

Modernization of Oregon's Public Health System

Quality and Health Outcomes Committee



Why modernize Oregon's public health system?

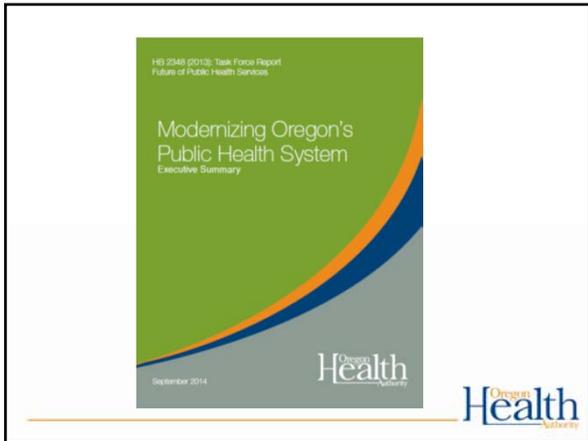
- Public health has traditionally provided a safety net for individuals without health insurance, and due to the Affordable Care Act, Oregon's uninsured rate has plummeted.
- Without needing to provide health care for a substantial number of uninsured individuals, public health can focus on developing policies and programs that can sustain lifelong health for everyone.
- A focus on policies and programs that can help everyone be healthy will yield cost and time savings for the health care delivery system.
- Investments in public health vary from county to county, leading to disparities in services.
- Oregon's public health system relies heavily on federal categorical grants, which do not always meet the unique needs of our state.

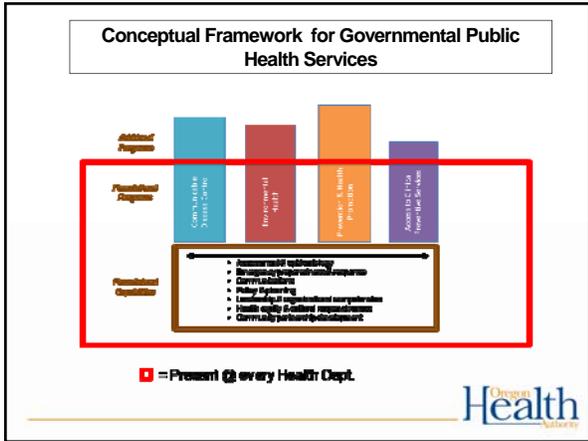


Task Force on the Future of Public Health Services

- HB 2348 (2013) called for the creation of a task force to study and develop recommendations for a public health system for the future.
- Between January and September 2014, the Task Force on the Future of Public Health Services met to develop a framework for modernizing Oregon's public health system.
- In September 2014, the *Modernizing Oregon's Public Health System* report was submitted to the legislature with a specific set of recommendations.







House Bill 3100 (2015)

- Legislators used the recommendations from the *Modernizing Oregon's Public Health System* report to introduce House Bill 3100, which was approved by the legislature in July 2015.
- House Bill 3100 operationalizes many of these recommendations over the period of 2015-2017. Specifically, the bill:
 - Adopts the foundational capabilities and programs for governmental public health.
 - Changes the composition and role of the Public Health Advisory Board beginning on January 1, 2016.
 - Requires the Oregon Health Authority's Public Health Division and local public health authorities to assess their current ability to implement the foundational capabilities and programs; and requires the Public Health Division to submit a report on these findings to the legislature by June 2016.
 - States that local public health authorities shall submit plans for implementing the foundational capabilities and programs no later than December 2023.

Oregon Health Services

Access to Clinical Preventive Services

HB 3100 defines Access to Clinical Preventive Health Services as the assessment of public access to:

- Immunizations;
- Prenatal care;
- Screening for preventable cancers and other diseases;
- Screening for sexually transmitted infections;
- Evaluation of and treatment for tuberculosis and related latent tuberculosis infections;
- Cost-effective preventive care; and
- Laboratory services.



Access to Clinical Preventive Services

Provides an opportunity to utilize public health data to better plan for the provision of health care across a jurisdiction.

- Public health departments can refer to health care.
- Public health departments can help monitor access to care among specific sub-populations, and support engaging underserved populations in care.
- When needed, communities may determine that certain services should be provided by public health (e.g., HIV and STD screening; family planning).



What does modernization mean for CCOs?

- CCOs will be able to count on a core level of public health service in every jurisdiction. This means:
 - CCOs will be better equipped with timely and comprehensive data on the health of their population in order to inform robust community health assessments and community health improvement plans;
 - Local jurisdictions will be prepared to respond to natural disasters and other threats;
 - CCO members will be better protected from the threat of emerging communicable diseases like measles, meningococcal disease or Ebola; and
 - Chronic diseases can be better prevented by CCO members having access to tobacco-free public spaces, healthy foods and safe places to play and be active.



What will happen now?

- In order for everyone in Oregon to have access to these foundational public health protections, between July 2015 and June 2016:
 - A new governance structure for Oregon's public health system, the Public Health Advisory Board, will be appointed by the Governor;
 - Clear, measurable definitions for the Foundational Capabilities and Programs for public health will be developed using national research and feedback from stakeholders;
 - State and local health departments will assess the extent to which they currently provide the foundational capabilities and programs and will determine costs to fully implement them;
 - Local health departments will determine the most appropriate governance structure for the jurisdiction they serve, so they can successfully implement the foundational capabilities and programs;
 - With communities and partners, state and local health departments will develop plans to implement the foundational capabilities and programs, based on the findings from their assessments.



What will happen now?

Activity	Timeline
Draft measurable definitions of each foundational capability and program	July-September 2015
New Public Health Advisory Board is appointed by the Governor	January 2016
Public Health Division and local public health authorities assess ability to implement foundational capabilities and programs	January-March 2016
Administrative rules are filed in accordance with House Bill 3100	May 2016
Assessment findings and implementation costs are reported to the Oregon legislature	June 2016
Public Health Division and local public health authorities plan for implementation of the foundational capabilities and programs	Beginning July 2016



How can I stay involved?

- Keep in touch with the Oregon Health Authority's Public Health Division and your local public health authority.
- Provide us with your ideas and feedback:
 - www.healthoregon.org/modernization
 - publichealth.policy@state.or.us
 - (971) 673-1222