

Public Health Modernization: Overview & Update



9/13/2022



WASHINGTON COUNTY
OREGON

Department of Health and Human Services

Agenda

Background

- What is PH Modernization
- Modernization investments to date

Washington County Updates

- Implementation 2019 to current

2022-2023 state/local legislative updates and timeline

PHM Legislative Visit Update

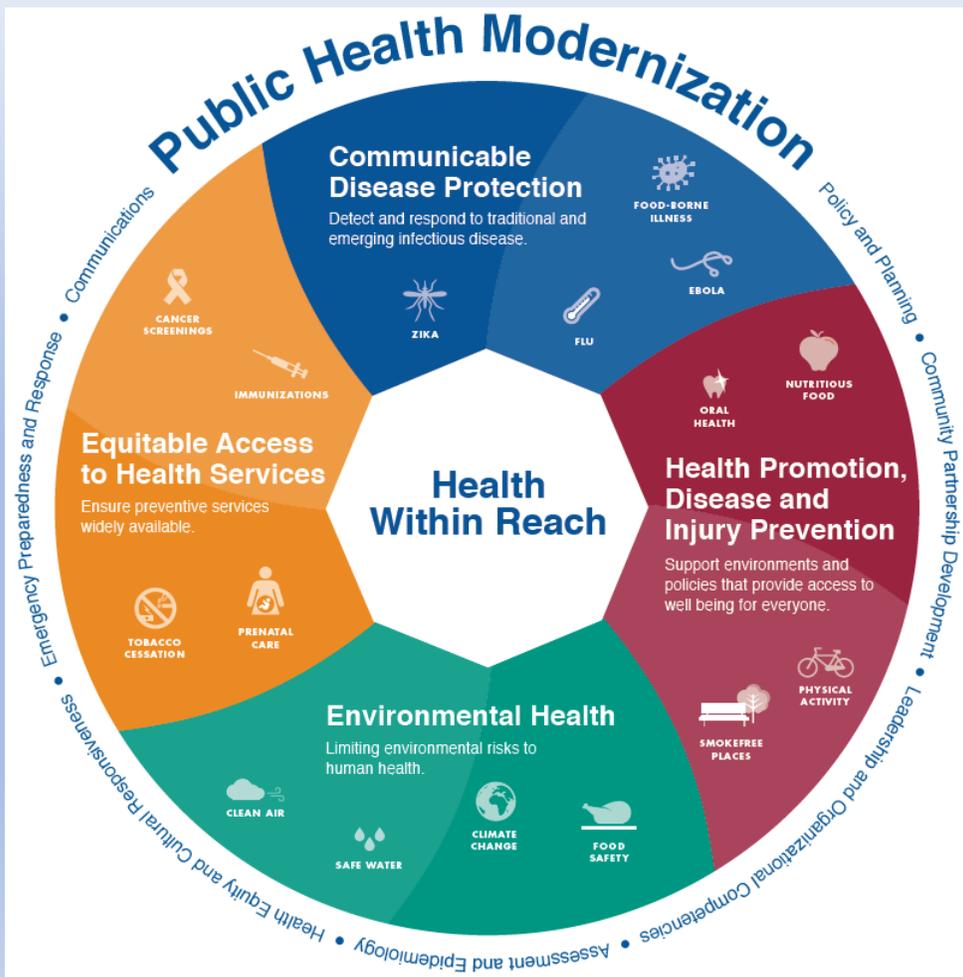
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What is Public Health Modernization?



- Complex public health problems require a nimble, community-based and equity-centered public health system
- Without this system, future health threats will continue to exacerbate health inequities
- Aligns with the foundational public health framework which focuses on creating a minimum package of public health capabilities and programs available in all communities
- State level investments in communities to co-create solutions to public health issues in culturally relevant and linguistically appropriate ways

Source: Oregon Health Authority. (2019). *Modernizing Oregon's Public Health System*. Retrieved from <https://www.oregon.gov/oha/ph/About/TaskForce/Pages/index.aspx>

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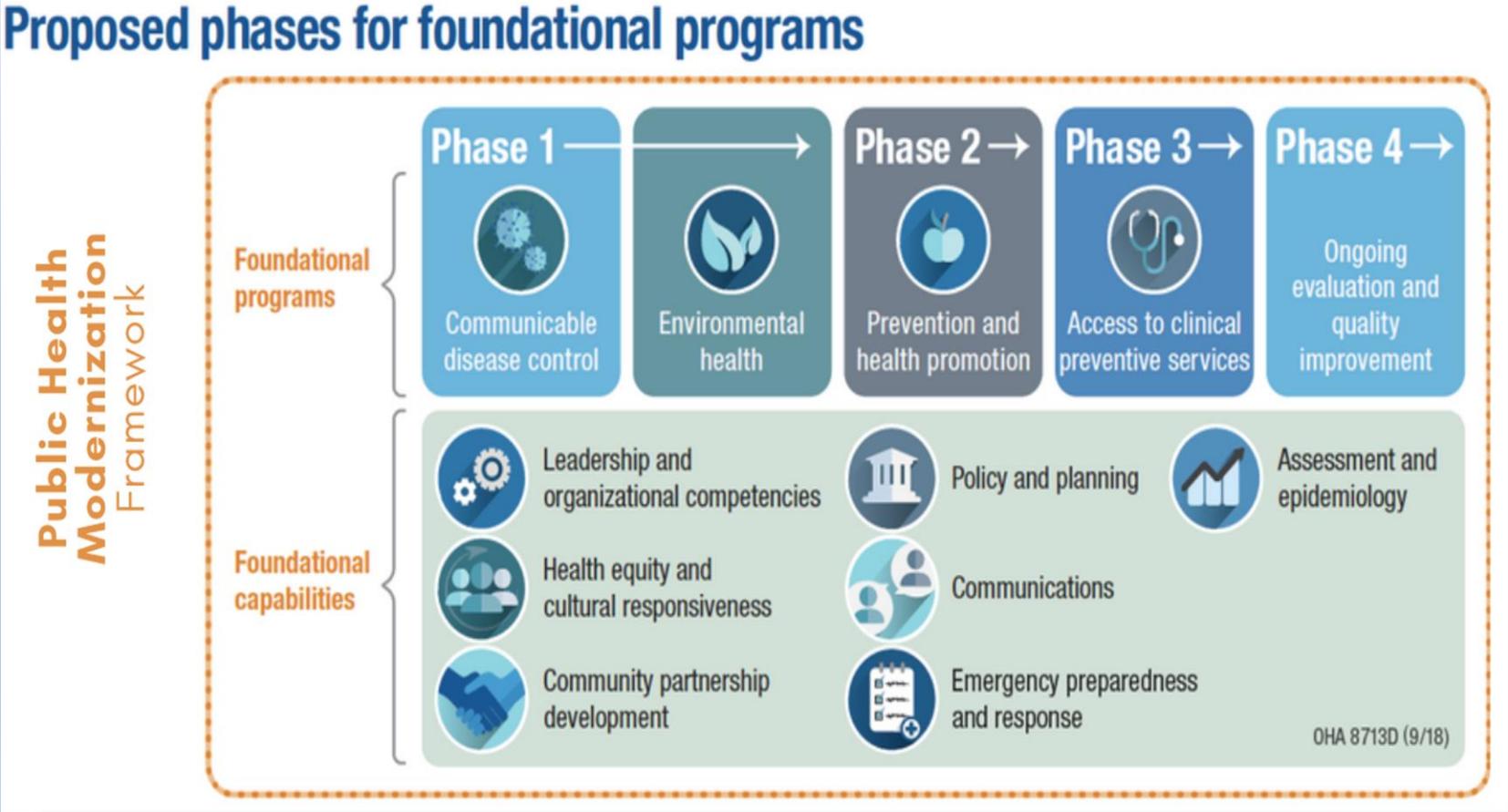
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Why Public Health Modernization?

- ▶ Oregon's Public Health System funding is siloed by program
- ▶ Federal agencies allocate funds based on federal priorities which creates challenges
- ▶ Develop systems to work seamlessly across county borders
- ▶ Ensure all people living in Oregon are protected by the public health system
- ▶ Oregon's plan was to phase-in implementation of PHM model by 2023 (now 2025) and we are still far short of implementing the model outlined in law.



Modernization Framework



Source: Oregon Health Authority. (2020). *Public health modernization: Funding report to Legislative Fiscal Office*. Retrieved from <https://www.oregon.gov/oha/PH/ABOUT/TASKFORCE/Documents/2020-Report-to-LFO.pdf>



History of Public Health Modernization

Task Force on the Future of Public Health is created to assess Oregon's public health system.

2013

2015

The Oregon Legislature passes HB 3100 which makes the Public Health Modernization framework recommended by the Task Force into law to be funded and implemented over 10 years.

Initial assessments find that an **investment of \$210 million each biennium is needed** to fully implement the Public Health Modernization framework.

2016

The Oregon Legislature invests **\$5 million** into Public Health Modernization.

2017

The Oregon Legislature invests an additional **\$10.6 million** (total of \$15.6 million) into state, local, and tribal public health authorities.

2019

The Oregon Legislature invests an additional **\$45 million** (total of \$60.6 million) into state, local, and tribal public health and into community-based organizations. The Oregon Legislature also passes HB 2965 which extends the deadline for fully implementing Modernization from 2023 to 2025.

2021

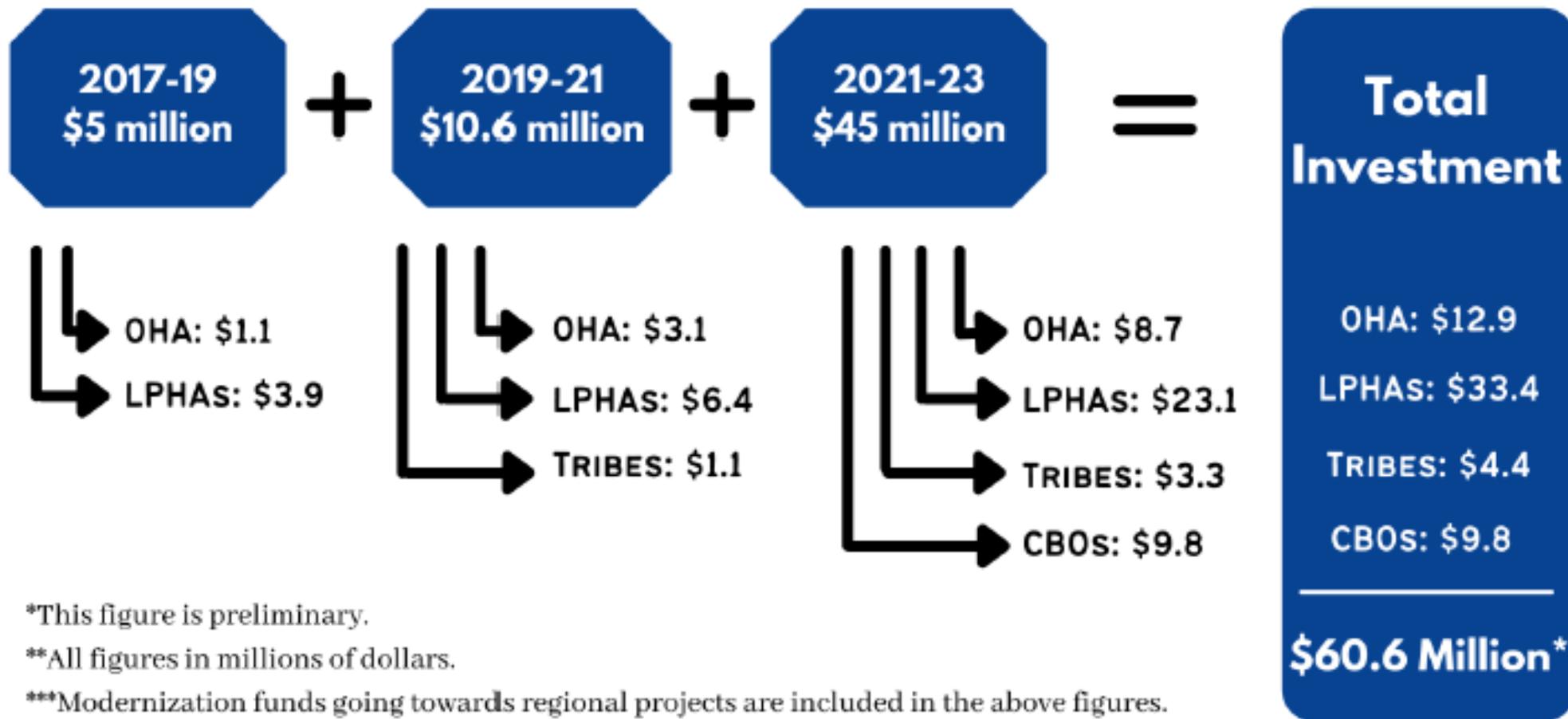
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Legislative Investment in Public Health Modernization, 2017-2023



*This figure is preliminary.

**All figures in millions of dollars.

***Modernization funds going towards regional projects are included in the above figures.



What does it mean for Washington County?

- Funds multiple staff positions to support modernization strategies (e.g. communications, partnerships, equity, emergency planning, climate planning)
- Builds capacity in foundational capabilities
- Guides our direction and supports aligning work as a public health division; and supports employees in connecting their work to division goals and strategies
- Creates public health infrastructure to support health equity goals
- Elevates and creates pathways for community voice and partner engagement; supports implementing collaborative strategies with community partners to address complex health issues
- Provides statewide metrics for accountability and alignment

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Implementation this biennium

- Implementation of goals and strategies
 - PHM planning workgroup
 - Tracking and reporting
- Three Plans – Metrics and Accountability Structure
 - All Hazards Preparedness Plan
 - Climate Adaptation Plan
 - Health Equity Action Plan
- Development of Health Equity Action Plan, including internal mapping or assessment to understand current community engagement efforts
 - Increased community participation and leadership in developing Public Health goals and priorities; ongoing process

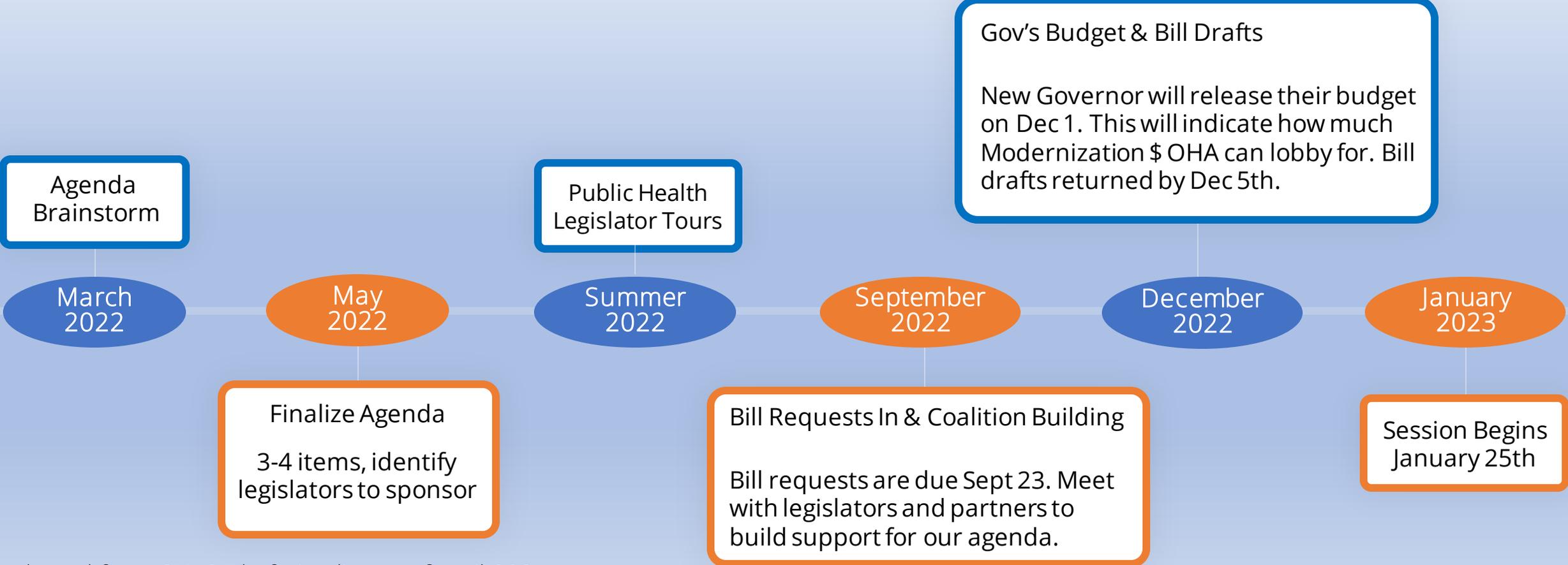
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2022-2023 CLHO Legislative Timeline



Adapted from CLHO; draft timeline as of April 2021

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2023 Legislative Session – Preliminary Updates

- Statewide PH POPs:
 - PHM (OHA)
 - Public Health Workforce Retention (CLHO)
- Legislative Visit Update
- Other local/state updates?

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Time for discussion and questions



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Local public health authorities

Funding contributes to:

- Statewide improvements in communicable disease and environmental health outcomes;
- Working toward the elimination of health inequities, improved health outcomes, and increased public health system efficiencies.

With a \$30 million additional investment, LPHAs will receive about \$7.75 million per year. This will go towards:

- Tracking communicable diseases and engaging in all hazards resiliency planning
- Centering equity by conducting equity assessments, increasing workforce diversity, and strengthening collaboration between public health, tribes, and community partners
- Increasing environmental hazard preparedness planning, community engagement, and response capacity

With a \$68.9 million additional investment, LPHAs will receive about \$17.8 million per year. This will go towards:

- Co-creating prevention initiatives that protect communities from acute and communicable diseases (STIs prevention, increase vaccination rates, etc.)
- Developing strategies for equitable climate adaptation and ensuring meaningful participation of people experiencing the most severe environmental health threats in this development
- Collaborating across the public health system and with community partners to co-create culturally relevant and linguistically appropriate communication strategies and to develop a robust emergency response system

Accountability Metrics

Oregon's Public Health System is tracking progress towards a modernized public health system with the following metrics:

Outcome measure = changes in Oregonians' health

Process measure = what local public health professionals are doing to improve health and achieve the desired outcome

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

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

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

Access to clinical preventive services

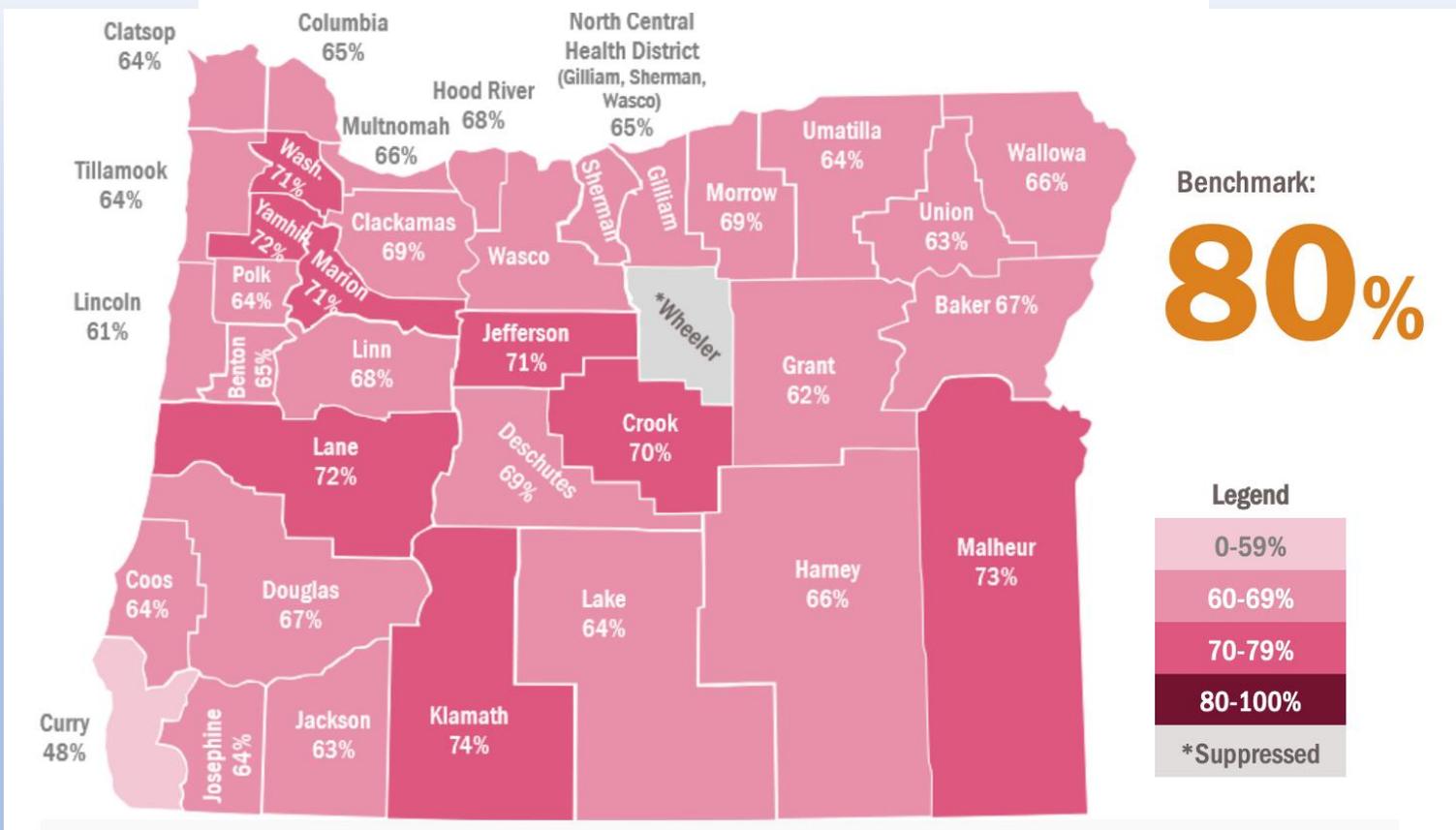
Outcome measure: percent of women at risk of unintended pregnancy who use effective methods of contraception

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

Percent of two-year olds who received recommended vaccines



Communicable Disease

One measure of successful communicable disease work is increasing the percent of two-year-olds who have received their vaccinations. Investments in public health modernization will be used to hire staff who will use these strategies to track immunization data, to develop relationships and engage with pediatric clinics and community partners, and to provide culturally and linguistically appropriate education and communication

Accountability Metrics

Outcome measure:
Increase the percent of two-year-olds in Oregon who have received their vaccinations to 80%

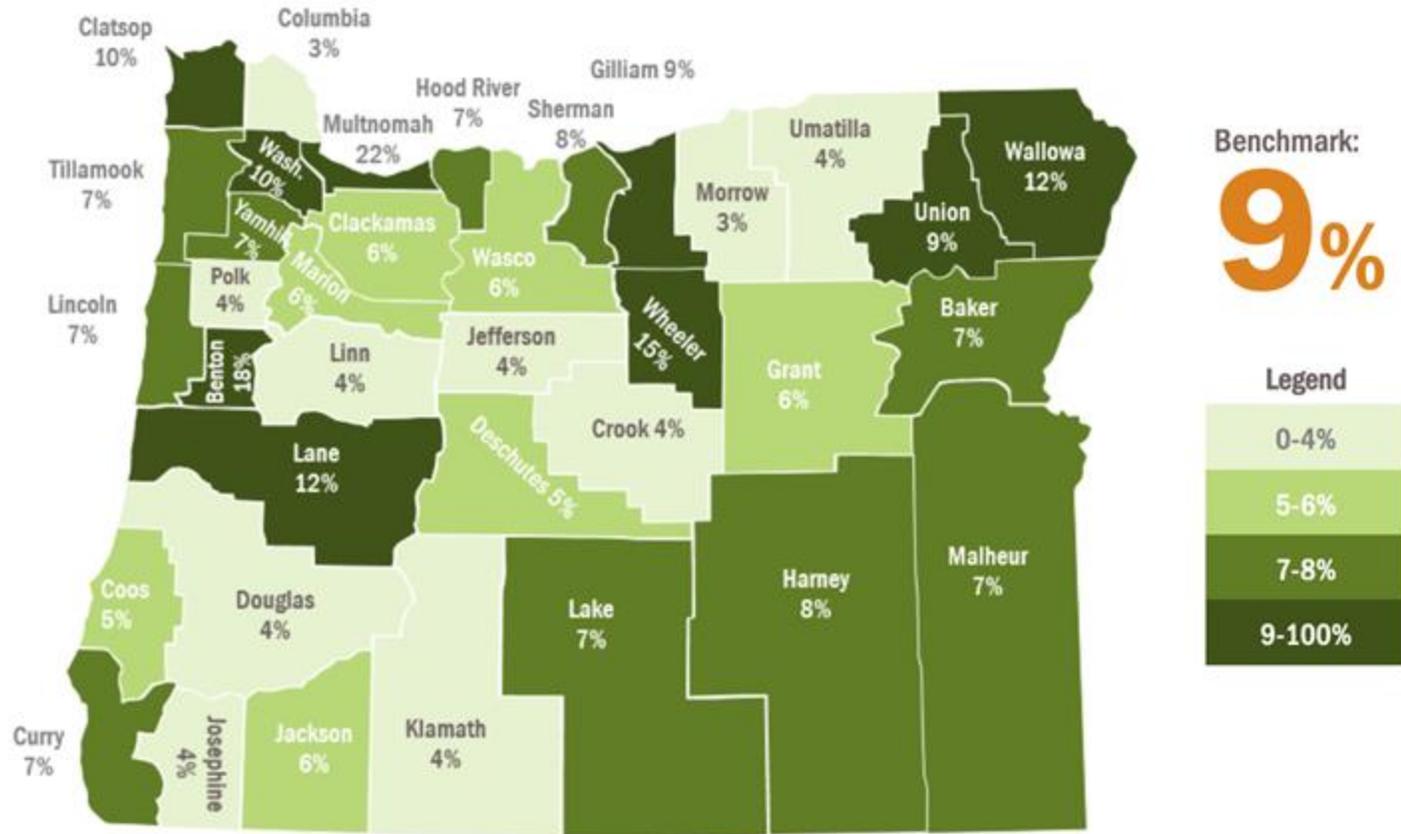
Process measure:
Increase the percent of Vaccines for Children clinics that participate in the Assessment, Feedback, Incentives and eXchange (AFIX) program.

- Strategies for doing this:**
- Reach out to and develop relationships with Vaccines for Children clinics
 - Co-create culturally and linguistically appropriate education materials with community partners
 - Use data to track immunizations and identify health inequities

Source: Oregon Health Authority. (2019). *Public health accountability metrics annual report*. Retrieved from https://www.oregon.gov/oha/PH/ABOUT/TASKFORCE/Documents/PHAB%20Accountability%20Report%202019_FINAL_May%202019.pdf

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Percent of commuters who walk, bike, or use public transportation to get to work



Accountability Metrics

Outcome measure:

Increase the percent of Oregon commuters who use active transportation to get to work to 9%



Process measure:

Have local public health authority participate in leadership or planning related to active transportation, parks and recreation, or land use



Public Health/Partner Strategies

- Work with communities and partners to develop equitable Transportation Systems Plans
- Support and promote Safe Routes to School with increased walking and biking options

Environmental Health

One measure of environmental health is to increase the percentage of commuters who use active transportation. Investments in public health modernization will be used to hire staff who will use these strategies as they collaborate and develop relationships with partners across sectors and in the community and engage in policy and planning.



Investing in Public Health Saves Money

- A \$1 investment in local public health departments generates a **return on investment of about \$67 to \$88**
- A \$1 investment in childhood vaccinations provides the United States a **return on investment of \$10.90**
- For all children born between 1994-2018 who were vaccinated, the US **saved nearly \$406 billion in direct medical costs and \$1.88 trillion in total society costs**
- Sexually transmitted infections that escalate to pelvic inflammatory disease result in additional treatment costs of \$1,167 per case. Public health interventions play a critical role in reducing these complications and preventing STIs.

Brown, T. T. (2016). Returns on investment in California county departments of public health. *American Journal of Public Health*, 106(8), 1477-1482.

Vaccinate Your Family. (2020). *Vaccines Are Cost Saving*. Retrieved from

<https://vaccinateyourfamily.org/why-vaccinate/vaccine-benefits/costs-of-disease-outbreaks/>

Association of State and Territorial Health Officials. (2019). *National STD Trends: Key Information for Public Health Leadership*. Retrieved from <https://www.astho.org/ASTHOReports/National-STD-Trends-Key-Information-for-Public-Health-Leadership/>

Investing in Public Health Saves Lives

Just a 10% increase in Oregon public health departments' per capita spending would link to:

- Lowering infant mortality by an estimated **15 fewer infant deaths each year**
- Lowering diabetes deaths by an estimated **16 fewer diabetes death each year**
- Lowering heart disease deaths by an estimated **202 fewer heart disease deaths each year**
- Lowering cancer deaths by an estimated **88 fewer cancer deaths each year**

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