MEMORANDUM

June 12, 2014

TO; Task Force on the Future of Public Health Services
FR: Coalition of Local Health Officials
RE: Feedback on the "Updated Draft Conceptual Framework for Governmental Public Health Services"

Thank you for the opportunity to provide feedback to the "Updated Draft Conceptual Framework for Governmental Public Health Services" (Framework) that you have spent considerable time and attention developing.

The Coalition of Local Health Officials (CLHO) representing the 34 local health departments across Oregon has been regularly attending the Task Force meetings and, while this is not an endorsement of the Framework, would like to take the opportunity to provide feedback to the Task Force on its work thus far.

On Thursday, June 4th the Coalition of Local Health Officials (CLHO) organized a two-hour webinar and invited the Public Health Administrators from all 34 local health departments in Oregon, and their representatives, to participate.

Task Force members, Charlie Fautin, Benton County Public Health Administrator, and Carrie Brogoitti, Union County Public Health Administrator, walked through the Framework to help increase the understanding of the work of the Task Force thus far. Here is a summary of feedback that the 20 local health officials who participated, provided.

Overall feedback was very positive about the draft Framework. There were quite a few questions, some concerns and lots of great, thoughtful feedback. Here are some issues that were identified by section of the report, organized by Foundational Capability and Program.

Foundational Capabilities
Overall the group was very supportive of the Foundational Capabilities and how aligned they are with work on public health standards and accreditation.

Here are the major areas of feedback and recommendations:

- Workforce Development – we would recommend adding a Foundational Capability "Workforce Development" in this document about the workforce needs of a future public health system – nurses, health educators, environmental health specialists – and the continuing education and training, that is needed to maintain a governmental public health system, beyond just a Human Resources function.
- Innovation – the importance of innovation was discussed at a Task Force meeting but is not reflected in the current draft. We would like to recommend adding language reinforcing

the need for Oregon to lead the way in creating future best-practices by allowing, and encourage innovation.

- In Assessment & Epidemiology we believe that the importance of evaluation should be called out by calling the capability "Assessment, Evaluation & Epidemiology".
- Enforcement of Public Health laws – seems to be missing from the framework. Tobacco, communicable disease and environmental public health all have enforcement activities. Maybe Enforcement should also be included in the Foundational Capabilities section?

Foundational Program – Communicable Disease

Here are the major areas of feedback and recommendations:

- Clearly define the role of the Oregon State Public Health Lab that supports the reporting and control of communicable disease for the governmental public health system.
- Question – how are all of the data systems – ORPHEUS, ALERT IS reflected in this work? This seems like an area ripe for efficiency and attention by the Task Force.

Foundational Program – Environmental Health

Here are the major areas of feedback and recommendations:

- Include animal bites and vector illnesses in inspections and oversight
- Standardize inspections regardless of agency oversight (e.g. ODA, USDA, DEQ) to properly prevent illness due to exposures and contaminations
- Clarify the investigative role of public health in Foodborne Illness Investigations.

Foundational Program – Prevention & Health Promotion

Here are the major areas of feedback and recommendations:

- There is specific language in this section about best practices but no language about innovation.
- The focus of this section seems to be more prevention than actual health promotion. We would encourage language that would promote health, not just reduce risk.
- There was a lot of feedback about mental health, drug and alcohol addictions especially in terms of maternal depression and pregnant women. This seems to be an area missing from the document.
- Language around addressing the social-determinants of health was missing in the health promotion and prevention section.

Foundational Program – Access to Clinical Services

Here are the major areas of feedback and recommendation:

- There were quite a few questions, comments and concerns about the "Utilize traditional health works as facilitators of clinical and community linkages" recommendation. While there is support for traditional health workers, and many health departments who are already using that workforce, it seems like it doesn't necessarily fit into this section. Nowhere else in this

document is a specific workforce need called out (which we think is a missing piece) and might fit better in a "workforce development" capability.

- Traditional health workers need to be supervised by nurses or other medical professionals around them. Language should reflect the other important issues around this workforce, it doesn't exist separate from other public health workforce issues.
- There was concern about how broad the language around assurance of "low-cost, high-impact preventative care" for all Oregonians. There aren't resources, nor has it been public health's traditional role, to assure access to preventative care like dental, mental health, or addictions prevention. This language either needs to be narrowed or re-tooled.
- There was quite a bit of discussion around the different needs in terms of preventative clinical services across Oregon. Some communities will continue to need public health to play a provider roll. For those communities in which public health is no longer a provider there were questions about if public health should still play a role in assurance?
- Screening and assessment – public health is doing this work, which is helping to link adults and children to care. Should this work be added in the Foundation program or in an additional program?

Other issues that need addressing by Task Force to create efficiency of the public health system:

- Access to timely, relevant, data is a basic tenet of public health. However, the public health data systems are just as silo'd as the programs they are funded by. Local public health enters in data into these systems and, historically, has challenges getting the information out of the system.
- Access to information from other systems (eg. All Payer All Claims, MMIS) is important for basic evaluation of public health programs.

As the Task Force continues to develop and refine a governmental public health system for the future, CLHO would like the Task Force to consider some important over-arching elements to add to the framework:

- Add Workforce Development to the "Foundational Capabilities" box and include all public health workforce – nurses, traditional health workers, epidemiologists, health educators etc.
- Call out evaluation in the "Assessment, Evaluations & Epidemiology" Foundational Capability
- Include language around the important of public health innovation in Oregon. Let Oregon public health create the next wave of best-practices
- Remove the language from the Foundational Programs specific to data collection, assessment and epidemiology. It creates confusion. If data is a foundational capability then it could just be included in that section.
- Narrow the language in "Access to Clinical Services" to only preventative clinical services that public health has the capacity to assure.
- Add public health enforcement, where applicable.

Thank you for the opportunity to provide feedback. We look forward to continuing to work with the Task Force on these important issues.