

STATE OF OREGON

**Public Health
Modernization
Assessment
Report**

JUNE 2016

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The State of Oregon's Public Health Advisory Board (PHAB) serves as an advisory body to the Oregon Health Authority. The PHAB advises the Oregon Health Authority on policy matters related to public health programs, provides a review of statewide public health issues, and participates in public health policy development.

Specifically, the PHAB's charter requires the body to make recommendations to the Oregon Health Policy Board on the adoption and updating of the statewide public health modernization assessment. In accordance, the PHAB formally recommended this assessment on June 16, 2016.

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EXECUTIVE SUMMARY

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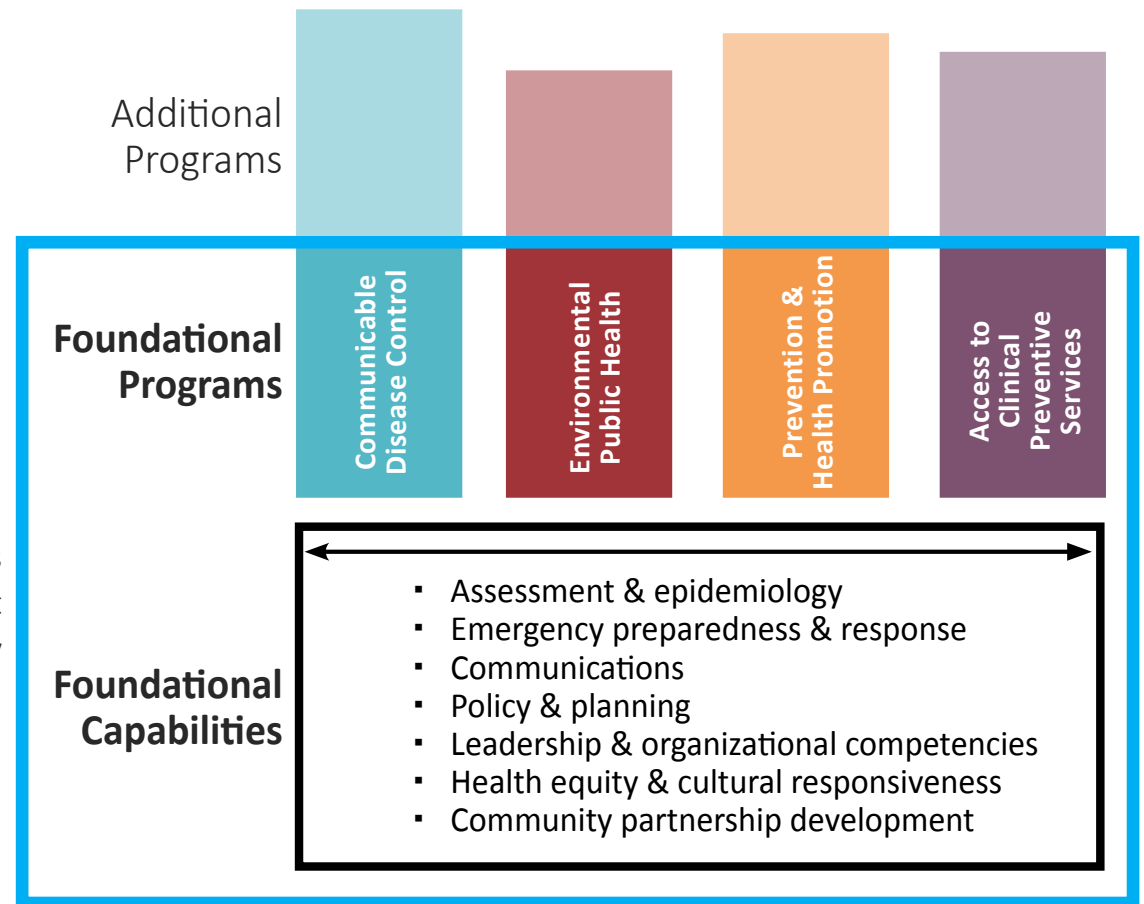
Since 2013, Oregon has been working to modernize its governmental public health system so that a common set of core public health capabilities and programs are present in all communities in the state. The goals of a modern public health system include:

1. Achieving sustainable and measurable improvements in population health;
2. Protecting individuals from injury and disease; and
3. Being fully prepared to respond to any public health threats that may occur.

In July 2015, the Oregon legislature passed House Bill 3100. This bill sets forth a clear path to modernize Oregon's governmental public health system so that it can meet the essential health needs of all people in Oregon.

Public Health Modernization

Foundational Programs and Capabilities present at every health authority



Foundational Programs

Foundational programs are those services that are necessary to assess, protect, or improve public health.

- Communicable Disease Control
- Environmental Public Health
- Prevention and Health Promotion
- Access to Clinical Preventive Services

Foundational Capabilities

Foundational capabilities are the knowledge, skills, or abilities necessary to carry out a public health activity or program. They include:

- Assessment and Epidemiology
- Emergency Preparedness and Response
- Communications
- Policy and Planning
- Leadership and Organizational Competencies
- Health Equity and Cultural Responsiveness
- Community Partnership Development

The public health modernization framework differs significantly from Oregon’s existing public health structure. The new framework supports the provision of population-based health services uniformly across the state. With health

system transformation in Oregon, the role of governmental public health as a clinical service provider of last resort for residents who do not have access to health care in traditional settings is shrinking. Governmental public health can provide more efficient benefits by focusing on population-based health services and programs.

Key Findings

As part of this path, Oregon’s governmental public health authorities were asked to assess their current implementation of the public health modernization framework, shown following, and the cost to fully implement it.

PROGRAMMATIC FRAMEWORK AND ASSESSMENT PROCESS

- The assessment provided LPHAs with detailed exposure to the public health modernization framework and was designed to reinforce a consistent interpretation of the framework and to build on collective understanding of it.
- Implementation of public health modernization is intended to be a transformative process that presents an opportunity to identify innovative solutions to improve the efficiency and effectiveness of the governmental public health system.

- The assessment process, though thorough, was not exhaustive. There are additional features that could be explored to identify opportunities to increase efficiency and effectiveness.

PROGRAMMATIC GAPS IN CURRENT PUBLIC HEALTH SYSTEM

- There are meaningful gaps across the system in all governmental public health authorities. These gaps are not uniform, nor do they appear in the same places in every organization. As such, current implementation of public health modernization can be described as a “patchwork quilt.”
 - Because of this, many global implementation decisions could have unintentional service delivery and coverage ramifications.
- There are no foundational programs or capabilities that are substantially implemented universally across all public health authorities.
- Every foundational capability and program within the public health modernization framework includes roles and deliverables with varying levels of implementation.

FULL IMPLEMENTATION COST

- Governmental public health authorities are already significantly executing the public health modernization framework, with \$209 million in 2016 dollars being spent annually on the foundational capabilities and programs. This is approximately two-thirds of the cost of full implementation of the framework, with the current service delivery model.
- The preliminary estimated additional spending needed for full implementation is approximately \$105 million annually in 2016 dollars. This is a point-in-time, order of magnitude cost estimation based on the current service delivery model, and will require additional analysis and refinement. This preliminary value will be revised as additional efficiencies, like changes to the service delivery model or increased cross-jurisdictional sharing, are implemented.
- For local activities, the largest concentrations of the total additional increment of cost to reach full implementation are in the 4 foundational programs and the Leadership and Organizational Competencies capability.
- For state activities, the highest concentration of the total additional increment of cost to reach full implementation is in the Assessment and Epidemiology capability, which houses the State Public Health Laboratory.
- For all statewide activities, the additional increment of cost to reach full implementation are generally concentrated in the 4 programs and the Leadership and Organizational Competencies capability. However, there is no foundational program or capability that does not have increased additional increment of costs for at least one governmental public health authority.
- An agency with a higher level of implementation of a foundational program or capability does not necessarily need fewer resources to reach full implementation than an agency with lower implementation. Conversely, an agency with limited implementation does not always indicate that a substantial amount of funding is needed to support full implementation.

- The additional increment of spending needed to reach full implementation represents what the incremental increase in capacity and expertise to support full implementation of public health modernization activities will cost. If the current funding paradigm were to change, changing current spending, the additional increment of spending needed would change.

FUTURE IMPLEMENTATION

- Implementation of public health modernization will be a significant undertaking that might require phasing.
- The current governmental public health service delivery model is divided into state activities, provided wholly centrally by PHD, and local activities, provided locally by LPHAs. While this is the current paradigm, there may be more efficient and/or effective service delivery models.
- There are resource-sharing relationships among LPHAs today. These existing sharing arrangements provide examples for future sharing relationships. LPHAs expressed interest in exploring additional opportunities for cross jurisdictional sharing.
- LPHAs have a high degree of local expertise related to their service areas which should

be leveraged to improve the efficiency and effectiveness of implementation. Implementation strategies should allow for some flexibility and local decision making, which could be governed by local implementation plans.

- Implementing public health modernization by waves of LPHAs could be challenging for several reasons, including but not limited to:
 - Risk of creating a two-tiered system (with some LPHAs operating under the public health modernization framework and others not).
 - Potential impacts to health equity (with those served by modernized LPHAs receiving a higher level of service than those being served by non-modernized local public health authorities).
- Implementing by foundational program or capability could also be challenging because current implementation is uneven across LPHAs.
- There are significant service dependencies between state and local public health activities. Some of the state roles and deliverables that support local activities are not fully implemented. If not considered during the implementation process, these service dependencies could become barriers to and inefficiencies in implementation.

- Many of the foundational programs and capabilities support one another. That is, in order to accomplish the goals of one foundational program or capability most effectively and efficiently, one might have to have access to the resources available through implementation of another. This is most intuitive when thinking of the foundational capabilities, for example, communications plays a significant role in addressing tobacco use.

Policy Implications

This public health assessment is the first step of an evolving process, and these results will continue to be refined as implementation progresses. The assessment results presented in this report represent point-in-time, planning-level estimates for the cost of full implementation of the public health modernization framework, as outlined in the December 2015 *Public Health Modernization Manual*. It is important to recognize that that framework is not static because of the evolving nature of public health work, which will need to be reflected. Additionally, these estimates were developed based on the current service delivery model, which may change as opportunities to increase efficiency and effectiveness are identified.

The assessment did identify several policy implications that should be considered throughout the implementation process:

- The assessment was designed to reinforce a consistent interpretation of the public health modernization framework and to build on collective understanding of it. There will be a need to update this collective understanding as the framework evolves.
- Governmental public health authorities should consider additional exploration to identify opportunities for increased efficiency and effectiveness. This may include:
 - Service delivery, including cross jurisdictional sharing
 - Non-governmental public health resources and partnerships that contribute to the implementation of the public health modernization framework
 - Barriers to implementation
 - Short-term or one-time additional costs related to implementation itself

The impacts of any changes related to these opportunities to increase efficiency and effectiveness, especially those that might affect the service delivery paradigm, to the additional increment of spending needed to reach full implementation should be evaluated.

- The current funding paradigm was not evaluated as part of this assessment, however, it is anticipated that it will be as part of the PHAB’s work on to develop funding allocation and incentive formulae for public health modernization dollars. The impacts of any changes to the funding paradigm on the additional increment of spending needed to reach full implementation should be evaluated.
- Current implementation varies across governmental public health authorities. Therefore, global strategies for all governmental public health authorities are likely to be difficult and inefficient to implement, and may lead to unintentional consequences like creating service inequities, establishing a tiered system, or creating implementation barriers.
- A flexible implementation strategy that is responsive to specific governmental public health authority contexts is needed. We

have identified preliminary criteria for this decision-making strategy, including:

- **Population Health Impacts:** The degree to which a specific activity will improve population health.
 - **Service Dependencies:** The extent to which state and local governmental public health activities are interdependent.
 - **Coverage Maximization:** The degree to which services are available to the greatest number of Oregonians.
 - **Service Equity:** The degree to which Oregonians living at or below the Federal Poverty Level receive public health services consistent with those received by Oregonians overall.
- There are tensions between these considerations; for example, maximizing coverage by population could be accomplished without increasing the level of implementation of some smaller LPHAs. It will be important to leverage governmental public health authorities’ expertise to find balance while using this decision-making framework.

The decision-making framework will allow for flexibility in implementation such that it can be informed by ongoing results, supporting

continuous improvement. This framework, and the process by which it is applied, should be refined through a collaborative process that would include all existing governmental public health authorities and other stakeholders.

