An Exploration of CJS between Polk & Marion Counties

OCTOBER, 2017

REBECCA CHÁVEZ
COMMISSIONER KEVIN CAMERON
KATRINA ROTHENBERGER
## Easy collaboration to partnership

<table>
<thead>
<tr>
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<th>Marion</th>
<th>Polk</th>
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<tbody>
<tr>
<td>Population (2016)</td>
<td>336,316</td>
<td>81,823</td>
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<tr>
<td>PHAB Accredited</td>
<td>Yes</td>
<td>No</td>
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<tr>
<td>CHA/CHIP</td>
<td>2015</td>
<td>2015</td>
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<td>CCO – WVCH</td>
<td>Marion-Polk</td>
<td>Marion-Polk</td>
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<td>ELH – ELH, Inc</td>
<td>Marion-Polk</td>
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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.

PHSharing.org
(855) 476-3671
email: PHSharing@khi.org

June 2017
CSPHS/03-V3
Goal: Launch a two-county conversation exploring CJS

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

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.
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
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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

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

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
Questions

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