

---

# Public Health Modernization

July 6, 2016

[healthoregon.org/modernization](http://healthoregon.org/modernization)



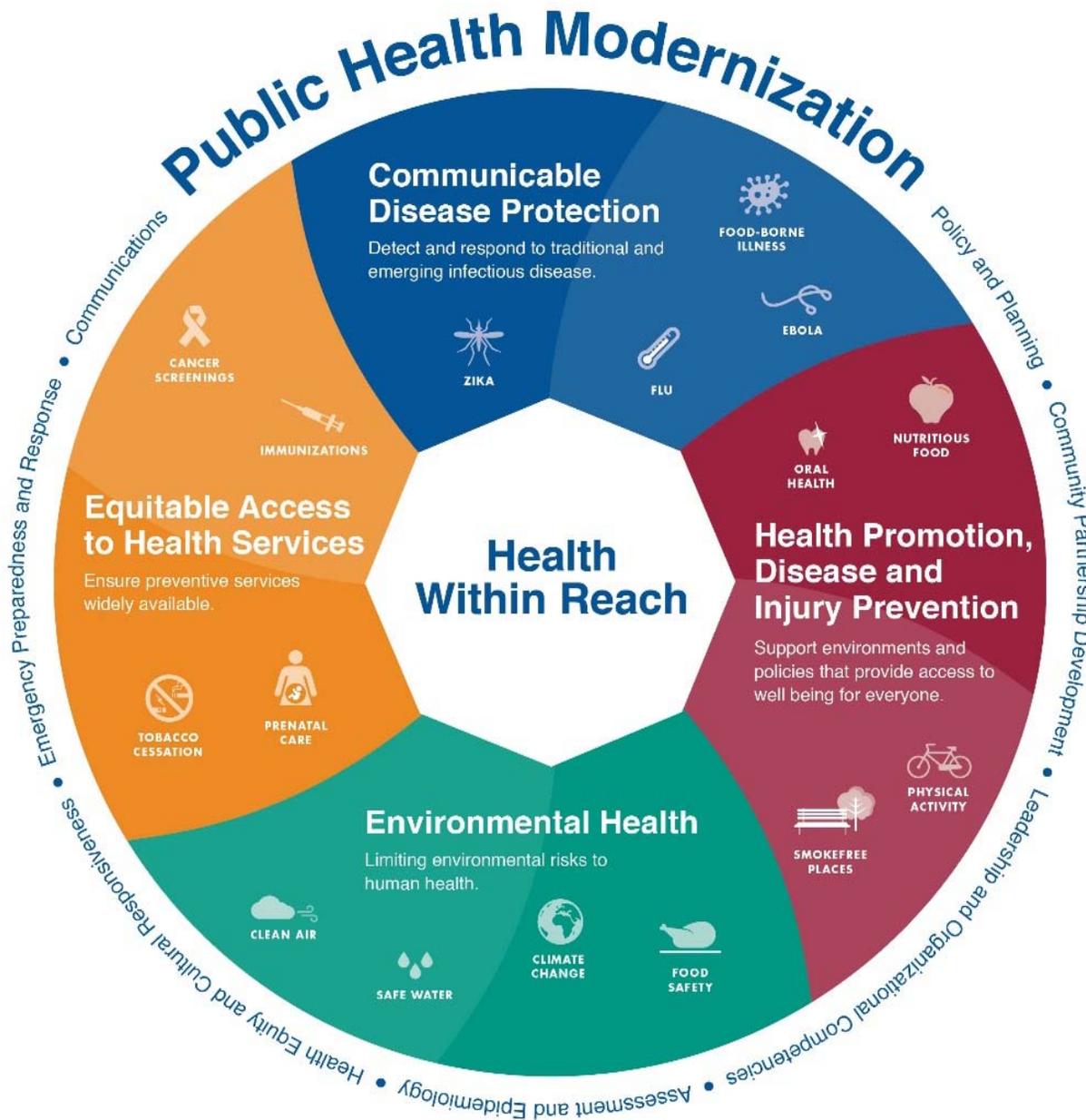
PUBLIC HEALTH DIVISION

Office of the State Public Health Director

---

Representative Mitch Greenlick, District 33  
Senator Laurie Monnes Anderson, District 25

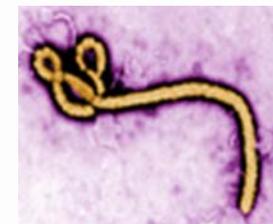
**WELCOME**



Lynne Saxton, Director, Oregon Health Authority  
Lillian Shirley, Public Health Director, Oregon Health  
Authority

# INTRODUCTION

Public health modernization will ensure basic public protections critical to the health of all in Oregon and future generations – including clean air, safe food and water, health promotion and prevention of diseases, and responding to new health threats.



# What will be different?

## *Before modernization*

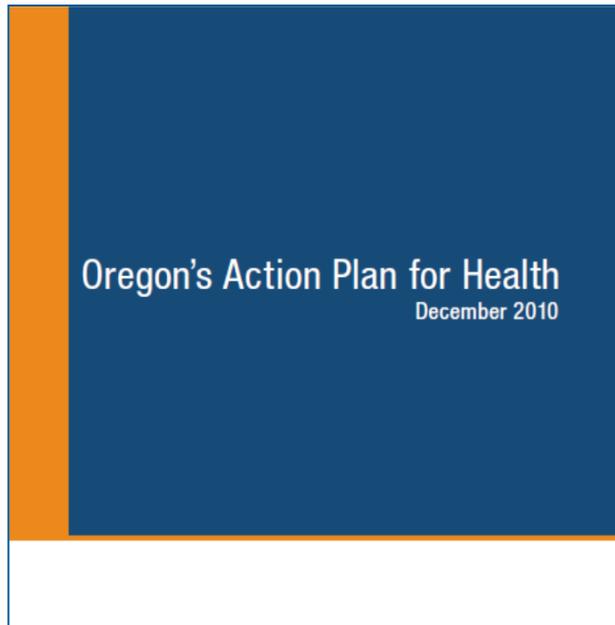
- Significant gaps in public health capacity provided based on where you live
- Programs hindered by limited and inflexible funding
- Public health system designed to provide individual level services

## *After modernization*

- Foundational level of service provided for everyone
- Programs supported by diverse funding sources that allow local needs to be met
- Public health is accountable for the health of the community

# A foundation for achieving the Triple Aim

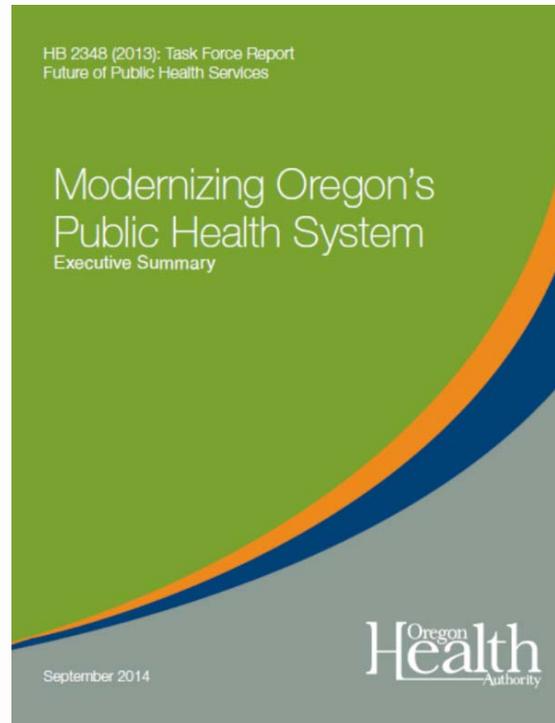
## *Oregon's Action Plan for Health, 2010*



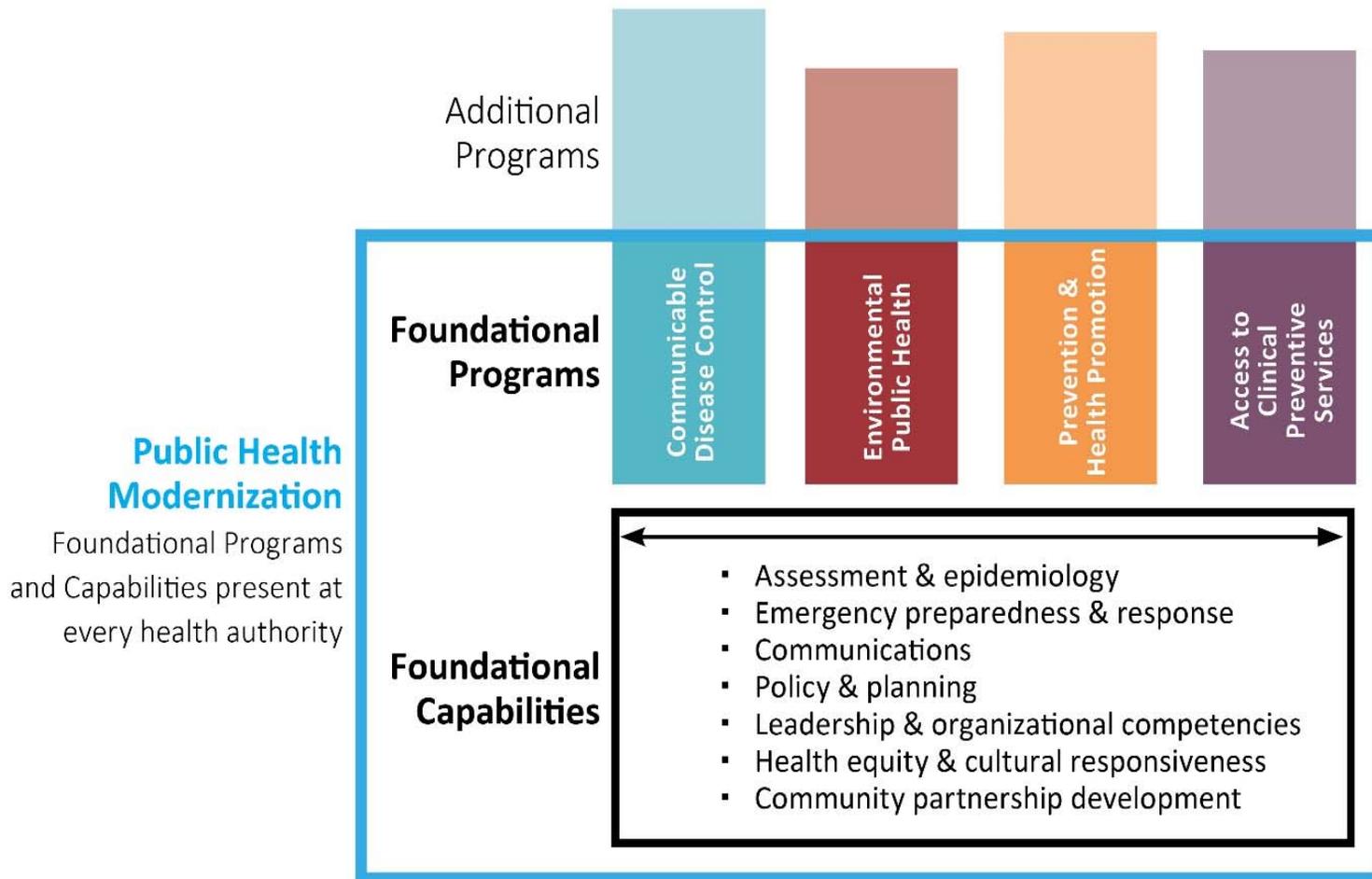
“We need a health system that integrates public health, health care and community-level health improvement efforts to achieve a high standard of overall health for all Oregonians, regardless of income, race, ethnicity or geographic location. To achieve this, we must stimulate innovation and integration among public health, health systems and communities to increase coordination and reduce duplication.”

# Task Force on the Future of Public Health Services

HB 2348 (2013) called for the creation of a task force to study and develop recommendations for a public health system for the future.



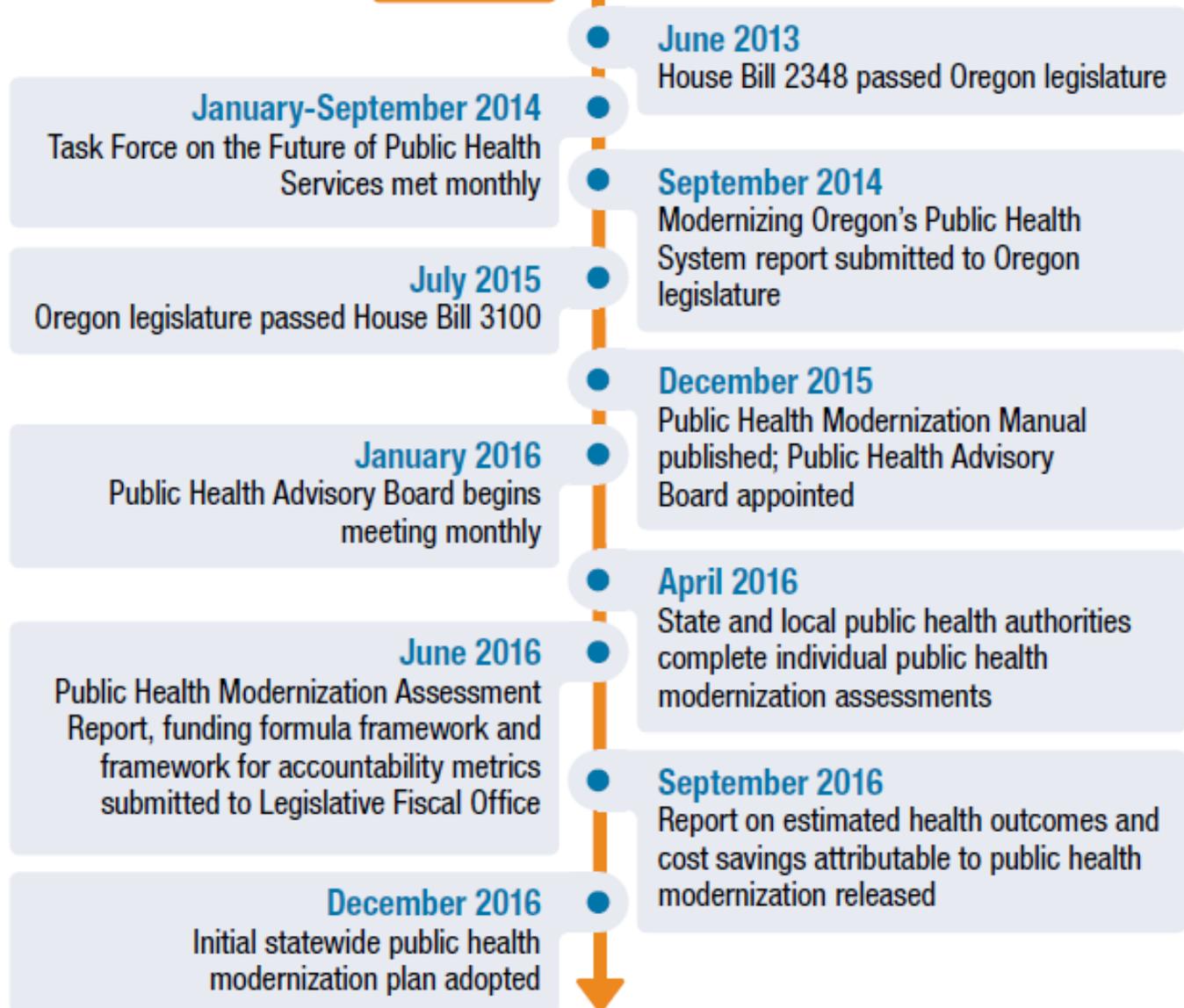
# Public Health Modernization Framework



# House Bill 3100 (2015)

- Legislators used the recommendations from the *Modernizing Oregon's Public Health System* report to introduce House Bill 3100.
- House Bill 3100:
  - Adopted the foundational capabilities and programs for governmental public health.
  - Changed the composition and role of the Public Health Advisory Board on January 1, 2016.
  - Required an assessment of how foundational capabilities and programs are provided and what additional resources are needed.

## Timeline



Michael Hodgins, Principal, BERK Consulting  
Annie Saurwein, Senior Associate, BERK Consulting

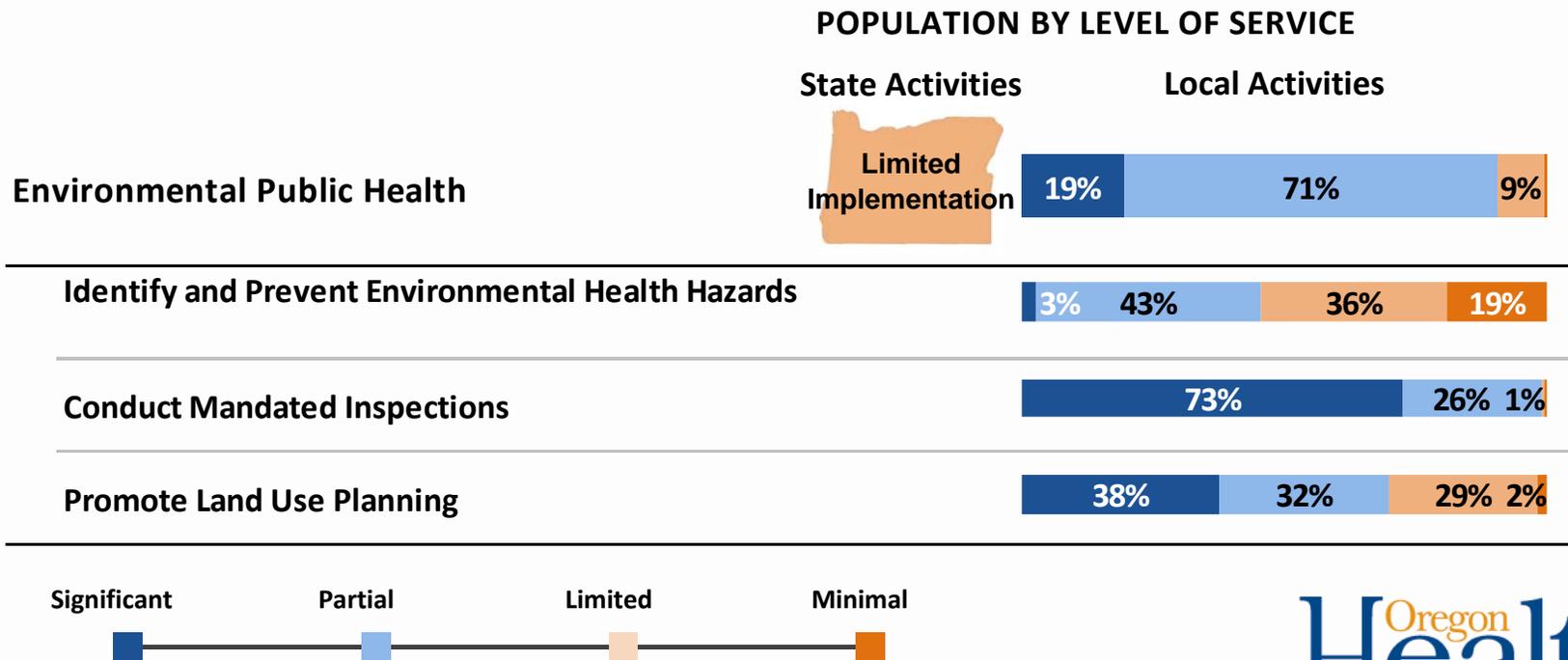
# ASSESSMENT FINDINGS

# Assessment purpose

- Answer two key questions:
  - To what extent are the foundational programs and capabilities of public health modernization being provided today?
  - What resources are needed to fully implement the foundational programs and capabilities?

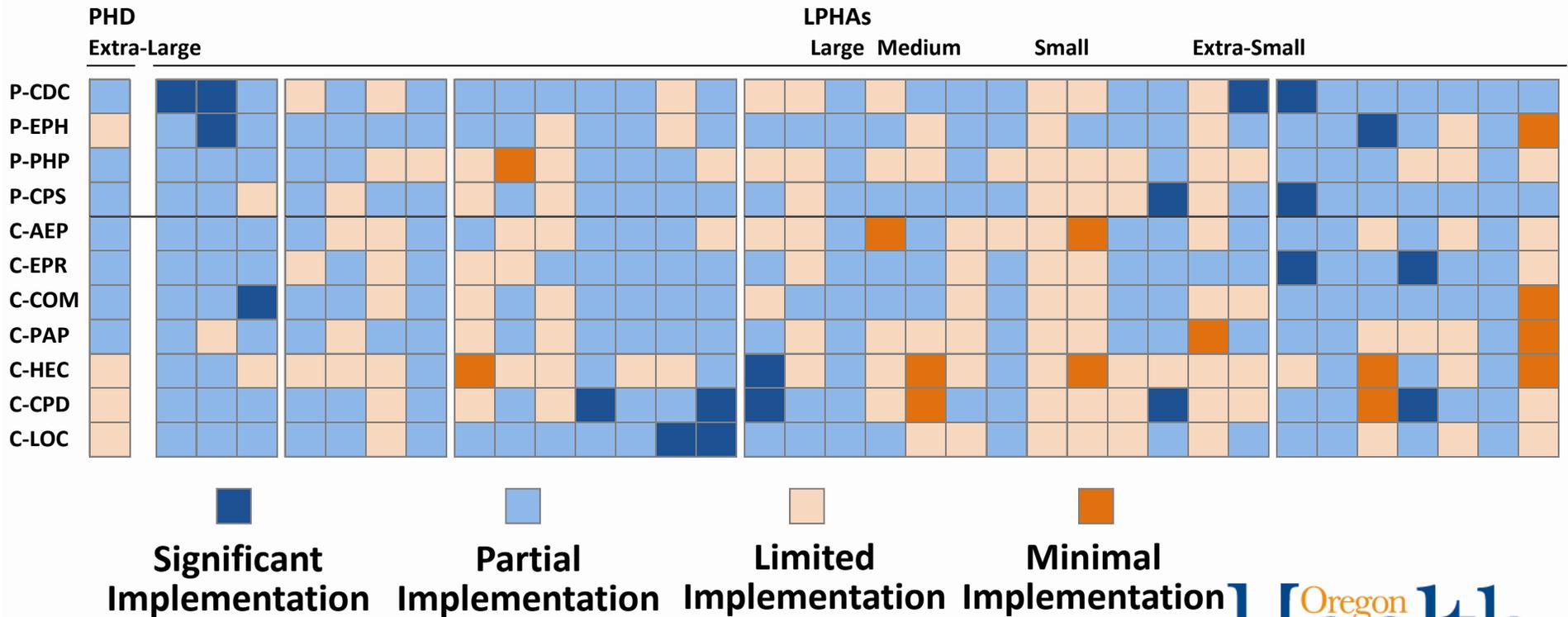
# Programmatic gaps in current governmental public health system

- This assessment provides detailed information about programmatic gaps for all 11 foundational programs and capabilities:
  - E.g., Environmental Public Health:



# Programmatic gaps in current governmental public health system

- These results, when viewed collectively for all foundational programs and capabilities, show that implementation is uneven across the system.



# Assessment process findings

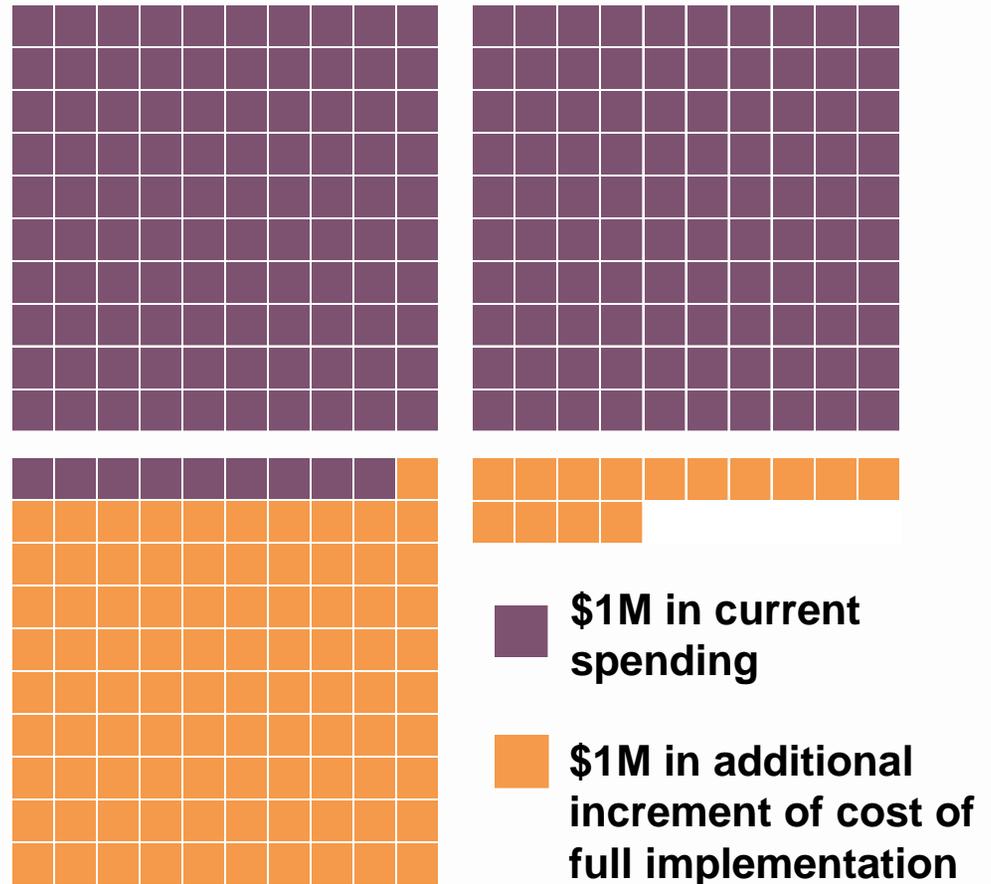
- The estimation of resources needed to fully implement the foundational programs and capabilities was based on current funding and service delivery paradigms.
  - **Funding.** The additional increment of cost of full implementation is equal to full implementation minus current spending.
  - **Service delivery.** Current cost estimates are largely based on the current service delivery model, which could be enhanced through additional cross-jurisdictional sharing and service delivery.
- Breaking out of current paradigms to allow for innovative solutions will be an ongoing process.

# Full implementation cost findings

Annual current spending on foundational programs and capabilities: **\$209M**

Preliminary annual additional increment of cost of full implementation of foundational programs and capabilities: **\$105M**

*This is a preliminary point-in-time, planning-level estimate for implementation under the current governmental public health system and does not represent the final cost needed to fully implement public health modernization. This cost estimate will be revised over time as efficiencies in public health system are implemented.*



# Interdependencies

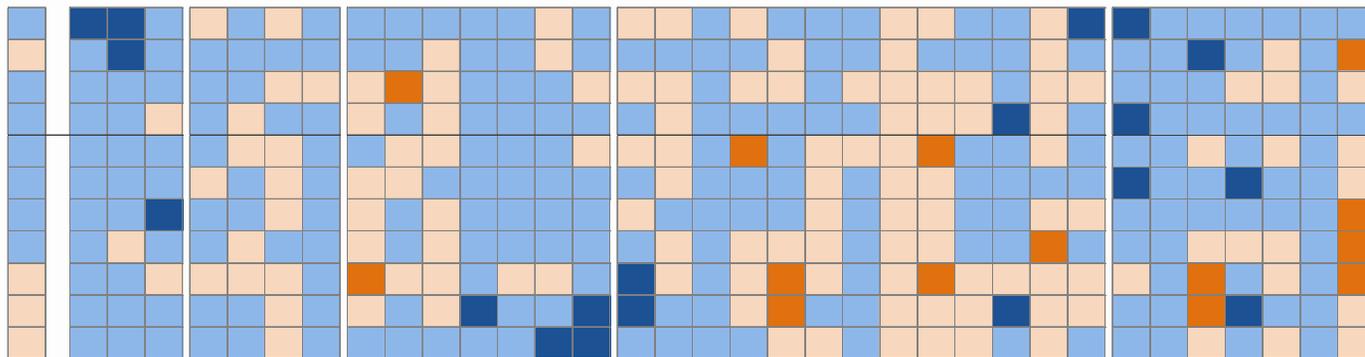
- There are service dependencies between state and local governmental public health activities.
  - *E.g., Public Health Division supports many of the statewide databases and information sources that local public health authorities use to generate community reports.*
- Many of the foundational programs and capabilities support one another.
  - *E.g., Educational communications plays a vital role in prevention of tobacco use and improving nutrition and increasing physical activity.*

# Evolving implementation process

- First step in an evolving process that will be refined with implementation.
- There is a need for continued exploration of some governmental public health system features, to identify opportunities to increase efficiency and effectiveness; these include:
  - Service delivery, including cross jurisdictional sharing
  - Partnerships
  - Barriers to implementation
- The estimated cost of full implementation should be updated to reflect changes identified as implementation evolves.

# Phasing and priorities

- Implementation will be a significant undertaking, that could benefit from being phased.



- As implementation may be phased over a multi-biennia period, decisions about how to phase will be necessary. Phasing decisions will change the programmatic gap picture (above) over time.

# Flexible decision-making

- A flexible implementation strategy that is responsive to governmental public health authority contexts is needed.
- A decision-making framework could support a flexible strategy.
- There are tensions among different considerations, so determining how to apply the decision-making framework will be important.

Jeff Luck, Chair, Public Health Advisory Board  
Zeke Smith, Chair, Oregon Health Policy Board

## **NEXT STEPS**

# Criteria for selecting priorities

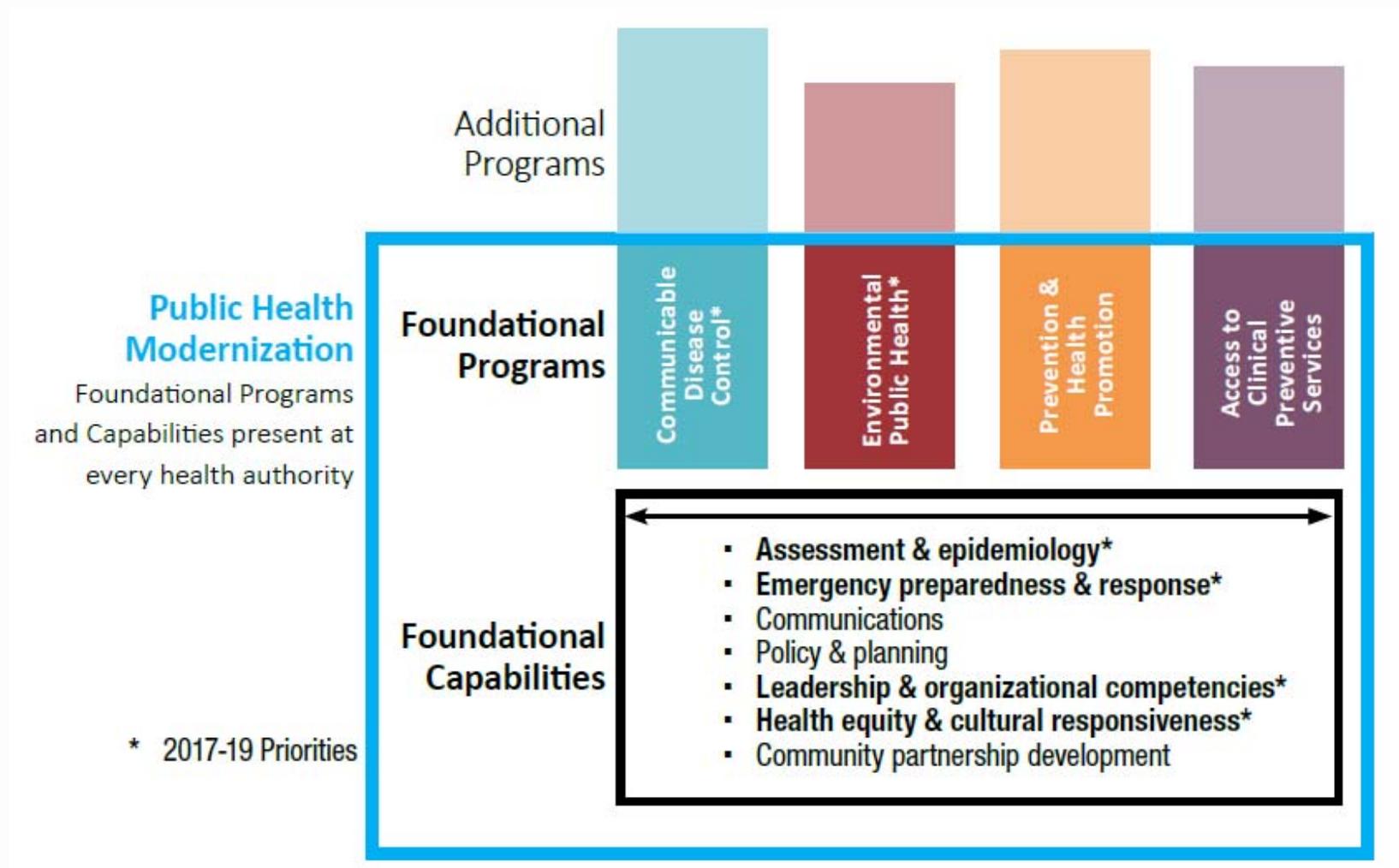
The Public Health Advisory Board used the public health modernization and the following criteria to identify priorities for the 2017-19 biennium:

1. Health impact
2. Service dependency
3. Equity
4. Population coverage

# Recommended priorities for 2017-19

- Communicable diseases
- Environmental health
- Emergency preparedness
- Health equity
- Population health data
- Public health modernization planning

# Public Health Modernization Framework



# Comparison of state per capita spending on public health

State	State Per Capita Investment in Public Health	National Ranking
Idaho	\$94.70	7th
California	\$56.20	10th
Washington	\$38.20	23rd
Oregon	\$26.60	31st

# Ongoing efforts

**Local public health authority funding formula:** HB 3100 requires a formula for the equitable distribution of funds.

Initial formula includes the following variables:

- Population size
- Disease burden
- Health status
- Racial and ethnic diversity
- Poverty
- Limited English Proficiency

The funding formula also includes matching funds for local investment and a quality pool.

# Ongoing efforts

**Accountability metrics:** HB 3100 requires the use of incentives to encourage effective provision of public health services.

To the extent feasible, the final public health quality measure set will align with the work of:

- Statewide public health initiatives (e.g., Oregon's State Health Improvement Plan)
- National public health initiatives (e.g., CDC's Winnable Battles)
- Coordinated care organizations
- Early learning hubs

# Ongoing efforts

**Regional public health modernization meetings:** Using funding from the Robert Wood Johnson Foundation, regional public health modernization planning meetings will be convened from September 2016-January 2017.

The purpose of these meetings is to:

- Engage elected officials, CCOs, early learning hubs, community-based organizations and other stakeholders in moving forward a new model for public health
- Identify barriers and opportunities for collaboration across jurisdictions
- Begin the process of developing local public health modernization plans

# DISCUSSION

## For more information

(971) 673-1222

[publichealth.policy@state.or.us](mailto:publichealth.policy@state.or.us)

[healthoregon.org/modernization](http://healthoregon.org/modernization)