

Public Health Modernization Implementation



Regional Partnerships Updates

Addendum to September 2018 Interim Evaluation Report

March 2019

Executive Summary

Public health modernization means that every person in Oregon has access to the same basic public health protections, and that the public health system is accountable for being efficient and driven toward health outcomes.

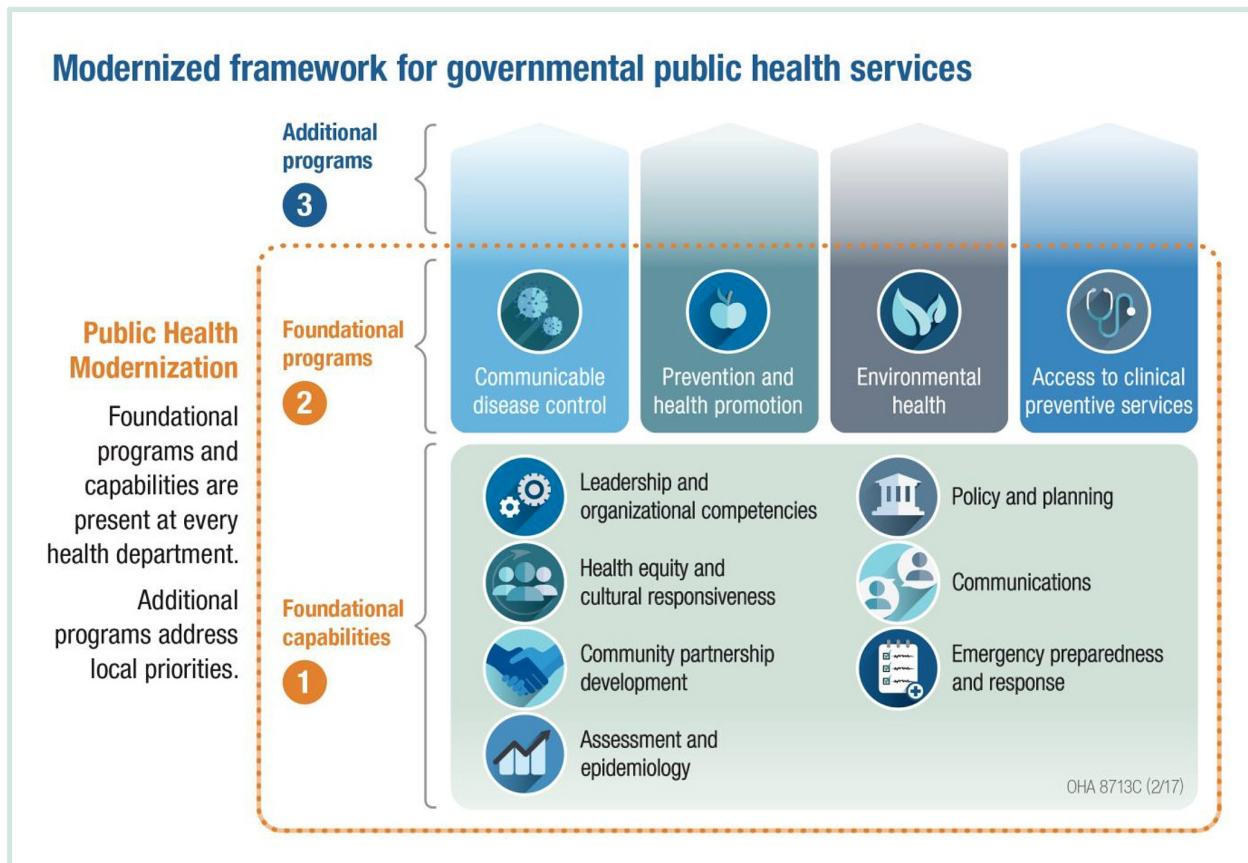
In 2017, the Oregon Health Authority (OHA) received an initial \$5 million legislative investment to begin implementing public health modernization in the three areas of communicable disease control, health equity and cultural responsiveness, and assessment and epidemiology.

Of this investment, eight regions of local public health authorities (LPHAs) are using \$3.9 million (reaching 33 of Oregon’s 36 counties) to implement communicable disease control interventions focused on mitigating disease risks in their jurisdictions with an emphasis on reducing health disparities.

This report serves as an update to the [Interim Evaluation Report](#) released in September 2018 and focuses on progress reported by the eight regional partnerships. Updates include movement on communicable disease control process measures, as well as narrative “Stories from the Field” that offer a detailed glimpse into local modernization efforts.

An evaluation report covering the entire first biennium of modernization funding will be available in September 2019, and will summarize improvements to the entire public health system, including core state functions fulfilled by the OHA Public Health Division.

For questions or comments about this report, or to request this publication in another format or language, please contact the Oregon Health Authority, Office of the State Public Health Director at: (971) 673-1222 or PublicHealth.Policy@state.or.us.



Regional Partnership Funded Projects

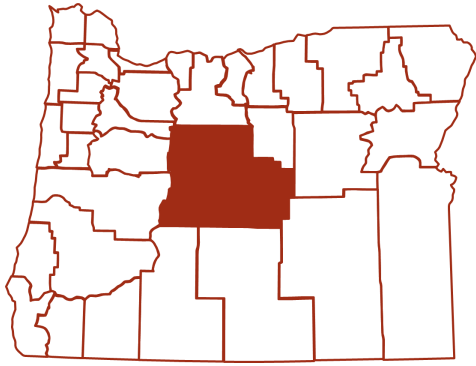
The table below provides a brief description of \$3.9 million in awards to local public health authorities that span from December 1, 2017 through June 30, 2019.

Regional partners	Project description	Award amount
North Coast Modernization Collaborative Clatsop, Columbia and Tillamook counties	<ul style="list-style-type: none"> • Convene partners to assess regional data on sexually transmitted infections and develop priorities. • Identify vulnerable populations and develop regional strategies to address population-specific needs. 	\$100,000
Central Oregon Public Health Partnership Deschutes, Crook and Jefferson counties	<ul style="list-style-type: none"> • Form the Central Oregon Outbreak Prevention, Surveillance and Response Team that will improve: <ul style="list-style-type: none"> ⇒ Communicable disease outbreak coordination, prevention and response in the region; ⇒ Communicable disease surveillance practices; and ⇒ Communicable disease risk communication to health care providers, partners and the public. • Funds will be directed to communicable disease prevention and control among vulnerable older adults living in institutional settings and young children receiving care in child care centers with high immunization exemption rates. 	\$499,325
South West Regional Health Collaborative Douglas, Coos and Curry Counties; Coquille Indian Tribe; Cow Creek Band of the Umpqua Tribe of Indians, Advanced Health CCO, and Umpqua Health Alliance CCO	<ul style="list-style-type: none"> • Improve and standardize mandatory communicable disease reporting. • Implement strategies for improving 2-year-old immunization rates. • Focus on those living in high poverty communities and with health inequities. 	\$468,323
Jackson and Klamath counties; Southern Oregon Regional Health Equity Coalition; Klamath Regional Health Equity Coalition	<ul style="list-style-type: none"> • Work with regional health equity coalitions and community partners to respond to and prevent sexually transmitted infections and hepatitis C, focused on reducing health disparities and building community relationships and resources. • Promote HPV vaccination as an asset in cancer prevention. 	\$499,923
Coast-to-Valley Regional Partnership Lane, Benton, Lincoln and Linn counties; Oregon State University	<ul style="list-style-type: none"> • Establish a learning laboratory to facilitate cross-county information exchange and continuous learning. • Implement an evidence-based quality improvement program, AFIX, to increase immunization rates. Pilot three local vaccination projects, including: 	\$689,517

Regional Partnership Funded Projects

The table below provides a brief description of \$3.9 million in awards to local public health authorities that span from December 1, 2017 through June 30, 2019.

Regional partners	Project description	Award amount
Coast-to-Valley Regional Partnership (continued) Lane, Benton, Lincoln and Linn counties; Oregon State University	<ul style="list-style-type: none"> ⇒ Hepatitis A vaccination among unhoused people in Linn and Benton counties; ⇒ HPV vaccination among adolescents attending school-based health centers in Lincoln County; and ⇒ Pneumococcal vaccination among hospital discharge patients in Lane County. • Establish an Academic Health Department model with Oregon State University to support evaluation. 	
Marion and Polk counties; Willamette Valley Community Health CCO	<ul style="list-style-type: none"> • Focus on system coordination and specific interventions to control the spread of gonorrhea and chlamydia. • Increase HPV immunization rates among adolescents. 	\$463,238
Eastern Oregon Modernization Collaborative North Central Public Health District; Baker, Grant, Harney, Hood River, Lake, Malheur, Morrow, Umatilla, Union and Wheeler counties; Eastern Oregon CCO; Mid-Columbia Health Advocates	<ul style="list-style-type: none"> • Establish a regional epidemiology team. • Create regional policy for gonorrhea interventions. • Engage community-based organizations to decrease gonorrhea rates through shared education and targeted interventions. 	\$495,000
Tri-County Public Health Modernization Collaborative Washington, Clackamas and Multnomah counties; Oregon Health Equity Alliance	<ul style="list-style-type: none"> • Develop an interdisciplinary and cross-jurisdictional communicable disease team to focus on developing and strengthening surveillance and communications systems. • With leadership and guidance from the Oregon Health Equity Alliance, this cross-jurisdictional team will develop culturally responsive strategies that: <ul style="list-style-type: none"> ⇒ Identify and engage at-risk communities; and ⇒ Reduce barriers (e.g., language, stigma, access to care) to infectious disease control, prevention and response. • Both qualitative and quantitative evaluation methods are included in the overall design. Evaluation results will guide implementation of best practices across the region focused on reducing and eliminating the spread of communicable diseases. 	\$679,999



Budget
\$499,325
Population
214,452
Under age 5 years
5%
Over age 65 years
19%

Central Oregon Public Health Partnership

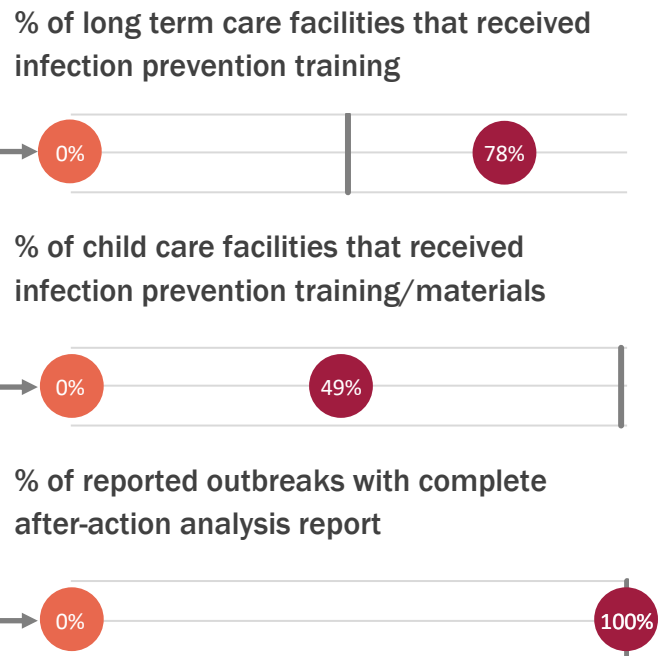
Crook, Deschutes & Jefferson Counties

Successes (from Jan. to Dec. 2018)

- Directed funds to **interventions for older adults** in institutional settings and **young children** in childcare centers with high vaccine exemption rates.
- Formed Central Oregon **Outbreak Prevention, Surveillance, and Response Team**.
- Regional Infection Prevention Nurse provides additional **capacity for routine communicable disease case investigation** to under-resourced counties, including 100+ days of coverage in Jefferson and Crook counties.
- Provided **infection prevention trainings** and/or training materials to 24 long-term care facilities and 36 childcare facilities in region.
- Regional Epidemiologist **creates quarterly communicable disease reports** and weekly influenza reports to inform clinical decision making.
- Coordinated training** for communicable disease surveillance and case investigation to regional staff and Confederated Tribes of Warm Springs.
- Responded to five outbreaks** in long-term care facilities, including after-action outbreak meetings.
- Hosted meeting with tri-county hospital, long-term care, emergency medical services, and public health partners to **discuss best practices for infection prevention** and inter-facility transfers.
- Completed **regional health equity assessment** to inform plan to address health disparities; **surveyed 108 collaborating partners** on their health equity priorities for the region as part of the assessment.
- Translating series of communicable **fact sheets into Spanish** using regional translation services.

Measuring success

The graph below illustrates select progress measures for communicable disease modernization, including baseline (○), interim (●) (December 2018), and target (|) (June 2019) measures. Arrow (→) indicates direction of change.



Other measures of success

15 tri-county epidemiology reports created and disseminated for healthcare provider education

670 Central Oregon flu surveillance website page hits from Oct. 1, 2018-Dec. 31, 2018

Central Oregon Public Health Partnership

Crook, Deschutes & Jefferson Counties

Modernizing Public Health: Stories from the Field

Regional staff helps tackle infections at long-term care facilities

For Mary-Jane Bennett, ensuring effective infection control at a long-term skilled care facility is a little like directing a theater production.

“I use theater as a metaphor, that the actor looks wonderful out there but it’s all the people behind the scenes you don’t see, and they’re just as important to making the play a success,” says Bennett, former

infection prevention nurse at Regency Care of Central Oregon and Pilot Butte Rehabilitation Center, both in Bend.

As a result of a \$500,000 Public Health Modernization grant to the Central Oregon Public Health Partnership of Jefferson, Crook and Deschutes counties, that infection prevention cast now includes infection prevention nurse Kari Coe, R.N., who covers the entire three-county region.

Data showed that long-term care facilities needed to be at the forefront of efforts to control communicable diseases, after they were found to have experienced the majority (58.2 percent) of the 91 total outbreaks in Central Oregon—causing 1,300 illness cases and 48 hospitalizations—since 2012.

Lisa Fortin, wellness director at Juniper Springs Senior Living in Redmond, can attest to that. “We have a very fragile population,” Fortin says. “A lot of them have multiple disease states that could impact their getting something as common as the cold, and if that turns into something else.”

Fortunately, Coe’s work began in early 2018 with visits to all 32 long-term care facilities in the tri-county area to offer her services, including staff trainings that can cover anything from general “infection prevention 101” topics to specific issues such as bloodborne pathogens and seasonal viruses like influenza—even proper handling of linens and foods.

Fortin and Bennett have both hosted such tours with Coe at their facilities, and say the information and support she provides is invaluable.

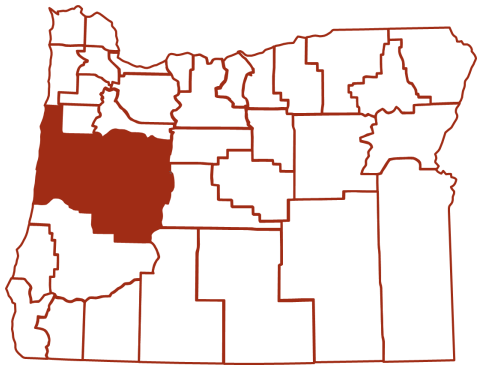
“She graciously came out and did a day-long seminar on infection prevention and gave us all sorts of resource books,” Fortin says. “If we have an outbreak of the flu

or something like that, we can give them a call and they’ll actually send a team out here and help us to contain it, help us to prevent the spread of it and manage it.”

Muriel Delavergne-Brown, Crook County Health and Human Services director, believes such direct outreach with long-term care facilities is changing how the counties of the Central Oregon Public Health Partnership manage infectious diseases—by keeping them from happening in the first place. “This opportunity has given us the ability to do more prevention in the community,” she says. “Now that we’ve been so successful with this tri-county model for communicable disease response, it would be really challenging to go backward.”

““ If we have an outbreak of the flu or something like that, we can give them a call and they’ll actually send a team out here and help us to contain it, help us to prevent the spread of it and manage it. ””

- Lisa Fortin | wellness director, Juniper Springs Senior Living in Redmond



Budget
\$689,517
Population
614,275
Under age 5 years
5%
Over age 65 years
17%

Coast-to-Valley Regional Partnership

Benton, Lane, Lincoln & Linn Counties

Successes (from Jan. to Dec. 2018)

- Implemented AFIX, an **immunizations quality improvement program**, with 26 clinics to improve clinical practices and increase immunization rates; at project mid-point, clinical pediatric and **adolescent immunization rates have increased** and missed opportunities to vaccinate have decreased.
- Promoted vaccination and **increased awareness of communicable diseases** (e.g. hepatitis A, HPV, pneumococcal) among healthcare clinics, community members and groups, and other key stakeholders.
- **Leveraged modernization funding** to acquire \$18,000 in Hospital Community Benefit Funds and \$30,000 from Oregon Health Authority to purchase pneumococcal vaccines.
- Increased **pneumococcal vaccination** — over 250 vaccines have been administered — to Lane County hospitalized at-risk adults
- Increased **Hepatitis A vaccination** delivery — about 60 vaccines have been administered — to people experiencing homelessness in shelters and the drop-in center in Benton County.
- Increased **HPV vaccination** among adolescents in Lincoln County’s School-Based Health Centers.
- Leveraged **Academic Health Department partnership** with Oregon State University to increase epidemiology capacity, conduct evaluation, and advance shared goals, including the completion of a regional health equity assessment for communicable disease control.

Measuring success

The graph below illustrates select progress measures for communicable disease modernization, including baseline (●) and interim (●) (December 2018) measures. Arrow (→) indicates direction of change.

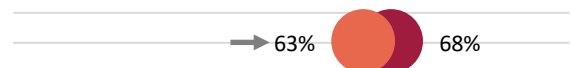
% of Vaccines for Children clinics with AFIX (immun. quality improvement) baseline visit



% of immunization best practices implemented by AFIX clinics



% of 2-year-olds with up-to-date vaccinations in AFIX clinics



% of missed opportunities to vaccinate in AFIX clinics



Other measures of success

60 Hepatitis A vaccines administered to people experiencing homelessness in Benton County

250 pneumococcal vaccines administered to hospitalized at-risk adults in Lane County

Coast-to-Valley Regional Partnership

Benton, Lane, Lincoln & Linn Counties

Modernizing Public Health: Stories from the Field

Partnership with hospitals helping boost pneumococcal vaccinations

Lane County's Public Health Division had a dilemma.

It knew that adults coming through emergency departments at medical centers operated by PeaceHealth—the hospital system that serves much of the county—were a potentially captive audience for an effort to boost vaccinations against pneumococcal disease. The infection is the No. 1 cause of bacterial pneumonia and hospital readmission in the United States.

The problem: “We speak ‘hospital’ a little bit, but we’re not fluent in ‘hospital,’” said Patrick Luedtke, M.D., M.P.H., the county’s senior public health officer and chief medical officer.

The solution: Lane County health officials needed someone on the inside, imbedded at PeaceHealth who knew the health system inside and out, to help move a hospital pneumococcal vaccination program forward. And it got just that in the form of Susan Blane, community health director for PeaceHealth Oregon Network, thanks to investment by the Oregon Legislature for the state’s Public Health Modernization initiative.

“This is an opportunity that opens the door for us to work together on actual health improvement, while patients are inside the walls of the hospital, and to be a partner and participate in the Public Health Modernization goal,” said Blane.

As the pneumococcal project took shape, Blane became the bridge between the county and the hospital system, helping to secure matching funding and leadership support from PeaceHealth.

The Lane County-PeaceHealth partnership is part of a larger, regional effort to increase vaccination rates and reduce disparities in vaccine-preventable diseases. The county has teamed with Lincoln, Benton and Linn counties and Oregon State University’s Center for Health Innovation to create the Coast-to-Valley

Regional Partnership, which is using part of its \$689,517 modernization grant to implement the vaccination improvement program.

According to county calculations, vaccinating roughly eight people per week could prevent 250 pneumonias; avoid 50 pneumonia-related hospitalizations; and save \$500,000 in direct hospital

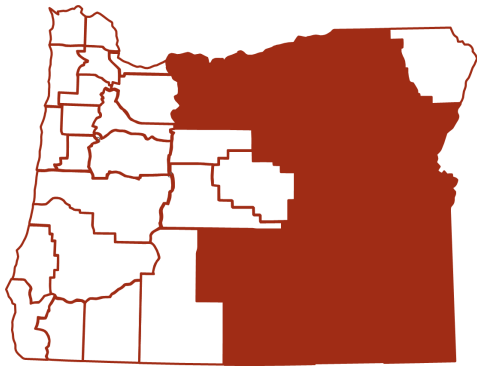
costs. During November and December 2018, an average of about 16 people per week were vaccinated.

The pneumonia vaccine program has brought other benefits, too, such as providing hospital staff members with a way to educate patients about other vaccines they may need.

“It creates an opportunity for dialogue and communication with the patient,” said Sara Barnes, a nurse manager at RiverBend. “It’s a way to hopefully debunk the myths regarding vaccines.”

“This is an opportunity that opens the door for us to work together on actual health improvement, while patients are inside the walls of the hospital, and to be a partner and participate in the Public Health Modernization goal.”

- Susan Blane, community health director, PeaceHealth Oregon Network



Budget
\$495,000
Population
235,777
People of Color
26%
Over age 65 years
17%

Eastern Oregon Modernization Collaborative

North Central Public Health District, Baker, Grant, Harney, Hood River, Lake, Malheur, Morrow, Umatilla, Union & Wheeler Counties, Mid Columbia Health Equity Associates, Eastern Oregon Coordinated Care Organization, Yellowhawk Tribal Health Center, and Warm Springs Health & Wellness

Successes (from Jan. to Dec. 2018)

- Established a **regional epidemiology team** and regional policy for gonorrhea interventions.
- **Regional Epidemiologist/Communicable Disease Investigator** logged 100+ hours of disease case investigation across the 13-county region, including a pertussis outbreak in Harney County.
- Ensured cross-sector representation on grant steering committee, including a representative from **Eastern Oregon Coordinated Care Organization**.
- **Partnered with Yellowhawk Tribal Health Center**, Eastern Oregon Center for Independent Living, and Mountain West AIDS Education and Training Center on strategic interventions to reduce STIs, including improving access to condoms.
- Provided **STI prevention training** (Passport to Partner Services) to local and regional public health staff and two communicable disease investigators from the Confederated Tribes of Warm Springs.
- Provided HPV and STI education to **Regional Health Equity Coalition** in English and Spanish.
- Coordinated with community organization (The Next Door) to provide **health equity training** for Baker and Umatilla County Health Department staff.
- Created protocol to conduct **internet-based STI partner notification** and case investigations using email, text messaging, and social networking sites.
- Completed **health equity assessments** in five local health departments to inform internal capacity building to address health inequities.

“ Most local health departments in eastern Oregon do not have full-time communicable disease investigators, so outbreaks can easily overwhelm available resources. The support provided by the modernization team is much appreciated by staff. ”

Measures of success

100+ hours of communicable disease case investigation support from new Regional Epidemiologist

77% local and Tribal communicable disease staff attended trainings on gonorrhea case management

3600 Condoms distributed for STI prevention initiative around Pendleton between July and December 2018

12 county health departments received Passport to Partner Services STI training

2 trainings for health care providers in Hood River and Hermiston to improve understanding of HIV screening, testing, and treatment

Eastern Oregon Modernization Collaborative

North Central Public Health District, Baker, Grant, Harney, Hood River, Lake, Malheur, Morrow, Umatilla, Union & Wheeler Counties, Mid Columbia Health Equity Associates, Eastern Oregon Coordinated Care Organization, Yellowhawk Tribal Health Center, and Warm Springs Health & Wellness

Modernizing Public Health: Stories from the Field

Collaborative kicks sexually transmitted disease reduction efforts into high gear

For two years, Yellowhawk Tribal Health Center distributed condoms and educational materials at the Indian Village—a tepee community set up during Pendleton Round-Up week in September—using resources from the national GYT: Get Yourself Tested. The campaign is a youth-focused, empowering social movement that encourages young people to get tested and treated, as needed, for sexually transmitted infections and HIV.

So when staff members at Yellowhawk, which serves the Confederated Tribes of the Umatilla Indian Reservation, learned about a \$495,000 grant the Eastern Oregon Modernization Collaborative received as part of the Oregon Legislature’s 2017 Public Health Modernization investment, they saw an opportunity to kick their campaign into overdrive.

“With the (modernization) grant, it made condom access a lot easier,” said Natasha Herrera, community health representative at Yellowhawk Tribal Health Center.

There now are condom distribution boxes placed throughout Yellowhawk—each holding 125 condoms—including the consult rooms at the pharmacy, six medical exam rooms, the behavioral health patient access restrooms and four other public access restrooms.

A total of 3,600 condoms have been distributed as of December, including 1,600 at the 2018 Round-Up.

“Yellowhawk Tribal Health Center wants to empower people to take care of themselves and this is providing the perfect opportunity to do just that,” she said.

Health officials at the Eastern Oregon Modernization Collaborative, which covers 13 rural counties encompassing almost the entire eastern half of the state, are hoping the effort helps curb an upward trend in STD incidence, which increased dramatically in the region between 2012 and 2017: 32 percent for chlamydia, 192 percent for gonorrhea and 950 percent for syphilis.

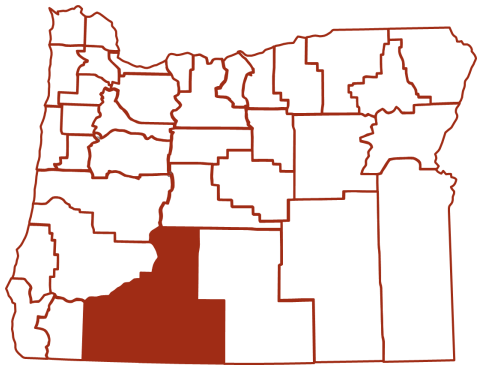
“**Yellowhawk Tribal Health Center wants to empower people to take care of themselves and this is providing the perfect opportunity to do just that.**”

- Natasha Herrera, community health representative, Yellowhawk Tribal Health Center

Herrera and her colleagues at Yellowhawk hope their prevention efforts will help stave off these alarming trends. Mystie Haynie, communicable disease nurse at Yellowhawk, believes their condom distribution project is working.

“We’ve started getting walk-ins asking for me, saying ‘Hey, I need to get tested, I need to talk to you about this.’ That shows me our outreach is doing its job,” Haynie said.

Carrie Sampson, community wellness director at Yellowhawk, says the partnership between Yellowhawk and the counties is helping spotlight the tribes’ contribution to the region’s STI reduction efforts. “I hope we can play a stronger role in addressing the increase in STIs in our community. Since this is priority for the modernization collaborative, I see it as a benefit that we can work together to bring education to our community.”



Budget
\$499,923
Population
276,862
People of Color
19%
Over age 65 years
20%

Jackson & Klamath Counties

Successes (from Jan. to Dec. 2018)

- Developed an **intergovernmental agreement** between the two counties to support coordination and resource sharing.
- Hired **Community Outreach Educator** to coordinate grant activities in each county.
- Provided nonmonetary incentives for HIV and Hepatitis C **rapid testing events**.
- Completed **internal health equity assessment** among staff to determine capacity building needs.
- Recruited two doctors to serve as **“medical champions”** to advocate for health systems interventions for communicable disease control.
- Worked with medical champions to complete **health care provider surveys** that assessed knowledge, practices and resource requirements for HPV immunizations, STIs, and Hepatitis C.
- Klamath County medical champion is developing, testing, and evaluating a **new electronic health record template** to encourage improved screening and treatment of STIs and Hepatitis C.
- Collaborating with SO Health-E Regional Health Equity Coalition to launch LGTBQ+ Health + Wellness Summit for healthcare providers to **improve access to quality services for LGBTQ+** community members.
- Working with American Cancer Society on **joint HPV vaccination campaign** for spring 2019, and “You Are the Key to Cancer Prevention” HPV training for the medical and dental communities.

“**Surveying our local providers gives us important insights into their needs regarding communicable disease identification and prevention which, in turn, will help us better shape our interventions.**”

Measures of outreach success

- 24** Local nursing students attended HPV vaccination outreach event
- 12** Oral health coalition providers and staff voted to endorse toolkit to increase HPV vaccinations
- 5** Klamath County clinics newly enrolled in AFIX immunizations quality improvement

Jackson & Klamath Counties

Modernizing Public Health: Stories from the Field

Medical provider champions support innovative communicable disease control strategies

When public health staff in Jackson and Klamath counties embarked on modernizing communicable disease prevention and control in the region, they knew partners within the health care system would be crucial.

Fortunately, they were met with more-than-willing allies in Dr. Stewart Decker, a physician at Sky Lakes Klamath Medical Clinic, and Dr. Mary Cutler, a physician for La Clinica del Valle Family Health Care Center, who would assume the roles of “medical provider champions.”

Using part of their \$499,923 Public Health Modernization grant funding, Jackson and Klamath counties hired Dr. Decker and Dr. Cutler to garner provider support for much-needed communicable disease prevention initiatives.

To begin addressing the high rates of STIs and hepatitis C throughout the region, Dr.

Decker developed a series of well-check templates to implement in the electronic medical record system.

Still in the development and testing phase at Sky Lakes, one template prompts providers to take a sexual health history, and therefore screen more effectively for STIs, while another screens for hepatitis C risk factors.

This data system innovation presents an exciting opportunity for physicians and public health staff alike to better understand community health needs.

And Dr. Decker hasn't stopped there—with the templates underway, he has turned his attention to provider outreach for other priority projects.

Along with Dr. Cutler in Jackson County, these include supporting a survey of providers on knowledge, practices, and resource requirements for HPV vaccinations, promoting a CDC immunizations quality

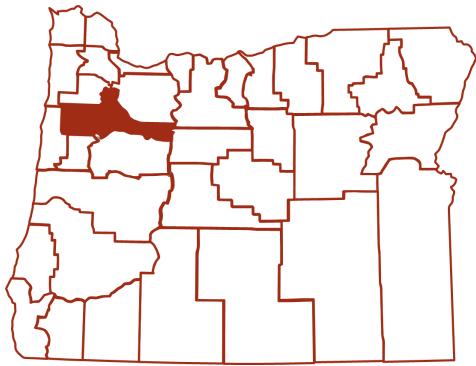
improvement program, and orienting providers to the state immunization information system to support providers in determining vaccine eligibility and preventing missed vaccination opportunities.

Public health modernization grant staff have seen their provider champions deepen relationships with the medical community to create will for communicable disease prevention and control—and they do not want to lose the momentum they have achieved.



Above: Not only does Dr. Stewart Decker, Klamath County medical provider champion, support communicable disease control innovations, he also participates in school health days.

“A practitioner enthusiastic about public health systems change has made it possible for us to work with medical providers on barriers to vaccination and STI prevention,” said Kimberlee Handloser, Jackson County modernization community outreach educator. “Sustained funding and a longer grant cycle will allow for these comprehensive systems changes and partnerships to continue and grow.”



Budget
\$463,238
Population
404,997
People of Color
31%
Over age 65 years
15%

Marion & Polk Counties

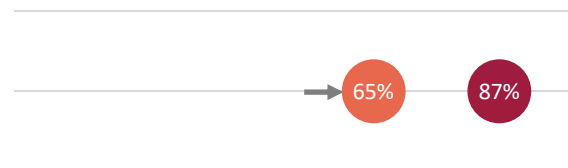
Successes (from Jan. to Dec. 2018)

- Hired a Program Coordinator to ensure **adequate treatment of gonorrhea and chlamydia**.
- Implemented an intergovernmental **agreement for cross-jurisdictional sharing** that resolved liability issues, and staffing costs and requests.
- **Aligned job descriptions**, policies, and procedures between counties to support regional communicable disease response.
- Included **Willamette Valley Community Health Coordinated Care Organization** on steering committee for funded work.
- **Presented on high rates of STIs** to community organizations to increase awareness and identify partners for communicable disease coalition.
- Convened **Communicable Disease Task Force** to develop regional prevention strategies.
- Communicable Disease Task Force adopted **Health Equity Lens tool** to embed equity considerations in communicable disease strategic planning.
- Partnered with Willamette University to conduct **listening sessions among college student** to inform development of STI prevention strategies.
- Partnering with Educate Ya to conduct **listening sessions with Hispanic community members** to inform prevention strategies.
- Collaborating with Oregon AIDS Education and Training Center to plan a **health care provider training** on STI testing, prevention and treatment.

Measuring success

The graph below illustrates select progress measures for communicable disease modernization, including measures at baseline (●) (2017) and interim (●) (December 2018). Arrow (→) indicates direction of change.

% of gonorrhea cases in Polk County receiving adequate treatment



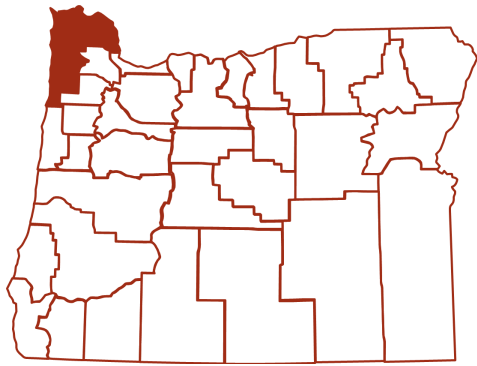
% of gonorrhea cases in Marion County receiving adequate treatment



Other measures of success

88 college students participated in listening sessions to inform STI prevention strategies

350 people tested for tuberculosis at a worksite testing event over three days



Budget
\$100,000
Population
112,857
People of Color
13%
Over age 65 years
19%

North Coast Modernization Collaborative

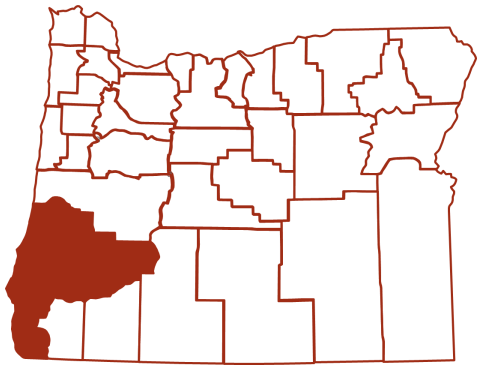
Clatsop County, Tillamook County &
Columbia Health Services

Successes (from Jan. to Dec. 2018)

- Capacity building funds allowed staff to **invest adequate time for regional planning**, including convening monthly planning and coordination meetings.
- Created four-party **memorandum of understanding** that includes the two counties, the Public Health Foundation of Columbia County, and Columbia Pacific Coordinated Care Organization.
- Hold ongoing **meetings with Columbia Pacific Coordinated Care Organization** leadership to communicate grant work and receive feedback on project work plan.
- Regional partnership's ability to commit funds to joint work has enabled **more meaningful conversations** with Columbia Pacific Coordinated Care Organization about upstream communicable disease prevention work.
- Developing a **list of community partners** for engagement for implementation phase of work.
- Developing **tools to evaluate** regional work.

“ I’ve appreciated that capacity building was a [funding] option and that it gave us time to be methodical...We are in the right place right now for our community. ”

“ This has given us the opportunity to say there is some funding and some hope of continued funding...so then we can have a real conversation about strategy and not a fantasy conversation about what we would do one day if money appeared. ”



Budget
\$468,323
Population
192,683
Under age 5 years
5%
Over age 65 years
25%

South West Regional Health Collaborative

Coos, Curry & Douglas Counties

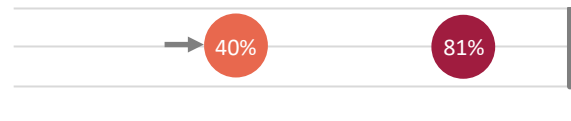
Successes (from Jan. to Dec. 2018)

- Regional Epidemiologist created **communicable disease newsletter** to inform local health department staff and health care providers of county and regional communicable disease rates.
- Contributed information** on pertussis, food-borne illness, and emergency preparedness to Umpqua Health electronic newsletter for providers.
- Completed **communicable disease reporting survey** with local health department and laboratory staff, and private clinical staff to determine gaps.
- Working with new Umpqua Health clinic on gaining access to EHR to support **timely reporting and complete records** of communicable disease cases.
- Collaborated with NeighborWorks Umpqua community organization, the Education Service District, and the Health Care Coalition of Southern Oregon on **multi-sector leadership training** to improve social determinants of health inequities.
- Collaborated with Bay Area Hospital and Umpqua Community Health Center to provide **communicable disease reporting training** for regional health care staff.
- Surveyed Vaccines for Children Program clinics to gauge interest in planned **Incentives and Exchange program**, which incentivizes clinic participation in immunization quality improvement.
- Requested technical assistance from the Health Care Coalition of Southern Oregon to train regional staff on **authentic community engagement**.

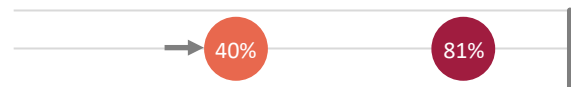
Measuring success

The graph below illustrates select progress measures for communicable disease modernization, including baseline (●), interim (●) (December 2018), and target (|) (June 2019) measures. Arrow (→) indicates direction of change.

% of Vaccines for Children clinics participating in AFIX (immunizations quality improvement)



% of Vaccines for Children clinics with AFIX baseline visit



% of Vaccines for Children clinics with AFIX follow-up visits



Other measures of success

- Regional health equity assessments completed with local health department staff and community partners to inform health equity action plan.
- Communicable disease reporting trainings completed with regional health care providers, with several more clinic-level trainings planned.

South West Regional Health Collaborative

Coos, Curry & Douglas Counties

Modernizing Public Health: Stories from the Field

Public Health and Umpqua Health Alliance partner to improve childhood immunizations

When staff from the South West Regional Health Collaborative and Umpqua Health Alliance had their first meeting of the minds, they knew they wanted to improve childhood immunizations rates in the region.

Fewer children under the age of 2 are immunized against potentially deadly communicable diseases in the region compared to the rest of the state (64% in the region compared to 68% in the state as of 2017).

While the regional collaborative and Umpqua Health Alliance had no history of collaboration, a \$468,323 public health modernization grant awarded to Douglas, Coos, and Curry counties offered staff the opportunity to build this cross-sector partnership.

“The ability of public health staff to work across agency lines and with a shared commitment to increasing immunization rates allowed us to quickly find common ground,” said Dr. Bob Dannenhoffer of the Douglas Public Health Network.

And fortunately that common ground would be ripe for quality improvement with the arrival of expert Kathryn D. Scott, DrPH, who was brought on by Umpqua Health Alliance to deliver workshops on the “root causes” of low immunization rates.

“It’s quite an opportunity for clinic staff,” said Betty Wagner of the Umpqua Health Alliance. “A free four-hour training with an expert who can help identify

causes of lower childhood immunizations rates and offer techniques to increase success.”

With financial commitments from leadership at public health and Umpqua Health Alliance, a small team got to work planning and promoting the workshops to providers across the region.

And their work paid off—sixteen providers participated in the June workshops, representing eight clinics from all three counties.

“**The most important results include knowing that we can work with community partners to address health issues. Clinics can look to public health and CCOs to address some of the issues that communities have to deal with.**”

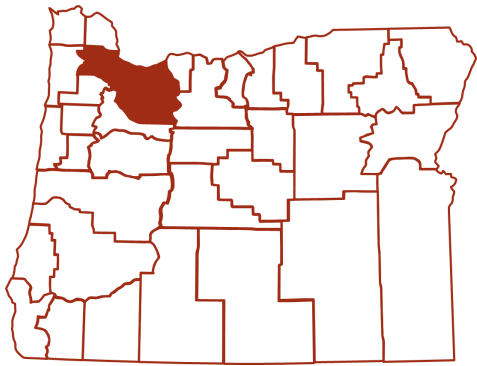
- Brian Mahoney, Douglas Public Health Network

Participants left the workshops with improvement plans in hand, and their eyes opened to the variety of barriers community members face in getting their children vaccinated.

“It would be good to target those areas identified outside the clinics as causes, like transportation and cultural and generational issues,” said Michelle Hicks of Curry Community Health.

And while this improvement process will continue, the successful partnership with Umpqua Health Alliance has broader implications for public health in the region.

“One of the most important results is knowing that we can work with community partners to address health issues,” said Brian Mahoney of Douglas Public Health Network. “Clinics can look to public health and CCOs to address some of the issues that communities have to deal with.”



Budget
\$679,999
Population
1,737,248
People of Color
27%
Over age 65 years
13%

Tri-County Public Health Modernization Collaborative

Clackamas, Multnomah & Washington Counties

Successes (from Jan. to Dec. 2018)

- Developed an interdisciplinary and cross-jurisdictional **communicable disease team**.
- Funded **full-time Oregon Health Equity Alliance position** to ensure equity expertise and meaningful community engagement.
- Formed **data visualization work group** to facilitate informatics coordination and data sharing across the region, including making community partners aware of available data.
- Developing decision-making and legal framework/templates to streamline **communicable disease data sharing** across the three counties.
- Clackamas County and Oregon Health Equity Alliance developing **county-wide partner inventory** to establish a plan for community engagement for Hepatitis A prevention and outbreak response.
- Clackamas County developing partnership with Clackamas Fire District 1 to **expand Hepatitis A vaccine coverage** among the unstably housed in the North Clackamas and Canby Health Equity Zones.
- Multnomah County collaborating with partners to create a **Hepatitis C needs assessment** to look at strengths, needs and practices in safety net clinics.
- Washington County collaborating with Virginia Garcia on **latent tuberculosis testing and treatment** quality improvement
- Washington County collaborating with ¡Salud! and Western Farmworkers Association to support work on latent tuberculosis in the Latinx community.

“ Communities need access to easily understood, localized data to make the best decisions about their health needs. ”

Measures of partnerships success

- 6** Culturally-specific organizations engaged for regional data visualization workgroup
- 5** Multnomah County community partners engaged around Hepatitis C care system
- 4** Clackamas County community partners engaged to expand Hepatitis A vaccine coverage among those experiencing housing instability
- 3** Washington County community partners engaged for latent tuberculosis testing and treatment quality improvement

Tri-County Public Health Modernization Collaborative

Clackamas, Multnomah & Washington Counties

Modernizing Public Health: Stories from the Field

Partnerships drive modernization efforts through expanded vaccine coverage, culturally-relevant communications

It takes a village to modernize how communicable diseases are prevented and controlled—or rather it takes a lot of partnerships.

At least that's one approach of the Tri-County Public Health Modernization Collaborative. Comprised of Clackamas, Multnomah, and Washington counties, the collaborative has used a portion of its \$679,999 modernization grant to form essential community partnerships for communicable disease prevention and control.

Clackamas County Public Health is coordinating with Clackamas County Fire District 1 and American Medical Response, to expand Hepatitis A vaccine coverage.

Last December, Clackamas community paramedics administered 29 hepatitis A/B vaccines to individuals experiencing unstable housing in Oregon City and North Clackamas, and plans to expand outreach to those in Canby and Molalla in March 2019.

In Washington County, public health is partnering with ¡Salud!, a community organization for seasonal workers, and Western Farmworkers Association to host listening sessions with the Latinx community on health-seeking behaviors and knowledge of latent tuberculosis.

With input from the community, Washington County hopes to develop culturally-specific health education

materials that can be used by health care providers to increase testing and treatment of latent tuberculosis.

Multnomah County Public Health is strengthening community partnerships by looking inward—the county recently opened a new RFP process with lower barriers to entry for community organizations seeking funding.

According to Multnomah County modernization staff,

“ Robustly funding community partnership and giving latitude for community-based organizations to define best approaches are parts of the county’s equity strategy. ”

- Multnomah County

robustly funding community partnership and giving latitude for community-based organizations to define best approaches are parts of the county's equity strategy.

And together, Tri-County modernization staff are enhancing community partnerships through improved data stewardship—last

December, a regional data visualization work group was convened to increase community partners' awareness of available communicable disease data and to seek community guidance on how best to visualize and communicate public-facing data.

The emphasis on partnerships has played a crucial role in the modern approach to Tri-County communicable disease control by expanding vaccination coverage to at-risk community members, informing culturally-specific health education, and ensuring funding and data are more accessible to community partners.



Public Health Division

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