



May 19, 2016

Oregon's Public Health Modernization Assessment

Draft Assessment Report Review



Draft Assessment Report Review

Discussion Guide

- **Assessment Report Objectives**
- **Draft Assessment Report Review**
 - Review findings:
 - Assessment results
 - Cost analysis
 - Policy implications
- **Report Review Schedule**



Public Health Modernization Assessment

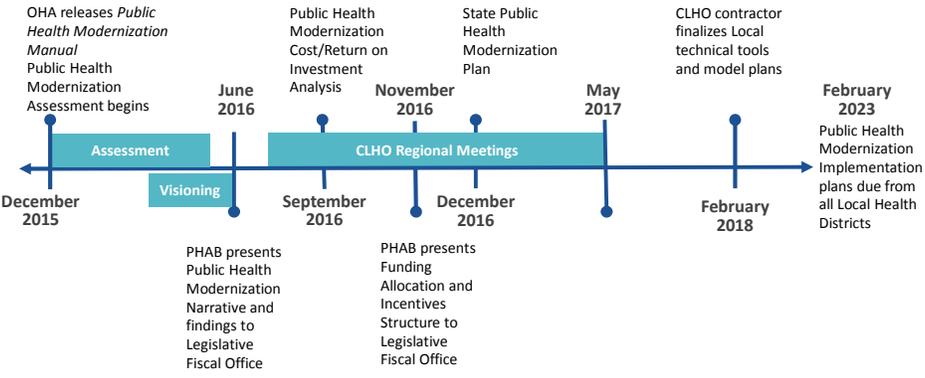
Assessment Report Objectives

- Answer two key questions:
 - To what extent are the roles and responsibilities of Public Health Modernization being provided today? (*Qualitative and Quantitative*)
 - What resources are needed to fully implement the roles and responsibilities of Public Health Modernization? (*Quantitative*)




Public Health Modernization

Public Health Modernization Implementation



December 2015: OHA releases *Public Health Modernization Manual*; Public Health Modernization Assessment begins

June 2016: Visioning; PHAB presents Public Health Modernization Narrative and findings to Legislative Fiscal Office

September 2016: Public Health Modernization Cost/Return on Investment Analysis; CLHO Regional Meetings

November 2016: State Public Health Modernization Plan; PHAB presents Funding Allocation and Incentives Structure to Legislative Fiscal Office

December 2016: CLHO Regional Meetings

May 2017: CLHO contractor finalizes Local technical tools and model plans

February 2018: CLHO contractor finalizes Local technical tools and model plans

February 2023: Public Health Modernization Implementation plans due from all Local Health Districts




Public Health Modernization Assessment

Assessment Report Objectives

- Assessment yielded a very detailed, high quality dataset.
- There are opportunities to incorporate additional findings from Assessment into future work.



Public Health Modernization Assessment

State and Local Data Collection

- We're grateful to all the LPHAs who did some incredibly hard work to provide extremely high quality data.
- This data reflects a high degree of local expertise—critical to understanding the existing system and opportunities for implementation.
- The process was essential to implementation because it built a shared understanding around Public Health Modernization across the entire system.
 - This provides a strong foundation for implementation work.



Public Health Modernization Assessment

Validation and Analysis Processes

- Using a variety of approaches, BERK has validated local results, establishing:
 - Internal validity:
 - Do the results make sense in the context of each LPHA's demographics?
 - How do the programmatic self-assessments align with resource needs?
 - External validity:
 - How do these estimates compare to each other?
 - How do these estimates compare to estimates from other states and national estimation work?
- The validated data was combined to create a statewide cost estimate.
- Validated data may be standardized to a limited degree where local results are considered valid but may be outliers.



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Public Health Modernization Assessment

Limitations

- Public Health Modernization is still a fairly new concept for all of the agencies participating in this effort.
 - There is a level of subjectivity in interpreting the Public Health Modernization framework.
 - As much as possible, we developed the Assessment Tool to build a shared understanding of Public Health Modernization within Oregon's public health community.
- Data collected present planning level estimates that provide order of magnitude precision.
- Data are self-reported, which include any inherent respondent biases.
 - We built in checks and balances during the data collection process and as part of validation to identify and, where necessary, correct for these biases at the planning-level.

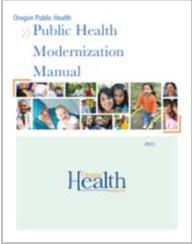


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Analytic Design

Programmatic Framework

- Programmatic framework describes activities State and local governmental public health providers must perform as part of full implementation of Public Health Modernization.
- Organized around 11 Foundational programs and Capabilities.
- Oregon has developed a comprehensive Modernization Manual that outlines mutually supportive roles of state and local public health providers.
- We leveraged this document to inform our programmatic framework.



BERK 9

Analytic Design

Programmatic Framework

Program	State		Local	
	Roles	Deliverables	Roles	Deliverables
Program				
P-CDC: Communicable Disease Control	26	24	19	16
P-EPH: Environmental Public Health	33	24	25	11
P-PHP: Prevention and Health Promotion	29	13	27	14
P-CPS: Clinical Preventative Services	29	6	24	7
Capability				
C-AEP: Assessment and Epidemiology	11	10	11	9
C-EPR: Emergency Preparedness and Response	26	12	10	11
C-COM: Communications	12	11	6	9
C-PAP: Policy and Planning	16	5	14	5
C-HEC: Health Equity and Cultural Responsiveness	59	7	44	6
C-CPD: Community Partnership Development	11	7	7	7
C-LOC: Leadership and Organizational Competencies	19	8	13	7
TOTAL	271	127	200	102

- Number of roles and deliverables can be unmanageable.

BERK 10

Analytic Design

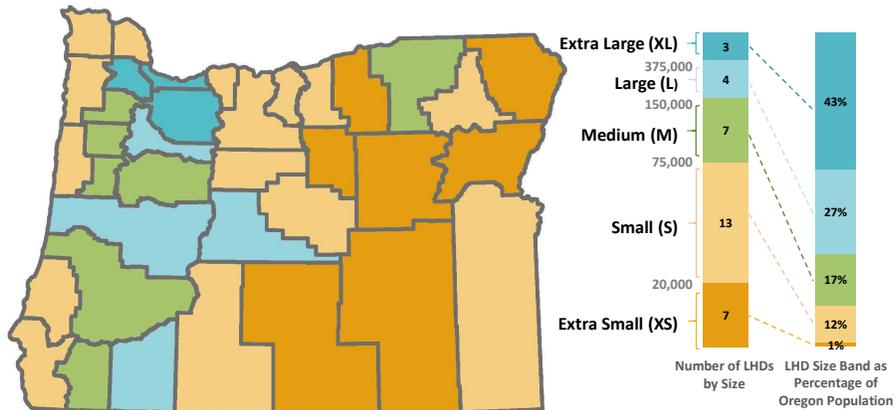
Programmatic Framework

- Defined “functional areas” as an operational construct to help local organizations think about their resource needs based on how they might execute this work.
- Broke our 11 Foundational Capability and Programs into 40 functional areas. Each Foundational Capability and Program had between 2 and 5 functional areas.
- Assigned the roles and deliverables directly to the functional areas to provide a direct one-to-one relationship.



Analytic Design

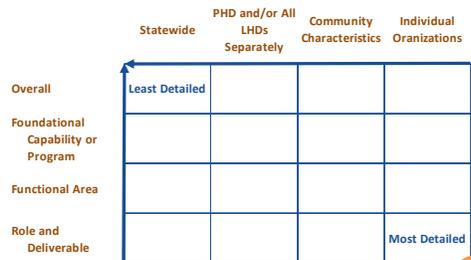
Operational Sizing



Analytic Design

Level of Detail

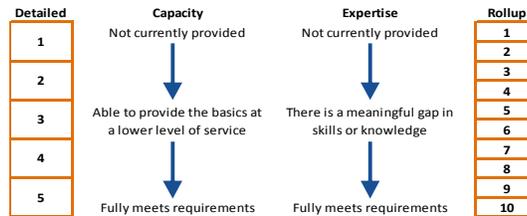
- Provide level of detail that balances meaning and analytic value with function.
- Provide data in a way is digestible and easy to consume for legislative and other audiences.
- Since this is NOT a performance evaluation, avoid provider-level detail.
 - These are new concepts
 - Honor concerns of LPHAs
 - LPHA detail not necessary to support policy discussions about implementation



Key Findings: Programmatic Self-Assessment

Self-Assessment Scoring

- Programmatic Self-Assessment helped organizations determine their current implementation of Public Health Modernization:
 1. A Detailed Assessment (1-5) for roles and deliverables; and,
 2. A more generalized Rollup Assessment (1-10) for key functional areas and an overall assessment for the Foundational Capability or Program.



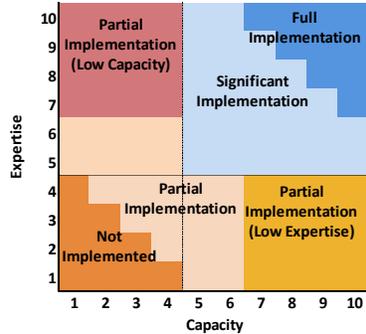
Key Findings: Programmatic Self-Assessment
Self-Assessment Scoring

- **We will review Self-Assessment scoring across two dimensions:**
 - **Provider Level of Implementation.** We will review providers' scores as they relate to those providers' level of implementation.
 - **Population Service.** We will also review providers' scores as they relate to level of service that residents in those providers' service areas.
- **Both dimensions offer important insights.**

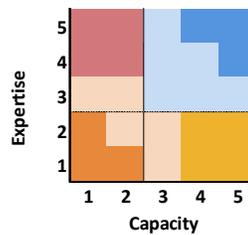


Key Findings: Programmatic Self-Assessment
Self-Assessment Scoring

Self-Assessment Scoring Relationship to Provider Level of Implementation for Foundational Capabilities and Programs and Functional Areas

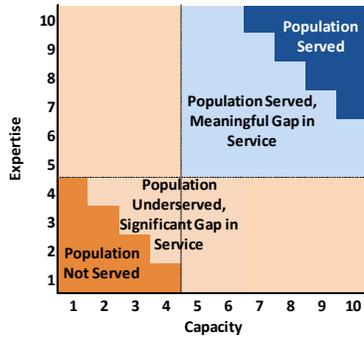


Self-Assessment Scoring Relationship to Provider Level of Implementation for Roles and Deliverables

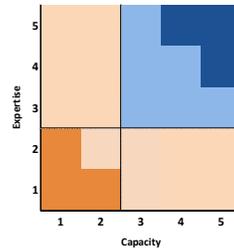


Key Findings: Programmatic Self-Assessment
Self-Assessment Scoring

Self-Assessment Scoring Relationship to Population Service for Foundational Capabilities and Programs and Functional Areas



Self-Assessment Scoring Relationship to Population Service for Roles and Deliverables



Key Findings
Applying the Scoring Framework

- We'll use Environmental Public Health as a case example of how we've organized the Assessment Findings.



Key Findings: Programmatic Self-Assessment

Local Non-Financial Barriers to Implementation

- LPHAs identified several barriers to implementation of Environmental Public Health; for example:
 - Capacity is dedicated to fee-for-service environmental inspection programs.
 - Limited staff expertise related to like chemical, radiation, and brownfield and other specific hazards.
 - Need for additional cross training opportunities.
 - Existing regulations at State and Local levels are insufficient to ensure timely enforcement.
 - Vector control programs in some counties are under the jurisdiction of each city/town and are not countywide. In those places, public health is not involved in vector control programs locally.
 - Challenges in hiring appropriate expertise at existing public-sector pay scale, when competing with the health care system.



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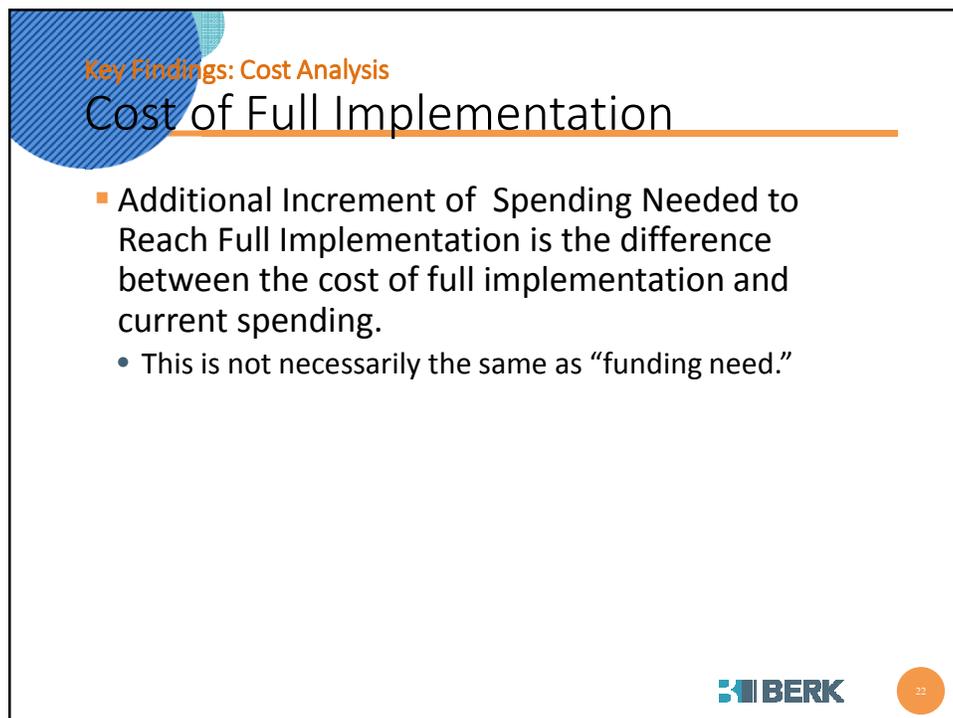
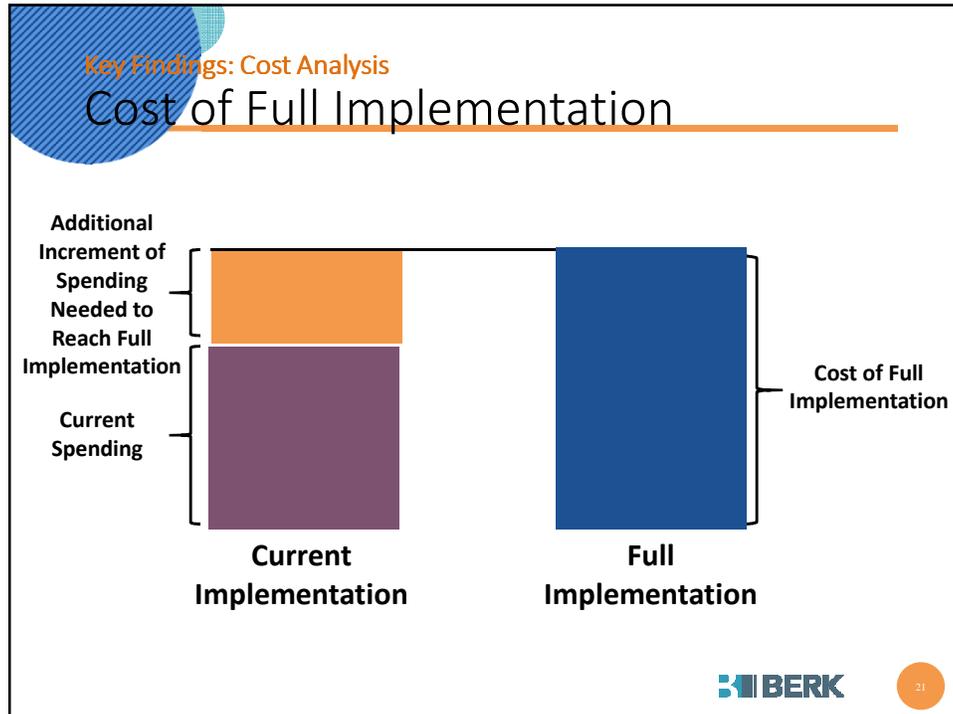
Key Findings: Programmatic Self-Assessment

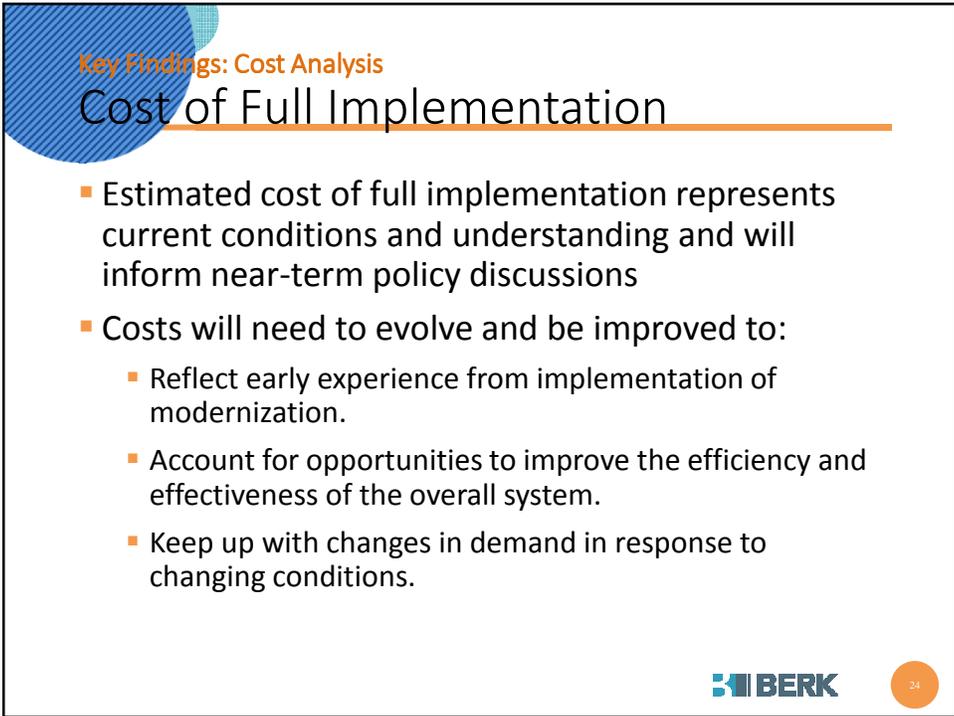
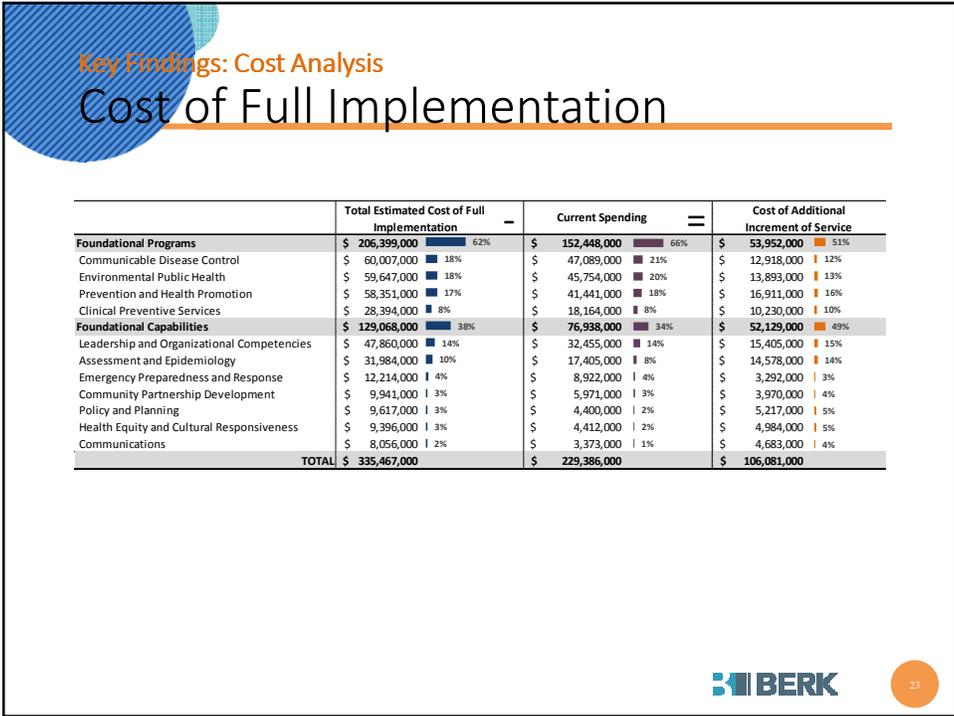
Service Dependencies

- In a state/local delivery model there are important system interdependencies:
 - Many state activities support local activities, and some local activities feed back into the state's work.
- The assessment identified some important gaps in how the state and local roles connect, for example:
 - Support capacity-building efforts at the local and regional level to assess and address emerging environmental public health issues.
 - Maintain information systems to provide current and accurate information to support environmental health functions at the state and local level.



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Key Findings: Policy Implications

Implementation Considerations

- Leverage the strengths of the existing State/Local delivery system.
 - LPHA's provide the local presence, knowledge and expertise necessary to effectively deliver many public health services
 - PHD and large LPHA's provide the appropriate scale and expertise necessary for a system with diverse and specialized needs
- Consider options to maximize efficiency and effectiveness by aligning service requirements with the strengths of the system and individual providers.



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Key Findings: Policy Implications

Implementation Considerations

- Maintain flexibility in the implementation process to adjust based on lessons learned and leveraging early successes.
- Concept of implementing by wave presents some significant challenges, including but not limited to:
 - Risk of creating a bifurcated system (with some departments operating under the Modernization framework, and others not)
 - Potentially increases the challenge of achieving equity goals
 - May not adequately address gaps in critical foundational programs whose effectiveness depends on having core elements everywhere (e.g. communicable disease prevention, assessment, emergency preparedness)



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Key Findings: Policy Implications

Cross Jurisdictional Sharing

- Some counties area already significantly sharing resources (with each other and with nonprofits and other local agencies).
- The Public Health Modernization Assessment process catalyzed conversations between LPHAs.
- There is need for additional time and resources to support further conversations.
- Cross jurisdictional sharing and cross jurisdictional delivery of services are key maximizing the efficiency and effectiveness of the state/local service delivery model.

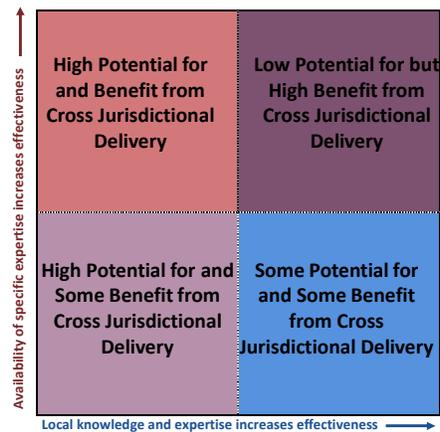


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Key Findings: Policy Implications

Cross Jurisdictional Delivery

- Some roles and deliverables may be appropriate for cross jurisdictional delivery.
- Local providers should be involved in determining what roles and deliverables are delivered cross-jurisdictionally.



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Public Health Modernization Assessment Report

Review Schedule

- Review period from May 17th to May 26th.
- The majority of the assessment report presents the results themselves.
- We will add more interpretation of the overall results and policy implications based on the substantive feedback received from this draft.