



# Oregon Local Health Department Cross-Jurisdictional Sharing

## Mini Case Study: Public Health Emergency Preparedness of Central Oregon

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

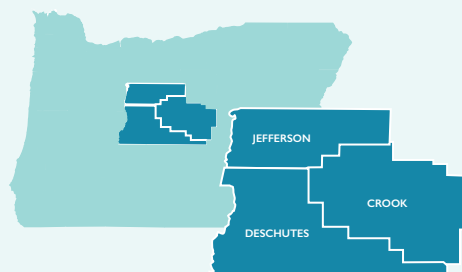
Deschutes, Jefferson, and Crook Counties wrote a collaborative grant proposal to the Robert Wood Johnson Foundation to fund a cross-jurisdictional approach to public health emergency preparedness in Central Oregon. The project included three counties in Central Oregon: Crook, Deschutes, and Jefferson. This was a two-year long project from January 2013 to January 2015, with a goal and vision to develop a shared approach to public health emergency preparedness between the three counties.

The grant funds were held by Deschutes with a small amount going to Crook and Jefferson. Stakeholders from the three counties met in person monthly, and over the phone more frequently. Though Deschutes oversaw the project, there was a joint leadership effort between all three counties and decisions about the project were made together.

The goals of this project included:

- + develop a tri-county Public Health Reserve Corps;
- + develop a regional risk communication program;
- + create an integrated training and exercise program; and
- + create a business operation plan for shared resources.

### Emergency Preparedness



**Agreement type:** Handshake agreement

**Type of contract:** Agreement per the Grant funding requirements

**Modernization Foundational Program/**

**Capability:** Emergency Preparedness and Response

#### Funding structure:

- + The grant amount was for \$65,006 over two years
- + Deschutes held most of the funding for tri-county project development
- + Each county received a small amount of the grant funding for local project implementation

#### Population served:\*

- + Jefferson: 23,080
- + Deschutes: 181,307
- + Crook: 22,570
- + Total: 236,957

Of these goals, some were completed and others were not. The tri-county area was unable to find a regional partner with the resources to coordinate the Public Health Reserve Corps project therefore, this goal was eliminated. The counties did adopt a regional risk communication program with customized protocols for each county. The tri-county area was able to include aspects of an integrated training and exercise program by utilizing grant funds from the state. The counties plan to continue to seek grant funding for these trainings. Lastly, developing a business operation plan was put on hold due to a lack of funding at the time of the project.

### Motivation for Sharing

The counties identified multiple motivating factors for implementing this sharing arrangement, including:

- + communicable diseases and natural disasters don't follow jurisdictional boundaries, so establishing a regional approach for public health emergency preparedness increases capacity and the level of service to constituents in times of need;
- + these three counties share one health system, allowing room for collaboration;
- + this collaboration was a great opportunity to create improved infrastructure in the local public health systems; and
- + the arrangement allowed for the expansion of the public health emergency preparedness system and for learning a new, larger model for population-level emergency preparedness.

### Challenges & Solutions to Sharing

Challenge: Differing sizes and populations of the three counties within the sharing arrangement caused concern over aspects of the sharing arrangement that could cause disproportionate financial impact on smaller counties.

- ↳ Solution: The counties identified outside funding sources, in this case a grant from the State of Oregon, so individual counties would not be burdened with financial responsibility.

Challenge: Lack of adequate funds to hire a regional preparedness coordinator to provide regional preparedness trainings and exercises.

- ↳ Solution: State funds were utilized to hold a regional training and exercise program and future plans have been made to continue seeking funding opportunities for regional trainings.

Challenge: Leadership turnover occurring within the duration of the project caused some internal confusion around the original shared vision of the project.

- ↳ Solution: Maintaining consistent communication with the preparedness coordinator and public health leadership in each county.

### Benefits of Sharing

The counties identified benefits that resulted from the tri-county approach to emergency preparedness, including:

- + increased communication between the three counties, which helped develop and sustain greater coordination, trust, and motivation;
- + increased cross-jurisdictional sharing opportunities and projects that have developed through those nurtured lines of communication and trust; and
- + enhanced preparedness capacity, including a monthly emergency response meeting between public health officials of the three counties.

### Essential Elements for Sharing

The counties identified several important elements for sharing, including:

- + identifying and documenting clear goals and expectations between all counties involved;
- + trust between all collaborators involved; and
- + establishing how the program will be funded.

### Lessons Learned

The counties identified lessons learned through this sharing arrangement, including:

- + establishing a clear understanding of the funding available at the onset of the project; and
- + establishing an understanding of the capacity and desire of each county, so the goals and expectations are aligned with what local public health agencies are willing and able to participate in.

\*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>.