

June 3, 2016



Oregon's Public Health Modernization Assessment

Revised Assessment
Report Review

Revised Assessment Review Purpose

- Our objective is to:
 - Review
 - Global edits to Assessment Report
 - Section 2, Summary and Key Findings
 - Discuss
 - Section 2.5, Phasing Considerations

Public Health Modernization Assessment Overview of Changes



Section 1 Executive Summary [Forthcoming]

Section 2 Summary and Key Findings

1. Background
2. Assessment Overview
3. Overall Results
4. Policy Implications
5. Phasing Considerations

Section 3 Detailed Assessment Results

1. How to Read Results
2. Individual Foundational Programs and Capabilities

Section 4 Appendices

- A. Glossary
- B. Methodology and Process
- C. Functional Areas

In Progress

- Executive Summary: creating a 4-6 page summary focused on key findings, policy implications, and phasing that can be used as standalone document
- Detailed Assessments: streamlining writing and reappraising barriers
- Report Production: improving graphics quality, copy editing, and refining look and feel

Public Health Modernization Assessment

Updated Cost of Full Implementation

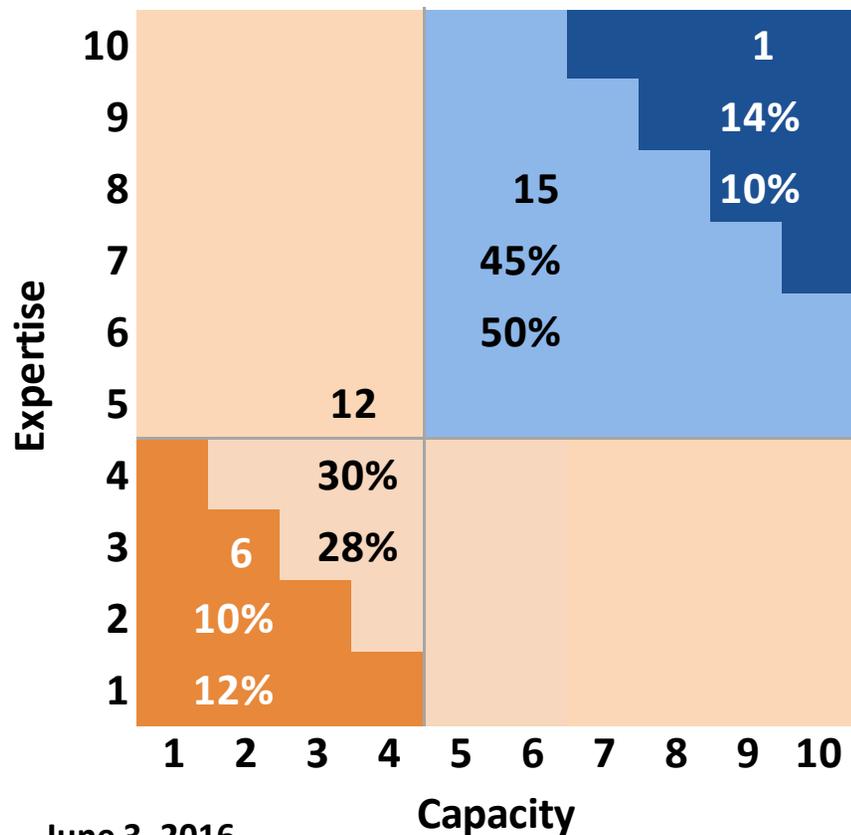
	Total Estimated Cost of Full Implementation	Current Spending	Cost of Additional Increment of Service
Foundational Programs	\$ 184,714,000  59%	\$ 129,616,000  62%	\$ 55,098,000  53%
Communicable Disease Control	\$ 38,322,000  12%	\$ 25,404,000  12%	\$ 12,918,000  12%
Environmental Public Health	\$ 59,647,000  19%	\$ 45,214,000  22%	\$ 14,433,000  14%
Prevention and Health Promotion	\$ 58,351,000  19%	\$ 40,908,000  20%	\$ 17,443,000  17%
Clinical Preventive Services	\$ 28,394,000  9%	\$ 18,090,000  9%	\$ 10,304,000  10%
Foundational Capabilities	\$ 129,068,000  41%	\$ 79,602,000  38%	\$ 49,464,000  47%
Leadership and Organizational Competencies	\$ 47,860,000  15%	\$ 17,504,000  8%	\$ 14,479,000  14%
Assessment and Epidemiology	\$ 31,984,000  10%	\$ 8,966,000  4%	\$ 3,247,000  3%
Emergency Preparedness and Response	\$ 12,214,000  4%	\$ 3,373,000  2%	\$ 4,683,000  4%
Community Partnership Development	\$ 9,941,000  3%	\$ 4,415,000  2%	\$ 5,202,000  5%
Policy and Planning	\$ 9,617,000  3%	\$ 4,411,000  2%	\$ 4,985,000  5%
Health Equity and Cultural Responsiveness	\$ 9,396,000  3%	\$ 5,974,000  3%	\$ 3,967,000  4%
Communications	\$ 8,056,000  3%	\$ 34,959,000  17%	\$ 12,901,000  12%
TOTAL	\$ 313,782,000	\$ 209,218,000	\$ 104,562,000

1. A correction was made for a \$21M program that had been included in Communicable Disease Control but was determined to not be part of Public Health Modernization. However, it was removed from both current spending and full implementation cost, and did not have any impact on the additional cost of services.
2. There were also some minor changes that lowered the additional cost by approximately \$1.5M.

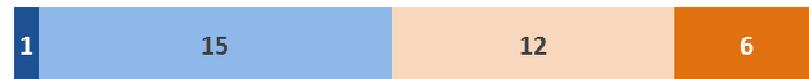
June 13, 2016

Global Edits

- Replaced population service waffle chart (left) with easier to interpret bar charts (right)



LPHAs



Population Service

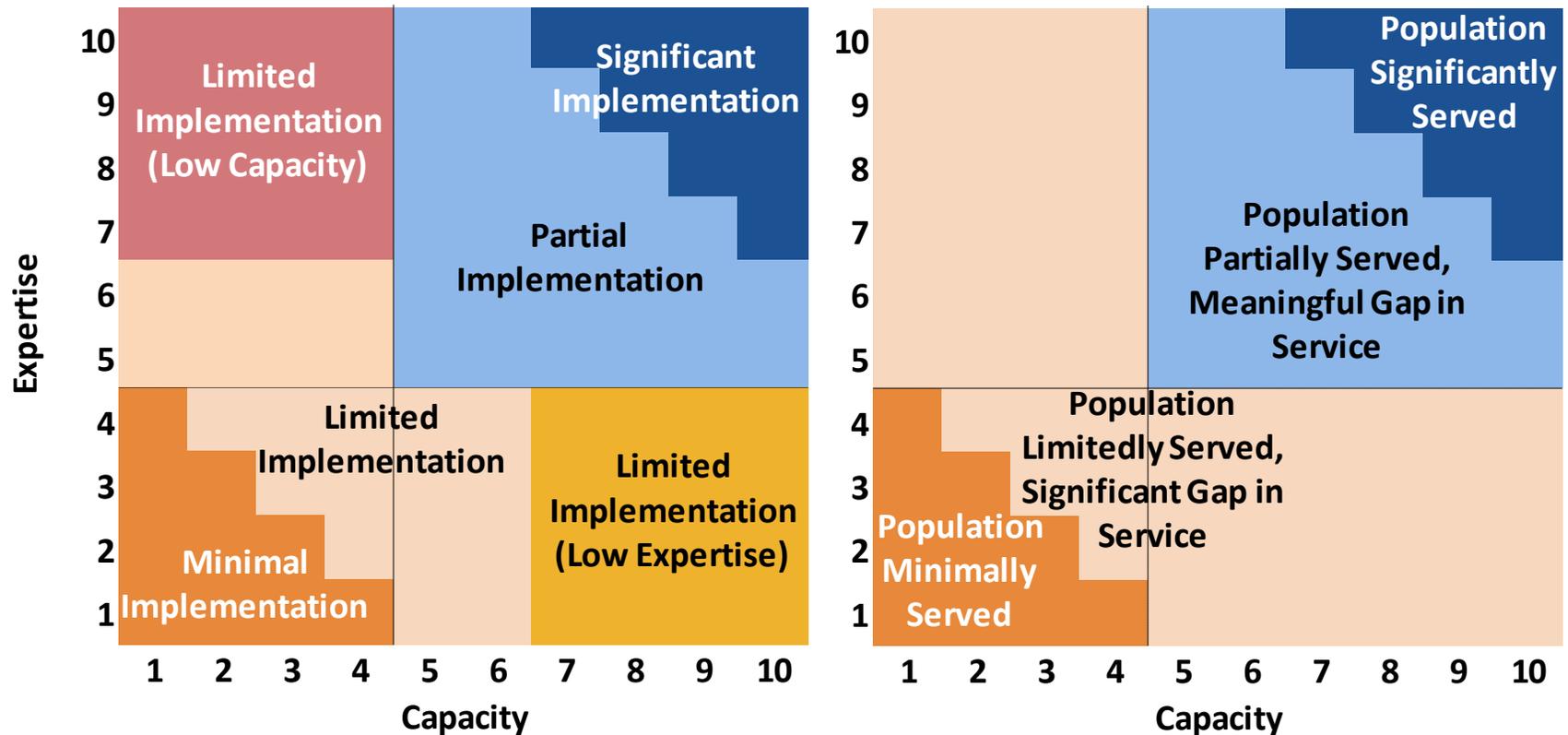


Population Living Below the Federal Poverty Level Service



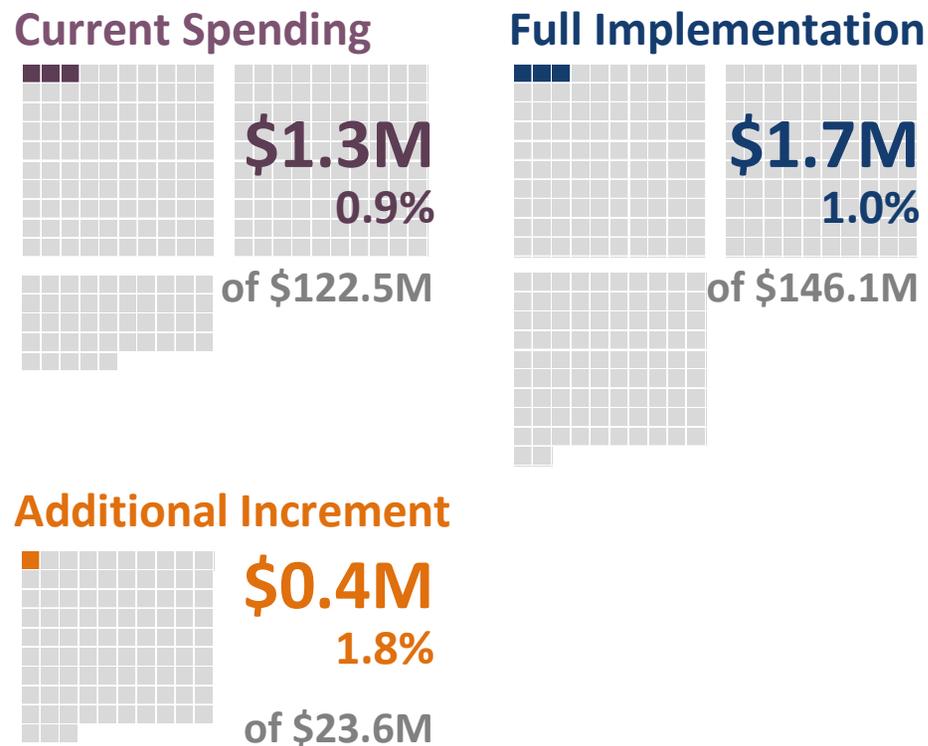
Global Edits

- Updated degree of implementation and population service language



Resource Graphics

- Contextualized resource graphics to make them more intuitive



Public Health Modernization Assessment

Revised Assessment Review

- Switch to Assessment Draft

Phasing Considerations

Phasing should be designed to consider how:

- Implementation can build on the success of the existing system
- Future phases can be set up for success
- Early successes can be accomplished to demonstrate the value in the initiative to stakeholders, and to create momentum for long term implementation
- Initial phasing decisions can support meaningful change
- To maximize efficiency and effectiveness of activities

Phasing Considerations

- An efficient, effective implementation strategy should be flexible and allow for ongoing decision making that is responsive to iterative learning and individual governmental public health authority contexts.
- We have identified preliminary criteria for this decision-making framework to support this kind of robust implementation strategy, including:
 - Population Health Impacts
 - Service Dependencies
 - Coverage Maximization
 - Service Equity

Phasing Considerations

2017-19 Biennium

1. Support additional planning and work related to Public Health Modernization implementation for all governmental public health authorities, recognizing that executing implementation will require non-trivial resources as it is phased in.
2. Allow for flexible funding to support LPHAs in funding their “patchwork quilt” gaps based on locally-identified priorities.
3. Reduce gaps in state activities related to service dependencies to remove barriers to implementation of the dependent local activities in the future.
4. Invest in high priority population health initiatives with potential for the highest population health impacts.