Public health modernization funding priorities for 2019-21
# April 2018

Background

In February 2018, the Public Health Advisory Board provided its recommendation to OHA for implementing foundational capabilities and programs in the 2019-21 biennium. PHAB recommended that:

1. The public health system continue to focus on Communicable Disease Control, Health Equity and Cultural Responsiveness, and Assessment and Epidemiology; and
2. With additional funding, expand focus to include Environmental Health, Leadership and Organizational Competencies, and Emergency Preparedness and Response.

These areas fall under "Phase 1" for implementation of foundational capabilities and programs, as described in the December 2016 Statewide Public Health Modernization Plan.
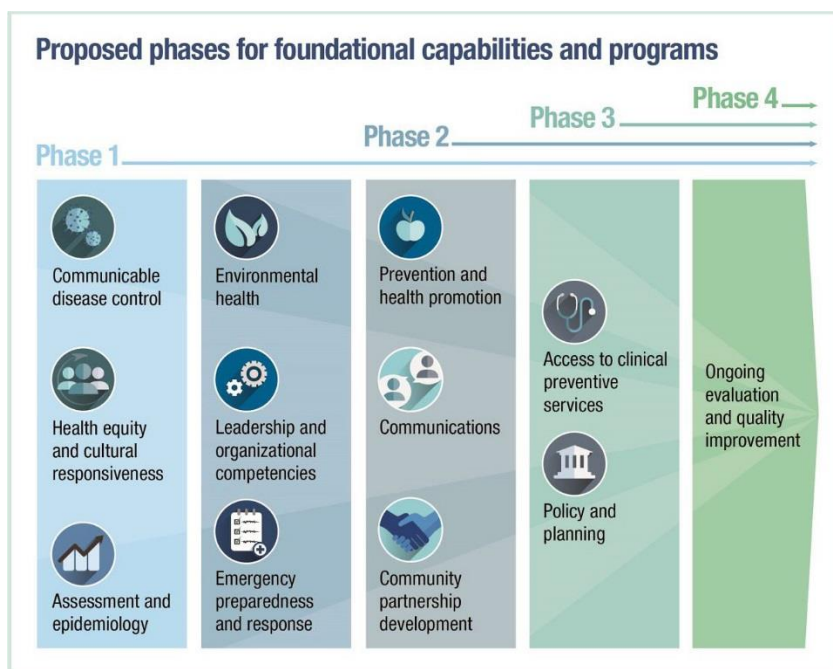
March 27 and April 10 prioritization discussions

OHA held two webinars for state and local public health officials to discuss prioritization of fundtional areas and deliverables for Communicable Disease Control, Health Equity and Cultural Responsiveness, Assessment and Epidemiology, Environmental Health, Leadership and Organizational Competencies, and Emergency Preparedness and Response.

Oregon Health Authority, Public Health Division
April 2018

Recommendations from these discussions are as follows:

1. Prioritize all functional areas and deliverables for Communicable Disease Control, Health Equity and Cultural Responsiveness, and Assessment and Epidemiology before directing resources to additional foundational programs and capabilities.
2. Prioritize a subset of functional areas and deliverables for Environmental Health, Leadership and Organizational Competencies, and Emergency Preparedness and Response.

Prioritized functional areas and deliverables for 2019-21 based on these discussions are listed in the tables below.

Reference documents
Public Health Modernization Manual, September 2017
Oregon's Public Health Modernization Assessment Report, June 2016

Table 1: Recommended prioritization of functional areas for 2019-21.

Local public health officials recommend prioritizing all functional areas and deliverables for Communicable Disease Control, Health Equity and Cultural Responsiveness, and Assessment and Epidemiology in 2019-21. With additional funding, local public health officials recommend prioritizing a subset of functional areas for Environemntal Health, Leadership and Organizational Competencies, and Emergency Preparedness and Response	
Communicable disease control Percent of LPHAs with minimal or limited implementation[1]: FA1: 44% FA2: 32% FA3: 18% FA4: 32%	Functional area 1: Communicable disease surveillance Functional area 2: Communicable disease investigation Functional area 3: Communicable disease intervention and control Functional area 4: Communicable disease response evaluation[+]
Health equity and cultural responsiveness Percent of LPHAs with minimal or limited implementation: FA1: 53% FA2: 64%	Functional area 1: Foster health equity Functional area 2: Communicate and engage inclusively
Assessment and epidemiology Percent of LPHAs with minimal or limited implementation: FA1: 35% FA2: 38% FA3: 59% FA4: 53% FA5: 68%	Functional area 1: Data collection and electronic information systems Functional area 2: Data access, analysis and use Functional area 3: Respond to data requests and translate data for intended audiences[+] Functional area 4: Conduct and use basic community and statewide health assessments[+] Functional area 5: Infectious disease-related assessment[+]
Environmental Health	Functional area 1: Identify and prevent environmental health hazards Functional area 3: Promote land use planning

Percent of LPHAs with minimal or limited implementation: FA1: 64% FA2: 6% FA3: 38%	_____ Functional areas not prioritized for environmental health: Functional area 2: Conduct mandated inspections
Emergency Preparedness and Response Percent of LPHAs with minimal or limited implementation: FA1: 32% FA2: 32% FA3: 24%	Functional area 1: Prepare for emergencies Functional area 2: Respond to emergencies Functional area 3: Coordinate and communicate before and during an emergency _____ Functional areas not prioritized for emergency preparedness and response: none
Leadership and Organizational Competencies Percent of LPHAs with minimal or limited implementation: FA1: 18% FA2: 41% FA3: 38% FA4: 29% FA5: 21%	Functional area 2: Performance management, quality improvement and accountability _____ Functional areas not prioritized for leadership and organizational competencies: Functional area 1: Leadership and governance Functional area 3: Human resources Functional area 4: Information technology Functional area 5: Financial management, facility operations and contracts and procurement services

[+] Functional area was added for 2019-21. It was not prioritized for 2017-19.

Table 2: Recommended priorities of deliverables for 2019-21

Local public health officials recommend prioritizing all deliverables for Communicable Disease Control, Health Equity and Cultural Responsiveness, and Assessment and Epidemiology.

Local public health officials recommend prioritizing a subset of deliverables for Environmental Health, Leadership and Organizational Competencies, and Emergency Preparedness and Response. Deliverables that are <u>not prioritized are shown in</u> *italics*.

Deliverable	Functional area (FA)	Included in PE 51 funding?
Communicable Disease Control		
Portfolio of strategic partnerships with hospitals, health systems, providers, schools and other partners	FA1	Yes, required to establish strategic partnerships.
Local reports of notifiable diseases[+]	FA1	No
Documented submission of individual communicable disease case and outbreak data, consistent with Oregon statute, rule and program standards[+]	FA2	No
Documented implementation of investigative guidelines[+]	FA2	No
Policies in place to ensure maintenance of security of personally identifiable data collected through audits, review, update and verification[+]	FA2	No
Protocols for proper preparation, packaging and shipment of samples of public health importance (e.g., animals and animal products)[+]	FA2	No
Documented response to emerging infectious diseases[+]	FA2	No
Documented reporting of communicable disease cases and outbreaks to the local public health administrator[+]	FA2	No
Communications with the public about outbreak investigations[+]	FA2	No
Health education resources for the general public, health care providers, long-term care facility staff, infection control specialists and others regarding vaccine-preventable diseases, healthcare-acquired infections, antibiotic resistance and related issues	FA3	Yes
Protocols or process maps for information sharing between providers to reduce disease transmission	FA3	No
Documentation of policies to ensure appropriate screening and treatment for HIV, STD and TB cases, including pre- and post-exposure prophylaxis for HIV[+]	FA3	No
Standards and documentation of technical support for enforcement of public health laws (e.g., isolation and quarantine, school exclusion laws)[+]	FA3	No
Plans for the allocation of scarce resources in the event of an emergency or outbreak[+]	FA3	No

Reports of gaps in surveillance, investigation and control of communicable diseases in public health agencies[+]	FA3	No
Assessment reports of outbreak investigation and response efforts, conducted by both state and be local public health[+]	FA4	No
Evaluation presentations and publications[+]	FA4	No
Documented results of quality and process improvement initiatives[+]	FA4	No
Documented work with PHD to evaluate disease control investigations and interventions. Documentation that findings are used to improve these efforts[+]	FA4	No
Health Equity and Cultural Responsiveness		
Documentation that demographic data are used to evaluate the impact of public health policies, programs and strategies on health equity and health outcomes, and to inform public health action moving forward	FA1	Yes
Internal assessment, completed within the last five years, of the local public health authority's overall capacity to apply a health equity lens to programs and services; overall capacity to provide culturally responsive programming and services; and status of health department's organizational structure and culture as a barrier or facilitator for achieving health equity	FA1	Yes
Action plan that addresses key findings from the internal assessment	FA1	Yes
Training plan to increase staff capacity to address the causes of health inequities, promote health equity and implement culturally responsive programs. Documentation that training is provided to staff annually[+]	FA1	No
Community health improvement plan, developed within the previous five years that specifically addresses health equity and cultural responsiveness[+]	FA2	No
Assessment and Epidemiology*		
Summaries of disease occurrence; outbreaks and epidemics; the impact of public health policies; programs and strategies on health outcomes, including economic analyses; key indicators of community health, which include information about upstream or root causes of health; and leading causes of disease, injury, disability and death, which include information about health disparities	FA3	Yes, through OHA investment
Community health assessment developed within the past five years	FA4	No
Demonstrated use of data to inform annual updates to the CHIP	FA4	No
Vital records reports	FA2	No
Documentation of capacity to interact with the State Public Health Lab on a 24/7 basis[+]	FA5	No
Environmental Health		
Policy briefs and other communications on environmental health impacts	FA1	No
Communications on environmental justice concerns and disparities	FA3	No

Documented communications on environmental health hazards and protection recommendations to regulated facilities, the public and stakeholder organizations	FA1	No
Consultations on the assessment and mitigation of environmental health hazards for the food service industry and the general public	FA2	No
Documented integration of standard environmental public health practices into facilities that present high risk for harmful environmental exposures or disease transmission	FA3	No
Documentation of health analyses prepared for other organizations with recommended approaches to ensure healthy and sustainable built and natural environments[+]	FA3	No
Current community health assessment that includes environmental health[+]	FA1	No
Written best practices for vector control	*FA1*	*No*
Documented provision of licensing and certification of recreational facilities, food service facilities and tourist accomodations	*FA2*	*No*
Review and inspection reports of regulated entities and facilities	*FA2*	*No*

Documented investigation of complaints and assessment of fines/penalties, including those related to:
   i.   Waterborne disease;
   ii.   Regular drinking water testing and reporting of results; and,
Failure to meet water quality standards and requirements
	FA2	*No*

Documented compliance with standards and processes	*FA2*	*No*
Documented enforcement of regulations	*FA2*	*No*
Information systems that provide current and accurate information to support environmental health functions at the state and local level	*FA2*	*No*
Emergency Preparedness and Response		
Disaster epidemiology reports	FA2	No
Portfolio of community partnerships to support preparedness and recovery efforts[+]	FA3	No
Continuity of operations plan for the local health authority[+]	FA1	No
Situational assessments and resulting operational plans, including objectives, resources needed and how to resume routine operations[+]	FA2	No
Documentation of enforcement of emergency public health orders	*FA2*	*No*
Documented delivery of health alerts and preparedness communications to partners and the general public	*FA3*	*No*
Plans for the distribution of pharmaceuticals in the event of an emergency	*FA1*	*No*
Public health emergency preparedness plans according to established guidelines	*FA1*	*No*
Documention demonstrating planning for emergency preparedness exercises	*FA1*	*No*
Documentation that planned emergency preparedness exercises have been executed	*FA1*	*No*

Documented participation in emergency response efforts.	*FA2*	*No*
Approved local ambulance service area plans	*FA1*	*No*
Leadership and Organizational Competencies		
Implementation of a performance management system to monitor achievement of public health objectives using nationally recognized framework and quality improvement tools and methods	FA2	Yes
Documented cross jurisdictional sharing agreements	Not in manual	No, although required to submit new policy for regional partnership
Memoranda of understanding (MOUs) or other documentation of cross sector partnerships	Not in manual	No, although required to submit new policy for regional partnership
Documentation of additional dollars leveraged for public health	Not in manual	Yes
Assessment of staff competencies; provision of training and professional development opportunities[+]	FA3	No
Local public health modernization plan	*Not in manual*	*No*
Evidence of engagement in health policy development, discussion and adoption with PHD to define a strategic direction for public health initiatives	*FA1*	*No*
Operation and maintenance of interoperable information technology that meets current and future public health practice needs	*FA4*	*No*
Training and technical support plan for users of local public health technology systems and technology resources	*FA4*	*No*
Policies and procedures in place to protect personally identifiable and/or confidential health information	*FA5*	*No*

* Local public health officials recommended prioritizing functional areas and corresponding deliverables for Assessment and Epidemiology in the following order: FA3, FA4, FA2, FA1, FA5.

[+] Functional area was added for 2019-21. It was not prioritized for 2017-19.