



Oregon Local Health Department Cross-Jurisdictional Sharing

Mini Case Study: Communicable Disease Information Sharing

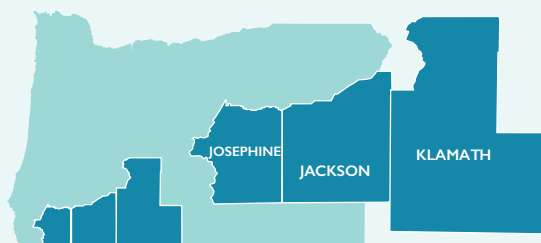
Cross-jurisdictional sharing (CJS) is helping to expand Oregon's public health system. Through utilizing CJS, local public health agencies are able to provide better public health services to more of their community members. This series of mini case studies highlights the design and implementation of 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

Once a month, representatives from Jackson, Josephine, Klamath, and some Northern California Counties gather on a phone conference to update one another on communicable disease related information specific to their respective counties. Some of the representatives on the line include: local public health administrators, health officers, nurse supervisors, communicable disease supervisors, epidemiologists, and staff from local hospitals. There are usually between seven and nine people from these local health departments who participate on the calls.

This line of communication is an opportunity for counties to stay updated and connected on communicable disease issues happening in neighboring counties. This call allows for counties to be informed about possible communicable diseases that could enter into their own jurisdictions, strategies for controlling and preventing communicable diseases, and developing a coordinated effort in combating communicable diseases between counties. Examples of information that was shared include information about influenza, STIs, norovirus, and other diseases. This call is a way for counties to be able to find differences and commonalities between the individual anecdotes experienced within the counties, as well as any trends, successes, and limitations they are each facing.

Communicable Disease Information Sharing



Agreement type: Informal/Customary Arrangement

Type of contract: None

Modernization Foundational Program/

Capability: Communicable Disease Control

Funding structure:

- + Jackson County pays for a conference line which is used to host these monthly CD calls, there are no other hard costs associated with this sharing arrangement

Population served:*

- + Jackson: 216,527
- + Josephine: 85,904
- + Klamath: 66,443
- + Total in Oregon: 368,874
- + Northern CA: Unknown, as the epidemiologist that participates covers multiple counties, including Shasta & Siskiyou

Motivation for Sharing

Each county identified multiple motivations for implementing this sharing arrangement, including:

- + communicable diseases do not stop at county borders, so it is helpful for neighboring counties to be informed of what communicable diseases are being seen in bordering counties;
- + residents in one county will often go to hospitals and seek medical care in a neighboring county; and
- + communicating across state borders with California helps inform neighboring counties in Oregon of what communicable diseases to be aware of when the State may not have access to that information.

Challenges & Solutions to Sharing

There were very few challenges identified among the counties within this particular sharing arrangement. There was a general consensus that due to the informal nature of this collaboration, there were virtually no roadblocks. The only challenge identified was finding a time that worked for everyone to meet monthly, which was overcome through the counties deciding on a time that worked best for at least one representative from each county to join the call.

Benefits of Sharing

The counties involved indicated many benefits from the monthly multi-county communicable disease conference calls, including:

- + sharing knowledge and learning how neighboring counties handle communicable disease outbreaks;
- + building long-term relationships with neighboring counties that result in greater trust and a foundation for collaboration in the future;
- + staying updated on the potential communicable disease outbreaks in neighboring counties, which allows each of the counties to be better prepared for specific diseases to cross county borders;
- + getting to learn from other counties experiences; and
- + in one particular circumstance, the southern counties were able to receive updates from

California about how they were handling the Ebola outbreak when Oregon State's public health department was unable to share that information with those counties.

Essential Elements for Sharing

For other counties interested in this sharing arrangement, the counties involved identified several important elements for sharing, including:

- + an equal commitment from all parties to be collaborative and inclusive;
- + the only equipment necessary is a conference line and a telephone;
- + being aware of the Health Insurance Portability and Accountability Act (HIPAA) so that sensitive information is not inappropriately shared; and
- + all partners being willing to share successes and failures for the betterment of the whole.

Lessons Learned

Some of the counties involved identified lessons learned from this collaboration, including

- + inviting more partners initially to join the conference call to have a larger group from the beginning of the collaboration; and
- + it could be beneficial to meet face to face once a year and perhaps hold a yearly collaborative communicable disease training.

Moving Forward

Each county involved foresees this sharing arrangement continuing indefinitely due to the benefits it brings to the communities at little to no cost. According to the counties involved, the collaboration has certainly fulfilled its intended purpose. The benefits of staying updated on the communicable disease outbreaks in neighboring counties while building relationships across borders has made this collaboration a great success.

*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>.