

CASE EXAMPLE

# Preparing for Public Health Emergencies in Nebraska

## THE CHALLENGE

Nebraska is a largely rural state with 19 local health departments, most of which are districts that cover as many as 11 counties. Local health department capacity varies widely, even among those that serve similarly sized populations, with staff ranging from six to 14 full-time equivalents. Historically, each local health department had a unique memorandum of understanding (MOU) with each of its contiguous jurisdictions for emergency response. This meant that when two local health departments decided to formalize an agreement for emergency response, each department generated its own MOU for the other department to sign.

Increasingly, natural disasters in Nebraska affect several districts at a time, according to health department staff, resulting in adjacent jurisdictions simultaneously needing emergency assistance. The assistance should come from unaffected jurisdictions, which may not be contiguous and which could even be on the other side of the state. When this happens, the lack of a formal MOU with a responding jurisdiction results in a delay of time-sensitive response efforts.

## DEVELOPING A SINGLE MEMORANDUM OF UNDERSTANDING

As more widespread disasters occurred, Melanie Thompson, Emergency Response Coordinator for the Elkhorn Logan Valley Public Health Department, realized it was not feasible to develop specific MOUs between all local health departments throughout the state. And yet, a memorandum of understanding speeds up the process of getting much-needed help in times of need. She embarked on a quest to develop a single MOU for public health emergency response for all local health departments in Nebraska.

As a first step, Thompson drafted a generic memorandum of understanding and shared it with her fellow emergency response coordinators from contiguous jurisdictions in northeastern Nebraska. The emergency response coordinators contributed clauses from their own MOUs to ensure that

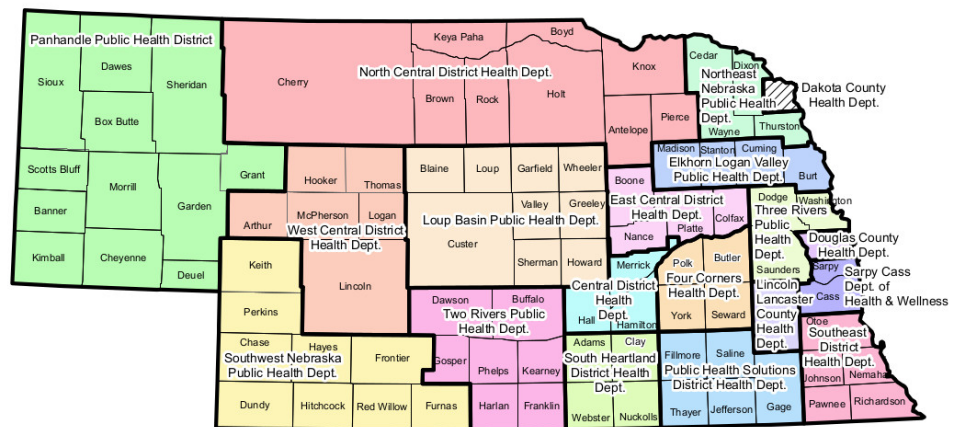
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*When two or three health districts are affected by the same catastrophic disaster, it becomes difficult to help your neighbors when you're trying to help yourself first.”*

—MELANIE THOMPSON

Emergency Response Coordinator for the  
Elkhorn Logan Valley Public Health Department

the new memorandum of understanding reflected the best components and language from each. Once consensus had been achieved, the draft MOU was placed on a virtual platform (Google Docs) and all emergency response coordinators in the state were asked to review and revise the draft. When they all agreed on the draft, Thompson then shared it with her director, who in turn shared it with the Nebraska Association of Local Health Directors (NALHD). NALHD staff coordinated review and revision by all local health directors in the state, who also checked on jurisdiction-specific legal issues.



Every emergency response coordinator and every local health director in the state had a hand in developing the memorandum of understanding. Within three months, from start to finish, all cross-jurisdictional assistance for public health emergencies was governed by a [single MOU](#). Every local health director in the state signed one memorandum of understanding that made it possible to get assistance from any other jurisdiction instead of signing multiple MOUs for assistance from contiguous jurisdictions.

## THE RESULTS

The finalized memorandum of understanding makes emergency response from across the state happen more easily and quickly. The MOU intentionally is quite broad and does not specify issues associated with things such as supplies, personnel and equipment. Rather, it provides for all public health emergency response activities that are appropriate for the type of emergency that has occurred. As a result, the local health departments no longer rely solely on contiguous health departments that also may be struggling with the impacts of the same emergency. Moreover, in the past, individual MOUs could vary quite a bit depending on the level of detail desired by the health department that generated it. For this reason, it could take some time for emergency response coordinators to consult the specifics of a memorandum of understanding before they could respond. Now that the MOU is very broad, emergency response coordinators can respond more quickly.

From an administrative perspective, the annual MOU renewal process is much simpler. Instead of both emergency response coordinators and local health directors spending time each year reviewing the MOUs they generate and those they receive from contiguous jurisdictions, the local health director electronically approves one MOU.

Finally, it is anticipated that the single memorandum of understanding could be useful if a local health director position is vacant for a period of time (as sometimes happens) and an updated agreement has not yet been signed. A temporary director who is not sure about whether to honor a request for help could be swayed to assist because every other director in the state has signed the MOU.

## KEYS TO SUCCESS

The most effective strategy was to take the time to get all stakeholders involved. Once the process to do this was established, the review and revisions happened in an expeditious manner.

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