Public Health Modernization: Public Health is People Powered

Legislative Town Hall

January 7th - 10:00 - 11:30

Brought to you by:











Kelley Minty Morris County Commissioner, Klamath County

Claire Hall
County Commissioner,
Lincoln County

Agenda for Town Hall

- Welcome and Overview
- History of Modernization
- Stories about Public Health Partnership from communities
- Legislative Asks
- ► Q & A

Zoom Technology

- Everyone will be on mute
- ► Please rename yourself and identify organization
- "Speaker Mode"
 - ► Chat will be enabled to contact the "host" only
- After presentations, we will manage questions in the chat box. Please identify yourself as you type your question. Legislators and Commissioners will be given priority.
- Please hold questions and comments until presentations are complete.



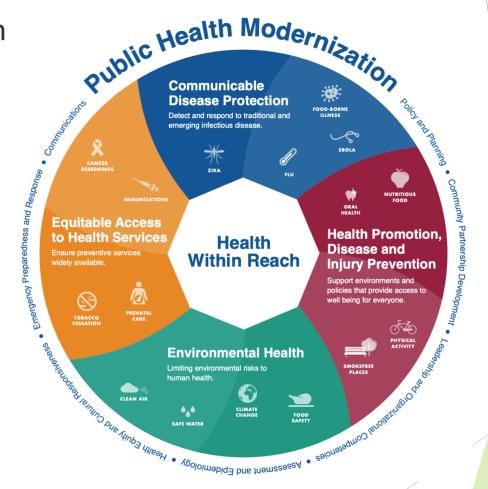


Muriel DeLaVergne-Brown, RN, BSc, MPH Local Health Administrator, Crook County Health Department

Jocelyn Warren, PhD, MPH Local Health Administrator, Lane County Health and Human Services

What is Public Health Modernization?

- A modern public health system ensures critical public health protections are in place for every person in Oregon, that the public health system is prepared and has the right resources to address emerging health threats, and that the public health system is engaged daily to eliminate health disparities
- Oregon adapted a framework created by the Institute of Medicine and put it in statute



Why Public Health Modernization?

- Oregon's Public Health System funding is silo'd by program
- Federal agencies allocate funds based on federal priorities which creates challenges
- Develop systems to work seamlessly across county borders
- Ensure all in Oregon are protected by the public health system
- Oregon's plan was to phase-in implementation of PHM model by 2023 and we are still far short of implementing the model outlined in law.

History of Public Health Modernization

- ▶ 2013 Rep. Greenlick introduced HB 2348
 - Created the Task Force on the Future of Public Health In Oregon
 - ► Report released September 2014
- **2015** HB 3100 passed
 - Created framework in law for Oregon's modern public health system with a goal of full implementation of that model in ten years
 - ► Emphasis on achieving health outcomes
 - ▶ \$500,000 invested to assess needs- \$210 million per biennium in gaps identified between current system and future system

History of Public Health Modernization

- ➤ 2017 Oregon Legislature invested \$5 million into Public Health Modernization
 - Focused on preventing spread of communicable diseases
 - Public Health Accountability metrics adopted
- ➤ 2019 Legislature invested \$15 million into state and local public health and Oregon's Federally recognized Tribes

ACCOUNTABILITY METRICS

Communicable disease control

Outcome measure: percent of 2-year-olds who received recommended vaccines

Process measure: percent of Vaccines for Children clinics that participate in the Immunization Quality Improvement for Providers (IQIP) program

Outcome measure: gonorrhea incidence rate per 100,000 population

Process measure: percent of gonorrhea cases that had at least one contact that received treatment

Process measure: percent of gonorrhea case reports with completed data priority fields

Prevention & health promotion

Outcome measure: percent of adults who smoke cigarettes

Process measure: percent of population reached by tobacco-free county properties policies Process measure: percent of population reached by tobacco retail licensure policies

Outcome measure: opioid mortality rate per 100,000 population

Process measure: none

Environmental health

Outcome measure: percent of commuters who walk, bike, or use public transportation to get to work

Process measure: local public health authority participation in leadership or planning initiatives related to active transportation, parks and recreation, or land use

Outcome measure: percent of community water systems meeting health-based standards

Process measure: percent of water systems surveys completed

Process measure: percent of water quality alert responses
Process measure: percent of priority non-compliers

resolved

Access to clinical preventive services

Outcome measure: percent of women at risk of unintended pregnancy who use effective methods of contraception

Process measure: annual strategic plan that identifies gaps, barriers and opportunities for improving access to effective contraceptive use

Developmental measure: percent of children age 0–5 with any dental visit

Process measure: none

'ROPROSED PHASES FOR FOUNDATIONAL PROGRAMS



Foundational

capabilities

Phase 1



Communicable disease control



Environmental health

Phase $2 \rightarrow$



Prevention and health promotion

Phase $3 \rightarrow$



Access to clinical preventive services

Phase $4 \rightarrow$

Ongoing evaluation and quality improvement



Leadership and organizational competencies



Health equity and cultural responsiveness



Community partnership development



Policy and planning



Assessment and epidemiology



Communications



Emergency preparedness and response

OHA 8713D (9/18)

Looking Forward: Modernization 2021-23

► Past legislative investments have supported the public health system's response during COVID-19

Learning from COVID, Oregon Legislature must invest in public health, Tribes, and community-based organizations as essential partners with a goal of eliminating health disparities

Stories from the Field: Powered by Partnerships



Stewart Decker, MD Sky Lakes Medical Center

You are the Key to HPV Cancer Prevention

Stewart Decker

MD

SLMC

5/10/19



Make an Effective Recommendation

- Same way: Effective recommendations group all of the adolescent vaccines
 Recommend HPV vaccination the same way you recommend Tdap & meningococcal vaccines.
- Same day: Recommend HPV vaccine today Recommend HPV vaccination the same day you recommend Tdap & meningococcal vaccines.



HPV VACCINE IS CANCER PREVENTION And YOU are the key!

#WeCanStopHPV





Susan Fischer-Maki Director of Community Benefit Initiatives, AllCare Health

AllCare Health has a long history of supporting Public Health Departments.

- Funding of Clinical Positions to ensure WIC, Immunizations and Reproductive Health
- Promotion of and Alignment with Smoking Cessation Programs
- Support of Community Awareness Campaigns on Reproductive Health
- Ongoing Funding of Needle Exchange Programs







These relationships increased our ability to support Public Health Departments' COVID-19 and Wildfire response.

- Increased Qualified Clinical Oversight to assist with COVID-19
- Quality Communications to all members of our Communities
- Increased Equitable Services through Bilingual Contact Tracers
- Increased Resources at Wildfire Response and Shelter Sites







We're committed to continued support of Public Health Departments.

 Support through our Community Health Improvement Plans

 Health Equity Practices to Recognize, Rectify and Reconcile

 Advocacy for Sustainable Funding Mechanisms for SDoH-E

Sharing with and learning from all of Oregon's CCOs









Donna Mills
Executive Director,
Central Oregon Health
Council



Brigetta Olson City of Corvallis Former COO at DevNW



Pat Dotson
AFSCME Worker,
Lane County Health and
Human Services



Bridget Cooke, Executive Director, Adelante Mujeres

Eric Richardson
Executive Director,
Eugene/Springfield NAACP



Taylor Pinsent, MPH Senior CD Epidemiologist, Multnomah County Health Department

Invest \$68.9 million into Public Health Modernization

- This investment would build on past investments to support a coordinated system for preventing and responding to communicable disease and environmental health threats among communities disproportionately affected.
- ► Build healthy and resilient communities by promoting natural resource, land use and built environment policies and programs that support health.
- Make progress on accountability metrics in communicable disease and environmental health program areas.
- ▶ \$68.9 would be allocated to fund \$5 million Tribes, \$15 million to Community Based Organizations, \$35 million to Local Public Health Authorities and \$13 million to the Oregon Health Authority, Public Health Division

Q&A

- If you have a question/comment, please type your name and your affiliation in the chatbox, and we will ask you to unmute yourself when it is your turn
- Priority given to Legislators/Commissioners