

PHNCI FPHS 21st Century Learning Community Case Study: Oregon

Final Report | June 15, 2018

Key Takeaways

- Oregon refers to its foundational public health services (FPHS) work as public health modernization. Oregon made considerable progress toward preparing to implement FPHS prior to the grant, but the **Robert Wood Johnson Foundation (RWJF) funding was critical** to developing the roadmap, communication tools, and relationships with local health departments (LHDs), legislators, and key stakeholders.
- The public health modernization assessment, which evaluated the degree to which the state health authority and LHDs were providing FPHS and estimated the costs of fully implementing FPHS, was **mandatory** for the state and LHDs. Findings were used to develop a statewide public health modernization plan.
- Using the RWJF funding, the Oregon Coalition of Local Health Officials (CLHO) held **ten regional meetings** for public health leaders across different sectors to discuss the future of the public health system. The ten regional meetings prepared LHDs to apply for local modernization grants. As a result, **local public health modernization grants** reached 32 out of 34 LHDs.
- In 2017, the state legislature allocated **\$5 million** for public health modernization: \$3.9 million for LHDs and \$1.1 million for the state health authority.
- Oregon developed an online **Public Health Modernization Roadmap** resource, which includes four steps, critical strategies, and associated tools to help LHDs implement FPHS.
- Oregon published its baseline **Public Health Accountability Metrics Report** in March 2018 to track progress toward population health priorities in a modernized public health system, identify when goals are not being met, and identify where public health can partner with other sectors to meet shared goals.

Public health players in Oregon:

- State health authority: **Oregon Health Authority (OHA)**
 - Oregon has **34** local health departments (LHDs): **1** public health district and **33** county-based LHDs
 - State Association for City and County Health Officials: **Oregon Coalition of Local Health Officials (CLHO)**
 - 9 Federally-recognized Tribal Nations
 - **Oregon Public Health Advisory Board**, under the Oregon Health Policy Board, oversaw RWJF-funded grant
-

Context of FPHS Public Health System Transformation Work

For many years, financial challenges in Oregon have hindered governmental public health's ability to focus on prevention and wellness across the population. Disparities in county funding, which led to limited capacity for public health services in many areas, created inequities in the services and protections available to Oregonians. Reliance on federal funding also limited communities' ability to provide important programs.

How Public Health System Transformation Started

In 2013, the state legislature passed House Bill 2348, which created a task force to develop recommendations for a future public health system. The Task Force on the Future of Public Health Services included state legislators, local and state public health leaders, a county commissioner, and other stakeholders.

In 2014, the Task Force published its recommendations in *Modernizing Oregon's Public Health System*, recommending that the governmental public health system, made up of state and local public health authorities (Oregon Health Authority [OHA] and local health departments [LHDs]), implement the FPHS model originally proposed by the 2012 Institute of Medicine Report, *For the Public's Health: Investing in a Healthier Future*, as a set of services that no health department should be without.

In 2015, the state legislature adopted the Task Force's recommendations in House Bill 3100, which established the FPHS model in Oregon law. This law updated the composition of the Public Health Advisory Board, mandated a public health modernization assessment and statewide plan, and requires local public health modernization plans to be submitted by 2023. The Public Health Advisory Board is a subcommittee of the Oregon Health Policy Board, and is accountable for governmental public health in Oregon.

Legislative Investment

The 2015-2017 legislative budget allocated \$500,000 to the state health authority for public health modernization assessment and planning. The state health department provided \$120,000 in funding over two years to the CLHO. The OHA and the 34 LHDs, with CLHO, worked together on the following:

- Developing the Public Health Modernization Manual
- Developing and implementing the modernization assessment, and completing the ensuing Statewide Public Health Modernization Plan
- Developing a communications toolkit for local public health
- Providing technical assistance to LHDs for completing the public health modernization assessment and using the communications toolkit

Public Health Advisory Board Responsibilities:

- Alignment of public health priorities with available resources
 - Analysis and communication of what is at risk when there is a failure to invest resources in public health
 - Oversight for state health assessment and state health improvement plan
 - Oversight for the implementation of public health modernization
 - Support for state and local public health accreditation
-

In August 2017, the legislature signed House Bill 2310 into law. HB 2310 made minor changes to HB 3100, established accountability metrics for state and local public health to track progress, and added a tribal member or representative to the Public Health Advisory Board. The legislature also included \$5 million in the OHA budget for the 2017-2019 biennium for public health modernization. \$3.9 million was distributed to LHDs to support communicable disease control at a regional level, with a particular emphasis on health disparities. The \$1.1 million remaining with OHA are being used to enhance population health data collection and reporting so that LHDs have access to county-level data to inform interventions.

RWJF Project Objectives

While Oregon made considerable progress in preparing to move toward the FPHS model and the State Legislature allocated funding for this effort, additional resources were needed to move from planning to implementation: to learn about unique needs and barriers in different communities, engage stakeholders, and provide support to the state and local communities.

The Robert Wood Johnson Foundation (RWJF) provided grant funding and support through the 21st Century Learning Community to move these public health modernization efforts forward. Oregon’s objectives through the RWJF project were to identify barriers to implementing FPHS and work with the state and local communities to develop a roadmap and tools to support moving forward with a new model for public health in Oregon.

Oregon’s project objectives and deliverables, as outlined in its grant proposal, are listed below. The Public Health Advisory Board served as the steering committee for the project work, advising on use of funds, assuring accountability to project deliverables and outcomes, and involvement of diverse stakeholder groups throughout this project.

PROPOSED PROJECT OBJECTIVES	PROPOSED PROJECT DELIVERABLES
<ul style="list-style-type: none"> ▪ Assist PHNCI in achieving its goals. ▪ Engage state and local health officials, and state and local public health partners to build awareness and a shared understanding of FPHS in Oregon. ▪ Identify challenges, needs, and opportunities for public health system change to implement the FPHS model in Oregon. ▪ Provide a multi-step road map for state and local public health to move from the current state to implementing the FPHS model; the road map will be accompanied by tools and technical assistance to address steps identified during regional listening sessions. ▪ Identify areas where FPHS will support national accreditation across Oregon. ▪ Utilize the Public Health Advisory Board to provide feedback and oversight for activities for this project, and engage additional stakeholders and communities. 	<ul style="list-style-type: none"> ▪ Ten regional meetings held with local and state participants in the first grant year. ▪ Roadmap for moving to FPHS implementation. ▪ A set of tools, such as decision aids, model agreements for cross-jurisdictional sharing, to support movement along the roadmap to implementation. ▪ A model modernization implementation plan template to support the OHA and LHDs moving forward.

What Happened

Oregon received \$249,144 in RWJF grant funding over two years. \$129,000 of the funding was subcontracted over 18 months of the grant period to a contractor, who worked with local communities to develop and facilitate the ten regional meetings during the first year. A significant portion of the grant supported travel of state and local public health officials to ensure that there was strong public health system participation in the ten meetings which set the stage for the resources that would be developed in year two of the grant.

During the second year, most of the budget supported CLHO staff time who worked closely with the contractor on the content development for the Public Health Modernization Roadmap and website. The CLHO Program Manager worked with a designer and web developer to bring the roadmap to the website. The contractor developed multi-media vignettes including presentations and videos to bring the website to life. The last phase of the grant included technical assistance to support all local health officials using the tools and continuing the readiness process for public health modernization implementation.

Public Health Modernization Assessment

In 2016, the OHA worked with a consultant to assess the degree to which all 34 LHDs and the OHA were providing FPHS and to estimate the costs of fully implementing FPHS. The mandatory public health modernization assessment was complicated and time-intensive. These results, published in the *Public Health Modernization Assessment Report*, showed no clear patterns across the public health system; there were large gaps in all areas of the FPHS model and across all LHDs and the OHA, with the largest gaps appearing in health equity and cultural responsiveness.

The assessment findings were used to create the initial *Statewide Public Health Modernization Plan*, published in early 2017. The plan includes three priorities to pursue over the next 6-10 years:¹

- Build capacity around foundational capabilities within public health departments and the public health workforce.
- Change how the public health system works with other sectors and strengthen relationships with sectors such as health care and education, to create shared responsibility for health priorities.
- Ensure that public health is accountable and demonstrating results.

¹ Oregon Statewide Public Health Modernization Plan, December 2016.

<http://www.oregon.gov/oha/ph/About/TaskForce/Documents/statewidemodernizationplan.pdf>

Regional Meetings across the State

In late 2016 through early 2017, CLHO convened ten regional “Aligning Innovative Models for Health Improvements” meetings across the state. These meetings, funded by the RWJF grant, brought over 400 leaders together from different sectors to discuss the future of the public health system and to explore potential regional FPHS implementation options. Participants discussed challenges including change management, funding, and external communications about the role of public health. They also discussed opportunities for cross-jurisdictional sharing. The meetings were opportunities for participants to provide advice on how to shape the future public health system and to equip participants with communication tools to use with legislators. The meetings also helped to prepare LHDs to apply for state public health modernization funding.

Public Health Modernization Roadmap

In 2017 through early 2018, the grant funds were used to develop a public health modernization roadmap to implementing FPHS: <https://orphroadmap.org>. The roadmap includes four steps, critical strategies, and associated tools to help LHDs in their public health modernization implementation. The website has a 20-minute video introducing public health modernization, with videos for each step with different members of the public health community. Each strategy has associated resources. To develop this roadmap, the contractor used the findings from the regional meetings to learn about the needs of LHDs, and 13 LHDs were involved in developing tools. Four webinars have been held with 90 webinar participants on change management, communication, alignment with accreditation, and a roadmap overview.

Public Health Accountability Metrics

In 2017, the Public Health Advisory Board adopted accountability metrics to track progress toward public health modernization, and in March 2018 the baseline Public Health Accountability Metrics Report was published.² The metrics will help track progress toward population health priorities in a modernized public health system, identify when goals are not being met, and identify where public health can partner with other sectors to meet shared goals.

Population Health and Public Health

- Oregon’s accountability metrics framework emphasizes population health priorities, such as improving childhood immunization rates, reducing tobacco use and opioid overdoses, and ensuring access to clean drinking water.
 - The accountability metrics highlight where population health and public health are working toward the same health goals and where there are opportunities to collaborate to meet shared goals.
 - The accountability metrics focus on the responsibilities of the public health system. For example, even if local public health is not responsible for delivering immunizations, it must partner well with the health care system.
-

² Public Health Accountability Metrics, Baseline Report, March 2018.

<http://www.oregon.gov/oha/PH/ABOUT/Documents/phab/Accountability-metrics-baseline-report.pdf>

- **Health outcome metrics** (e.g. immunization rates, opioid overdose deaths) are measures of progress toward improving population health. Making improvements requires comprehensive, long-term, cross-sector approaches.
- **Local public health process measures** (e.g. progress toward core functions like gonorrhea case management) are measures of progress toward achieving core system functions, roles, and deliverables.

Cross-jurisdictional Delivery

The \$5 million legislative investment included \$3.9 million for **regional public health modernization grants**. These were competitive grants for LHDs to work with at least one other LHD and another partner (such as a Tribal Nation, university, Coordinated Care Organization, or healthcare organization) to implement regional communicable disease control strategies that seek to eliminate health disparities. Grant applicants were required to discuss how tribes and regional health equity coalitions would be included in the regional partnership. The objectives of the grant were to:

- Establish new systems for local public health service delivery;
- Increase accountability for health outcomes;
- Develop a modern communicable disease control system;
- Emphasize elimination of health disparities.

In the end, 32 out of 34 LHDs, representing 95% of Oregonians, benefited from the regional investment to implement local projects that support regional communicable disease work and/or partnership development. Most grantees received just under \$500,000 with the maximum grant award at \$700,000. Below are some examples of how funds are being used:

- Hiring regional positions to support communicable disease control, like epidemiologists, disease investigation specialists, or outreach workers;
- Contracting with regional health equity coalitions to complete a regional health equity assessment and action plan;
- Contracting with academia to implement Academic Health Department models.

The state is working on evaluating the regional public health modernization grants.

Changes in Scope of RWFJ Grant Funded Work

Oregon accomplished most of what it set out to do, with a few changes in the scope of work:

- The implementation plan was initially thought of as “horizontal” implementation, where a few counties would be selected to fully implement FPHS. The Public Health Advisory Board realized this approach would create a two-tiered public health system and potentially increase disparities between counties. After review from the Public Health Advisory Board, this moved to “vertical” implementation which meant implementing a specific foundational program such as communicable disease control across the entire public health system, but broadening the opportunity for more of the state to implement.

- The Public Health Modernization Roadmap was initially planned as a printed document, but **it moved online** so the content could evolve. Moving this online also allowed the information to be more widely accessible.
- CLHO was initially planning to use PHNCI grant funds to create a template for the local modernization plans required in statute by 2023. This shifted toward developing a concept document for local modernization plans that will be developed in coming years.

Outcomes and Impacts of RWJF Grant Funded Work

Strengthened communications across the state. CLHO and OHA worked with a contractor to develop an Oregon Communications Plan and Oregon Public Health Accomplishments Document. Public polling and a six-member communications workgroup helped to gauge public perceptions of public health. Spokesperson trainings and communications tools provided tactics and strategies to communicate public health efforts to audiences and to develop allies.

Improved community partnerships and greater understanding of public health modernization across sectors. The ten regional meetings brought together public health leaders from across different sectors and provided opportunities to strengthen relationships and develop partnerships.

Improved readiness to apply for regional state public health modernization grant. The regional meetings helped to prepare LHDs for successfully applying for state modernization funding by identifying opportunities for cross jurisdictional sharing and other innovative approaches to public health service delivery.

Challenges, Lessons Learned, and Next Steps

Challenges Encountered

- **Lack of resources is an immediate challenge.** LHDs are struggling to provide basic public health services already, which leaves little room to prioritize system change.
- **A key challenge was change management and change fatigue.** It is difficult to orient staff and managers to a new model, particularly when there are so many simultaneous changes including a shifting federal landscape for public health, Oregon's health system transformation, and public health accreditation.
- **Communicating the return on investment for FPHS work to the community and legislature was difficult.** Public health modernization is a complex concept, and it can be difficult to educate stakeholders on the need to modernize and how it will benefit Oregonians.
- **Decision-makers and the public prefer programs, not systems.** It is difficult to get funding for systems change.

Lessons Learned

- **The Legislature impacts local efforts.** Decisions made outside of local control can alter the direction of local efforts, so it is helpful for communities to prepare for and adapt to external pressures and expectations. Engaging elected officials early and often helps build understanding and support for FPHS.
- **Communication and messaging need to be tailored for external and internal audiences.** Public health system change requires support from stakeholders in and outside of the public health community, including elected officials, health care providers, and community organizations. Clear messaging can help to communicate the value of public health, and why Oregon's public health system needs to modernize in order to protect and improve the health of all people in Oregon.
- **The lack of resources in some LHDs was a barrier to implementation.** Funding is a fundamental challenge; without addressing this baseline need, it is difficult to start conversations of systems change.

Next Steps Following RWJF Grant Work

- **Continue to identify public health modernization tools and resources for the Public Health Modernization Roadmap.** The roadmap will continue to evolve as new tools and resources develop to help implementation.
- **Explore innovations beyond cross-jurisdictional sharing and regionalization.** OHA and LHDs will continue to explore and implement other innovative service delivery models. Through the regional public health modernization grants, OHA and LHDs hope to demonstrate new systems and models for public health service delivery related to communicable disease control.
- **Continue Communications Workgroup.** CLHO has recruited more LHD representatives for the Communications Workgroup and will continue to meet monthly to share public health communications strategies.
- **Engage public health staff at all levels.** Continue to engage all staff, not just at administrative and management levels.

National Implications of Work Completed

There is hope that the work of 21st Learning Community states will inform ongoing national conversations about the future of public health, including policy priorities for organizations like the Association for State and Territorial Health Officials (ASTHO) and the National Association for County and City Health Officials (NACCHO). National concepts such as FPHS give states direction for transforming public health systems. Seeing the progress in one state provides a pathway for other states who may be considering public health system transformation. A national evaluation on FPHS implementation would be valuable to understand what's working and to see the impact.

Sources

- Aligning Innovative Models for Health Improvements in Oregon: Project Summary and Final Presentation, March 2018
- Coalition of Local Health Officials, Grant Statement of Work, June 2015
- Full Proposal Narrative: Aligning Innovative Models for Health Improvements in Oregon
- Oregon Cross-Jurisdictional Sharing Update, February 2018
- Oregon Progress Reports to PHNCI: September 2017, September 2016
- Oregon Public Health Modernization Communication Plan, June 2017
- Oregon Public Health Modernization Roadmap: <https://orphroadmap.org/>
- Oregon Coalition of Local Health Officials, *Oregon Public Health Modernization Statewide Report*, June 2017. https://oregonclho.org/docs/2017/org/Final_AIMHI_CLHO_Statewide_Report_.pdf
- Oregon Health Authority, *Oregon Statewide Public Health Modernization Plan*, December 2016. <http://www.oregon.gov/oha/ph/About/TaskForce/Documents/statewidemodernizationplan.pdf>
- Oregon Health Authority, *Public Health Accountability Metrics Baseline Report*, March 2018. <http://www.oregon.gov/oha/PH/ABOUT/Documents/phab/Accountability-metrics-baseline-report.pdf>
- Oregon Health Authority, *Public Health Modernization Manual*, September 2017. https://www.oregon.gov/oha/PH/ABOUT/TASKFORCE/Documents/public_health_modernization_manual.pdf
- PHNCI Learning Community Meeting Agendas: November 10-11, 2016; October 12-13, 2017; April 11-12, 2017
- PHNCI, *Transforming Public Health Systems: Stories from 21st Century: Part 1*, September 2016
- PHNCI, *Transforming Public Health Systems: Stories from 21st Century: Part 2*, January 2018
- Regional Cross-Jurisdictional Sharing, Coalition of Local Health Officials, September 2017
- *State of Oregon Public Health Modernization Assessment Report*, June 2016. <https://www.oregon.gov/oha/ph/About/TaskForce/Documents/PHModernizationReportwithAppendices.pdf>