



Oregon

Theodore R. Kulongoski, Governor

Oregon Health Authority

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August 30, 2010

The Honorable Peter Courtney, Co-Chair
The Honorable Dave Hunt, Co-Chair
State Emergency Board
900 Court Street NE
H-178 State Capitol
Salem, OR 97301-4048

Re: Retroactive Request to Apply – Competitive and Non-Competitive
Grants – Non-ARRA Funded – Strengthening Public Health
Infrastructure for Improved Health Outcomes (OHA-PH-17)

Dear Co-Chairpersons:

Nature of the Request

The Oregon Health Authority (OHA), Public Health Division requests retroactive permission to apply for the Strengthening Public Health Infrastructure for Improved Health Outcomes grants Component 1 (non-competitive) and Component 2 (competitive) for federal funds up to \$2.9 million a year for five years beginning September 30, 2010 and ending September 29, 2015.

The funding is available through the U.S. Department of Health and Human Services, Centers for Disease Control and Prevention (CDC). The funding opportunity announcement was received on July 13, 2010, and the application was due on August 9, 2010. This grant funding requires no state matching funds or maintenance of effort.

Agency Action

The purpose of this five year grant is to systematically increase the performance management capacity of public health departments in order to ensure that public health goals are effectively and efficiently met. These funds will help provide capacity for the public health system to more meaningfully participate in federal health reform and in the implementation of HB 2009 and the creation of the Oregon Health Authority. Without these funds, Oregon may remain disadvantaged in meeting the public health goals included in the Affordable Care Act.

This funding opportunity has two components. Component 1 is a non-competitive grant based upon state population with Oregon eligible to receive \$200,000 annually. Component 2 is competitive, and annual awards will range from a minimum of \$1M to \$2.7M. It is expected that between 10-27 awards will be made nationally for Component 2. The funding period for both components of this grant is five years.

A workgroup of state and local public health organizations, including representatives from the Public Health Leadership Task Force, the Conference of Local Health Officials, Oregon State University, and the OHA Office of Multicultural Health and Services, worked to develop the application. The details listed below represent the workgroup's plan to date.

Component 1

In this non-competitive portion of the announcement, states will be required to designate or hire a full time Performance Improvement Manager for the public health system. This position will provide capacity within the public health system to support performance improvement activities and also to support broader Oregon Health Authority performance management activities.

Over the course of the five year project this position will work to:

- Inventory and track state and local community health assessments;
- Develop and monitor key health status indicators;
- Identify and promote adoption of performance management activities that can be integrated into public health programs and processes; and
- Collaborate with federal, state, and local partners (local health departments, tribes, and other community health stakeholders) to promote quality improvement activities.

Component 1 key activities for the first year of the project include:

- Establishing the Office of Performance Management and appointing a Performance Improvement Manager;
- Inventorying the performance management and quality improvement work that has been done within the State and its key partners;
- Working with key stakeholders to identify existing data and ways to improve making it available to those who need it;
- Working with key stakeholders to identify the key public health metrics and performance measures that will then be tracked across the public health system; and
- Participating and coordinating with the DHS Transformation Project to ensure that the work includes a continuous quality improvement component.

Component 2

All states applying for Component 2 must apply for Component 1. The category of activities pursued in Component 2 must build upon or expand the capacity developed in Component 1, and applications must address at least two of the four categories specified in the funding announcement. The workgroup proposes to address Category 1 (*Performance Management*) and Category 3 (*Public Health System Development/Redevelopment*).

The workgroup has identified two objectives to guide our work during the five year project period:

1) *Performance Management*: Component 2 will directly build on the identification of public health performance measures and the coordination/collaboration that will take place in Component 1. The targeted objectives of the *Performance Management* category will be to:

- Expand the utility of data systems used for performance management;
- Develop and implement key public health communications and dissemination tools utilizing these data; and
- Develop a performance management training plan for public health staff at the state and local levels.

Building on the establishment of the Office of Performance Management, the *Performance Management* key activities for the first year of the project include:

- Expanding current data systems, including web interface ability to support a variety of end user needs, which may include building out the internet-based Environmental Public Health Tracking System to include additional relevant public health indicators, and enhancing Washington State's Community Health Assessment Tracking System as an intranet tool for Oregon's state and local health system;
- Developing standardized tools for tracking and monitoring quality improvement from current or proposed pilot projects;
- Developing a robust communication system to convey important public health data to a wide variety of stakeholders; and
- Increasing the capacity of the public health workforce to effectively implement and support performance management and continuous quality improvement by providing technical assistance, training and support.

2) *Public Health System Development -Redevelopment*: The goal of the this component is to build or re-engineer the public health infrastructure in order to improve efficiency, networking, coordination, standardization and cross-jurisdictional cooperation in the delivery of public health services. OHA proposes to focus on improving how we are organized and engaged with partners in three different areas: within the existing public health system (i.e., between county health departments and also between county health departments and OHA), between the public health system and health care systems, and between the public health system and emerging health partners (e.g., transportation, education, environmental services, urban planning and economic development).

This infrastructure reengineering is expected to be achieved by:

- Increasing the number of cross jurisdictional agreements and relationships (both governmental and private sector);
- Increasing the linkages of systems, processes, or resource sharing among public health and the health care system;
- Developing and implementing shared approaches for delivery of public health services especially among underserved at risk populations; and
- Implementing regional or cross-jurisdictional technical assistance approaches to improve public health capacity per capita (shared skills sets and technical expertise of subject matter experts)

Public Health System Development-Redevelopment key activities for the first year of the project include:

- Collaborating with key partners to evaluate cross-jurisdictional efforts to determine successes and to identify potential areas of system redesign aimed at increasing efficiency and effectiveness;
- Researching and evaluating regional pilots and models that are currently in place and any potential statutory or administrative barriers to replicating them;
- Strengthening the linkage between public health and health care agencies to support health care reform and improve the overall health of the community; and
- Developing relationships and the infrastructure with emerging health partners to meaningfully impact social determinants of health through system and policy changes (e.g., transportation, education, environmental services, urban planning and economic development).

If awarded funding for Component 2, the grant identifies a dedicated staff person to administer, direct and manage all activities for the Office of Performance Management, Program Analysts with responsibility for health economics, quality improvement (QI) coaching and establishing QI guidelines and objectives, planning and implementing QI phases and activities, Public Affairs Specialists to develop strategic communication plans, Operations Analysts who would provide on-going coordination for the cross jurisdictional work, tracking and analyzing metrics and reporting, and administrative support for the entire office.

This funding opportunity does not require any maintenance of effort by the state and there is no expectation that the state will fund these activities at the end of the grant period. The intent of this project is to provide funding to improve the quality, effectiveness and efficiency of the public health infrastructure that will support the delivery of public health services and programs as specified within the Affordable Care Act.

These federal funds will further the OHA mission to assist Oregonians to become healthy and safe by systematically increasing the performance capacity of Oregon's public health system to ensure that public health goals are effectively and efficiently met. If funds are awarded, OHA will return to

a future Emergency Board for any necessary expenditure limitation and position adjustments.

This grant is not a result of the American Recovery and Reinvestment Act (ARRA).

Action Requested

The Oregon Health Authority (OHA), Public Health Division requests retroactive permission to apply for federal funds available through the U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, Strengthening Public Health Infrastructure for Improved Health Outcomes grants Component 1 (non-competitive) and Component 2 (competitive) for federal funds up to \$2.9 million for five years beginning September 30, 2010 and ending September 29, 2015.

Legislation Affected

None.

For additional information, please call Dr. Mel Kohn at 971-673-1300.

Sincerely,



Jim Scherzinger
Deputy Director of Finance

CC: Linda Ames, Legislative Fiscal Office
Sheila Baker, Legislative Fiscal Office
Kelly Freels, Department of Administrative Services
Blake Johnson, Department of Administrative Services