Local Public Health Administrator Review of Public Health Modernization Statewide Modernization Plan

DRAFT

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Executive summary

Background

*The need for a modern public health system*

Oregon is a leader in its approach to health system transformation, which aims to provide better health and better care at a lower cost. To the extent Oregon's Health system transformation has achieved some level of success, the role of governmental public health in providing safety net services has changed over time. At the same time, a growth in the volume of new and emerging health threats has exposed the need for a governmental public health system that can systematically collect and report on population health risks and health disparities; implement needed policy changes to improve health and protect the population from harms; and leverage partnerships across the health system to ensure maximum efficiency and effectiveness of services delivered. There are many recent examples of how demands for governmental public health services have changed over time: the response to the international Zika virus outbreak; preparation for a possible Cascadia Subduction Zone earthquake; and the need to address environmental threats to human health.

*The public health modernization framework*

Through House Bill 3100 (2015), a new framework for state and local health departments was adopted for every community across Oregon. The public health modernization framework depicts the core services that must be available to ensure critical protections for every individual in Oregon.

Oregon’s modernized public health system is built upon seven foundational capabilities and four foundational programs. Foundational capabilities are the knowledge, skills and abilities needed to successfully implement foundational programs.

Foundational capabilities are:

* Leadership and organizational competencies
* Health equity and cultural responsiveness
* Community partnership development
* Assessment and epidemiology
* Policy and planning
* Communications
* Emergency preparedness and response

Foundational programs include topic- and disease-specific work to improve health outcomes, such as a decrease in the prevalence of a particular disease or health risk behavior. Foundational programs are:

* Communicable disease control
* Environmental health
* Prevention and health promotion
* Access to clinical preventive services

Implementation of public health modernization will need to be somewhat flexible and consider the existing strengths and needs of different public health authorities. Movement towards a common set of health outcomes will be the focus for Oregon’s public health system over the next three biennia.

Successful implementation of public health modernization will require deliberate and sustainable changes over the next three to five biennia. By scaling up public health modernization over the next several years, Oregon’s governmental public health system will be able to:

* Improve the capacity of the governmental public health workforce to take on new community health challenges.
* Engage community members in creating a public health system that meets their needs.
* Identify and implement new ways of delivering public health services that are more effective and efficient.
* Develop partnerships with traditional and non-traditional partners in order to improve the delivery of public health services.
* Move from an activity-based public health system to one to one that is outcomes-driven.
* Slowly and sustainably scale up public health services over time.

Key findings from public health modernization assessment

In 2016, state and local public health authorities completed an assessment of the existing public health system, as required under House Bill 3100. This assessment was intended to answer two questions: To what extent is the existing system able to meet the requirements of a modern public health system? What resources are needed to fully implement public health modernization?

The assessment found gaps between our current public health system and a fully modernized system that meets the health protection, prevention and promotion needs of Oregonians in every part of the state. The assessment identified that, in more than one third of Oregon communities, foundational public health services are limited or minimal.

Overall, there are gaps in all state and local public health authorities. These gaps are not uniform and do not appear in the same foundational capability or program in each public health authority. Some governmental public health authorities have larger gaps than others. However, there are needs across governmental public health authorities of all sizes.

There is not one foundational capability or program that is implemented across every public health authority. There are some foundational programs and capabilities with a higher concentration of limited and minimal implementation, such as health equity and cultural responsiveness and prevention and health promotion.

The public health modernization assessment found an additional $105M is needed annually for the public health system to fully implement a modernized public health system. This represents a 50% increase over current spending levels. This is a planning-level estimate and it will be refined over time as the system changes and efficiencies are gained. However, we know that the system is underfunded, and upgrading the system to implement foundational public health services will require significant, sustainable funding.

Increased funding in the 2017-19 biennium will be used to make significant progress in a subset of foundational capabilities and programs across the state and to drive the system toward change and innovation. The Public Health Advisory Board and state and local public health authorities have identified that significant progress could be made with an initial investment of $30M. The level of implementation provided by state and local public health authorities will be scaled based on available funding in 2017. Information about how state funds will be allocated to local public health authorities is available in the funding formula section of this plan.

 Roadmap for modernizing Oregon’s public health system

The following five strategies are critical to achieving a modern public health system that protects and improves the health of every person in Oregon. Comprehensively implementing these five strategies will ensure we meet the outcomes listed below by 2023.

**Public Health Modernization Roadmap**

**Outcome 1:** Improved health outcomes in 5-10 years

**Outcome 2:** An efficient, effective and equitable public health system

**Outcome 3:** Improved public health services for all people in Oregon

**Outcome 4:** Local modernization plans by 2023

**Strategy 1:** Increase capacity across the entire public health system to provide foundational public health programs.

**Strategy 2:** Adopt new and innovative service delivery models, including cross jurisdictional sharing, to increase the efficiency and effectiveness of Oregon’s public health system.

**Strategy 3:** Work with the health care system, early learning and other sectors to provide evidence-based, upstream interventions in a way that best meets the needs and priorities of each community.

**Strategy 4:** Work with Oregon’s federally recognized tribes to align tribal public health services with the governmental public health system.

**Strategy 5:** Establish accountability metrics to demonstrate improved health outcomes and public health system change.

**Strategy 1:** Increase capacity across the entire public health system to provide foundational public health programs.

Justification: The 2016 public health modernization assessment found that one third of Oregon communities – or 1.3 million people – are in an area of the state where foundational public health programs are limited or minimal. Gaps exist in all areas of the state and for all communities. Foundational public health programs protect people from communicable diseases, prepare for and respond to emergencies and prevent environmental health threats. Increasing capacity across the system will, over time, narrow the gaps that exist among communities and move the entire system forward toward modernization.

Key Activities:

* Use findings from the public health modernization assessment to develop a timeline for implementing foundational capabilities and programs. All foundational capabilities and programs will be implemented across the public health system by 2023.
* Develop a local public health funding formula. The funding formula will consider differences in population, burden of disease and health status in awarding funding to each local public health authority.
* Each biennium develop a scope of work for state and local public health authorities that includes system-wide interventions to make improvements across the entire system and local interventions to close gaps among public health authorities.
* Each biennium, report on progress toward implementing foundational capabilities and programs.
* Implement all foundational capabilities and programs by 2023.

**Strategy 2:** Adopt new and innovative service delivery models, including cross jurisdictional sharing, to increase the efficiency and effectiveness of Oregon’s public health system.

Justification: Cross jurisdictional sharing is demonstrated to increase efficiency and effectiveness in how public health programs are delivered. Cross jurisdictional sharing exists on a spectrum, from informal agreements between local public health authorities to regionalization. Local public health authorities will explore where cross jurisdictional sharing is already occurring and spread effective models to other areas of the state. Public health modernization also presents an opportunity to examine which public health services and activities are centralized in the Public Health Division or decentralized across local public health authorities, and to make changes based on the functional needs of the public health system. Cross jurisdictional sharing and changes to which services are done at the state and local level will close gaps identified in the public health modernization assessment.

Key activities:

* Create opportunities for local public health authorities and local governments to discuss current sharing models and identify additional opportunities for sharing.
* Develop a set of tools to facilitate adoption of new cross jurisdictional sharing opportunities.
* Create learning opportunities and other mechanisms to spread innovation across the system.
* Use the funding formula to incentivize exploration and adoption of new services delivery models.
* Report annually on new and innovative service delivery models that increase the provision of foundational public health services.

**Strategy 3:** Work with the health care system, early learning and other sectors to provide evidence-based, upstream interventions in a way that best meets the needs and priorities of each community.

Justification: Public health modernization is an essential component of health system transformation in Oregon. A public health system that emphasizes evidence-based, population-level interventions to improve health will advance our shared work toward achieving Oregon’s Triple Aim. A modernized public health agency will convene the local CCO(s), early learning hubs and other organizations to develop cross-sector community approaches for prevention and health promotion.

Key Activities:

* Convene CCO and early learning leadership and others in discussions about local population health needs and priorities.
* Use results from the local public health modernization assessment to identify barriers to collaboration across sectors.
* Identify opportunities for collaboration.
* Develop a set of tools to facilitate adoption of cross-sector approaches to prevention and health promotion.

**Strategy 4:** Work with Oregon’s federally recognized tribes to align tribal public health services with the governmental public health system.

Justification: Oregon’s federally recognized tribes provide services critical to the health of their members and in many cases provide services to protect and improve the health of other community members.

Key activities:

* Work with tribes to conduct assessments of current foundational public health services.
* Facilitate opportunities for tribes to be involved in local decision-making about how to most effectively provide public health services.

**Strategy 5:** Establish an accountability system to demonstrate progress toward achieving improved health outcomes.

Justification: As with coordinated care organizations and hospitals, the public health system must demonstrate accountability for public investments to implement evidence-based population health interventions. The public health system will demonstrate accountability through a set of metrics to measure improvements in population health and changes to the structure of the public health system.

Key activities:

* Develop a set of system-wide accountability metrics and a subset to be used to measure local public health authority progress toward meeting metrics. Accountability metrics will include health outcomes and metrics to demonstrate system change and increased efficiency.
* Use the local public health funding formula to incentivize progress toward achieving accountability metrics.
* Report on metrics annually

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| --- |
| Scaling up public health modernization over the next three biennia |
| **Biennium** | **Foundational capabilities and programs** | **Key actions** |
| 2017-2019 | * Communicable disease control
* Environmental health
* Emergency preparedness
* Health equity and cultural responsiveness
* Assessment and epidemiology
* Leadership and organizational competencies
 | * Develop initial public health modernization plans, addressing the priorities listed to the left.
* Ensure sufficient funding to support priorities.
* Identify effective and efficient public health governance structures.
* Finalize accountability measures for state and local public health authorities.
* Distribute available funding to local public health authorities using the funding formula required in House Bill 3100.
* Report on baseline accountability metrics.
* Collect and report on year one accountability metrics.
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| 2019-2021 | * Prevention and health promotion
* Communications
* Community partnership development
* *Continue and expand on work on the foundational capabilities and programs implemented in 2017-2019*
 | * Utilize established criteria to identify additional priority areas for 2019-2021.
* Ensure funding is available to support additional priorities.
* Identify effective and efficient public health governance structures.
* Collect and report on year two and year three accountability metrics.
* Update the public health modernization assessment.
 |
| 2021-2023 | * Access to clinical preventive services
* Policy and planning
* *Continue and expand on work on the foundational capabilities and programs implemented in 2017-2021*
 | * Utilize established criteria to identify additional priority areas for 2021-23.
* Ensure sufficient funding to support additional priorities.
* Collect and report on year four and year five accountability metrics.
* Ensure all local public health authorities have submitted a local modernization plan.
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| 2023 and beyond | * *Continue the foundational capabilities and programs implemented in 2017-2023*
 | * Collect and report on accountability metrics.
* Update the public health modernization assessment.
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Timeline for implementation of foundational capabilities and programs



Monitoring and accountability

Accountability – for ensuring an efficient and effective public health system and for achieving improved health outcomes – is a central tenet of public health modernization. The public health system has in place a number of mechanisms to ensure system-wide accountability.

*The Public Health Advisory Board*

The Public Health Advisory Board (PHAB) is established by House Bill 3100 (2015), Sections 5-7 as a body that reports to the Oregon Health Policy Board. The purpose of the PHAB is to be the accountable body for governmental public health in Oregon. This includes oversight of public health modernization, development and implementation of accountability measures for state and local health authorities and development of a funding formula that builds an equitable governmental public health system.

PHAB meets monthly and convenes subcommittees as needed.

*Accountability metrics*

Accountability metrics will function both as an assurance that state and local public health authorities are providing foundational public health services to all people in Oregon, and as an incentive to encourage LPHAs to transform the local public health service delivery model to best provide foundational capabilities and programs to community members.

Accountability metrics for the public health system will be established for the 2017-19 biennium and will evolve over each biennium as the public health system changes and addresses new priorities. It is understood that data on accountability metrics will be collected and reported on annually.

As with the statewide performance measures established under HB 3650 (2011), a set of accountability metrics will be used to monitor the progress of the entire public health system toward increased efficiencies and improved health outcomes. As with Coordinated care Organizations, a subset of these metrics will be used to monitor progress of each local public health authority. Each local public health authority will be eligible to receive incentive payments based on achievement of accountability metrics.

Incentive payments to local public health authorities will be incorporated into the 2019-21 funding formula. Until that time, state and local public health authorities will:

* Finalize system-wide accountability metrics;
* Finalize the subset of accountability metrics to be used as LPHA incentive measures;
* Establish data collection mechanisms;
* Establish data validation mechanisms;
* Develop a reporting timeline; and
* Collect and report on baseline data.

The OHA Public Health Division will be an active partner with LPHAs to support achievement of incentive measures. In this capacity, OHA Public Health Division will do the following:

* Provide accurate and timely population health data;
* Convene learning opportunities to discuss best practices and innovation that can be spread across local public health jurisdictions;
* Provide technical assistance

The Coalition of Local Health Officials will also actively support LPHAs to achieve incentive measures through convening learning opportunities and providing technical assistance.

*Evaluation of implementation*

OHA Public Health Division will explore opportunities for initial and ongoing evaluation of implementation of public health modernization.

State and local public health authorities will update the public health modernization assessment during the 2019-21 biennium. This update will demonstrate changes in the public health system, including whether we have increased capacity and expertise in communities across Oregon, and any changes to the financial resources needed to implement the public health modernization model.

*Annual work plans and progress reports*

As part of the contracting process with LPHAs to receive public health modernization funding through OHA, each local public health authority will submit an annual work plan. Progress reports will be submitted annually.

Rationale for system approach to implementing foundational capabilities and programs

HB 3100 described waves up implementation across local public health authorities, whereby an initial group of LPHAs would adopt the complete modernization framework in the 2017-19 biennia, additional LPHAs would adopt the framework in 2019-21, and all LPHAs would move toward the modernization framework by 2023 (with the submission of comprehensive modernization plans). This implementation plan was recommended by the Future of Public Health Services Task Force and is based on the idea that modernization could begin as a pilot that would expand across the system over subsequent biennia.

The public health modernization assessment showed risks of following this implementation model due to:

* Risk of creating a two-tiered system
* Potential impacts to health equity, where individuals living in a “modernized” area of the state would receive a higher level of service than those living in other areas of the state.

The assessment also indicated challenges to implementing by foundational capability or program across the entire state because current level of implementation varies across LPHAs. Some LPHAs are closer to fully implementing foundational capabilities and programs, while gaps are larger for other LPHAs. This will be addressed by building a system that requires system-wide focus on a set of foundational capabilities and programs but allowing for local flexibility in determining the best way to meet the unique needs of the local community. We will “rise all boats” while narrowing the largest implementation gaps that exist today.

This implementation strategy is critical for other reasons. Focusing resources on a handful of counties will reduce opportunities for innovation across county lines, but spreading resources across the system will drive all areas of the public health system toward innovation. Also, many of the health issues we face in public health – like disease outbreaks or natural disasters - cross county lines. Counties need to be equally equipped to address these issues. Finally, the public health system is poised to move forward in unison. Conversations about how we could do our work differently have already begun, and changes are being made. We need to encourage and sustain these conversations rather than build a system where most counties will need to wait years to receive resources to do this work.

Approach for exploring and adopting new models within the public health system

*Cross-jurisdictional sharing*

**Current Sharing in Oregon**

In 2016 the Coalition of Local Health Officials deployed a survey that asked local health departments (LHDs) to provide detail on the types of collaboration, shared services, and other partnerships that allow them to deliver essential public health services. Most LHDs reported some level of collaboration and sharing with other jurisdictions. Some of the most commonly cited partnerships include:

* **Community health assessments**. Cross-jurisdictional partnering for community health assessments occurs in many regions throughout the state. These efforts also include partnerships with Coordinated Care Organizations (CCOs), Early Learning Hubs, local hospitals, and other community organizations.
* **Communicable disease surveillance and sharing**. Some of these partnerships include formal agreements to share access to Orpheus, an electronic disease surveillance system, for case investigation and follow up.
* **Environmental health sharing**. Several rural jurisdictions share environmental health staff to ensure that mandated restaurant, water, and other inspections are carried out as required.
* **Technical assistance and other support**. LHDs offer varying levels of assistance to each other on a regular basis, including general programmatic or operational advice, resource sharing, partnering for staff training, or job shadowing for new staff.
* **Emergency preparedness**. Regions throughout the state partner to hold preparedness exercises and to ensure that critical resources will be available in the event of a large-scale bioterrorism event or natural disaster.



*Source: Cross-jurisdictional sharing for local public health services. 2015. J. Marlowe, B. Bekemeier. Funded by RWJF.*

**Future Sharing in Oregon**

The CLHO survey asked LHDs to identify opportunities for future shared services that could potentially create efficiencies and improve effectiveness across jurisdictions. Some of the most commonly cited potential future shared services include:

* **Assessment and epidemiology**. Several LPHAs identified a regional approach to data collection and analysis as the most efficient and effective method of fulfilling the elements listed in the new modernization framework.
* **Prescription drug overdose grant**. Six regions throughout the state will be collaborating on prevention efforts related to prescription drug and heroin overdose.
* **Environmental health**. Shared environmental health specialists to prevent, assess, and address emerging environmental public health issues.
* **Emergency preparedness.** Regional efforts to ensure that communities are prepared and able to respond to and recover from public health threats and emergencies.

There is great potential for future cross-jurisdictional sharing that moves LHDs towards more a formalized arrangement. What that arrangement looks like is up to the LHDs to decide; it could be shared capacity with joint oversight or outright consolidation of local public health agencies. The public health modernization legislation outlined several pathways for local public health authorities to meet the Foundational Capabilities and Programs, all of which are intended to allow for significant local flexibility.

From October 2016 through January 2017, ten meetings will take place across Oregon to discuss opportunities and barriers to cross-jurisdictional sharing.

(Add information from recent studies that demonstrate increased efficiencies).

*State and local service delivery models*

The Public Health Modernization Manual demonstrates that the distinct roles for state and local public health are each essential to fulfill the core system functions. For example, it is necessary to collect and analyze data on health behaviors and outcomes at the state level to understand where health disparities exist. And it is necessary to use this data at the local level to work closely with those populations experiencing disparities to close those gaps in health outcomes.

The public health system will continue to identify areas where the state public health authority can perform its core functions more effectively to support local public health, or where local public health authorities can perform their core functions more efficiently to achieve statewide goals. In some cases this may mean transferring functions that are currently done at the local level to the state if they could be performed more efficiently and effectively under a centralized model. The reverse may also occur.

The state public health authority may also form cross-sector relationships with individual local health authorities to conduct some functions for the LPHA, as indicated by gaps and available resources.

Approach for building collaborations across sectors

The public health system serves a critical function in a transformed health system. Its focus on assessment, assurance and policy builds communities that support and promote health; these policy, system and environmental changes directly complement clinical care. Public health also plays a key role to convene partners and stakeholders and to work toward health in policies.

There are many examples of cross sector innovation occurring across Oregon where public health, the local CCO(s) and others are each working from their own realm to achieve shared outcomes. Innovative funding models that allow public health to fulfill its functions for prevention and for reaching underserved communities.

Approach for working with Oregon’s federally recognized tribes

(Add information about current work with tribes to identify how tribal public health fits with state and local public health. Discuss next steps, which may include a modified version of the public health modernization assessment for tribes. Many tribes are interested in working with LPHAs and PHD to provide foundational programs and capabilities).

The Local Public Health Authority Funding Formula

*Legislative requirements*

HB 3100, Section 28 requires Oregon Health Authority to submit a funding formula to Legislative Fiscal Office by June 30 of every even numbered year.

The local public health funding formula is comprised of three components, listed below. This funding formula is intended to provide for the equitable distribution of monies made available to fund implementation of foundational capabilities and programs.

**Baseline funds.** This component awards funding to LPHAs based on their county population, health status and burden of disease. Counties with a larger population will receive a larger portion of the pool of available funding. Similarly, counties with a greater burden of disease or worse health status will receive a proportionally larger portion of the pool of available funding.

**State matching funds for county investments**. This component awards state matching funds for local public health authority investment in foundational programs and capabilities.

**Performance-based incentives.** This component uses performance-based incentives to encourage the effective and equitable provision of public health services by local public health authorities.

Oregon Health Authority submitted an initial framework for the funding formula to Legislative Fiscal Office on June 30, 2016. The funding formula described below was built from this framework. This funding formula will continued to be developed over the coming months and will be finalized at the conclusion of the 2017 legislative session.

The Public Health Advisory Board has formed an Incentives and Funding subcommittee that meets monthly to develop the funding formula.

*Guiding principles*

The Incentives and Funding subcommittee has applied the following guiding principles to decisions made about the funding formula:

* The funding formula should advance equity in Oregon, both in terms of health equity and building an equitable public health system.
* The funding formula should be designed to drive changes to the public health system intended to increase efficiencies and effectiveness.
* Decisions made about the funding formula will be compared with findings from the public health modernization assessment to ensure funds will adequately address current gaps in implementation of foundational public health services.

*Funding formula recommendations*

The Incentives and Funding subcommittee makes the following recommendations:

* All monies made available for implementing foundational capabilities and programs in the 2017-19 should be directed to the baseline component of the funding formula. Monies will be used to fill critical gaps that result from the historical un- or under-funding for foundational public health work.
* Payments to local public health authorities for the other two components of the funding formula, state matching funds and performance-based incentives, will be incorporated into the funding formula in the 2019-21 biennium.
* This funding formula dictates how state funds will be distributed to local public health authorities and does not inform how funds are split between state and local public health authorities. OHA and the Public Health Advisory Board intend for the majority of funds to be distributed to local public health authorities to address gaps and priorities locally. Dollars that remain with OHA Public Health Division will be specifically used to address statewide needs that are necessary to support local improvements, and to monitor implementation and accountability.
* The funding formula must provide for the equitable distribution of moneys. This means that some counties may receive proportionally more or less than an “equal” share based on need. While extra small and small counties will receive a proportionally larger per capita payment, extra-large and large counties will receive a proportionally larger total dollar amount of funding. This is consistent with the financial resource gaps identified in the public health modernization assessment.
* The subcommittee recommends adding three additional indicators to the baseline funds component of the funding formula: racial/ethnic diversity, poverty and limited English proficiency. These indicators may be linked to poorer health outcomes and also indicate increased demand for LPHA resources.
* The subcommittee recommends incorporating a floor, or base, payment per county into the funding formula. This floor payment is intended to ensure that each LPHA has resources needed to implement the modernization framework and drive toward greater efficiencies and improved health outcomes. The subcommittee recommends using a tiered floor amount, based on county population.
* The subcommittee recommends allocating all remaining funds across the six indicators included in the baseline funds component. The subcommittee recommends weighting all indicators equally in 2017-19.
* The subcommittee will revisit all decisions made about the funding formula at the conclusion of the 20127 legislative session before finalizing payment amounts for each local public health authority.

*Funding formula example:*

(add excel table for funding formula)

*Next steps*

* The Incentives and Funding subcommittee has reviewed and made initial recommendations for data sources for the six indicators used to calculate baseline funds for each local public health authority. The subcommittee will continue to look at alternative data sources and will finalize its recommendations in 2017.
* Currently, there is no mechanism to collect standardized information on county expenditures for foundational programs and capabilities. The Public Health Division and local public health authorities will develop a standardized method and timeline, and PHD is also developing a method to validate this information.
* The PHAB Incentives and Funding subcommittee will continue to explore how to use matching funds to incentivize increased local funding while ensuring that the funding formula does not penalize counties that are currently unable to invest in public health.
* A second PHAB subcommittee is developing a set of performance-based metrics to ensure accountability in the public health system and progress toward improved health outcomes. This mechanism will be similar to metrics established for Coordinated Care Organizations, whereby the entire state is accountable for a set of accountability metrics. CCOs are additionally accountable for a subset of these metrics and receive incentive payments annually for achieving improvement targets or benchmarks. These two subcommittees will work closely in 2017 to ensure that the metrics that are selected are achievable with funds made available through the funding formula.

See Appendix XXX for funding formula methodology and a list of data sources used for funding formula indicators.

Additional steps for implementation in the coming years

*Contracting mechanism and scope of work development*

State and local public health authorities are working to develop a new contracting mechanism for new moneys made available for public health modernization. State and federal funds are currently distributed through Program Elements, which are deliverables-based contracts. OHA will establish a performance-based contracting model whereby each local public health authority would be contractually obligated to develop a strategy and plan for achieving a set of outcomes. However, each local public health authority would have the flexibility to design its own strategy, thereby accounting for local needs, assets and priorities.

Next steps:

*Comprehensive local modernization plans by 2023*

HB 3100 requires each local public health authority to submit a modernization plan by 2023 that includes how the authority will apply foundational capabilities and implement foundational programs. These plans will demonstrate the structure and governance for how local public health will be provided locally, including how it will be aligned with local health care and early learning to maximize outcomes and align resources. The Coalition of Local Health Officials will develop a roadmap and a set of tools for local public health authorities to use as they develop comprehensive local modernization plans. OHA, in consultation with local public health authorities and the Public Health Advisory Board, will develop requirements and a review and approval process for these plans.

Next steps:

*Public health modernization and accreditation*

(Describe alignment between public health modernization and accreditation. Describe how the public health system can support local public health authorities to move both initiatives forward and potential benefits).

*The national perspective*

(Describe national focus on FPHS and Public Health 3.0. Describe Oregon’s RWJF grant and work with PHNCI)

*Oregon Administrative Rules*

Describe timeline for convening RAC and finalizing rules

Progress to date

*Define foundational capability and programs – completed, December 2015*

The Public Health Modernization Manual outlines the core functions of the governmental public health system and articulates the separate but mutually-supportive roles for state and local public health authorities.

*Establish the Public Health Advisory Board – completed, January 2016*

The Public Health Advisory Board has oversight for Oregon’s governmental public health system and reports to the Oregon Health Policy Board. The Board has established two subcommittees: the Incentives and Funding Subcommittee, which is charged with informing the development of an equitable funding formula for local public health authorities; and the Accountability Metrics Subcommittee, which is leading the development of quality measures to track the progress of state and local public health authorities in meeting population health goals over time.

*Conduct statewide public health modernization assessment – completed, April 2016*

Each state and local public health authority completed a comprehensive public health modernization assessment between January and April 2016.

*Publish the Public Health Modernization Assessment Report – completed, June 2016*

The findings from each state and local public health authority’s modernization assessment was compiled into a summary report. The findings from this assessment were used to identify the timing and sequence of work over future biennia to fully modernize Oregon’s governmental public health system.

*Develop public health modernization funding formula – initial draft completed, December 2016*

The Public Health Advisory Board developed the initial funding formula for the distribution of funds to local public health authorities as outlined in House Bill 3100, Section 28. Based on available funds, the formula may be updated in July 2017.

*Expanded statewide public health modernization plan – completed, December 2016*

The statewide public health modernization plan is included in this document.

*Establish metrics to ensure accountability and improved health outcomes - measure selection to be completed in March 2017*

The Public Health Advisory Board has developed an initial list of accountability metrics for state and local public health authorities, as well as measure selection criteria. Accountability measures will be finalized by March 2017.

*Conduct Tribal Consultations in order to identify their interest in engaging in Public Health Modernization - ongoing:* The Oregon Health Authority is conducting tribal consultations with Oregon Tribes interested in pursuing opportunities for public health modernization.[[1]](#footnote-1)

Appendices

1. Tribes, as sovereign nations, define their own service populations and are not obligated by state statute to provide public health services. Historically, tribes have not been funded for public health. Under HB 3100, the public health system (state and local government) is required to meet certain standards of capacity and expertise related to the public health foundational capabilities and programs. Given tribal sovereignty, the state is not and cannot mandate tribes to act. Thus, the public health modernization requirements outlined in HB 3100 apply only to the state and county public health system. Tribes are not required to complete the modernization assessment and are not required to demonstrate sufficient capacity on the public health foundational capabilities and programs. However, tribes are committed to promoting and protecting the health and well-being of members and all people residing within their self-defined service populations. Therefore, as local public health authorities begin to develop their plans to build capacity and expertise to fulfill the requirements of Modernization, it may be helpful for local public health authorities, in collaboration with OHA, to participate in consultation with tribes regarding any potential impact upon tribes and to gauge tribes’ interest in engaging in capacity building related to modernization of their individual public health efforts and determine what assistance can be provided. In order to initiate a potential tribal consultation process related to public health modernization, OHA participated in the SB770 Tribal Consultation meeting on June 20, 2016. During this meeting, a brief presentation and discussion of public health modernization was presented to tribes, opportunities for questions and answered were provided and a process outlined for initiating consultation with interested tribes. [↑](#footnote-ref-1)