

## Oregon Health Authority 2021-23 Policy Package

<b>Division:</b>	Public Health Division
<b>Program:</b>	Office of the State Public Health Director
<b>Policy package title:</b>	Public Health Modernization
<b>Policy package number:</b>	417
<b>Related legislation:</b>	LC 6; HB 2348 (2013); HB 3100 (2015); HB 2310 (2017); SB 253 (2019)

**Summary statement:**

Since 2013, Oregon has been on a path to fundamentally shift its practice to ensure essential public health protections are in place for all Oregonians through equitable, outcomes-driven and accountable services. The groundwork laid through initial investments in public health modernization have been critical to Oregon’s management of the COVID-19 pandemic. However, the COVID-19 response has highlighted continued gaps in the public health system, specifically centering all work in health equity and cultural responsiveness and apply equity principles across all areas of public health practice. This policy package supports implementation of key public health programs in state, local and tribal public health authorities and communities and creates mechanisms for increased accountability for equitable health outcomes. Not funding this policy package risks OHA’s ability to ensure basic public health protections guaranteed in statute are available to every person in Oregon and challenges OHA in continuing to meet the deliverables and timelines prescribed in House Bill 3100 (2015).

	<b>General Fund</b>	<b>Other Funds</b>	<b>Federal Funds</b>	<b>Total Funds</b>	<b>Pos.</b>	<b>FTE</b>
<b>Policy package pricing:</b>	<b>\$68,875,348</b>	<b>\$(465,178)</b>	<b>\$(752,016)</b>	<b>\$67,658,154</b>	<b>28</b>	<b>28.00</b>

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## Purpose

### **1. Why does OHA propose this policy package and what issue is OHA trying to fix or solve?**

The landscape for public health has changed dramatically in recent years as the way that we live, travel, work and recreate has created a series of new and increasingly complex public health issues. These are the circumstances that led to the rapid spread of COVID-19, creating an international pandemic not seen on such a scale in the last 100 years since the 1918 influenza pandemic. At the same time, the COVID-19 pandemic immediately exacerbated widespread existing health inequities borne by systemic racism and oppression. COVID-19 has disproportionately impacted communities of color, low wage workers and individuals in congregate settings like correctional facilities and long-term care facilities. The impacts of historical and contemporary injustices leading to health inequities will require years of a committed public health response and recovery that is co-created with communities.

This policy package considers this context and builds upon previous investments in public health modernization made in the 2017-19 and 2019-21 biennia to center the public health system fully in equity. The demands on Oregon's public health system have continued to increase and will do so in the future as the secondary and tertiary impacts of COVID-19 come to the fore. These immediate health needs are encapsulated with ongoing environmental health risks such as wildfire due to climate change. These compounding health needs require a public health system that is equity-driven, community-based and nimble.

Recognizing the need for a robust public health system to support Oregon's health system transformation and achievement of the Triple Aim, in 2013 the Oregon legislature set a charge to develop a public health system for the future. In 2016, all state and local public health authorities completed a robust assessment of their capacity to implement foundational public health programs. As a part of that assessment, significant gaps were found in the state's ability to center equity and be culturally and linguistically responsive to health and community needs, proactively measure and mitigate environmental impacts to human health, manage new

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communicable disease outbreaks and collect and report public health data that is needed to solve new public health problems. Furthermore, the 2016 public health modernization assessment found a \$210,000,000 additional biennial need for state and local public health authorities to fully accomplish statutory responsibilities. This policy package supports implementation of the key public health priorities selected by the Oregon Public Health Advisory Board for the 2021-23 biennium, which include health equity, community partnership development, leadership, communications, assessment and epidemiology, communicable disease control, environmental health, emergency preparedness and response and policy and planning.

## **2. What would this policy package buy and how and when would it be implemented?**

This policy package would build critical public health capacity across state, local and tribal public health authorities and community-based organizations to:

- Co-create public health interventions that ensure equitable distribution or redistribution of resources and power and recognize, reconcile and rectify historical and contemporary injustices.
- Establish coordinated systems for preventing and responding to communicable disease and environmental health threats among communities that are disproportionately impacted.
- Protect communities from acute and communicable diseases through prevention initiatives that address health inequities.
- Reduce unhealthy environmental exposures through policy and implementation of environmental health regulatory requirements.
- Build healthy and resilient communities by promoting natural resource, land use and built environment policies and programs that support health.
- Mitigate impacts of climate change on public health with a focus on the health inequities intensified by climate change.

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- Implement a statewide system for environmental emergency preparedness.

These special payments must be an ongoing biennial investment in the public health system which is necessary to protect the health of every person in Oregon. Previous public health initiatives have demonstrated that when funds are not sustained, rates of diseases increase and communities of color bear a disproportionate burden of those impacts. OHA anticipates that communicable diseases and environmental health threats will not be solved in the 2021-23 biennium and the public health system must remain vigilant to address these needs.

Further details about each of the special payments is as follows:

- Local public health authorities: Local public health authorities will be responsible for centering all of their local interventions on equity, including workforce diversity, partnership with community-based organizations and internal and external organizational policy changes that shift power to community. Local public health authorities will build upon previous investments in communicable disease control to provide comprehensive communicable disease surveillance, investigation, interventions and evaluation. Local public health authorities will also be responsible for assessing and mitigating environmental risks to human health, including those associated with climate change, focusing on those communities most at risk of the adverse effects of environmental health risks to their health. In order to do this work, local public health authorities must apply outcomes from the COVID-19 response to bolster local emergency preparedness and response systems, which underpin the success of communicable disease and environmental health interventions. Local public health authorities will be funded through the funding formula developed with the Public Health Advisory Board, which will be submitted to Legislative Fiscal Office per ORS 431.380. The local public health authority funding formula not only addresses all statutory requirements, but also includes demographic factors like population diversity, income and education level, language other than English spoken at home which are designed to provide more resources to more diverse counties. At the level included in this policy package, local public health authorities will also receive incentive payments when

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they meet accountability measure targets for their jurisdiction and matching funds for county investment in public health services.

- Tribal public health authorities: In accordance with OHA’s Tribal Consultation and Urban Indian Program Confer Policy, OHA will fund Tribes using the methodology to which they agree for work in the following areas: health equity and cultural responsiveness, communicable disease control, environmental health and emergency preparedness and response. Funded work for Tribes will help address areas of need based on the 2019-21 Tribal public health modernization assessment process. Funding allocation to Tribes is determined through the Tribal Consultation and Urban Indian Program Confer Policy.
- Community-based organizations: OHA will utilize an existing partnership network of community-based organizations to fund additional work across the state that advances health equity and cultural responsiveness within the public health system while centering equity in OHA and local public health authority communicable disease control, environmental health and emergency preparedness and response interventions. Community-based organizations will submit proposed budgets and work plans for the objectives included in this policy package. OHA will select community-based organizations across the state that also represent the cultural and linguistic diversity of Oregon’s population.

A modern public health system is equipped with a set of skills and tools – sometimes referred to as foundational capabilities – that are the pillars for how the public health system protects people from health threats and achieves health for all.

The following seven foundational capabilities achieve the communicable disease and environmental health goals listed above and make progress toward an equitable Oregon.

- Health equity and cultural responsiveness: Ensure public health programs are co-created with communities and public health programs are culturally and linguistically competent.

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- Assessment and epidemiology: Analyze data to understand emerging trends for communicable disease and environmental health threats; make data readily available to communities and partners who rely on the information and use data to implement culturally and linguistically responsive interventions.
- Community partnership development: Leverage coordinated care organizations, government agencies and other partners to increase the impact of public health modernization work in communities.
- Emergency preparedness and response: Work with communities and partners to prepare for, respond to and recover from public health threats and emergencies, while ensuring populations most at risk are at the center of planning efforts.
- Leadership and organizational competencies: Develop the public health workforce to be better equipped to nimbly respond to new public health threats; use performance management and quality improvement to ensure public health interventions improve outcomes; spread capacity from public health modernization across public health program areas.
- Communications: Ensure timely risk communications and proactive communications that are culturally and linguistically responsive.
- Policy and planning: Engage with partners, stakeholders and communities to develop and implement policy solutions that are responsive to community needs.

At a broad level, the Public Health Division (OHA-PHD) would convene local and tribal public health authorities, community-based organizations, state agencies and representatives from other sectors to develop evidence-based plans for the prioritization and implementation of funded work to mitigate the highest risk impacts to human health across the state.

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The specific work included in this policy package is as follows:

OHA-PHD would provide leadership for a community-based and equity-centered approach to public health in Oregon; manage local and tribal public health authority contracts and grants to community-based organizations; provide technical assistance to local, tribal and community-based organization grantees to support program implementation; maintain and annually report on public health accountability measures; enhance public health and health care data exchange; collect and report population health data for the public health system and its partners; convene partners to develop and implement a framework for using data to identify leading environmental risks to human health and corresponding plans to mitigate risks; implement a statewide plan to manage threats to the environment and human health as a result of changes to Oregon's climate; and coordinate acute and communicable disease outbreak investigations, including communicable disease testing at the Oregon State Public Health Laboratory.

This policy package includes the formation of a new community engagement unit within the Office of the State Public Health Director to manage community-based organization contracts and provide direct partnership and co-creation of health interventions with community. This unit will both manage funds from this policy package for community-based organizations and create the supportive structure within the Public Health Division for other public health programs to work directly with community-based organizations. This request would similarly build out staff within the Environmental Public Health, Acute and Communicable Disease Prevention and Health Security, Preparedness and Response sections to lead state-level interventions and ensure a robust and cohesive public health system.

Local public health authorities would monitor and regulate environmental health risks within communities; convene local stakeholders to develop, exercise and implement emergency preparedness plans; co-create health-related interventions with the community; train clinic staff in culturally and linguistically responsive and evidence-based quality improvement activities; track cases of acute and communicable diseases to ensure

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individuals and their partners receive treatment to curb the spread of disease; and implement performance management systems to ensure the work of the local public health authority is continuously improved to drive towards population health outcomes.

Tribal public health authorities would convene local stakeholders to develop, exercise and implement emergency preparedness plans; co-create health-related interventions with the community; track cases of acute and communicable diseases in order to ensure individuals and their partners receive treatment to curb the spread of disease; convene local stakeholders to develop, exercise and implement emergency preparedness plans; and involve communities in the development and execution of health-related interventions.

Community-based organizations would co-create culturally and linguistically responsive public health interventions to ensure alignment with goals to eliminate health inequities and support community resilience and recovery.

### **3. How does this policy package further OHA's mission and align with its strategic plan?**

OHA's mission is to help people and communities achieve optimal physical, mental and social well-being through partnerships, prevention, and access to quality, affordable health care. A robust public health system that is equipped to weather new challenges is essential to OHA's mission. Indeed, ensuring the public health system is appropriately equipped to protect human health has been a leading priority for OHA since 2015.

OHA's strategic plan goal is to eliminate health inequities by 2030. This policy package would shift Oregon's public health system to be community-based and equity-centered in order to achieve OHA's ten-year goal. This policy package would create critical infrastructure within the Public Health Division and with community-based organizations that are essential to centering public health work on equitable outcomes.



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This funding request supports Governor Brown’s priority for building a more equitable Oregon by equipping state, local and tribal public health authorities and community-based organizations with capacity and resources to identify and respond to physical and environmental health needs in the community.

## **4. Is this policy package being requested because of an Oregon Secretary of State or internal audit? If so, provide further information.**

No.

## Quantifying results

### **5. How will OHA measure the success of this policy package?**

OHA will measure the success of this POP through achievement of established public health accountability metrics, which are collected and reported annually. At the proposed funding level, OHA-PHD would provide incentive payments to local public health authorities based on their achievement of process measures established within the funded areas, specifically related to immunization quality improvement efforts, contact investigations for sexually transmitted infections, participation in local transportation and land use planning decision-making and achievement of drinking water quality indicators.

OHA will also be able to measure the success of this POP through health indicators identified, analyzed and interpreted with communities of color through community-specific data collection efforts that began with the 2019-21 legislative investment in public health modernization.

This policy package also includes resources for a robust evaluation by OHA-PHD and local and tribal public health authorities on the successes being realized and where the public health system can improve service delivery to create greater efficiencies and accountability.

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## **6. Is this policy package tied to a legislative Key Performance Measure (KPM) and/or an OHA performance measure? If yes, identify the performance measure(s).**

This POP supports several activated Tier 1 OHA performance measures, including:

- Health indicator reporting
- REAL-D implementation
- Timeliness of translations during emerging public health events
- Continuity of Operations Plans

At the Tier 2 level, this POP supports the following activated OHA-PHD performance measures:

- Tribal representative engagement in public health advisory teams
- Representation of those affected in an advisory capacity
- Staff registered in the Health Alert Network

In this biennium, OHA-PHD will continue to align its performance measures with the work included in this policy package.

## **7. What are the long-term desired outcomes?**

The long-term outcomes for this policy package are to eliminate health inequities by working with communities to equitably distribute or redistribute resources and power and recognizing, reconciling and rectifying historical and contemporary injustices. This work would include ongoing engagement of state, local and tribal public health leaders to co-create public health programs with communities. In the medium term, this policy package would reduce the burden of environmental and communicable disease-related health issues by focusing on the root causes of environmental health and communicable diseases. Short term, it would equip state, local, tribal

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and community health agencies to apply the foundational capabilities for governmental public health in such a way that centers equity across all health issues.

## **8. What would be the adverse effects of not funding this policy package?**

If this request is not funded, Oregon's governmental public health system would struggle to address the ongoing health and social impacts of COVID-19 on communities. Although Oregon's public health system was able to respond quickly to COVID-19, it fell short of delivering equitable outcomes for communities of color. Not funding for this POP will exacerbate disparities in health outcomes and work against OHA's ten-year goal. Not funding this policy package would risk the Public Health Division's long-term relationships with communities of color and community-based organizations by failing to uphold the request for sustained funding for their work.

Without the support of this policy package, OHA-PHD will likely be in the ongoing position of responding to individual crises rather than being able to work with partners to prevent them in the first place. Not funding this POP leaves the public health system in a position where it will be unable to respond to multiple simultaneous public health crises.

Should this POP not be funded, Oregon can anticipate disparities in the level of public health service available at the local level, particularly as local government budgets struggle to keep up with budget shortfalls as a result of the current recession. This would mean Oregonians would lack essential public health protections based on where they live.

The current focus on gaining efficiencies and improving effectiveness in public health service delivery would subside because there would little incentive to continue working regionally and to focus on delivering outcomes for the community. Recent transitions in local public health service delivery have shown that without sufficient

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resources, local governments are more likely to cut, privatize or transfer public health authority to OHA-PHD than to work regionally.

Finally, OHA's ability to foster its relationship with federally recognized Tribes would be hindered by a lack of investment in tribal public health capacity.

## How achieved

### **9. What actions have occurred to resolve the issue prior to requesting a policy package?**

In the 2019-21 biennium, OHA-PHD leveraged federal grants and restructured existing positions to the extent possible to augment the programs implemented with the \$15.6M legislative investment in public health modernization. However, the impact of this investment is expected to be proportional to the size of the investment. The Oregon legislature expects the public health system to fully implement its statutory responsibilities, and the current investment will not support expansion of the work needed in health equity, community partnership development, leadership, communications, assessment and epidemiology, communicable disease control, environmental health, emergency preparedness and response and policy and planning.

### **10. What alternatives were considered and what were the reasons for rejecting them?**

OHA-PHD has explored whether federal funding might be available for this work. Based on the way federal public health funds are appropriated by Congress, there is not an immediate option for federal funding for the level of investment needed to implement public health modernization in Oregon. Furthermore, federal financial supports for the areas funded by this POP are likely to continue to or begin to decline as a result of the recession and prior efforts to limit public health spending. Outside of this POP request, OHA will continue to align its funding streams to further support public health modernization to the extent possible based on federal funding restrictions.

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**11. Does this policy package require any changes to existing statute(s) or require a new statute? If yes, identify the statute and the legislative concept.**

OHA-PHD put forward a legislative concept placeholder for any changes that may need to be made to statute to support this work.

**12. What other state, tribal, and/or local government agencies would be affected by this policy package? How would they be affected?**

This policy package would primarily invest in local and tribal public health authorities so they can carry out their public health responsibilities related to health equity, community partnership development, leadership, communications, assessment and epidemiology, communicable disease control, environmental health, emergency preparedness and response and policy and planning. This policy package would also invest for the first time in community-based organizations to co-create public health interventions grounded in equity. In order for OHA-PHD's work funded in this POP to be successful, OHA-PHD will collaborate with several state agencies and the sectors they support, including the Oregon Department of Corrections, Oregon Youth Authority, Department of Environmental Quality, Department of Education, Oregon Department of Agriculture, Oregon Department of Transportation, and the Oregon Department of Land Conservation and Development.

**13. What other agencies, programs or stakeholders are collaborating on this policy package?**

The direction of this POP is being guided by the Oregon Health Policy Board and the Public Health Advisory Board. Local public health authorities have been engaged through the Conference of Local Health Officials, and federally-recognized Tribes will be engaged through the Senate Bill 770 Health Cluster meeting and, if

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requested, formal tribal consultation. Community-based organizations and advocacy organizations will be engaged in developing equity-driven goals for the public health system.

## **14. How does this policy package help, or potentially hinder, populations impacted by health inequities from achieving health equity<sup>1</sup> or equitable health outcomes?**

In the 2016 statewide public health modernization assessment, the most significant gap across state and local public health authorities was in the system's ability to address health equity. Although significant work on health equity began with the initial investments in public health modernization, the COVID-19 pandemic has revealed that there must be a fundamental shift in public health practice in order to rectify grave injustices in health outcomes that have been exacerbated by the disproportionate impact of COVID-19 on communities of color.

This request places equity at the center of a modern public health system by funding state, local and tribal public health authorities and community-based organizations to co-create public health interventions. It would provide funding to local and tribal public health authorities through a funding formula that directs greater resources into communities of color, low income communities, rural communities and communities that speak a language other than English at home.

This policy package would specifically address inequities in outcomes related to environmental health threats and communicable diseases and fosters a resilient public health system through investment in foundational public health capabilities.

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## Staffing and fiscal impact

**Implementation date(s):** July 1, 2021

**End date (if applicable):** Not applicable

### **15. What assumptions affect the pricing of this policy package?**

The key assumption is that Public Health would be fully funded to address the needs of Oregonians through this policy package. The division would have enough revenue to address outbreaks, prevention, and inequities in outcomes for state and local work.

### **16. Will there be new responsibilities for OHA? Specify which programs and describe their new responsibilities.**

#### Public Health

OHA-PHD would be responsible for overseeing all contracts and grants in this policy package in addition to implementing the state-level public health functions needed to improve health outcomes related to health equity, community partnership development, leadership, communications, assessment and epidemiology, communicable disease control, environmental health, emergency preparedness and response and policy and planning.

#### Equity and Inclusion

The Equity and Inclusion Division would provide content expertise to OHA-PHD to ensure alignment and benefit of health equity work in the community and would consult on community engagement, REAL+D and health equity training initiatives.

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## Health Policy and Analytics

Staff in Health Policy and Analytics would provide consultation to OHA-PHD on opportunities to align public health accountability metrics with CCO incentive metrics.

## Office of Information Services

The Office of Information Services would be responsible for implementing public health data system upgrades that are essential for the public health system to collect and report data to local and tribal public health authorities and other partners so it can be used for program and policy decision-making.

### **17. Will there be new responsibilities for or an impact on Shared Services? If so, describe the impacts and indicate whether additional funding is necessary.**

This policy package includes funding and a new position for the Office of Information Services (OIS). OIS has been consulted throughout the development of this request.

### **18. Will there be changes to client caseloads or services provided to population groups? Specify how many in each relevant program.**

Yes, it is anticipated this POP will provide an additional level of public health service to all residents in the state through improvements in state, local and tribal public health authorities.

### **19. Describe the staff and positions needed to implement this policy package, including whether existing positions would be modified and/or new staff would be needed.**

This package requests the 28 permanent, full-time positions listed below, priced at 24 months, that would require position authority and General Fund.



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Establishing the Community Engagement unit:

- One Principal Executive Manager D
- Ten Operations and Policy Analyst 2
- One Fiscal Analyst 1
- One Administrative Support Specialist 2

In addition, positions to support the division and center work:

- One Executive Support Specialist 2
- Two Fiscal Analyst 2
- One Operations and Policy Analyst 2
- Five Operations and Policy Analyst 3
- Three Operations and Policy Analyst 4
- One Project Manager 2 (OIS)
- One Epidemiologist 2
- One Principal Executive Manager F

This package also requests General Fund for five existing positions so these staff can perform work essential to modernization that cannot be charged to a federal grant. These positions would not require position authority. The FTE amounts below represent the portion of the positions transitioning to General Fund at 24 months.

- One Public Health Educator 2, 1.0 FTE
- Two Natural Resource Specialist 4, 1.45 FTE
- One Principal Executive Manager D, 0.75 FTE
- One Principal Executive Manager F, 0.5 FTE

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## 20. What are the start-up and one-time costs?

Epidemiologist positions would require statistical analysis software and ongoing software license renewals.

## 21. What are the ongoing costs?

Ongoing costs are associated with the continued operation and implementation of the work specifically:

- Personnel services for 28 new positions including a new Community Engagement Unit which totals (\$2.9 million) and five existing staff, all services and supply expenses and equipment for state priorities for a grant total of \$12.2 million.
- Special payments, which fund local public health authorities, Tribes and community-based organizations for local staff dedicated to the ongoing work included in this policy package. Local public health authorities will receive \$35.5 million; Tribes, \$5.0 million; and community-based organizations \$15.0 million totaling \$55.5 million.
- Services and supplies, which support the positions included in this policy package.

## 22. What are the potential savings?

An investment in the prevention of disease and disability is proven to yield significant savings to Medicaid and other payers by decreasing the need for costly health care. Indeed, just a 10 percent increase in per capita public health spending in Oregon would result in:

- » 15 fewer infant deaths annually
- » 16 fewer diabetes deaths annually
- » 202 fewer heart disease deaths annually

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## 23. What are the sources of funding and the funding split for each one?

### Total for this policy package

	<b>General Fund</b>	<b>Other Funds</b>	<b>Federal Funds</b>	<b>Total Funds</b>	<b>Pos.</b>	<b>FTE</b>
Personal Services	\$6,645,858	\$(408,913)	\$(648,075)	\$5,588,870	28	28.00
Services & Supplies	\$6,329,490	\$(56,265)	\$(103,941)	\$6,169,284		
Capital Outlay	\$450,000			\$450,000		
Special Payments	\$55,450,000			\$55,450,000		
Other						
<b>Total</b>	<b>\$68,875,348</b>	<b>\$(465,178)</b>	<b>\$(752,016)</b>	<b>\$67,658,154</b>	<b>28</b>	<b>28.00</b>

### Fiscal impact by program

	Office of the State Public Health Director	Center for Protection	Center for Public Health Practice		<b>Total</b>
<b>General Fund</b>	\$60,929,228	\$2,452,779	\$5,493,330		<b>\$68,875,348</b>
<b>Other Funds</b>		\$(465,178)	\$0		<b>\$(465,178)</b>
<b>Federal Funds</b>		\$(752,016)	\$0		<b>\$(752,016)</b>
<b>Total Funds</b>	\$60,929,228	\$1,235,585	\$5,493,330		<b>\$67,658,154</b>
<b>Positions</b>	21	5	2		<b>28</b>
<b>FTE</b>	21.00	5.00	2.00		<b>28.00</b>