaborative activities may have some drawbacks. Opportunities for collaboration highlighted in this issue range from activities with other healthcare providers, such as those related to the IRS Form 990, Schedule H requirements examined in “What ‘Community Building’ Activities Are Nonprofit Hospitals Reporting As Community Benefit?”¹ to sharing services with other governmental public health agencies, as highlighted in “A Case Study of Cross-Jurisdiction Resource Sharing: The Merger of Two Tuberculosis Clinics in East Tennessee.”² Whatever their type and form, public health agencies always run the risk that, the Kershenbaum et al. article reminds us, partnerships may yield some benefits, but also may come with some risks. Thus, it becomes important that, as “Exploring the Process, Models, and Outcomes of Hospital-Public Health Partnerships”³ and “Public Health System Partnerships and the Scope of Maternal and Child Services: a Longitudinal Study”⁴ both suggest, that public health agencies be conscious of the types of partnerships they have with other system members, and remember that some partnership attributes may be associated with more desirable outcomes.

Whatever type of partnerships public health agencies enjoy, communication is a critical aspect of engaging other system members. As suggested in “Health Communication as a Public Health Training and Workforce Development Issue,”⁵ while many public health agencies may have a staff member tasked with activities related to communication, the background and qualifications of these staff vary. Given the critical role communication plays in engaging other system partners, agencies may wish to examine the qualifications of their communications staff.

Partnerships and collaboration can be a double-edged sword: They may allow public health agencies to better serve their communities, through focusing less on the direct provision of services and more on assuring the provision of services through many system partners. However, with assurance comes the need for oversight and for ensuring that the most vulnerable among us don’t fall through the cracks of the public health system.

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