

INTRODUCTION

The Center for Sharing Public Health Services visited the Shared Services Learning Community site in Central Oregon on July 30–31, 2013. This *Site Visit Report* documents the activities from the site visit as well as some of the Center’s observations. The report reflects the Center for Sharing Public Health Services team observations at the time of the site visit.

The report includes a lengthy *Background* section for those not familiar with the partnership. For those familiar with the partnership, go directly to the *Observations* section, which starts on page 4.

BACKGROUND

About the Center

The Center for Sharing Public Health Services helps communities learn how to work across jurisdictional boundaries to deliver essential public health services. The Center serves as a national resource on cross-jurisdictional sharing (CJS), 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.

Building Evidence: One way the Center builds evidence is by working closely with a Shared Services Learning Community (SSLC), made up of demonstration projects in several states that encompass a diverse spectrum of CJS initiatives, from small-scale initiatives to full consolidation of health departments. The Center provides technical assistance and a forum that allows these communities to share lessons learned with each other and the Center. In return, the SSLC acts as a learning laboratory by providing real world experiences that the Center collects and analyzes and shares with the nation.

Producing and disseminating tools, methods and models: The experiences of the SSLC, along with other research and expert opinions, provide the knowledge and insight the Center needs to provide tools and assistance to any community or group of communities considering CJS arrangements.

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.

About Central Oregon

Central Oregon is an extremely beautiful mountainous region consisting of three counties and covering about 7,800 square miles. It is located in the middle of the state with the Cascade Mountain Range to the west and the smaller Ochoco Mountains to the east. Snow-covered peaks, ponderosa pines and rangeland on desert plateaus characterize the scenery. The area boasts 300 days of sunshine each year, making it ideal for recreational activities. Tourism, lumber, and ranching are the primary industries.

Three counties — Crook, Deschutes, and Jefferson — comprise this region. The three counties are served by the same media market.

Crook County had a population in 2010 of 20,978. Its county seat is the city of Prineville. Agriculture is a major industry, thanks to irrigation districts. The Ochoco National Forest provides ponderosa pine for the lumber industry. Tourism and recreation are also important to the economy.

Deschutes is the largest county with a population of 157,733. Bend is the county seat, and also the largest city in the region. The National Forest Service owns 51 percent of the lands within Deschutes County.

Jefferson County has a population 21,720. The county seat is the city of Madras. Agriculture and ranching are important industries here. The Confederated Tribes of Warm Springs owns the Warm Springs Forest Products Industry, which is the single biggest industry in the county. The major landowners in the county are the National Forest Service, which owns 24 percent of the lands, and the Warm Springs Reservation, which owns 21 percent.

The region has a rich history of informally sharing services. For example, law enforcement in the area often work together to tackle regional problems, and the health departments have collaborated on communications in the past. Lately, more formal arrangements have been implemented. The Wellness and Education Board of Central Oregon (WEBCO), for example, was recently formed to serve as a regional behavioral health authority for Crook, Deschutes and Jefferson Counties.

The state recently considered legislation that would combine the public health departments across the state into eight regional public health authorities. The bill was amended and regionalization is now being considered by an interim committee. Most are resistant to this regionalization effort.

About Central Oregon CJS Preparedness

The three counties in the Central Oregon region — Crook, Deschutes, and Jefferson — have come together to discuss ways to expand and improve emergency preparedness and response. They are focused on three specific areas: preparing a regional risk communications plan, developing a multi-county approach to preparedness training, and expanding the Deschutes County Medical Reserve Corps into the other two counties.

Project Director Mary Goodwin, Public Health Preparedness Coordinator at Deschutes County Health Department, is leading this effort.

In January 2013, the leadership group overseeing this effort met to do strategic planning around this initiative. They agreed to work together on the three preparedness issues, but did not make decisions concerning operational issues. In April 2013, they met again and examined four models for sharing.

SITE VISIT

Participants

The host team included:

- Mary Goodwin, Preparedness and PHRC Coordinator, Deschutes County Health Department (Project Director and Communications Coordinator)
- Muriel Delavergne-Brown, Director, Crook County Department
- Karen Yeargain, CD and Preparedness Coordinator, Crook County Department
- Tom Kuhn, Community Health Program Manager, Deschutes County Health Services
- Tom Machala, Director, Jefferson County Public Health Department
- Mike Ahern, Commissioner, Jefferson County
- Tammy Baney, Commissioner, Deschutes County
- Ken Fahlgren, Commissioner, Crook County

A visitor from another Shared Services Learning Community Site attended the site visit:

- Yellowstone/Carbon Counties Montana:
 - Kelley Evans, CEO, Beartooth Billings Clinic, Montana

The following stakeholders also participated in the site visit:

- Kathy Christensen, Clinic Supervisor, Deschutes County Public Health
- Patty Hutton, Communicable Disease Supervisor, Deschutes County Public Health
- Heather Kaisner, Immunization and Communications Coordinator, Deschutes County Public Health
- Tami Larson, Logistics and Support Services, Deschutes County Public Health
- Jim Mahoney, M.D., PHRC Chair, Ham Radio Operator (Volunteer), Deschutes County Public Health
- Mindy Stomner, RN, Crook County Health Department Immunization Coordinator
- D. Max Hamblin, REHS, Crook County Health Department Environmental Health Director (CCEPC)
- Jim Hensley, Crook County Sheriff (CCEPC)
- John Jackson, Singletree Consulting, Crook County Fire Ready program, retired forester with extensive preparedness/incident management team experience CC Search and Rescue (CCEPC)
- Mike Kasberger, Ochoco Irrigation District Manager
- Matt Smith, Crook County Fire and Rescue
- Jan Collier, Jefferson County Public Health Department Administrative Assistant for HAN/PHEP.
- Minda Morton, Jefferson County Public Health Department Healthy Communities/Early Learning/TPEP/Accreditation Coordinator
- Jim Epley, Jefferson County Emergency Management
- Christine Gish, St. Charles-Madras, Chief Nursing Officer

- Marty Betsche, Disaster Coordinator, St. Charles Health System (Regional)
- Andrea Kidder, Safety Officer, St. Charles Health System
- Karen Parmelee, Readiness Specialist, American Red Cross (Regional)
- Kattaryna Stiles, Preparedness Liaison, Office of Health Affairs Health Security Preparedness and Response Program (Regional)
- Don Webber, Deschutes County Emergency Manager

Two representatives from the Center for Sharing Public Health Services facilitated the site visit:

- Patrick M. Libbey, Center Co-Director
- Gianfranco Pezzino, Center Co-Director

Site Visit Activities

On Tuesday, July 30, the Center team and site visitor met in Bend, Ore., with members of the CJS leadership team, including the directors from the Crook County and Jefferson County health departments and commissioners from all three counties. They had a facilitated dialog about governance and leadership issues associated with CJS and the need to connect this effort in public health to work underway in other sectors.

After that meeting, the site visit team met with the public health administrators, including the project director, to discuss their perspectives.

In the afternoon, the site visit team went to the Deschutes County Health Department to meet with the Deschutes County Health Services Preparedness Team to discuss operational issues associated with sharing emergency preparedness services.

On Wednesday, July 31, the Center Co-Directors met with Scott Johnson, Director of Deschutes County Public Health, who was unavailable the day before. Then, the site visit team drove to Prineville in Crook County for a morning meeting with the Crook County Health Department and external preparedness partners. In the afternoon, they drove to Madras in Jefferson County to meet with staff from Jefferson County Public Health and their external preparedness partners. At both meetings, they discussed operational and administrative issues association with sharing emergency preparedness services.

OBSERVATIONS

Site visits provide a valuable learning opportunity, both for the Center staff and for the participants. There is only so much information the Center can gather from reports or phone calls. Meeting with people in their actual environment completes the picture and contributes to a better understanding of the project.

Some observations gathered by the Center as a result of participating in the site visit follow.

Geography is important in this project.

The relative proximity of the three counties is important in this project. People cross county lines every day to go to work and to acquire goods and services. The county governments often work together on matters of law enforcement and other public safety issues.

At first, the project team may want to focus on just one of the three preparedness functions.

The partnership may be trying to move forward too quickly by simultaneously focusing on three preparedness functions. By focusing on just one of the three functions, they could work out structural and financial issues that pave the way for future sharing work.

There is consensus among the counties that there could be advantages to coordinating communications during emergencies. It can create confusion, after all, when different messages about the same topic come from the same media. Therefore, preparing a regional risk communications plan may be a good place for this partnership to start. Once they have achieved success in this area, they could move on to the other parts of their emergency response plan.

The team may want to circle back to the exploring phase.

There are three phases for developing successful public health cross-jurisdictional sharing (CJS) arrangements: Exploring, Preparing and Planning, and Implementing and Improving.

Circling back and considering all of the issues in the exploring phase could make planning and implementing this project easier. For example, communicating why change is needed will help build support and mitigate resistance. Establishing guiding principles and revisiting what topics are on and off the table will help when planning and implementing the sharing arrangement.

Examining different means for achieving the shared goals could also be beneficial. For example, the health departments all agree CJS could improve risk communications. Several ways to accomplish that goal were addressed during the site visit. One suggestion was to use the Incident Command System (ICS) to manage preparedness issues including communications. Another was to have regular meetings between the preparedness directors of the three counties who would develop the risk communications plan at that regular meeting. A third suggestion was to have the Deschutes public information officer handle risk communications for the entire region. Another suggestion, proposed by the project team, involved pooling resources in order to share a public health spokesperson who could execute the risk communications plan.

It might help to go back to look more closely at each of these options and others in order to determine which would work best and which has the most support among the project team and key stakeholders.

The team should consider bringing other partners to the table.

The team is comprised of the administrators of each health department and commissioners from each county. It may help to bring in external partners. The hospital system, for example, is a community institution and major employer in the area. An administrator from that system could provide important insight into liability, capacity and financial issues.

The project could benefit from regular communications and frequent meetings with stakeholders.

Regular communications and meetings with health department staff and other stakeholders could help garner support and mitigate resistance for sharing projects. Regular communications are beneficial during all phases of a sharing project.

Policymakers are looking at the bigger picture.

While the policymakers were interested in expanding and improving preparedness activities, they seemed to view this project more broadly. They see preparedness as only one piece of the pie and public health as one part of the public safety system. They view this project as a learning opportunity and as a way to put a governance structure for sharing in place.

Formalizing the partnership may help ensure future stability.

The region has relied on informal and customary sharing arrangements in the past. Informal sharing arrangements rely on good interpersonal relationships. However, as personnel change, relationships often need to be rebuilt. Formalizing sharing arrangements can ensure future stability.

It may help to take a step back and consider a systems approach.

Instead of looking at the project as having three distinct deliverables, it may be beneficial to take a step back and look at the preparedness system as a whole.

LESSONS LEARNED

As a result of participating in this site visit, the Center staff came away with several insights that could be useful in this project and when working with other jurisdictions considering sharing arrangements.

Trust is an essential element in all successful cross-jurisdictional sharing arrangements.

The importance of trust was evident in this project. The three counties are served by a common media market, which contributed to the three health departments previously working together on communications. In 2009, they developed a coordinated approach to H1N1 communications. They felt they worked well together internally and that they had a good communications strategy. However, the

message was reframed at the county level. It caused some loss of trust among the county health departments.

This damaged trust seemed most evident when discussing funding. The counties seemed to prefer to work jointly through cooperative agreements, as opposed to consolidating and transferring money to support a joint effort.

There are issues to be resolved when different sized jurisdictions work together.

Deschutes County has more than seven times the population of each of the other two counties. As a result, their processes, finances and goals are often different from the other two jurisdictions.

For example, more personnel work for Deschutes County. It is the only county in the partnership that has a staff member dedicated wholly to communications. That person serves the entire county, not just the health department. When messages about public health preparedness have come from the Deschutes County communications office they are seen as too Deschutes-centric.

In another example, Crook County has a staff member who serves half time as their preparedness director and half time as their epidemiologist. They use their federal preparedness money, which comes through the state, to help fund this person. If they divert part of their preparedness money to help fund regional risk communications, they will need to find additional money to support the epidemiologist and preparedness director.

Another issue that came up during the site visit was how to equitably distribute the cost obligation for sharing arrangements.

There seemed to be a greater willingness to use state and federal funds for region-wide efforts, as opposed to locally generated tax revenue.

The roadmap proved to be a useful tool during this site visit.

The Center has seen a pattern for successful CJS arrangements emerge during its work. There are three phases in this pattern or roadmap: exploring, preparing and planning, and implementing and improving.

The Center staff outlined this pattern and shared it with the project staff and the site visitor during the visit. They all found it useful. The roadmap showed that the project team still had some work to do in the exploring phase. If the team pushes further into planning and then implementation without circling back to exploring, they may encounter difficulties.

It is important to have a concluding debriefing in the site visit.

Given the way this site visit was organized there was no wrap-up or debriefing session involving key leaders with the team leadership. In hindsight (including the experiences from subsequent site visits) this resulted in a loss of opportunity for sharing reflections on the work to date and the work ahead.

SELECTED COMMENTS AND QUOTES FROM THE SITE VISIT AND FOLLOW-UP EVALUATIONS

The following quotes are selected comments from the site team, site visitor and community stakeholders.

“For me, preparedness is only one piece of the pie.”

“County boundaries should not matter. Our community is Central Oregon.”

“We don’t like regionalization without local involvement.”

“In this country, we do not arrange marriages. We need to pick our own partners.” (In response to the state’s regionalization efforts.)

“How can this grant better enable county commissioners to focus and prioritize their time?”

“An expectation that we would have a fully integrated tri-county preparedness program is unrealistic under the current circumstances.”

“I really appreciated the opportunity to meet the other site observer and get her perspective as well.”