



# Public Health Modernization Implementation Evaluation

## Evaluation Plan

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## Background

Legislative investment in public health modernization

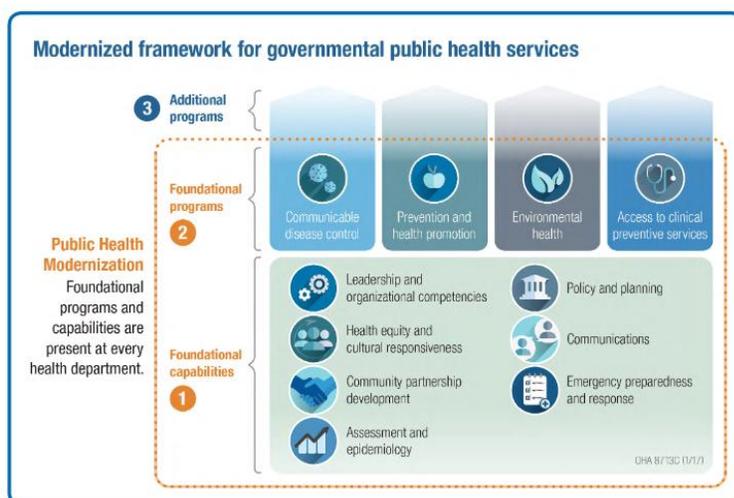
For the 2017-19 biennium, the Oregon legislature made an initial investment of \$5 million for modernizing Oregon’s public health system (Figure 1). In September 2017, Oregon Health Authority issued a Request for Proposals to local public health authorities to establish regional communicable disease control programs. The primary objectives of the funding is to:

1. Develop regional systems for communicable disease (CD) control;
2. Emphasize the elimination of communicable disease-related disparities; and
3. Build sustainable regional infrastructure for new models of public health service delivery.

Local grant-funded projects

In November 2017, the Oregon Health Authority awarded \$3.9 million to the following eight regions for the period of December 1, 2017 through June 30, 2019 to work on locally-specific communicable disease projects and an identified CD-specific disparity. Appendix A includes grantees and a short description of their projects.

**Figure 1. Modernized Framework for Governmental Public Health Services**



## Evaluation Approach

A user-focused evaluation

The evaluation of these public health modernization implementation grants uses the Centers for Disease Control and Prevention (CD) Framework for Program Evaluation (Figure 2) that emphasizes early engagement of stakeholders in evaluation planning to ensure use of evaluation results.

**Figure 2. Centers for Disease Control and Prevention (CDC) Framework for Program Evaluation**



Evaluation stakeholders

Stakeholders internal to the Oregon Public Health Division, as well as local public health administrators responsible for local grant implementation were engaged in evaluation planning through two stakeholder phone calls on December 20, 2017 and January 11, 2018. This stakeholder group was tasked with: 1) developing a shared evaluation purpose; 2) creating a high-level logic model to describe activities and expected outcomes of the grants; and 3) identifying appropriate evaluation data collection methods and measurements.

Later in the evaluation, this stakeholder group will be re-engaged to jointly interpret evaluation findings for preliminary and final progress reporting to the Oregon legislature.

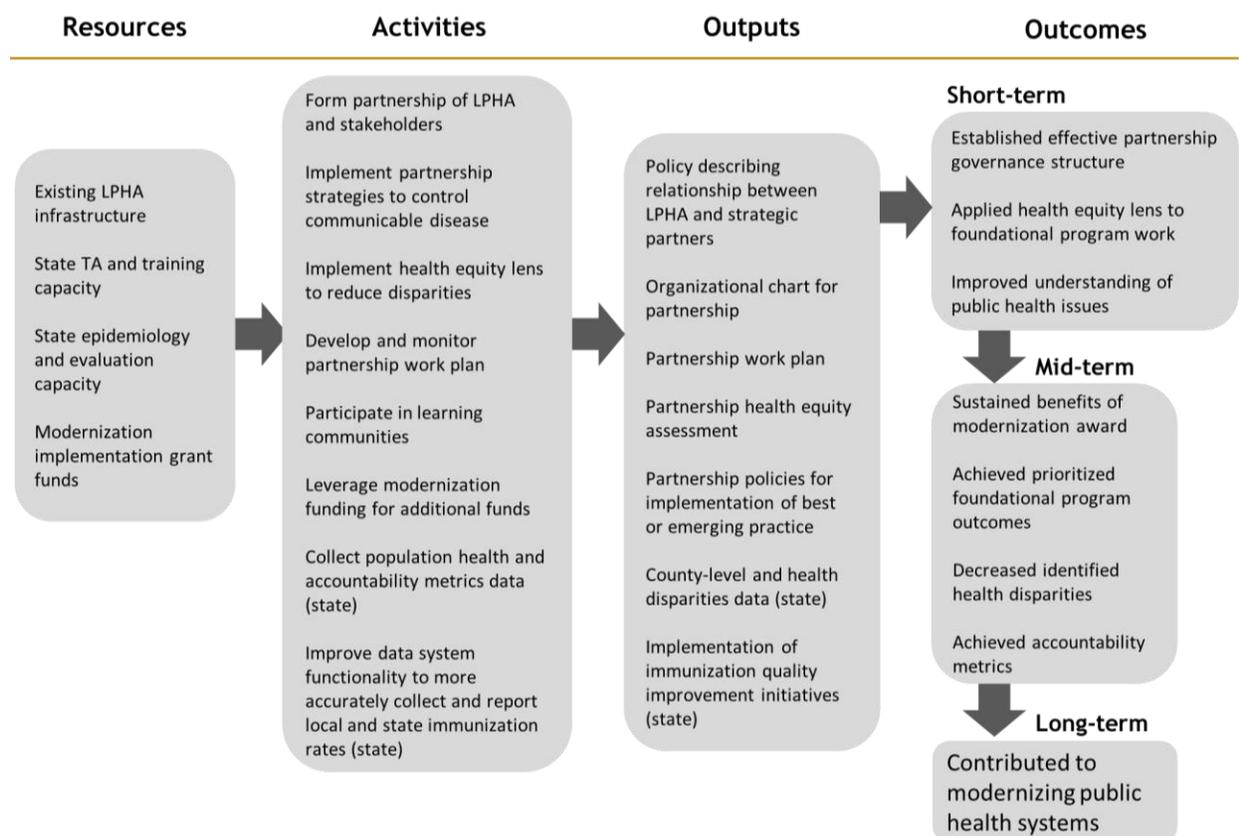
## Evaluation purpose

The purpose of the evaluation is to characterize the outcomes of a legislative investment in the governmental public health system to address communicable disease control and related health disparities.

## Evaluation logic model

The logic model (Figure 3) depicts resource investment, activities, outputs, and expected outcomes associated with the implementation grants. The model is not meant to reflect the specific work of each local grantee, but rather the high-level work and expectations for these modernization efforts overall. The logic model was used to guide consideration of evaluation domains and questions, which are detailed later in the plan.

**Figure 3. Public Health Modernization Implementation Grants Logic Model**



## Use of evaluation findings

Evaluation findings will be used to: 1) inform ongoing performance management of local projects; 2) describe the effects of the legislative investment on communicable disease control and related health disparities; 3) inform the Oregon legislature's consideration of ongoing, sustainable funding for public health modernization efforts; and 4) inform public health modernization efforts in other jurisdictions.

## Evaluation Design

### Evaluation questions

The evaluation stakeholder group identified the following evaluation domains and questions for assessment (Table 1):

**Table 1. Evaluation Domains & Questions**

<b>Evaluation Domain</b>	<b>Evaluation Question(s)</b>
Use of resources	1. How has public health used funds to implement modernization? 2. To what extent have LPHAs with fewer resources or larger gaps benefited from regional partnerships?
Regional governance structure	3. What does the regional governance structure look like for each grantee? 4. What are the strengths and challenges of the regional governance structure for modernization of communicable disease control?
Partnerships development & maintenance	5. What effect has modernization funding had on communicable disease partnerships? 6. What role have partnerships served in implementing regional strategies to control CD?
Addressing disparities	7. What effect has modernization funding had on addressing communicable disease disparities?
Communicable disease outcomes	8. To what extent has modernization funding supported local public health in addressing priority CD outcomes?
Leveraging funds	9. How has modernization funding been leveraged to acquire additional funds for foundational program work and support foundational capabilities?
Sustainability	10. Which elements of the modernization award should be sustained after the funding period and at what cost?
Generalizability	11. To what extent can the regional funding model for communicable disease control be applied to other foundational programs and capabilities?
State public health role	12. How has state public health supported grantees across evaluation domains? 13. What are the strengths and challenges of state support to grantees? 14. How has state public health used funds to implement state roles for modernization?

## Data collection and measurement

Stakeholders decided on a mixed-methods evaluation approach. Data sources include quarterly performance management reporting on project work plans, bi-annual reporting on evaluation measures, quarterly grantee budget expenditure reports, and key informant interviews with grantees. Quarterly and bi-annual reporting will be conducted online by grantees through [Smartsheets](#), a cloud-based information sharing tool. Table 2 includes a more detailed reporting schedule for data collection.

Grantee deliverables will also be used to draw conclusions for the evaluation (e.g., using regional partnership organizational charts and policies to describe governance structures). In addition, quarterly check-in calls with grantees may be used to collect specific information of interest arising from quarterly and bi-annual reporting. Oregon Public Health Division staff will also track the number of hours dedicated to grantee technical assistance and training each quarter through Smartsheets.

**Table 2. Reporting Schedule**

Reporting Period	Performance Management Progress Report Due Dates	Evaluation Progress Report Due Dates	Grantee Expenditure Report Due Dates	Key Informant Interviews
12/1/17 - 3/31/18	4/10/18		4/25/18	
4/1/18 – 6/30/18	7/10/18	7/10/18	7/25/18	7/10/18
7/1/18 – 9/30/18	10/10/18		10/25/18	
10/1/18 – 12/31/18	1/10/19	1/10/19	1/25/19	
1/1/19 – 3/31/19	4/10/19		4/25/19	
4/1/19 – 6/30/19	7/10/19	7/10/19	7/25/19	7/10/19

Table 3 includes data sources and related indicators for each evaluation question. Measures for addressing health disparities were based on local public health’s role in the health equity and cultural responsiveness outlined in the Oregon Public Health Modernization Manual.<sup>1</sup> Measures for partnerships development and maintenances were developed from stakeholder feedback and based on collaboration metrics outlined in a recent Robert Wood Johnson Foundation Sharing Public Health Services Project report.<sup>2</sup> Appendix B includes a simplified, high-level summary of data source types that will be used for each evaluation question.

**Table 3. Data Collection Plan**

<b>Evaluation Domain</b>	<b>Evaluation Question</b>	<b>Data source(s)</b>	<b>Indicator(s)</b>
<b>Use of resources</b>	1. How has public health used funds to implement modernization?	<ul style="list-style-type: none"> <li>• Grantee work plans</li> <li>• Grantee budgets</li> <li>• Quarterly contract expenditure reports (including in-kind funds)</li> <li>• OHA budgets</li> <li>• OHA staff time capture</li> </ul>	<ul style="list-style-type: none"> <li>• Report by budget categories (e.g., FTE, travel, etc.)</li> <li>• % of total budget that is “in-kind” (i.e., staff hours spent on grant work not paid by grant)</li> </ul>
	2. To what extent have LPHAs with fewer resources or larger gaps benefited from regional partnerships?	<ul style="list-style-type: none"> <li>• Key informant interviews with grantees</li> </ul>	<ul style="list-style-type: none"> <li>• Qualitative analysis themes TBD</li> </ul>
<b>Regional governance structure</b>	3. What does the regional governance structure look like for each grantee?	<ul style="list-style-type: none"> <li>• Grantee work plans</li> <li>• Grantee budgets</li> <li>• Quarterly/bi-annual reporting</li> <li>• Quarterly check-in calls (if needed)</li> <li>• Grant deliverables (e.g., organizational chart)</li> </ul> <p><i>Note: Need to determine baseline; use RFP responses and April 2018 quarterly reporting.</i></p>	<p>Report by governance characteristics, including:</p> <ul style="list-style-type: none"> <li>• Cooperative mechanisms (e.g., mandates, policies)</li> <li>• Services (e.g., planning, technical assistance, infrastructure)</li> <li>• Decision-making, voting mechanisms</li> <li>• Dispute resolution process</li> <li>• Funding mechanism</li> </ul>
	4. What are the strengths and challenges of the regional governance structure for modernization of communicable disease control?	<ul style="list-style-type: none"> <li>• Key informant interviews with grantees and partners</li> <li>• Bi-annual reporting</li> <li>• Quarterly check-in calls (if needed)</li> </ul>	<ul style="list-style-type: none"> <li>• Qualitative analysis themes TBD</li> </ul>

Evaluation Domain	Evaluation Question	Data source(s)	Indicator(s)
<b>Partnerships development &amp; maintenance</b>	5. What effect has modernization funding had on communicable disease partnerships?	<ul style="list-style-type: none"> <li>• Grantee work plans</li> <li>• Grantee budgets</li> <li>• Quarterly contract expenditure reports</li> <li>• Quarterly reporting</li> <li>• Bi-annual reporting (specific partnerships survey)</li> <li>• Quarterly check-in calls (if needed)</li> </ul>	<ul style="list-style-type: none"> <li>• # of <i>formal</i> strategic partners (e.g., through MOU)</li> <li>• \$ shared with partners</li> <li>• \$ contributed by partners</li> <li>• % partnerships that improve, expand public health services</li> <li>• % partnerships that save money, improve efficiency of services</li> <li>• % partnerships that are sustainable, replicable over time</li> <li>• Qualitative analysis themes TBD</li> </ul>
	6. What role have partnerships served in implementing regional strategies to control CD?	<ul style="list-style-type: none"> <li>• Grant deliverables (e.g., partnerships policy)</li> <li>• Key informant interviews with grantees</li> </ul> <p><i>Note: Need to determine baseline; use RFP responses and April 2018 quarterly reporting.</i></p>	<p><i>Note: Partnerships with Tribes and Regional Health Equity Coalitions will be prioritized in bi-annual reporting and key informant interviews.</i></p> <p><i>Note: Grantees can (and are encouraged to) collect additional measures of partnerships relevant to local needs (e.g., authenticity of partnerships).</i></p>

<b>Evaluation Domain</b>	<b>Evaluation Question</b>	<b>Data source(s)</b>	<b>Indicator(s)</b>
<b>Addressing disparities</b>	7. What effect has modernization funding had on addressing communicable disease disparities?	<ul style="list-style-type: none"> <li>• Grantee work plans</li> <li>• Grantee budgets</li> <li>• Quarterly contract expenditure reports</li> <li>• Quarterly reporting</li> <li>• Bi-annual reporting (specific to health equity-related deliverables)</li> <li>• Grant deliverables (e.g., partnerships policy, health equity assessment and action plan, health equity lens)</li> <li>• Key informant interviews with grantees (and partners?)</li> </ul> <p><i>Note: Need to determine baseline; use RFP responses and April 2018 quarterly reporting.</i></p>	<ul style="list-style-type: none"> <li>• # of health equity assessments</li> <li>• % health equity assessments completed in collaboration with affected communities</li> <li>• # of health equity action plans</li> <li>• % health equity action plans created in collaboration with affected communities</li> <li>• # of health equity lenses formally adopted by partnership</li> <li>• # of reports produced on identified CD disparities</li> <li>• # of presentations on identified CD disparities</li> <li>• % decrease in identified CD disparities</li> <li>• Qualitative analysis themes TBD</li> </ul>
<b>Communicable disease outcomes</b>	8. To what extent has modernization funding supported local public health in addressing priority CD outcomes?	<ul style="list-style-type: none"> <li>• Grantee work plans</li> <li>• Quarterly reporting</li> <li>• Key informant interviews with grantees</li> </ul>	<ul style="list-style-type: none"> <li>• Local project-specific outcomes from work plans</li> <li>• Public health modernization accountability metrics for communicable disease control</li> <li>• Qualitative analysis themes TBD</li> </ul>
<b>Leveraging funds</b>	9. How has modernization funding been leveraged to acquire additional funds for foundational program work and support foundational capabilities?	<ul style="list-style-type: none"> <li>• Grantee budgets</li> <li>• Quarterly contract expenditure reports</li> <li>• OHA budgets</li> <li>• Key informant interviews with grantees and state staff</li> <li>• Key informant interviews with state staff</li> </ul>	<ul style="list-style-type: none"> <li>• \$ leveraged for foundational program or capability work</li> <li>• Qualitative analysis themes TBD</li> </ul>

<b>Evaluation Domain</b>	<b>Evaluation Question</b>	<b>Data source(s)</b>	<b>Indicator(s)</b>
<b>Sustainability</b>	10. Which elements of the modernization award should be sustained after the funding period and at what cost?	<ul style="list-style-type: none"> <li>• Key informant interviews with grantees (and partners?)</li> <li>• Key informant interviews with state staff</li> </ul>	<ul style="list-style-type: none"> <li>• Qualitative analysis themes TBD</li> </ul>
<b>Generalizability</b>	11. To what extent can the regional funding model for communicable disease control be applied to other foundational programs and capabilities?	<ul style="list-style-type: none"> <li>• Key informant interviews with grantees</li> </ul>	<ul style="list-style-type: none"> <li>• Qualitative analysis themes TBD</li> </ul>
<b>State public health role</b>	12. How has state public health supported grantees across evaluation domains?	<ul style="list-style-type: none"> <li>• OHA budgets</li> <li>• OHA staff time capture</li> <li>• Key informant interviews with state staff</li> </ul>	<ul style="list-style-type: none"> <li>• # of staff hours supporting grantees</li> <li>• % of hours spent reviewing grantee materials, attending meetings, providing TA, etc.</li> <li>• Qualitative analysis themes TBD</li> </ul>
	13. What are the strengths and challenges of state support to grantees?	<ul style="list-style-type: none"> <li>• Bi-annual reporting</li> <li>• Key informant interviews with grantees</li> </ul>	<ul style="list-style-type: none"> <li>• Qualitative analysis themes TBD</li> </ul>
	14. How has state public health used funds to implement state roles for modernization?	<ul style="list-style-type: none"> <li>• OHA budgets</li> <li>• Key informant interviews with state staff</li> </ul>	<ul style="list-style-type: none"> <li>• \$ spent on supporting foundational programs and capabilities</li> <li>• Qualitative analysis themes TBD</li> </ul>

## **Analysis & Reporting**

### Methods of analysis

Data collected from quarterly and bi-annual online reporting will be managed by the state evaluation team. Descriptive statistics will be used for most reporting data, including OHA and grantee budgets, quarterly contract expenditure reports, bi-annual reporting, and state staff time captures.

A document review approach will be used for grantee deliverables like work plans, partnerships policies, partnership organizational charts, and health equity assessment and action plans.

Key informant interviews with grantees will be conducted in July and August 2018 using a standard script. Interviews will be recorded with stakeholder permission and transcribed verbatim. Data management will be conducted in NVivo version 11. One coder from the evaluation team will review and code all interview transcripts. Interpretation of interviews will be go through “member checking” process with stakeholders. Discrepancies in coder and stakeholder interpretations will be resolved through discussion and consensus.

### Joint interpretation for shared understanding

There are three reporting needs identified thus far for evaluation findings: September 2018 for Oregon Legislative Days, November 2018 prior to the 2019 long Oregon legislative session, and July 31, 2019 for final reporting of this legislative investment in public health modernization. While extensive stakeholder feedback will likely not be possible for the brief preliminary report in September 2018, evaluation stakeholders will be convened to review and interpret evaluation findings prior to the completion of the preliminary report in November 2018 and the final report in July 2019. Table 4 illustrates data collection and reporting time points for the evaluation.

**Table 4. Data Collection and Reporting Timeline**

	Jan 18	Feb 18	Mar 18	Apr 18	May 18	Jun 18	Jul 18	Aug 18	Sept 18	Oct 18	Nov 18	Dec 18	Jan 19	Feb 19	Mar 19	Apr 19	May 19	Jun 19	Jul 19	
<b>Data collection</b>																				
Perf. management reporting																				
Evaluation reporting																				
Expenditure reporting																				
Key informant interviews																				
<b>Reporting</b>																				
Legislative Days																				
Preliminary Report																				
Final Report																				

## Appendix A. Local Public Health Modernization Implementation Projects

Grantees	Project Description
Clatsop, Columbia and Tillamook counties	<ul style="list-style-type: none"> <li>• Convene partners to assess regional data on sexually-transmitted infections and develop priorities</li> <li>• Identify vulnerable populations and develop regional strategies to address Population-specific needs</li> </ul>
Deschutes, Crook and Jefferson counties; St. Charles Health System; Central Oregon Health Council	<ul style="list-style-type: none"> <li>• Form the Central Oregon Outbreak Prevention, Surveillance and Response Team which will improve: CD outbreak coordination, prevention and response in the region; CD surveillance practices; and CD risk communication to health care providers, partners and the public</li> <li>• Funds will be directed to CD prevention and control among vulnerable older adults living in institutional settings and young children receiving care in child care centers with high exemption rates</li> </ul>
Douglas, Coos and Curry counties; Coquille and Cow Creek Tribes; Western Oregon Advanced Health CCO	<ul style="list-style-type: none"> <li>• Improve and standardize mandatory CD reporting</li> <li>• Implement strategies for improving two year-old immunization rates</li> <li>• Focus on those living in high poverty communities</li> </ul>
Jackson and Klamath counties; Southern Oregon Regional Health Equity Coalition; Klamath Regional Health Equity Coalition	<ul style="list-style-type: none"> <li>• 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</li> <li>• Promote HPV vaccination as an asset in cancer prevention</li> </ul>
Lane, Benton, Lincoln and Linn counties; Oregon State University	<ul style="list-style-type: none"> <li>• Establish a learning laboratory to facilitate cross-county information exchange and continuous learning</li> <li>• Implement an evidence-based quality improvement program (AFIX) to increase immunization rates</li> <li>• Pilot three local vaccination projects: 1) Hepatitis A vaccination among unhoused people in Linn and Benton counties; 2) HPV vaccination among adolescents attending school-based health centers in Lincoln County; and 3) Pneumococcal vaccination among hospital discharge patients in Lane County</li> <li>• Establish an Academic Health Department model with Oregon State University to extend public health capacity and support evaluation</li> </ul>
Marion and Polk counties; Willamette Valley Community Health CCO	<ul style="list-style-type: none"> <li>• Focus on system coordination and disease- and population-specific interventions to control the spread of gonorrhea and chlamydia</li> <li>• Increase HPV immunization rates among adolescents</li> </ul>
North Central Public Health District; Baker, Grant, Harney, Hood River, Lake, Malheur, Morrow, Umatilla, Union, Wallowa and Wheeler counties; Eastern Oregon CCO; Mid-Columbia Health Advocates	<ul style="list-style-type: none"> <li>• Establish a regional epidemiology team</li> <li>• Create regional policy for gonorrhea interventions</li> <li>• Engage community-based organizations to decrease gonorrhea rates through shared education and targeted interventions</li> </ul>
Washington, Clackamas and Multnomah counties; Oregon Health Equity Alliance	<ul style="list-style-type: none"> <li>• Develop an interdisciplinary and cross-jurisdictional communicable disease team. This team will focus on developing and strengthening surveillance and communications systems to facilitate the timely collection of information and data, create surge capacity and communicate about outbreaks</li> </ul>

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- With leadership and guidance from the Oregon Health Equity Alliance, this cross-jurisdictional team will develop culturally responsive strategies that: 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
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## Appendix B. Data Collection Methods, abbreviated

Evaluation Question	Reporting Measures	Key Informant Interviews	Document Review
1. How has public health used funds to implement modernization?	X	X	X
2. To what extent have LPHAs with fewer resources or larger gaps benefited from regional partnerships?		X	
3. What does the regional governance structure look like for each grantee?		X	X
4. What are the strengths and challenges of the regional governance structure for modernization of communicable disease control?	X	X	
5. What effect has modernization funding had on communicable disease partnerships?	X	X	X
6. What role have partnerships served in implementing regional strategies to control CD?		X	
7. What effect has modernization funding had on addressing communicable disease disparities?	X	X	
8. To what extent has modernization funding supported local public health in addressing priority CD outcomes?	X	X	
9. How has modernization funding been leveraged to acquire additional funds for foundational program work and support foundational capabilities?	X	X	X
10. Which elements of the modernization award should be sustained after the funding period and at what cost?		X	
11. To what extent can the regional funding model for communicable disease control be applied to other foundational programs and capabilities?		X	
12. How has state public health supported grantees across evaluation domains?	X	X	
13. What are the strengths and challenges of state support to grantees?		X	
14. How has state public health used funds to implement state roles for modernization?		X	X

## References

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<sup>1</sup> Oregon Health Authority. Oregon Public Health Division. Public Health Modernization Manual: Foundational capabilities and programs for public health in Oregon. September 2017. Available [http://www.oregon.gov/oha/ph/About/TaskForce/Documents/public\\_health\\_modernization\\_manual.pdf](http://www.oregon.gov/oha/ph/About/TaskForce/Documents/public_health_modernization_manual.pdf). Accessed February 7, 2018.

<sup>2</sup> Kent State University. Center for Public Policy and Health. Robert Wood Johnson Foundation Sharing Public Health Services Project. Building Public Health Capacity through Collaboration: Accelerating Progress in Northeast Ohio. December 2014. Available <https://du1ux2871uqv.cloudfront.net/sites/default/files/file/Robert%20Wood%20Johnson%20Foundation%20Sharing%20Public%20Health%20Services%20Project%20Building%20Public%20Health%20Capacities%20through%20Collaboration.pdf>. Accessed February 7, 2018.