

# An Exploration of CJS between Polk & Marion Counties

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# Easy collaboration to partnership

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	<b>Marion</b>	<b>Polk</b>
Population (2016)	336,316	81,823
PHAB Accredited	Yes	No
CHA/CHIP	2015	2015
CCO – WVCH	Marion-Polk	Marion-Polk
ELH – ELH, Inc	Marion-Polk	Marion-Polk

# What is the Center for Sharing Public Health Services?

<http://phsharing.org/what-we-do/who-we-are/>



Cross-jurisdictional sharing (CJS) is the deliberate exercise of public authority to enable collaboration across jurisdictional boundaries to deliver essential public health services.

Collaboration allows communities to solve problems that cannot be solved – or easily solved – by single organizations or jurisdictions.

Since 2012, the Center for Sharing Public Health Services has served as a national resource on cross-jurisdictional sharing, building the evidence and producing and disseminating tools, methods and models to assist public health agencies and policymakers as they consider and adopt CJS approaches.

The Center for Sharing Public Health Services is a national initiative managed by the Kansas Health Institute with support from the Robert Wood Johnson Foundation.

# Goal: Launch a two-county conversation exploring CJS

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Objective 1: Marion County Health Department and Polk County Health Department complete two assessments utilizing the CJS assessment tools.

Objective 2: Bring together governing entities and health department leadership to agree and act as a steering committee for CJS arrangements.

Objective 3: Identify, prioritize and select at least one service area, function or capability to move on to phases two of the Roadmap.

# Our Process

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Obtained a letter of support from all commissioners in Marion and Polk Counties

Neutral facilitator with understanding of both counties and unique characteristics

Held three meetings over lunch

Note taker so both county leadership could participate fully

# Metric 1: The Two Self-Assessments and Collaborative Trust Scale are completed by Marion and Polk Counties

## Assessment Tool for Public Health Marion County & Polk County

### Q3.1-Current Services.

Which of the following functions and services currently exist in your health department? Check all apply.

Program	Marion	Polk
Emergency preparedness	X	X
Epidemiology or Surveillance	X	X
Physician and Nursing Services	X Health officer	X Nursing only
Communicable Disease Screening or Treatment	X	X
Chronic Disease Screening or Treatment		
Maternal and Child Health Services	X	X
Population-Based Primary Prevention Programs	X	X*
Inspection, Permit or licensing	X	X*
Environmental Health Programs other than inspections, permit or licensing	X	X*
Community Health Assessment	X	X
Administrative planning and support services	X	X
Laboratory services	X	X

## Collaborative Trust Scale

Subsections	Pre – test	Post – test
Trust in Partner Knowledge	27.2	28.4
Trust in Partner Integrity	24.0	27
Trust in Partner Investment in Community Well-Being	22.4	28.4
Trust in Partner Behavior (predictability)	22.6	26.8
Trust in Communication	25.2	27.6
Overall (Out of 30)	24.3	27.64

Metric 2: Are we successful in engaging two county public health leadership and county government throughout the duration of the grant as demonstrated by 100% meeting attendance?

### Leadership Team

1. Kevin Cameron, Marion County Commissioner
2. Craig Pope, Polk County Commissioner
3. Cary Moller, Marion County Health Department Administrator
4. Noelle Carroll, Polk County Health Services Director
5. Pam Hutchinson, Marion County Public Health Division Director
6. Katrina Rothenberger, Polk County Public Health Administrator





# Metric 3: Marion and Polk Counties identify at least one service, function or capability to move onto phase two: Prepare and Plan

## Option 1 Regional Communicable Disease Control initiative

**Program:** communicable disease

**Functional areas:** surveillance & intervention and control

**Capabilities:** communication, community partnership development

## Option 2 Regional Health Officer

**Capability:** leadership and organizational competencies

Workforce development and retention of higher level practitioners to provide leadership & oversight are difficult for local public health departments. Two distinct needs in public health face in the community with good communication skills.

## Option 3 Capability: Health Equity

Conduct a Regional Health Equity assessment and action plan (PH Modernization of community stakeholders. Hire a facilitator or FTE to train health department staff on procedures. The CCO would be a major partner.

## Option 4

**Capability:** Assessment & Epidemiology

Formalize the Community Health Assessment process by establishing written procedures.

Work with other community partners to fund this work.

CCOs and hospitals also have CHA requirements.

## Option 5

**Program:** Access to Clinical Preventive Services, Communicable Disease Control

**Capability:** Communications, Community Partnership Development

Collaborate on a regional immunization coalition Strategic planning process to identify gaps in immunizations rates in Marion and Polk Counties. Embark on a regional immunization coalition Strategic planning process to identify gaps in immunizations rates in Marion and Polk Counties. Embark on a regional immunization coalition Strategic planning process to identify gaps in immunizations rates in Marion and Polk Counties.

## Option 6

Service related arrangement for Sanitarian. Cross train in septic inspections.

## Option 7

**Capability:** Emergency Preparedness

Achieve buy-in for a two-county Medical Reserve Corps. Marion County Emergency Management coordinates an MRC and would need to agree to this action. The role of Polk would be to get buy in from Emergency Manager, recruit medical providers and attend meetings?

## Option 8

**Program:** Prevention & Health Promotion

**Capability:** Policy & Planning and Community Partnership Development

Tobacco Prevention to work regionally to develop policies and build community partnerships locally.



# Metric 3: Marion and Polk Counties identify at least one service, function or capability to move onto phase two: Prepare and Plan

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## Option 1

### Regional Communicable Disease Control initiative

**Program:** communicable disease

*Functional areas:* surveillance & intervention and control

**Capabilities:** communication, community partnership development



Collaborate on a strategic planning process to identify the current gaps contributing to health disparities. The goal is to work regionally to develop an educational curriculum outreach out to the 7-8 reporting sectors and build effective partnerships to improve timely reporting to local health departments and ensure evidence-based infectious disease control programs are in

# Phase 1 of the Roadmap

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**Goals & Expectations:** What is the issue that needs to be addressed, etc.

**Scope of the Agreement:** What are the ph services currently offered by each jurisdiction? What CJS agreements currently in place? What are the service gaps to fill, what could be considered for sharing?

**Partners & Stakeholders:** Is there political willingness among stakeholders and those affected by the issue to explore CJS as a possible solution? Is CJS a feasible option?

# Surprises & Lessons Learned

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More education to policy makers about their public health authority and responsibilities is needed

Having a basic structured conversation is helpful to build trust and camaraderie around issues at stake

One commissioner wanted to codify the leadership group and turn it into a body with some authority

Commissioners decided to attend each other's BOC work session to talk about this exercise and next steps

We wanted to jump to phase 2 (prepare and plan) and had to remind ourselves to stay in phase 1

# Experience through the eyes of a commissioner

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# Questions

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