



# Oregon Local Health Department Cross-Jurisdictional Sharing

## Mini Case Study: Joint Community Health Assessment

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

Polk and Marion Counties carried out a joint Community Health Assessment (CHA) in 2015 that allowed them to capture a broad picture of population health for the two-county geographic area using the MAPP (Mobilizing for Action through Planning and Partnership) framework. The informal collaboration and partnership was planned and developed by:

- + Marion and Polk Counties' local public health agencies;
- + The counties' shared CCO: Willamette Valley Community Health;
- + Hospitals, including Kaiser Permanente, Santiam Health, and Salem Health;
- + Marion-Polk Early Learning Hub; and
- + United Way.

Other community partners that were in need of the data that would be collected throughout the region were invited to collaborate as well. A steering committee was created and comprised of representatives from 10 of the partnership agencies. This steering committee drove much of the decision-making throughout the project.

The nature of this project allowed for it to be conducted without local government approval, for example there were no extra "funds" needed for this sharing arrangement because all time spent on this project was part of normal business operations. Each local health department gathered community health data in their own county. Polk County conducted three focus groups and two community forums that Marion County was invited to attend. Marion County kept track of all the steering committee minutes, gathered the data from both counties, and conducted the analysis for Polk and Marion Counties.

### Joint Community Health Assessment



**Agreement type:** Informal agreement  
**Type of contract:** None  
**Modernization Foundational Program/  
Capability:** Assessment & Epidemiology

#### Funding structure:

- + There was no formal funding structure as the majority of this work was part of normal business operations
- + The majority of funding support for this project was in-kind donations from Marion and Polk Counties
- + The Willamette Valley CCO contributed funding for community forums, food, and paid the graphic designer and printing of the CHA booklet

#### Population served:\*

- + Marion: 336,316
- + Polk: 81,823
- + Total: 418,139

\*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>.

## Motivation for Sharing

Both counties identified multiple motivations for implementing this sharing arrangement, including:

- + Marion County has a history of developing robust and detailed materials, which appealed to Polk County because they are a much smaller county and have fewer resources;
- + Marion County's CHA was required in order to meet Public Health Accreditation Board standards, which appealed to Polk County as a smaller, unaccredited county health department;
- + the joint CHA would have a greater collective impact because both counties and all partners would be focused on the same specific health priorities;
- + working with and developing relationships with neighboring counties can be holistically beneficial; and
- + it is a requirement for Polk County, Marion County, and Willamette Valley Community Health to carry out a CHA, and the joint CHA helped all three accomplish this goal.

## Challenges & Solutions to Sharing

Challenge: Staff turnover in Polk County became a challenge – not having a consistent staff person specifically assigned to work on the CHA left much of the responsibility up to the Local Health Administrator and the small number of health department staff.

- ↳ Solution: The epidemiologist in Marion County helped sustain continuity. They trained the Polk County Public Health Administrator on some of the processes and skills necessary for analyzing data for the CHA.

Challenge: Working with the CCO posed a challenge for the counties, as the CCO was under management reconstruction, didn't have a CEO, and did not have the same level of background knowledge concerning public health processes and systems.

- ↳ Solution: The local public health staff continued to support and educate their CCO on the processes involved in the realm of public health. The CCO also contributed in other ways, such as funding, printing, developing graphics, and Spanish translations in some of the print materials.

## Benefits of Sharing

Both counties involved indicated benefits that resulted from the community health assessment sharing arrangement, including:

- + Polk County being able to increase credibility and reliability as they completed a robust health assessment that produced useful data for the community;
- + internal capacity in Polk County public health increased as the acquired data and health assessments became useful for grant proposals;
- + reaching across county borders allowed for clinical services and preventative services to be handled at a greater capacity as the two counties encountered very similar health issues; and
- + building a greater foundation for ongoing collaboration between Marion and Polk Counties.

## Essential Elements for Sharing

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

- + equal commitment from all partners;
- + stable and consistent leadership;
- + equal representation from all jurisdictions on the steering committee;
- + partner flexibility;
- + invested stakeholders; and
- + building a trusting relationship with a partnering county.

## Lessons Learned

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

- + differences in the size of the counties may require some of the data collection to be adjusted for the different populations; and
- + establishing formal agreements, such as having a contractual agreement, may prove helpful in communicating and marketing to the public, local authorities, and decision makers.

## Moving Forward

Both counties agreed that the joint CHA was beneficial and successful and that they intend to do another CHA together in the future. The benefits of having such a comprehensive assessment of a large population proved incredibly helpful, and both communities benefited from the established communication and trust the counties share across their borders. Moving forward the counties plan to adopt a more robust data-informed method for establishing priorities in order to support transition to a Community Health Improvement Plan that can be supported by the Local Health Departments and the CCO.