

Full Proposal Narrative Template

Identifying Information

Project Title: Aligning Innovative Models *for* Health Improvements in Oregon (AIMHI in Oregon)

Application I.D.: 39933

Applicant Name: Morgan D. Cowling

Legal Name of Applicant Organization: Oregon Coalition of Local Health Officials, Inc

FULL PROPOSAL NARRATIVE CATEGORIES

PROBLEM STATEMENT: This project proposes to identify unknown barriers to implementing Foundational Public Health Services (FPHS) and work with state and local communities to develop a roadmap and tools to support moving forward with a new model for public health in Oregon.

During the 2015 legislative session the Oregon Legislature passed, and the Governor signed, HB 3100, which adopted a new framework for “Modernizing” the Public Health System (State and Local Public Health) largely built on the FPHS model. Since July 1, 2015 the Oregon Health Authority, Public Health Division (PHD) and the Coalition of Local Health Officials (CLHO), and local health officials across Oregon have been working in concert to raise awareness of the model with local health officials, solicit input and further refine the framework the legislature adopted.

HB 3100 established requirements for a two-year modernization planning phase. State and local public health has taken or will take the following steps to meet HB 3100 requirements:

- Raise awareness about changes to the public health system under HB 3100 among state and local public health and county commissioners. (March 2015 – ongoing);
- Create a Public Health Modernization Manual, which includes state and local public health roles, activities and deliverables for each of the foundational capabilities and programs included in HB 3100. (July-December 2015);
- Develop an assessment tool, based on the Public Health Modernization Manual, to measure the current ability of state and local public health to meet the foundational capabilities and programs. The assessment tool includes programmatic and cost components (November 2015-January 2016);
- The PHD and all LPHAs will complete the assessment and the findings will inform a report that highlight the gaps in the public health system (January-June 2016);
- Develop a statewide framework will include an implementation schedule for the PHD and LPHAs to begin operating under the law. To be submitted to the legislature by January 1, 2017 (July-December 2016);

- To become operative under the new FPHS model the PHD and LPHAs must submit a modernization plan. Each jurisdiction must submit their modernization plan depending on legislative funding and the implementation schedule by 2023. (July 2016-ongoing).

The Governor's 2015-17 budget included \$500,000 to support this two-year modernization planning phase. These funds, and additional funds provided by PHD to CLHO, have been or will be used to:

- Fund a contractor to develop the Public Health Modernization Manual (September – December 2015);
- Fund a contractor to develop and implement the modernization assessment, and develop the assessment report (November 2015 – June 2016);
- Provide funding for the development of cost/return on investment modeling (December 2015 – September 2016);
- Fund a contractor to develop a communications toolkit for local public health (October – December 2015);
- Fund a contractor to provide technical assistance to local public health agencies for completing the modernization assessment and using the communications toolkit (January – March 2016).

While a great deal of progress has been accomplished and momentum has grown, more work at both a statewide level and locally will need to be done. This project will support activities to move the state and local public health system toward implementation.

To build a culture of health across Oregon we will need to learn more about potential challenges and roadblocks to implementing FPHS. HB 3100 allows local communities to determine the best model for implementation – single county, single county with shared services or regional health departments. Successful implementation of FPHS will likely look different throughout Oregon. Local communities have unique needs and assets, as well as different stakeholders. As outlined in Objectives 2 and 3, this project will continue to build a shared understanding of public health and the FPHS across Oregon among diverse stakeholder groups (to include other sectors that protect and promote health like health care, early learning and education), as well as to learn from these stakeholders about the unique barriers, challenges, assets and opportunities for solutions across Oregon. This work will happen locally and statewide.

To further the progress of implementing FPHS a set of tools and supports for PHD and the LPHAs to use is needed. This project will assist the governmental public health system – PHD and the 33 county-based LPHAs, and one regional public health authority covering 36 counties

– to identify appropriate local solutions and move toward implementation by creating a multi-step roadmap and a suite of tools. These tools will align with local accreditation and quality improvement efforts as outlined in Objectives 4 and 5. In addition, technical assistance will be made available to use these tools to develop an appropriate modernization plan.

A process for accountability during public health modernization is essential. Oregon has an established Public Health Advisory Board (PHAB) with legislatively-mandated oversight for pieces of Oregon's Modernization work. This multi-sector board is tasked with completing specific tasks by 2017 which include: defining the health outcome metrics for the governmental public health system; making recommendations for the use of incentives to ensure effective and equitable provision of public health services across the state; and making recommendations on the development of the statewide modernization framework. As outlined in Objective 6, the PHAB will be utilized to provide guidance and accountability specifically for this project, and to further engage communities and diverse stakeholders in public health modernization. Guidance and accountability will also be provided through a Joint Leadership Team comprised of State PHD leadership and the Executive Committee of the CLHO. In addition, many of the statewide and local activities will be guided by inclusion of other elected, health care delivery, education, early learning and community stakeholders.

PROJECT:

Objectives and Activities

Objective 1:

Assist the Public Health National Center for Innovations (PHNCI) in achieving its goals.

Objective 1 Activities:

- Work closely with the PHNCI as they capture best and promising practices, measure progress on three defined outcomes and widely communicate the results.
- Work closely with the PHNCI to identify technical assistance and/or educational needs in each of the three states initially and in other locations thereafter.
- Designate a coalition member to sit on the PHNCI National Advisory Committee (estimated to meet twice a year).
- Participate in all grantee meetings that PHNCI convenes (estimated to be twice a year), to share implementation of FPHS and innovations for a culture of health.
- Participate in a national learning community (comprising our fellow states and others) about implementation of the FPHS.
- Work closely with Glen Mays (and his designees) regarding feasibility and best strategy for surveys that will assess the comprehensiveness of public health systems in jurisdictions at the beginning and ending phases of the project.

- Work closely with the Center for Sharing Public Health Services (CSPHS) to understand the various Cross-Jurisdictional Sharing (CJS) models that exist, whether they are applicable to smaller health departments in our state, and how the coalition can help facilitate and/or support the planning and implementation of CJS arrangements.
- Participate in advisory group (virtual, not frequent) with Betty Bekemeier and Justin Marlowe (and their designees) on the development of a chart of accounts.

Objective 2:

Engage state and local health officials, and state and local public health partners to build awareness and a shared understanding of the FPHS model in Oregon.

Objective 2 Activities:

- Build on current momentum to raise awareness and shared understanding among additional stakeholders beyond state and local health officials
- Contract with individual/organization to hold 10 regional sessions across Oregon.
- Recruit diverse stakeholders including traditional and non-traditional public health partners including education, early learning, health care clinics, state health officials, local health officials, local public health advisory board members, and county commissioners to attend regional sessions on FPHS.
- Engage communities and stakeholders before, during and after the regional sessions for successful recruitment, and to identify best strategies for success.

Objective 3:

Identify challenges, needs and opportunities for public health system change to implement the FPHS model in Oregon.

Objective 3 Activities:

- Utilize regional meetings to identify potential barriers and system challenges to implementing the FPHS model, or CJS, as well as where successes are already occurring.
- Work with state and local communities to identify potential systems and organizational changes and models for achieving implementation of FPHS such as State and Local Sharing, CJS or regional approaches to build capacity and improve performance.
- Assist communities in the identification of areas ripe for increased sharing (state and local, CJS, community partner sharing) or regional models.
- Assist communities to identify opportunities for integration between the public health system, health care, early learning and education.

Objective 4:

Provide a multi-step road map for state and local public health to move from the current state to implementing the FPHS model. This road map will be accompanied by tools and technical assistance to address steps identified during regional listening sessions.

Objective 4 Activities:

- Develop a roadmap for state and local communities to move forward with operationalizing FPHS.
- Continue to work with contractor to modify or develop new public health system tools (i.e. decision aids, or model agreements)
- Develop a modernization plan template to support the final stage on the roadmap, implementation.
- Work with PHD, LPHAs and county commissioners to ensure that tools developed support implementation processes.
- Work with PHNCI and CSPHS on the development of systems and tools that will support CJS between state and local health departments in Oregon.
- Provide ongoing technical assistance through follow-up check-in phone calls and webinars to local communities to use the resources and the tools to move along the roadmap.

Objective 5:

Identify areas where FPHS will support national accreditation across Oregon.

Objective 5 Activities:

- Utilize the statewide Public Health Accreditation Workgroup to identify tools under development in Objective 4 to that can be adapted to support accreditation, performance management and continuous quality improvement efforts.
- Contractor will work with CLHO Program Manager to tailor tools (where appropriate) to support alignment with accreditation.
- Work with PHNCI to identify additional tools that will support accreditation efforts across Oregon.

Objective 6:

Utilize the PHAB to provide feedback and oversight for activities for this project, and engage additional stakeholders and communities.

Objective 6 Activities:

- Provide monthly reporting on progress or challenges on project activities to the PHAB.

- Identify areas where the Board can support additional outreach and engagement of communities and other stakeholders.
- The PHAB will assure awareness and involvement of multi-sector stakeholders, including health care, education and early learning to facilitate collaboration on implementation of the FPHS model.
- The PHAB will assist with recruitment to regional meetings.
- The PHAB will consult with multi-sector stakeholders on the Board's work to define metrics and incentives, and make recommendations on the statewide modernization framework, as described above. This may include stakeholder participation in workgroups.

Deliverables and Outcomes

Deliverables

1. 10 Regional meetings (covering the whole state) held with local and state participants in the first year of the grant period (Objective 2).
2. A roadmap for moving to implementation of the FPHS (Objective 4).
3. A set of tools (decision aids, model agreements for CJS) to support movement along the roadmap to implementation (Objective 4).
4. A model Modernization implementation plan template is developed to support state and local health departments moving forward (Objective 4).

Outcomes

1. By the end of the grant period, every area of the state is engaged in planning and building capacity for modernization implementation with health care, early learning and education partners; and
2. By the end of the grant period, Oregon will contribute a suite of tools for Oregon communities and other states to use to implement the FPHS model.
3. By the end of the grant period, at least five areas of the state (single counties, multi-county regions, or state-local CJS) are ready to submit a Modernization implementation plan.
4. By the end of the grant period, a set of statewide and local public health outcome measures will be established, and measurement will have begun.
5. By the end of the grant period, the number of jurisdictions categorized as a comprehensive public health system will increase.

Communications

The PHD and the CLHO have already begun a strong communications plan for developing "Public Health Modernization" messages and informing stakeholders of the FPHS in Oregon.

Building on the work of this project and the progress on implementing the FPHS in those communications efforts will be seamless. Here are our target audiences:

State and local health officials – Building a shared understanding of the FPHS model is core to the project and outlined in Objective 2. Discussing this project and the objectives to accomplish our outcomes can be incorporated during regional meetings.

County Commissioners – Presentations on this project to the Association of Oregon Counties' (AOC) Health and Human Services Steering Committee will be incorporated into monthly updates the CLHO provides.

Community Partners – Develop an understanding of what the public needs from a modern public health system and help build an understanding of what the FPHS can do to help create better health outcomes for Oregonians.

Staffing

Organization and Staffing

The CLHO works with local public health administrators to advocate for effective and improved public policies, programs, and financing of local public health in Oregon. We currently have two staff who work on behalf of the LPHAs in Oregon and both would be involved in this project.

Morgan D. Cowling, MPA, CLHO Executive Director (Co-Principal Investigator) – has been working to create strong public policies with and on behalf of County government for over ten years. Ms. Cowling bring strong relationships with County Commissioners, Legislators and the public health community.

Kathleen Johnson, MPH, CLHO Program Manager – hired at CLHO two years ago through the National Public Health Improvement Initiative (NPHII) funding. Ms. Johnson's first major project was to support alignment between accreditation standards and Oregon's standards for local public health. Ms. Johnson brings a strong background in supporting local health officials move toward accreditation, continuous quality improvement and performance improvement.

Key Partners and Collaborators

Oregon Health Authority, Public Health Division – Oregon's Public Health Division (PHD) is housed within the Oregon Health Authority, which is the organizational home for the state government's health care programs. The PHD works jointly with LPHAs to improve population health through assessment, policy development and assurance.

Michael Tynan (Co-Principle Investigator) is the Policy Officer for the PHD. He works with state and local public health department staff on identifying, developing, and implementing evidence-based policy, systems and environmental changes aimed at improving public health. Mr. Tynan is the manager of the PHD's policy team, which is responsible for the PHD's work around public health policy development, health system transformation, the statewide health improvement plan, and government agency partnerships.

Grant Guidance Provided by the Public Health System "Joint Leadership Team" - The CLHO and PHD elected and appointed leadership meet every month to discuss issues of importance to the public health system, like implementation of the FPHS. This group will continue to provide guidance to this project.

Multi-Stakeholder Coalition - PHAB Members – In addition to state and local health officials the PHAB will include a member from academia, Coordinated Care Organization, health care organization who isn't a Coordinated Care Organizations, the Oregon Health Policy Board, an expert in population health metrics, an at-large community member.

Timeline

Project timeline - March 15, 2016 – February 14, 2018

March 2016 – May 2016 - Planning

The first two months of the project will be used primarily for planning including developing a strong scope of work, objectives and deliverables for the Contractor. This will also give us two months to get the PHAB knowledgeable of the project and engaged in the outcomes and deliverables (Objective 6). The PHAB will also provide guidance and help recruit important stakeholders across Oregon to attend the regional meetings.

Communication efforts will be focused on the PHAB to build shared understanding of FPHS and the work to Modernize the public health system in Oregon thus far.

June 2016 – May 2016 – Regional Meetings, Roadmap & Tool Development

These 12 months will be used for the Contractor to plan and hold 10 regional meetings (Objective 2) across Oregon engaging traditional and non-traditional public health partners. The Contractor will review public health modernization assessments to help inform the regional meetings. In addition, this contractor will work with the PHNCI and CSPHS to identify the best tools to be tailored and modified for Oregon's communities.

After the ten regional meetings are held the Contractor will develop a multi-step roadmap and tools to support progress along the roadmap (Objective 3). The goal of the roadmap is to provide a clear process for state and local jurisdictions to make progress, understanding jurisdictions are all in a different point along the roadmap.

During this project phase the legislature will convene and we will have the opportunity to speak with legislators about the project and work to secure funding to meet Outcome 3 moving from planning to implement to actual implementation. On-going communication efforts will be focused on building a shared understanding of the FPHS beyond just health officials and with education, early learning and health care partners across Oregon.

June 2017 – February 2018 - Technical Assistance & Develop Model Implementation Plans

The Contractor will use this phase on the project to continue to engage with state and local public health to provide technical assistance and make sure the tools will work for movement along the roadmap and support alignment with accreditation (Objectives 4 and 5).

The Oregon Legislature is Constitutionally required to adjourn by the middle of July. In 2017 we will know the level of investment the legislature has decided to allocate and how many communities will begin implementation of FPHS. We have assumed in project Outcome 3 that the legislature will invest enough to move five areas of the state forward.

STRATEGY:

This proposed project aligns with the identified problem. Oregon has made significant strides in preparing for moving toward the FPHS model, in part due to requirements under HB 3100. However, to move from planning to implementation, significant resources will be needed to engage diverse stakeholders and communities; identify local challenges and opportunities; develop tools and provide support to state and local communities. The objectives and activities of this project will provide resources to address each of these. With these areas addressed state and local public health will be well-prepared to develop and implement modernization plans.

Success would be measured through a couple of quantitative measures:

1. 34 local public health administrators will participate in the regional meetings.
2. 26 state health officials (section managers and executive leadership) will participate in the regional meetings
3. 5-10 public health partners will participate in each regional meeting (e.g. health care, education, early learning, transportation, planning and/or academia)
4. 1 roadmap to implementation developed with benchmarks

5. 5 modernization implementation plans are ready to submit

- How does the project relate to the Foundation team's objectives?

Oregon's work on this project supports the Robert Wood Johnson Foundation's objective to advance the implementation of the FPHS model in each state by participating in opportunities to share information and lessons learned and by sharing a suite of tools that can be used by other states. Through this project Oregon will demonstrate opportunities for public health, health care and education to coordinate efforts designed to improve health. Through a defined set of measures, Oregon will demonstrate how the FPHS model can impact health outcomes.

- If applicable, describe how you would sustain the project after the grant period.

After this project ended we would have a roadmap, tools tailored to meet Oregon's unique needs, and a deeper understanding across the state with public health partners of why this effort is so important. The Oregon Legislature set us on a timeline of fully implementing, and modernizing our public health system between now and 2023. We will continue to work with the legislature to make the appropriate investments to continue the momentum and support more communities submitting their Modernization implementation plans.

RISK AND CHALLENGES:

There is a major risk and a major challenge to the success of this project. The major challenge for state and local public health will be to be able to dedicate resources to the extensive planning activities needed to move toward a FPHS model while maintaining the current system. It is essential that state and local health officials each participate in a regional meeting to ensure widespread stakeholder engagement and to begin identifying appropriate solutions for individual counties. However, for some of our very rural, frontier health departments having the administrator out of the office for a full day makes services to the community unavailable. Different but significant barriers also exist for larger LPHAs and PHD. It is integral to the project that all of our health departments: large, small, urban, rural and very frontier have the ability to participate, and work will be ongoing to identify ways to mitigate these challenges.

Another potential risk will be dependent on the outcomes of the 2017 Legislative Session. The outcomes and objectives could be impacted (both positively and negatively) by the funding decisions made by the 2017 Legislative Session. Communications efforts (separate from grant project activities) with those stakeholders will be very important. The FPHS model created by the legislature includes additional capacity that state and local public health do not currently have funding to meet.