



Oregon Local Health Department Cross-Jurisdictional Sharing

Mini Case Study: Adult Immunization Project

Cross-jurisdictional sharing (CJS) is helping to expand Oregon's public health system. Through utilizing CJS, local public health agencies are able to provide better public health services to more of their community members. This series of mini case studies highlights the design and implementation of cross-jurisdictional sharing between some of Oregon's local public health agencies. Local public health agencies can use these mini case studies, along with other tools provided in the AIMHI Modernization roadmap, to increase capacity and efficiency in their public health services.

Project Overview

The Hood River local health department and the North Central District health department, which includes Wasco, Gilliam, and Sherman Counties, launched a shared adult immunization program from 2012-2013 through the Immunize Oregon project. Together, Hood River and North Central wrote the immunization project grant proposal to the Oregon Health Authority. The grant funds were held by Hood River, who used the funds to hire a full-time registered nurse from Hood River County to be the project coordinator and cover the immunization services for all four counties throughout the duration of the project. The four counties entered into a Memorandum of Understanding, which included a description of how the work was going to be executed and who would lead the work. The purpose of the immunization project was to expand the number of adults receiving the TDAP (tetanus, diphtheria, and pertussis) and influenza vaccinations, especially in high-risk populations. Those who had health insurance and received their immunizations through the immunization project were covered by their insurance company, while those who were without health insurance were eligible to receive immunizations covered by the state. Immunizations were administered and promoted all over the four counties, with an emphasis on pharmacies, long-term facilities, Head Start, and community rural health centers.

Adult Immunization Project



Agreement type: service-related

Type of contract: Memorandum of understanding

Modernization Foundational Program/

Capability: Communicable Disease Control

Funding structure:

- + Grant funding was used to pay for a project coordinator and the implementation of the immunization project

Population served:*

- + Hood River County: 23,232
- + Gilliam County: 1,854
- + Sherman County: 1,710
- + Wasco County: 26,115
- + Total: 52,911

Motivation for Sharing

Both Hood River and North Central District health departments identified multiple motivations for implementing this sharing arrangement, including:

- + the sharing arrangement increased the efficiency of immunizing adults throughout the four counties;
- + with Hood River and North Central both being small health departments, it was logical to combine forces for this project instead of using two administrative structures when it could be done successfully with one;
- + the funding opportunity arose and could be more effectively used if Hood River and North Central applied for the funding together; and
- + both local public health agencies were equally interested and invested in collaborating due to the established relationship they had developed from previous collaborations.

Challenges & Solutions to Sharing

Both Hood River and North Central district health departments expressed a great deal of satisfaction with this sharing arrangement, and both concluded that there were no significant challenges that arose across jurisdictions. However, there were some minor challenges to be overcome within the project itself.

Challenge: Due to a lack of communication, developing a relationship with those from the Immunize Oregon project grant was challenging.

- ↳ Solution: All partners made a more concerted effort to increase communication; Hood River and North Central district would provide support to one another and would collaborate on ways to approach entities they were not yet in contact with.

Challenge: The large geographic area was a challenge, as there was only one registered nurse as the project coordinator.

- ↳ Solution: The project coordinator's focused on establishing contacts in each of the distribution facilities, as well as visiting the clinics.

Benefits of Sharing

Each of the counties involved indicated benefits that resulted from the adult immunization program, including:

- + assigning work to only one or two people allowed the program to be accomplished with greater efficiency;

- + Hood River and North Central developed a transparent and communicative working relationship;
- + vaccination rates within the four counties increased among adults; and
- + the project coordinator established relationships with long-term care facilities and other local resources that would allow the project to extend beyond the life of the grant.

Essential Elements for Sharing

The counties identified some essential elements needed for this sharing arrangement to be successful, including:

- + keeping lines of communication open among partners to ensure both counties stay updated on the work being done in their respective communities;
- + acquiring local government support in sharing resources across jurisdictional boundaries;
- + establishing a clear plan and goals among all partners at the start of the project;
- + hiring a qualified full-time project coordinator; and
- + establishing trusting relationships with neighboring counties to open up communication for future projects.

Lessons Learned

Both local health departments expressed that this project could have been effective at reaching adults with all of the recommended vaccines, not just TDAP and influenza vaccines. In the future, similar projects should consider expanding the scope to include more vaccinations.

Moving Forward

Both North Central and Hood River concluded that this project was successful at achieving its intended purpose. Further, the registered nurse hired as the project coordinator was able to establish long-term arrangements with local long-term care facilities, pharmacies, and other local organizations to extend vaccination resources to the community past the life of the grant.

*United States Census Bureau / American FactFinder. "Annual Estimates of the Resident Population: April 1, 2010 to July 1, 2016". 2016 Population Estimates Program. Web. March 2017. <http://factfinder2.census.gov>.