

Modernizing the Public Health System in Oregon

Introduction

In an era of public health system transformation, public health departments around the nation are adapting — or “modernizing” — to meet the growing and changing needs of their communities. To help states navigate the challenges inherent in public health system transformation, three grantee states selected by the Robert Wood Johnson Foundation (RWJF) are participating in a learning community supported by the Public Health National Center for Innovations (PHNCI). The three grantee states — Ohio, Oregon and Washington — are working to test and implement the systems transformations required to provide the foundational public health services statewide and ensure that all residents have equitable access to public health.

The new framework asserts that governmental public health can provide more efficient and effective benefits by ensuring that a common set of population-based foundational public health services — including a basic set of capabilities and programs — be present in every community.

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Background

For decades, Oregon’s public health system has been helping Oregonians live longer and better. Built on a foundation of one state and 34 local health departments, Oregon’s public health system has long protected and improved the health of Oregonians and the communities where they live, work, play and learn.

Despite a long history of successes, public health officials say the state’s current economic situation is hampering governmental public health’s ability to achieve a population-wide focus on prevention and wellness. Health officials point to large disparities in levels of county funding, which are resulting in limited capacity for public health services in many areas. Adding to the woes, a reliance on federal funding has for too long dictated what programs need to be provided, regardless of a community’s needs. A 2014 *Future of Public Health Services* task force report found that the state investment in Oregon’s public health system at that time ranked below the national median, or 46th in the nation, for per capita funding, spending just \$13.37 per person compared to a median of \$27.40.

The funding challenges come as Oregon’s public health system is stretching to meet the expectations of a modern world. Rapid advances in information and communications systems, modern transportation, social media, international travel, global commerce, and climate change pose challenges of increasing complexity. Food can now travel thousands of miles before landing on the nation’s kitchen tables, presenting new challenges. And diseases like Zika that once crept around the world at the pace of shipping commerce now fly around the globe at jet-fast speeds.

“Our world is changing rapidly and our health threats have really changed,” said Charlie Fautin, RN, MPH, Deputy Director and Health Administrator at Benton County Health Department in Corvallis, Oregon. “We’re sort of like a modern business trying to operate with computers that are running on 20-year-old operating systems, or accountants who are still using manual adding machines. We need to be responsive to a modern world. We are at a tipping point now where our internal systems are holding us back from properly addressing these challenges.”

To continue to effectively and efficiently meet the needs of its communities, Oregon is in the midst of modernizing its public health system. The transformation is long overdue, Fautin said, because for decades Oregon’s public health system had not really taken a close look at itself, nor had the state’s lawmakers taken a close look at how the public health system is supported. Fautin said Oregon’s public health system was built around health threats that existed in the middle of the 20th century, when infectious diseases were the main cause of poor health. Today, chronic diseases are more likely to make Oregonians sick.

“Obesity, diabetes, and heart disease were rare threats, and threats mostly among older people, the last time public health sort of had an overhaul in the 20th century,” Fautin said. “But now we are seeing those problems in the very young. People are living a lot longer with chronic diseases and it is really costing our health system a tremendous amount of money. If we can help prevent some of those problems, we can save our medical system a lot of money and we can respond better to modern challenges.”

The Road to Change

In 2013, the Oregon State Legislature passed House Bill 2348, which created a task force to develop recommendations for a public health system for the future. The *Task Force on the Future of Public Health Services* brought together a committed group of state legislators, leaders of nonprofit organizations, local public health administrators, county commissioners and other public health stakeholders to study the issue and report back to the legislature. For nearly a year, the task force pored over documentation, studied data, and heard presentations from state and local public health departments, community partners, Oregon Health Policy Board members, public health organizational experts, and others. Of particular interest to the task force was a framework for a basic set of capabilities and programs that no health department can be without, and must be present in every community in order to efficiently and effectively protect everyone. The framework for this basic set of capabilities and programs, known as “foundational public health services,” had originally been set forth in a 2012 Institute of Medicine Report titled *For the Public’s Health: Investing in a Healthier Future*.

The task force wrapped up its work, and in September 2014 published its recommendations in a report titled *Modernizing Oregon’s Public Health System*. The recommendations focused on the need to achieve sustainable and measurable improvements in population health, and further concluded that to begin to modernize the governmental public health system, a set of core foundational public health services should be delivered throughout Oregon, at both the state and local level, as the minimum requirements for governmental public health in Oregon. The task force further charged the state health department – the Oregon Health Authority Public Health Division – to join with key partners to develop a timeline, a detailed plan, and a budget for implementing the foundational capabilities and programs throughout the state.

“What was really unique is that we ended up using the foundational public health services as our road map going forward,” said Cara Biddlecom, MPH, Interim Policy Officer at the state health department. “That was really exciting to see because we always want to do things that are evidence-based and draw on the best literature, and it was great to actually see that as such a core piece of the policy-making.”

In July 2015, Oregon’s public health leaders celebrated a watershed moment when the Oregon State Legislature passed House Bill 3100, essentially signing into law all of the task force’s recommendations. Most importantly, the bill adopted the task force’s recommendation for a core package of foundational public health services that must be available to everyone in the state wherever they live.

As a state health department employee, Biddlecom has played a role in that effort. Working closely with the Oregon Coalition of Local Health Officials and state and local public health practitioners, she has helped define each foundational capability and program down to a detailed level for state and local public health. The Oregon Health Authority Public Health Division published the definitions last year in the 162-page *Public Health Modernization Manual*. The manual defines each foundational capability and program as they apply specifically to state and local public health departments, who in turn are working closely with community members and partners to implement them.

Also this year, the state health department worked with an outside consultant to assess the degree to which state and local health departments are currently implementing the foundational capabilities and programs as they are defined in the manual. The assessment will help quantify – in terms of money and all other resources – exactly what it will take to fully implement the functions and activities required of a modernized system. The assessment’s findings are now being compiled into a written report to inform the next steps with the legislature.

“That will help us start to move into the planning stage,” Biddlecom added. “We’ve got it defined and assessed and now we will be developing our plans so that we know how we will move this work forward in the next several years.”

The implementation process is designed to be a phased-in approach that will build over time, Biddlecom said. “So between now and December 2023, we will be trying to get the whole state on board to implement the foundational public health services, and do all the work outlined in our public health modernization work.”

With funding from the Robert Wood Johnson Foundation, the Public Health Accreditation Board established the Public Health National Center for Innovations as a new division to serve as the coordinating body for a number of allied, national initiatives, and to support the development, testing, and dissemination of innovation models to advance public health practice and improve communities. More information is available at www.phnci.org.

Looking to the Future

These days, Tricia Mortell, RD, MPH, Public Health Division Manager at Washington County Department of Health and Human Services in Hillsboro, Oregon, is focusing a good portion of her work week on public health modernization. As a member of the Oregon Coalition of Local Health Officials, she has been working with the council's Legislative Committee to plan for the release of the assessment and the eventual funding request to the Legislature.

"Here in Oregon, we are at a very good landing place to have had the opportunity to do the thoughtful engagement of 'what is foundational public health,'" Mortell said, "and to ask 'what are our core deliverables? What are the activities that we have to be able to provide throughout our communities? How close are we to being able to do that, and what more would it take?'"

Like some other county health departments in Oregon, Washington County no longer provides clinical services to its residents. Instead, it now helps fund partner organizations to deliver primary care, immunizations, STD screenings, and treatment to uninsured residents. With the increased emphasis on population health, staff who have traditionally been providing direct individual services might see their jobs shifting and an increased need for training and new skill development. However, Mortell said it is important to note that although Washington County is moving toward a stronger assurance function, most other Oregon health departments will continue to administer immunizations and other direct services.

In sharing her hopes for a future that will provide robust and sustained funding for the public health system, Mortell said she envisions a table set with an abundance of funding — enough to satisfy the public health needs of every community in Oregon.

"Right now, it feels like we have buckets that are not connected at all, and we have barely enough money in one area and nothing in the other area," she said. "I would love to see this table where we are able to say, 'This is what we're needing in Washington County to get to this capacity, and here's how we are going to put it together.'"

Mortell's metaphorical table might never be fully attained, but without question Oregon's public health system is poised for change. Over the next six months, regional meetings will be held for each county and region across the state to discuss the right path forward to assure foundational public health and provide the additional services each county needs.

"Where we are seeing the greatest change is that everyone is recognizing and quantifying the value of the 'foundational capabilities'," said Fautin, "which support, facilitate, improve and in other ways are critical for providing direct services, but which have not been adequately quantified and funded."

Oregon recently stepped into the national spotlight for its work related to systems transformation and the foundational public health services. In March, the Robert Wood Johnson Foundation selected Oregon as one of three grantees, working with the Public Health National Center for Innovations (PHNCI) in a first-of-its-kind learning community focused on implementing the systems transformations required to provide the foundational public health services and ensure health equity. PHNCI, based in Alexandria, Va., was established in November 2015 by the Public Health Accreditation Board with funding from the Robert Wood Johnson Foundation. In its role as a national convener and strategic coordinator, PHNCI is working to identify, implement and spread innovations in public health practice to help meet the health challenges of the 21st century in communities nationwide.

As part of PHNCI's first learning community, the Oregon Coalition of Local Health Officials is working with the Oregon Health Authority and local health departments to modernize the public health system through the development of a framework for the foundational public health services in Oregon, and the provision of technical assistance to health departments creating implementation plans. Public health leaders in Oregon agree that their participation in PHNCI's learning community will provide invaluable support in their work to ensure basic public health protections critical to the health all Oregonians and future generations.

"I speak for the entire Oregon public health practice community in expressing appreciation for the opportunity to join with Washington and Ohio in PHNCI's first learning community," Fautin said. "My Oregon colleagues and our legislative partners have worked hard over the past three years to rapidly move toward a modernized system, and the support of the PHNCI partnership has been of invaluable assistance to us. From helping to adapt the foundational services model for Oregon to providing technical advice on cross-jurisdictional sharing, our PHNCI colleagues continue to be invaluable in our journey."



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