Regional Epidemiology Through Shared Services

A two-county rural public health model



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About Us

Kittitas County Public Health Department

Serves a population of 48,803 people and covers a total area of 2,333 square miles



Grant County Health District

Serves a population of 105,727 people and covers a total area of 2,791 square miles

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Kittitas County Public Health Department

The Rural Workforce Challenge



Surveillance

Growing public health data and surveillance requirements



Communicable diseases

Disease monitoring and outbreak investigations



Analysis

Community Health Assessments, grants reporting, public health planning, and shared regional awareness



Emergency preparedness

State and federal reporting requirements

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Foundational Public Health Services (FPHS)

FPHS funding for shared services



Creates specialized workforce capacity



Improves public health readiness



Supports local innovation



Encourages regional collaboration

Why Shared Services?

Instead of:

- ✗ Two partial positions
- ✗ Contracted support
- ✗ No local epidemiology capacity
- ✗ Funding shortfalls/reductions

The agencies pursued:

- ✓ One dedicated regional epidemiologist
- ✓ Shared expertise
- ✓ Shared infrastructure
- ✓ Shared learning

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Building the Partnership

Created through an interlocal agreement under RCW 39.34

60% Grant County

40% Kittitas County

- Kittitas serves as employer of record
- Each county provides site-specific programmatic priorities
- Joint leadership and oversight
- Shared evaluation and planning process

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Governance and Communication

Weekly check-ins

Leadership check-ins; joint check-ins with Epidemiologist

Shared decisions

Shared workload decisions and priority settings

Evaluations

Joint performance evaluations, led by Kittitas with input from Grant

Written reports

Weekly written reports from epidemiologist

Intentional communication structures prevent small issues from becoming large issues.

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The Regional Epidemiologist Role

Broad responsibilities

- Disease surveillance
- Epidemiologic investigations
- Respiratory surveillance
- Data analysis
- Dashboard/report development
- Technical assistance
- CHA/CHIP support
- Data governance
- Emergency response support

Cross-jurisdictional responsibilities

- Shared outbreak response
- Shared protocols
- Shared surveillance systems
- Consistent messaging
- Shared preparedness planning
- Shared regional awareness

Successes

200+

exposed individuals identified

First measles case identified January 2026

Preparation in place

- Response tools developed
- Templates created
- Line lists prepared
- Guidance documents assembled

Epidemiologist contributions

- Created incident tracking systems
- Developed exposure timelines
- Led epidemiologic reporting
- Supported Incident Command
- Monitored immunity and quarantine data

OUTCOME

Kittitas County Public Health was able to respond rapidly because epidemiology infrastructure already existed.

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Successes

March 2026

Simultaneous varicella and measles outbreaks

Shared resources

- ✔ Prepared response protocols
- ✔ Ready-to-use line lists
- ✔ Immunity documentation strategies
- ✔ Community transmission awareness
- ✔ Hospital preparedness discussions

OUTCOME

Grant County Public Health used existing epidemiology infrastructure and recent lessons learned, saving financial and personnel resources.

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System Improvements

Surveillance enhancements

- Symptom monitoring tools
- Improved outbreak surveillance
- Reduced staff burden during responses
- WA ESSENCE monitoring
- Respiratory surveillance
- Threshold monitoring and reporting

Data improvements

- Data handbooks
- Request forms
- Standardized data processes
- Enhanced analysis and visualization

Organizational Benefits

- Improved regional awareness
- Better integration with state and national public health activities
- Better outbreak data management
- Stronger collaboration between jurisdictions
- Increased staff capacity to focus on primary responsibilities
- A known person on staff, available as situations arise
- Shared priorities

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Challenges and Lessons Learned

Dual reporting relationship

- Who sets priorities
- How are conflicts resolved

Balancing two jurisdictions

- Different timelines
- Different cultures
- Different urgent needs

Building trust

- Learning two organizations
- Building credibility in both organizations

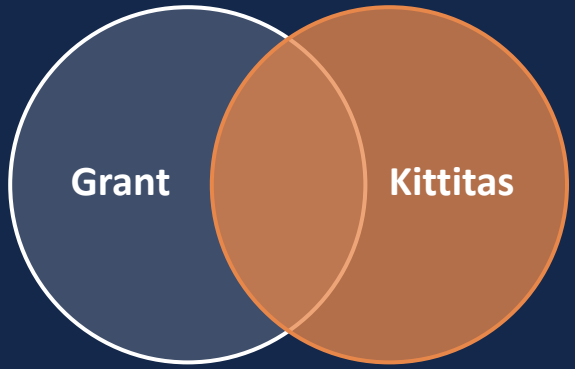
IT setup

- Making two systems talk to each other
- Work this out ahead of time

Key Takeaways

Rural communities do not need to choose between limited resources and high-quality public health practice.

Through collaboration, Grant County Health District and Kittitas County Public Health Department have built a stronger regional public health infrastructure that benefits both communities.



One shared epidemiologist

Thank You



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