

Triennial Review Evaluation Report

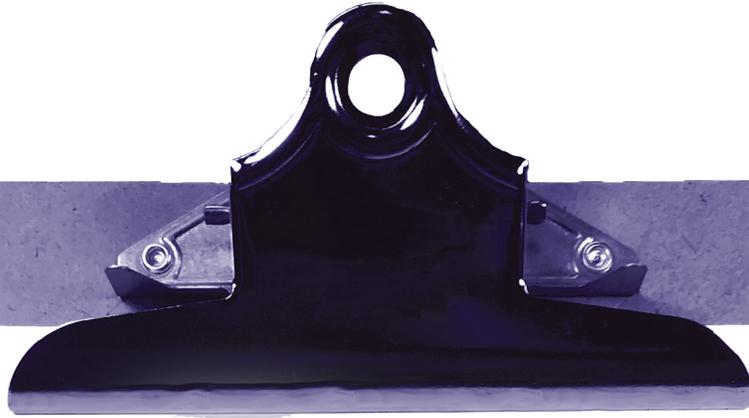
Oregon Health Authority, Public Health Division
Local Health Department Triennial Review
Compliance Findings Study

September 2017



RESEARCH | ENGAGEMENT | STRATEGY

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Introduction & Methods

Introduction & Methods

Introduction

The local health department triennial review is a three-year review cycle during which each of Oregon's 34 Local Health Departments (LHDs) is reviewed by the Oregon Health Authority, Public Health Division (OHA, PHD) to assess compliance with state, federal, and other contract requirements for providing public health services. The triennial review is conducted in about one-third of the LHDs each year. Although OHA, PHD has acted on particular compliance findings (i.e., areas in which an LHD was out of compliance), it had not compiled an overall summary of compliance issues. OHA, PHD contracted with the Rede Group and its subcontractor, ELE Consulting, LLC, to examine compliance findings from a three-year cycle (2014-2016) of triennial reviews to identify common trends within the findings. Once the study team had conducted its study of compliance findings, the team interviewed key LHD and OHA, PHD staff to identify specific barriers and challenges to achieving compliance, as well as training and technical assistance needs to support greater success in meeting compliance requirements. The purpose of this document is to provide the results of the study. Following this introduction are study methods, results of the study, and recommendations for supporting LHDs in achieving greater compliance with requirements for providing public health services.

Methods and Analysis

The study was conducted in two phases. In the first phase, the study team quantified the compliance findings to determine the frequency of compliance findings in each program (N=25) across all LHDs. The study team obtained compliance review forms from OHA, PHD, and entered data from the forms into an Excel spreadsheet. The following tools and terminology, based on the structure of the review tools, guided the data entry:

Agency Review: Refers to the entirety of the document for each individual LHD created by OHA, PHD. In total, there were 34 Agency Review documents.

Summary of Findings: Within the Agency Review, refers only to the compliance findings of each program report as a whole.

Program Report: Within the Agency Review, refers to an individual program level report, completed by OHA, PHD reviewers, based on using the tool for a particular LHD program. The number of these reports varies by LHD depending on what programs are conducted at each particular LHD.

Program Review Tool (P): Within the Program Report, refers to the tool designed by OHA, PHD and used to assess particular program areas of LHDs. In total, there are 28 possible program review tools, though not every program review tool is used for every LHD site review; rather, only tools for which an LHD has a corresponding program are used in site reviews.

Criteria for Compliance (C): Within each Program Review Tool, refers to multiple Criteria for Compliance. Each Program Review Tool uses unique Criteria for Compliance. We counted the number of Criteria for Compliance, which were not met by the LHD during their Triennial Site Review. If that number is "0", then the Program is considered in compliance. If that number is greater than or equal to "1", then the Program is considered not compliant (i.e., there was a compliance finding for that program).

Note: For data entry purposes, Program Review Tools were given a number (e.g., P1, P2, P3), and Criteria for Compliance were also given a number, so all data entry were entered for variables that followed this naming convention: P#C# (P1C1, P1C2, P1C3, etc.)

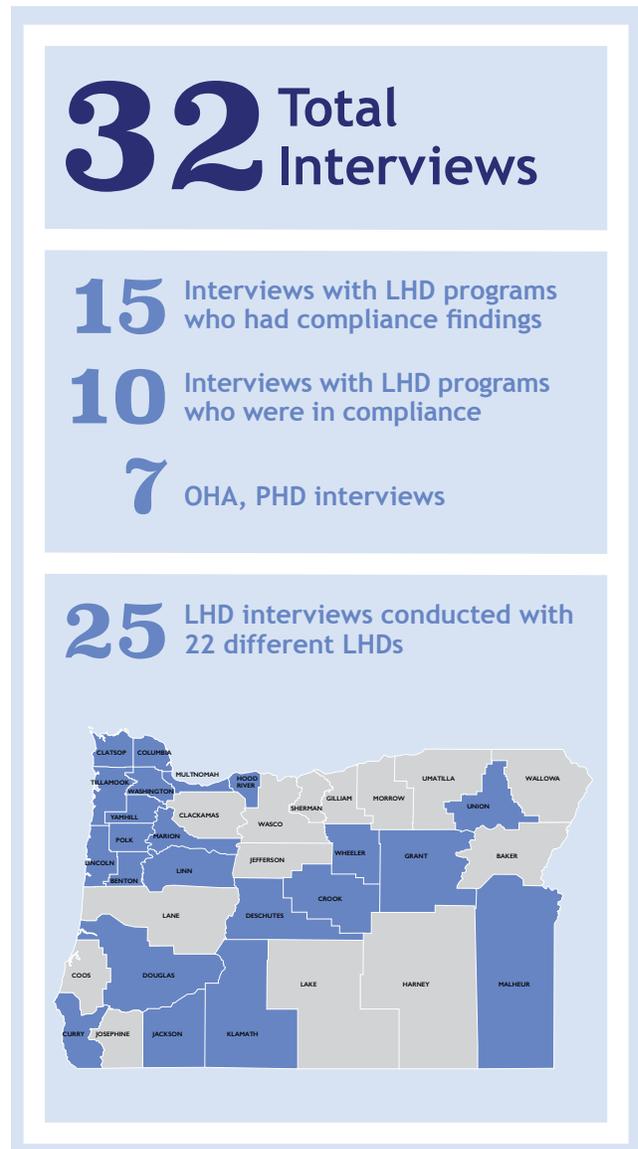
Criteria for Compliance Element: The Criteria for Compliance within each Program Review Tool include individual elements for compliance. These elements are marked "yes" or "no" by the reviewer, where "no" implies the element was out of compliance indicating a compliance finding and "yes" implies the element was in compliance.

Data were entered, verified for accuracy, and analyzed in Excel. To identify programs with the most frequent compliance findings, the study team performed a Pareto analysis. The study team also created charts to show the number of LHDs with compliance findings by program and by criteria for compliance within each program. Additional analyses were conducted by region, population size, and review year for the programs with the greatest number of LHDs with compliance findings. The study team worked with OHA, PHD to identify geographic regions for comparative analyses. Population size was determined using the population size categories available in the Oregon Public Health Modernization Assessment Report¹. Pareto charts contain both a bar and a line graph, with bars showing individual values in descending order, and the line showing cumulative total. These charts are used (for example, in continuous quality improvement) to graphically summarize and display the relative importance of different items within the data. Thus, the chart displays where efforts should be focused to achieve the greatest improvements. The results are displayed on pages 7-55 of this report.

Results of the quantitative analysis of the frequency of compliance findings at the program level were presented to stakeholders and stakeholders were asked for feedback about the next phase of the evaluation.

In Phase 2, the study team gathered qualitative information from LHD and OHA, PHD staff to gain insight into approaches that could support counties in improving compliance in the programs with the most LHDs with compliance findings. Structured interviews were designed to identify circumstances or conditions that led to non-compliance or compliance as well as ways in which OHA, PHD could support LHDs in meeting compliance standards. Figure 1 shows the break down of interviewees by state or LHD staff and type of interview. Based on the programs with the most LHDs with compliance findings found in the first phase, the study

Figure 1: Interview Demographics



team interviewed 1 to 2 staff at three of the LHDs experiencing compliance findings in that program, and with staff from the corresponding program at OHA, PHD. (Due to a high level of work previously done to improve the Environmental Health program review, and because the Communicable Disease program was identified as having a substantial amount of quality assurance findings, OHA, PHD decided to prioritize the Communicable Disease program instead of the Environmental Health program in the qualitative analysis phase.) Five program areas (Communicable Disease, Immunization, Fiscal, Reproductive Health, and WIC) were selected for interviews to gain a deeper understanding of the circumstances that led to compliance findings. Each 20-30 minute interview began with a series of questions, with yes or no response options, about factors leading to compliance findings and about suggestions for how OHA, PHD could improve compliance. Figure 55 lists these factors in order of frequency among LHDs with compliance findings who were interviewed. The interview also included open-ended questions. Interviewees were informed that responses would be kept anonymous to the extent practical.

In addition, the study team identified and interviewed LHDs who were in compliance in the five programs (Communicable Disease, Immunization, Fiscal, Reproductive Health, and WIC) selected for interviews. A total of 32 interviews (25 with LHD staff and seven with OHA, PHD staff) were conducted by telephone. Interviews were recorded and transcribed.

Interview transcripts were uploaded into Dedoose², a qualitative and mixed method data analysis program. Two coders analyzed responses to the open-ended questions to identify emergent themes (this was done separately for reasons for compliance findings and for ways that OHA, PHD can support compliance), and responses to the closed-ended questions were summarized. Interview results are presented on pages 58-66 of this report.

Methods for Additional Analyses

The study team conducted two additional analyses as a part of the project:

1. An analysis was done of all compliance criteria elements, across all review tools, to determine the presence or absence of a specific reference to a state or federal statute, regulation, or policy. Using the program review tools, the study team attempted to identify what level of policy directed the formation of individual program review tool criteria for compliance (e.g., Licensing and Fees) and criteria for compliance elements (e.g., “License applications and licenses are issued on forms provided or approved by the authority.”) Criteria for compliance and criteria for compliance elements for every program review tool were each categorized into in one of the following policy categories:

- Federal: Federal Law Titles (Title #), United States Code (USC), Code of Federal Regulations (CFR) or Office of Management and Budget (OMB);
- State: Oregon Revised Statutes (ORS);
- State: Oregon Administrative Rules (OAR);
- Federal: Centers for Disease Control (CDC) Guidelines;
- State Boards³;
- Program Element only;
- Oregon Coalition of Public Health Officials (CLHO) minimum standards⁴;
- Other; and
- Unidentified.

The study team first examined the program review tools for policy citations. In some cases, program criteria for compliance elements were cited for one or more policy designations. If the program element was cited for more than one policy designation, it was counted in the highest-level policy (e.g., if a program element had a citing for both a federal and state level policy, the element was captured for the federal policy it referred to.)

In some cases, criteria for compliance elements referred to a Program Element (PE). In these cases we referred back to the PE provided by the Oregon Health Authority (OHA), to identify the policy that the PE was based on. If a policy was identified within the PE we categorized the criteria for compliance element as that policy, if no policy was identified in the PE then the program criteria for compliance element was identified as Program Element only.

Due to the scope of this analysis, some categories, such as Federal: Title #, USC, CFR and OMB, State: ORS and OAR, and CDC guidelines may be underrepresented. Study staff did not perform an exhaustive policy search – if a policy was not immediately obvious in the state-provided tools (program review tools or Program Element) then the program criteria for compliance element was classified as “Program Element only,” “other,” or “unidentified”.

2. An analysis was performed reviewing how each of the criteria for compliance, across all review tools, aligned with Core System Functions for Foundational Programs as described in Oregon’s Public Health Modernization Manual⁵.

The study team created a cross-walk analysis of 18 of the review tools used during the 2014-2016 triennial review cycle (out of the total of 28 review tools) and the foundational programs as outlined in the manual. The team removed review tools that focused on administration, records and documentation, and fiscal management because these areas are not found (in whole or part) in the Foundational Programs in Oregon Public Health Modernization Manual. The Healthy Communities program review tool was also removed from this analysis because that program does not currently have funding for this biennium. Within the Public Health Modernization Manual, each foundational program comprises program functions (e.g., core system functions, roles, deliverables) and sub-func-

tions (e.g., “educate consumers about the impacts of unhealthy products such as tobacco or sugary drinks, or health-protective products such as car seats”). Preliminary analysis matched individual criteria for compliance with foundational programs, program functions, and sub-functions. In some cases alignment was not found, and these criteria for compliance were given a status as “unidentified” for modernization alignment.

Following the preliminary analysis, further detail was evaluated based on program criteria for compliance as well as foundational functions. For program criteria for compliance the study team analyzed which criteria for compliance were, and which were not, aligned with the selected 5 program functions and sub-functions. For the foundational functions, we identified the sub-functions that were, and those that were not, aligned with the selected 18 program review tool criteria for compliance.

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Results

Quantifying Triennial Review Compliance Findings

Local health departments (LHDs) in Oregon implement an array of public health programs. Examples of programs are: Women, Infants and Children (WIC), Drinking Water, and Communicable Disease Control. In order to ensure a consistently high quality program of implementation and adherence to federal grant requirements, the Oregon Health Authority, Public Health Division (OHA, PHD) conducts program reviews, of all programs, at each LHD. Each program is reviewed once every three years. The triennial review study examined compliance findings from triennial reviews in 2014, 2015, and 2016 (i.e., one full review cycle). For the purpose of the analysis a “compliance finding” means an observation of non-compliance in a criteria for compliance during the LHD’s triennial review. Each of Oregon’s 34 LHD’s triennial agency review reports were used to assess the number of times each LHD was found to have a compliance finding for each program review tool. This framework was used to find patterns and identify program areas that had the highest frequency of compliance findings.

Quantitative

The study team conducted a thorough analysis of LHD’s triennial review reports from 2014-2016. Each local health department was reviewed once during this three-year cycle on the public health programs they provide. Each program review comprised criteria for compliance, and each criteria for compliance included elements that are inspected for compliance during the review process (for a full list of terminology and definitions please see the Appendix). Non-compliance on any criteria was considered a compliance finding. The data were analyzed to identify patterns related to:

- Program
- Criteria for compliance
- Geographic region
- Size of the population
- Review year

Program Area

- 25 programs were reviewed during this triennial review cycle (for a full list of programs that were reviewed please see the Appendix).

- The total number of compliance findings was counted for each program review tool.
- A Pareto Chart was developed (see Figure 2), showing the total number of compliance findings in a bar graph. For example, there were a total of 155 compliance findings found in the WIC programs across all LHDs with the program. The chart also displays the cumulative percent of compliance findings in a line graph showing that 52% of all compliance findings found in this review cycle were found in the four programs with the greatest number of compliance findings (WIC, Reproductive Health, Immunization, and Fiscal).

The study team also identified which program areas had the most local health departments with at least one compliance finding. Figure 3 shows both the number and percentage of LHDs with compliance findings within each public health program.

The 5 programs with the most LHDs with compliance findings were:

- Immunization (25 LHDs had compliance findings)
- Environmental Health (24 LHDs had compliance findings)
- Women, Infants, and Children (WIC) (20 LHDs had compliance findings)
- Fiscal (19 LHDs had compliance findings),
- Reproductive Health (19 LHDs had compliance findings).

The programs where 10 or more LHDs were reviewed with the highest percentage of LHDs (of LHDs that have the program) with compliance findings were:

- Women, Infants, and Children (WIC) (83% of LHDs with the WIC program (n=24) had compliance findings)
- Immunization (74% of LHDs with the program (n=34) had compliance findings)
- Environmental Health (71% of LHDs with the program (n=34) had compliance findings)
- Fiscal (59% of LHDs with the program (n=32) had compliance findings)
- Reproductive Health (56% of LHDs with the program (n=34) had compliance findings)

Figure 2: Total Number of Compliance Findings and Cumulative Percentage of Compliance Findings by Program Review Tool

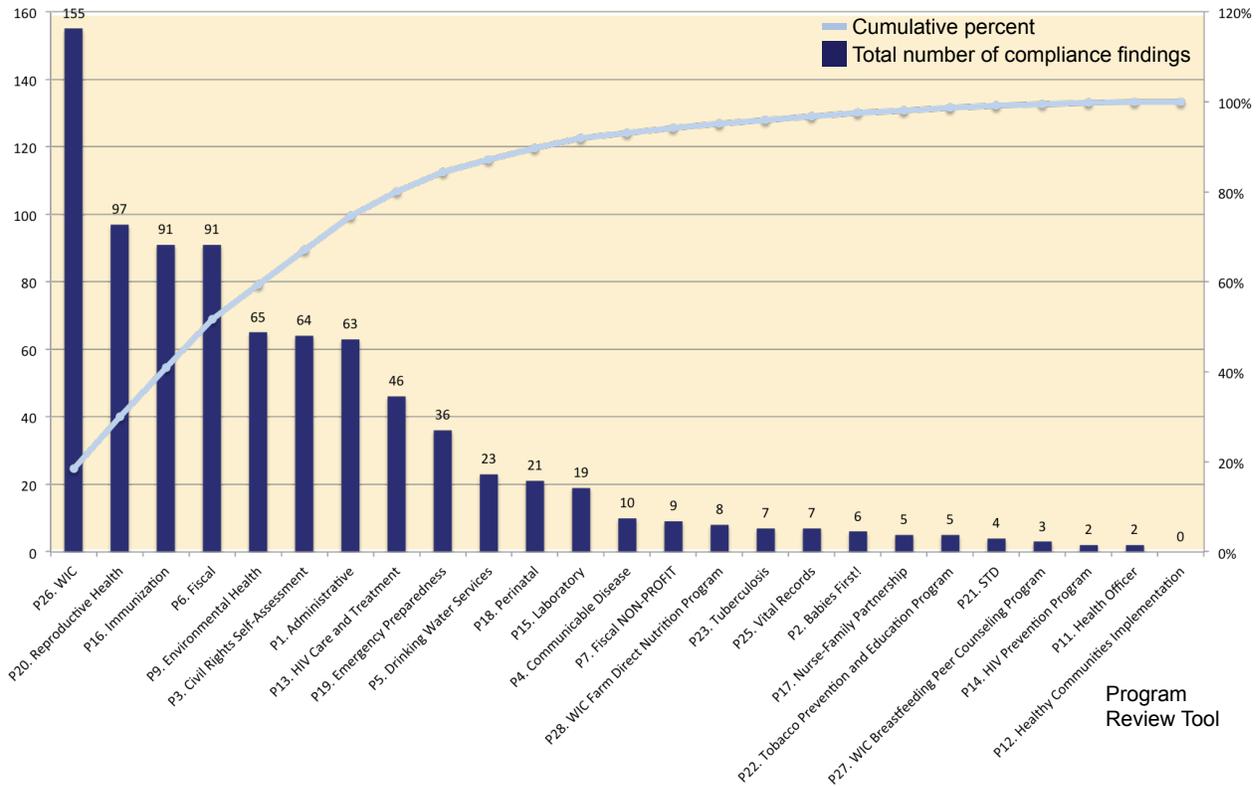
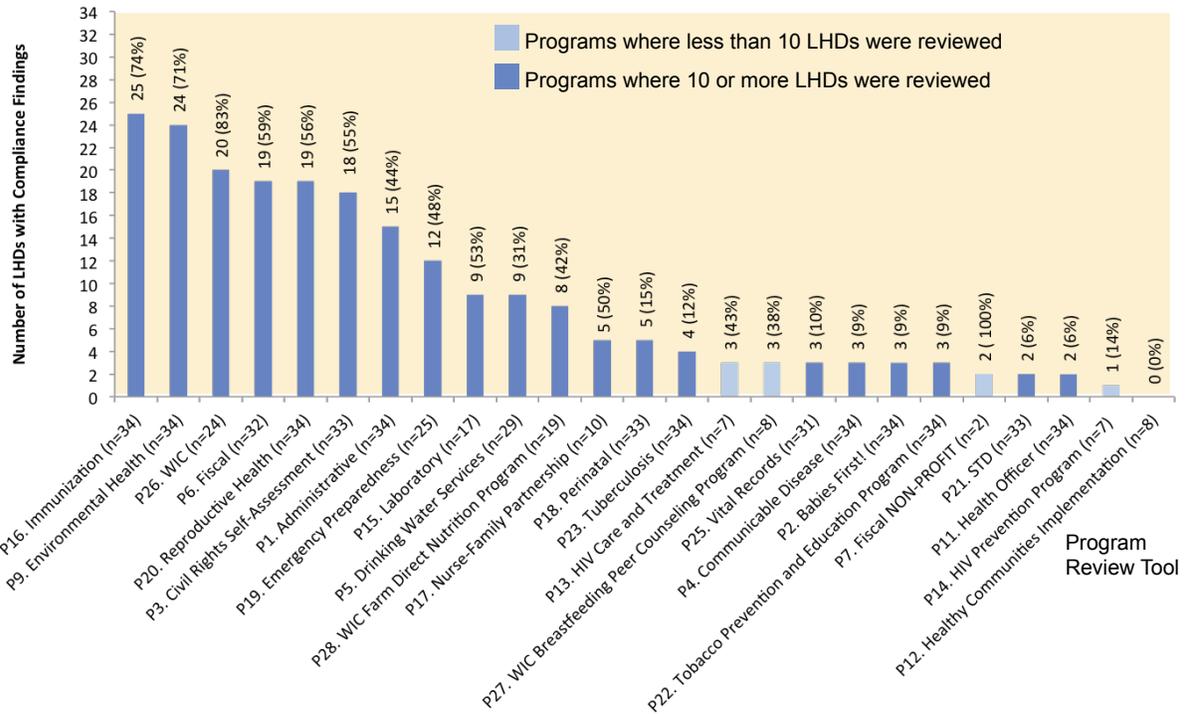


Figure 3: Number of LHDs with Compliance Findings by Program Review Tool



Program Level Findings: Programs with More than 10 LHDs Experiencing Compliance Findings

Introduction

Program level analyses by criteria for compliance, region, population size, and review year were conducted for every triennial review program that had at least 10 local health departments (LHDs) with compliance findings. Those programs, as shown in figure 3 on page 9, include; Immunization, Environmental Health, WIC, Fiscal, Reproductive Health, Civil Rights Self-Assessment, Administrative, and Emergency Preparedness.

In addition, program level analyses were conducted for the Communicable Disease program. The analysis for the Communicable Disease program in this section includes compliance and quality assurance findings*. Compliance as well as quality assurance findings were counted for additional analyses for the Communicable Disease program because most of this program's triennial review focuses on criteria for quality assurance rather than criteria for compliance.

This section of the report is broken up into chapters, each one focusing on one of the following programs: Immunization, Environmental Health, WIC, Reproductive Health, Fiscal, Civil Rights Self-Assessment, Administrative, Emergency Preparedness, and Communicable Disease. Within each program's chapter, analyses on criteria for compliance as well as the comparative frameworks are included. The comparative frameworks used for analysis are; region, population size, and review year. The criteria for compliance graphs for each program show the number and percent (shown in parenthesis) of LHDs with compliance findings. The charts list each of the criteria for compliance listed in the program review tool on the y-axis. If a program did not have any criteria for compliance headings listed in the review tool, the study team listed the program name (i.e. health officer) as the

criteria for compliance. The value n=x (number of LHDs reviewed) for each criteria for compliance listed in the charts varies within some programs due to the inconsistency of the criteria for compliance listed in the program review tools used during LHD triennial reviews. The study team aligned criteria for compliance across review tools that changed where possible, but in some cases, criteria for compliance still varied significantly by review year. For example, in figure 4 on page 12, the n=x varies for many criteria for compliance. Vaccine management was the only criteria for compliance that was listed in the Immunization review tool for all LHD reviews. Criteria for compliance that were reviewed by less than 30% of LHDs with the program are not listed in the charts.

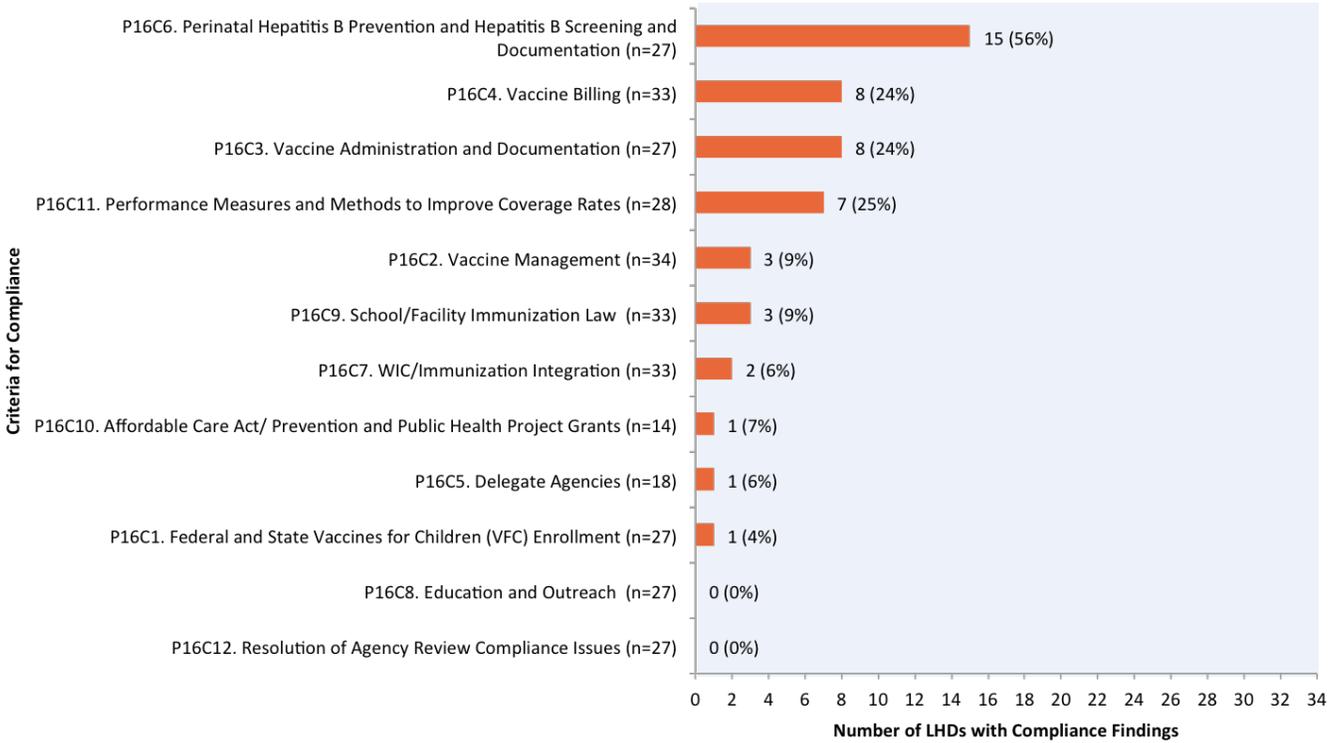
For each of the triennial review programs that had less than 10 LHDs with compliance findings, a simplified analysis (criteria for compliance only) was conducted and is shown in the last chapter of this section starting on page 47. These programs include: Drinking Water Services, WIC Farm Direct Nutrition Program, Nurse-Family Partnership, Perinatal, STD, Tuberculosis, Babies First!, HIV Care and Treatment, Tobacco Prevention and Education Program, WIC Breastfeeding Peer Counseling Program, Vital Records, Fiscal Non-Profit, HIV Prevention Program, and Healthy Communities Implementation.

*Quality assurance findings for the communicable disease program are not represented in Figure 3.

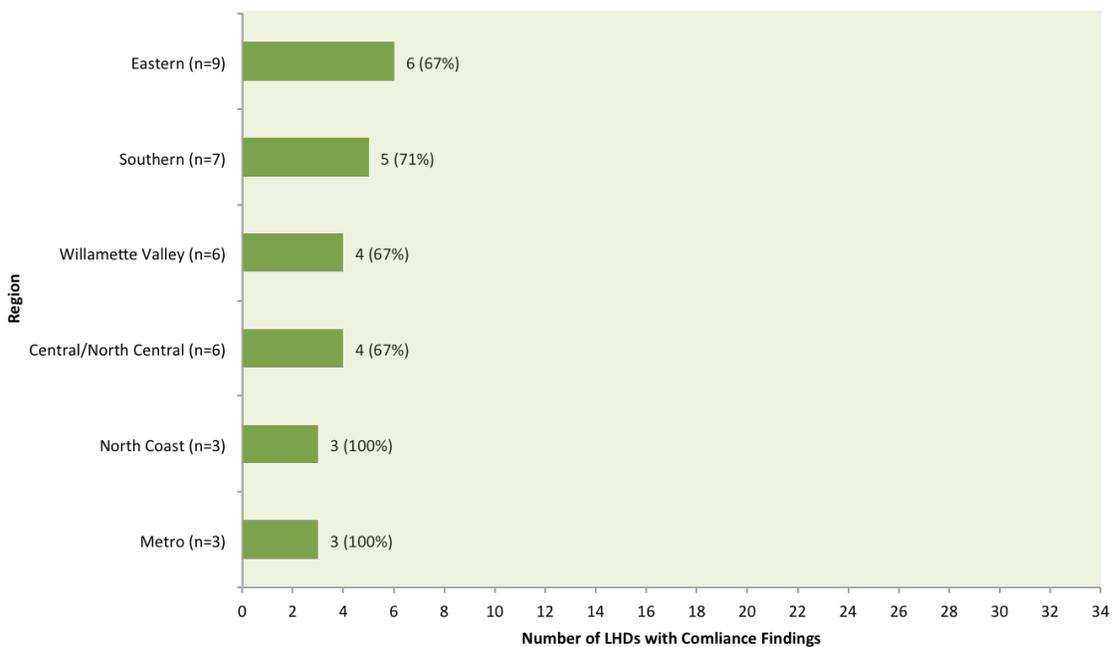
Immunization

Immunization programs in all 34 local health departments (LHDs) in Oregon were reviewed during the 2014-2016 triennial review cycle. Twenty-five (74%) LHDs were found to have compliance findings in their Immunization program review. Figure 4 details the number and percent of LHDs with compliance findings by criteria for compliance. Perinatal hepatitis B prevention and hepatitis B screening and documentation was the criteria for compliance with the greatest number of LHDs (15) with compliance findings. Immunization was also analyzed based on the comparative frameworks of region, population size, and review year. These analyses can be found in figures 5-7.

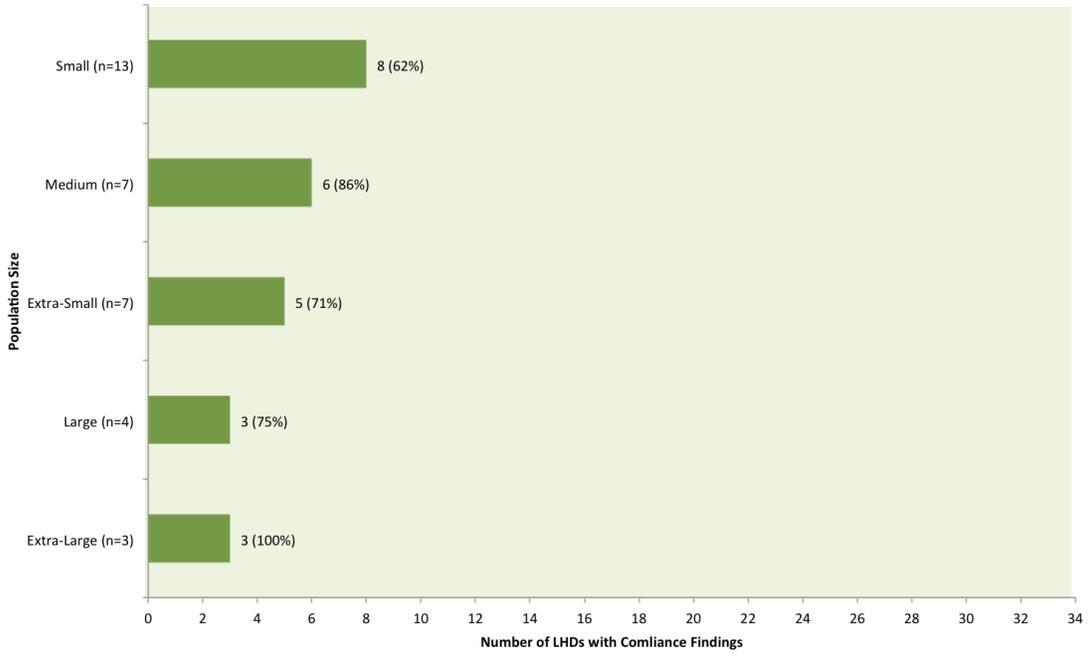
**Figure 4: P16. Immunization Program Review:
Number of LHDs with Compliance Findings by Criteria for Compliance**



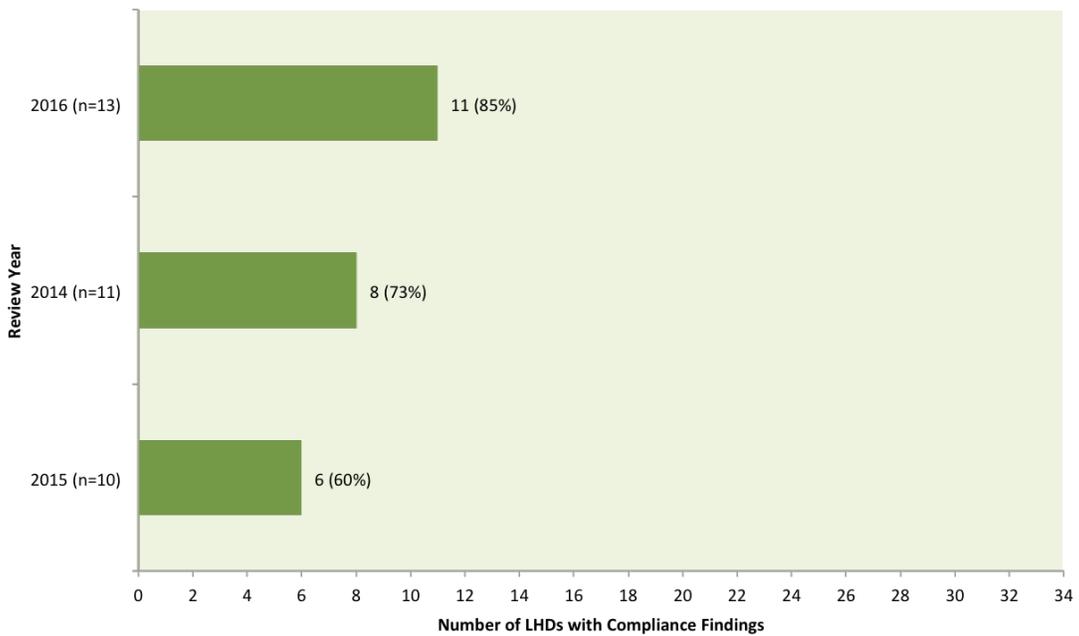
**Figure 5: P16. Immunization Program Review:
Number of LHDs with Compliance Findings by Region**



**Figure 6: P16. Immunization Program Review:
Number of LHDs with Compliance Findings by Population Size**



**Figure 7: P16. Immunization Program Review:
Number of LHDs with Compliance Findings by Review Year**



Environmental Health

Environmental Health programs in all 34 local health departments (LHDs) in Oregon were reviewed during the 2014-2016 triennial review cycle. Twenty-four (71%) LHDs were found to have compliance findings in their Environmental Health program review. Figure 8 details the number and percent of LHDs with compliance findings by criteria for compliance. Inspection standards was the criteria for compliance with the greatest number of LHDs (19) with compliance findings. The Environmental Health program was also analyzed based on the comparative frameworks of region, population size, and review year. These analyses can be found in figures 9-11.

Figure 8: P9. Environmental Health Program Review: Number of LHDs with Compliance Findings by Criteria for Compliance

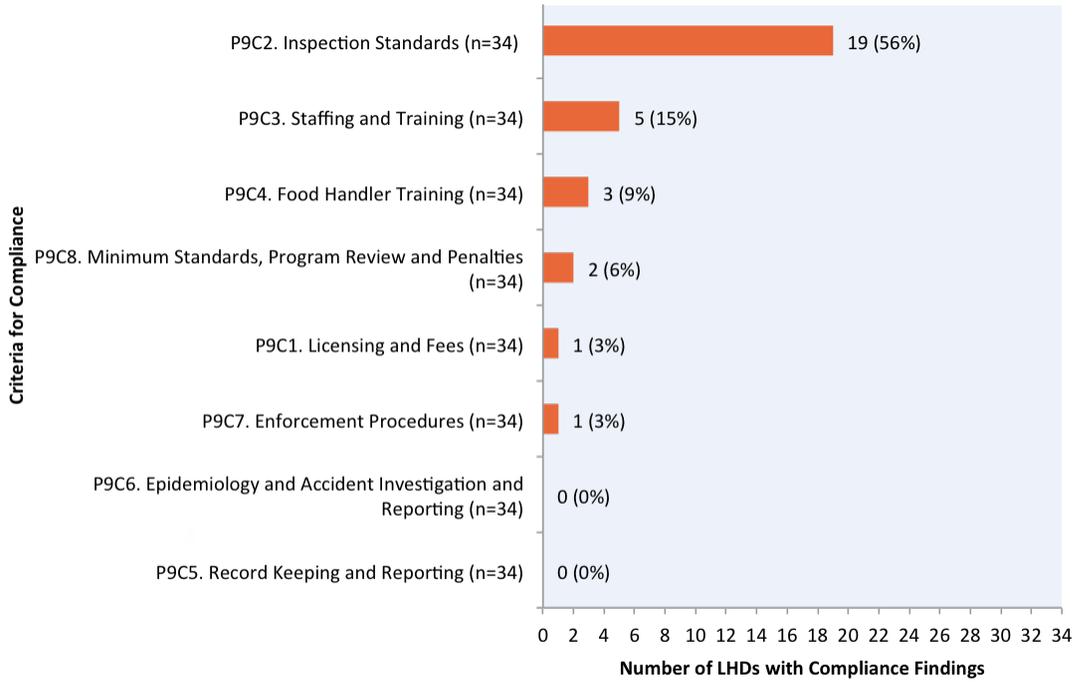
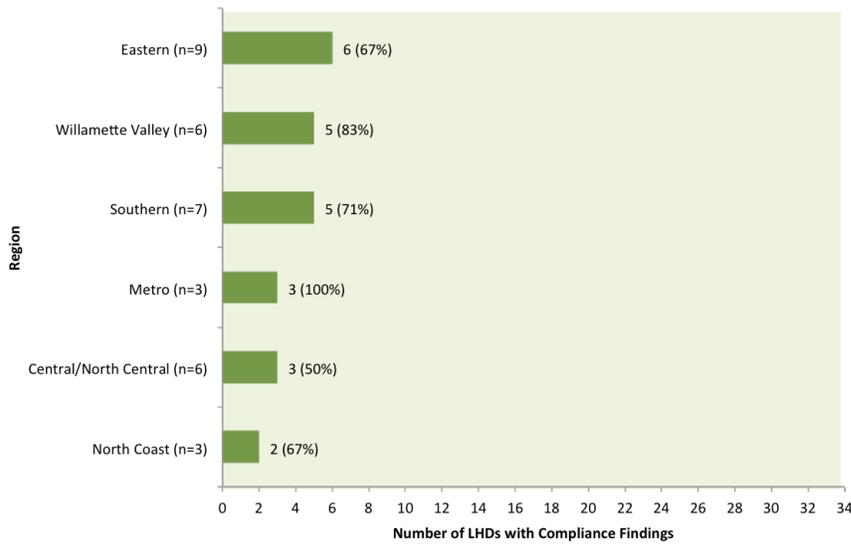
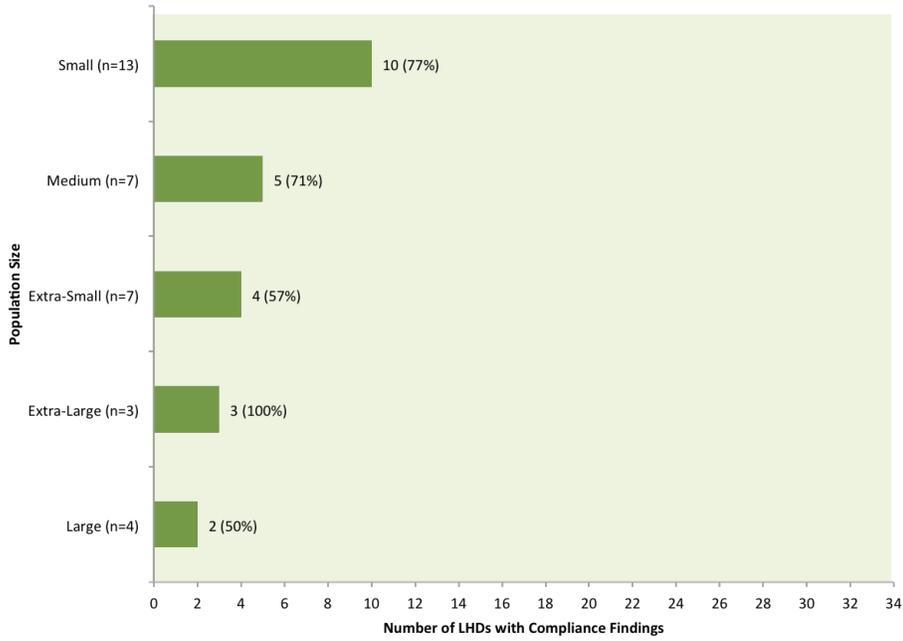


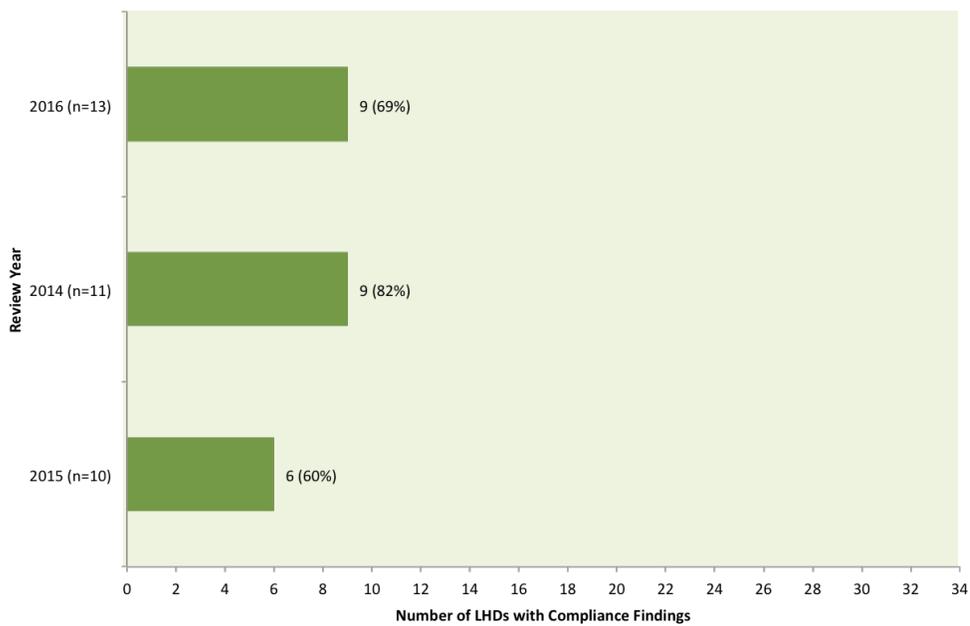
Figure 9: P9. Environmental Health Program Review: Number of LHDs with Compliance Findings by Region



**Figure 10: P9. Environmental Health Program Review:
Number of LHDs with Compliance Findings by Population Size**



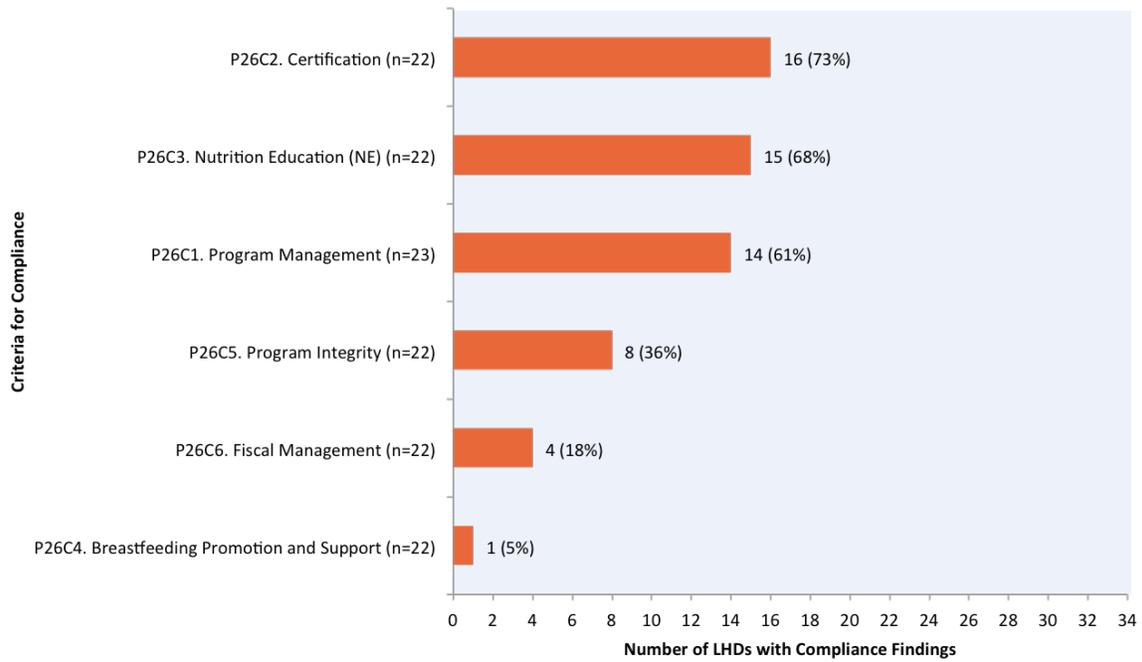
**Figure 11: P9. Environmental Health Program Review:
Number of LHDs with Compliance Findings by Review Year**



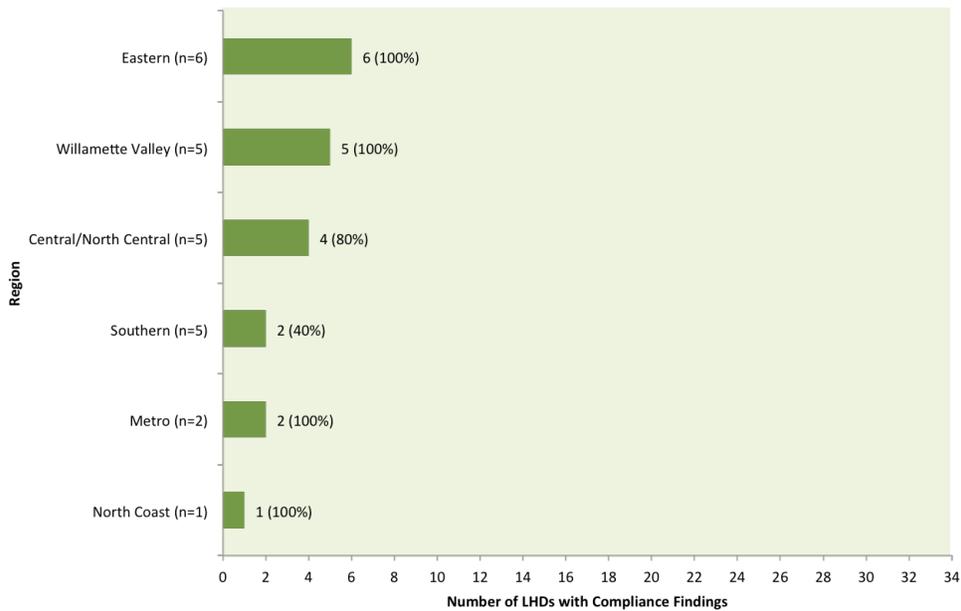
WIC

WIC programs in 24 local health departments (LHDs) in Oregon were reviewed during the 2014-2016 triennial review cycle. Twenty (83%) LHDs were found to have compliance findings in their WIC program review. Figure 12 details the number and percent of LHDs with compliance findings by criteria for compliance. Certification was the criteria for compliance with the greatest number of LHDs (16) with compliance findings. The WIC program was also analyzed based on the comparative frameworks of region, population size, and review year. These analyses can be found in figures 13-15.

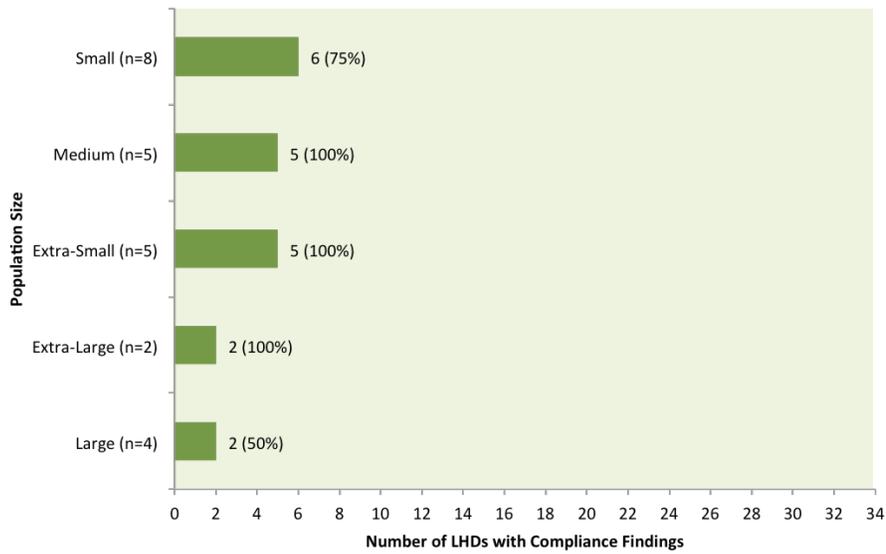
**Figure 12: P26. WIC Program Review:
Number of LHDs with Compliance Findings by Criteria for Compliance**



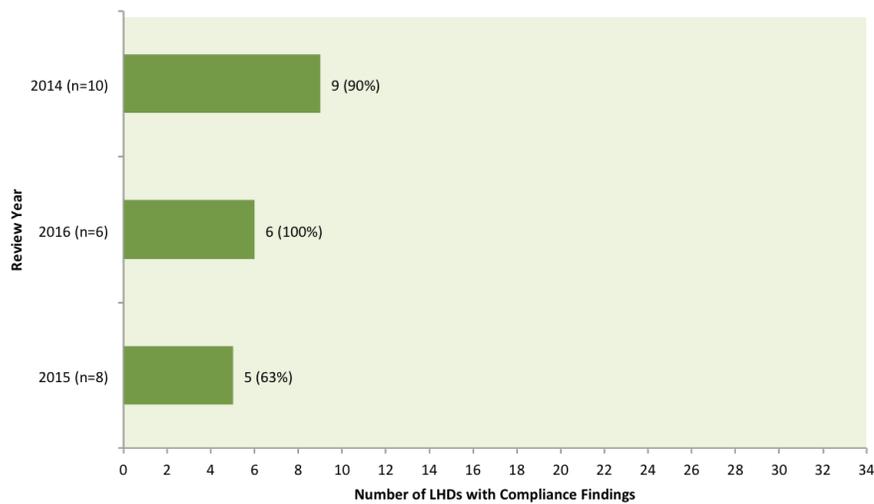
**Figure 13: P26. WIC Program Review:
Number of LHDs with Compliance Findings by Region**



**Figure 14: P26. WIC Program Review:
Number of LHDs with Compliance Findings by Population Size**



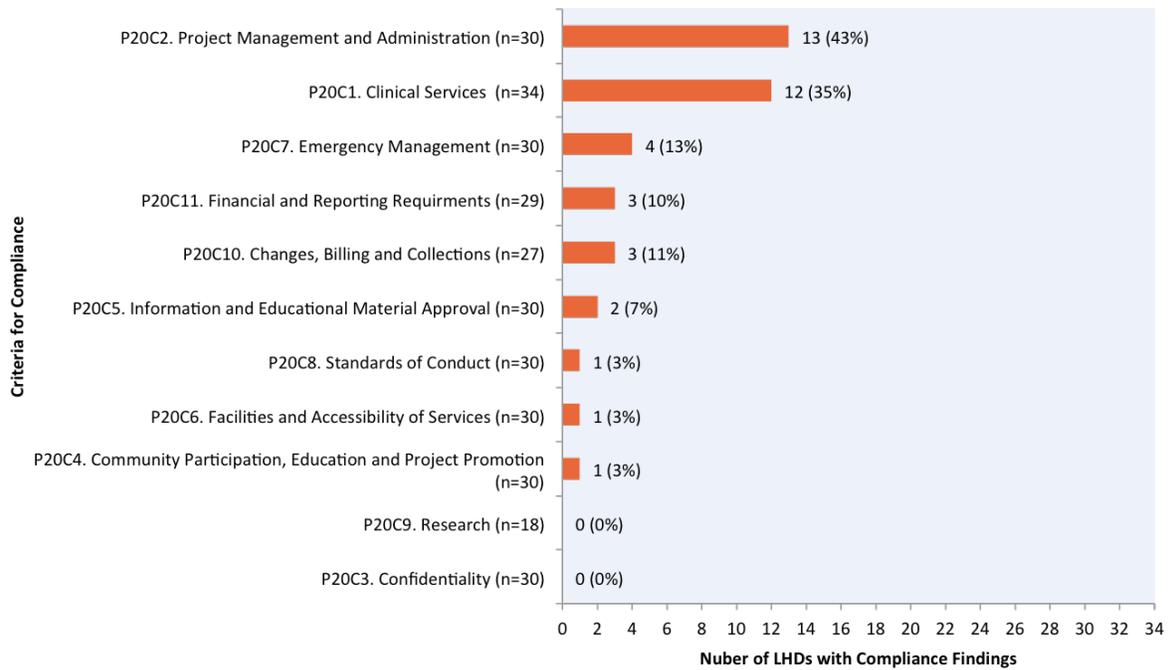
**Figure 15: P26. WIC Program Review:
Number of LHDs with Compliance Findings by Review Year**



Reproductive Health

Reproductive Health programs in all 34 local health departments (LHDs) in Oregon were reviewed during the 2014-2016 triennial review cycle. Twenty-four (71%) LHDs were found to have compliance findings in their Reproductive Health program review. Figure 16 details the number and percent of LHDs with compliance findings by criteria for compliance. The criteria for compliance with the greatest number of LHDs (13) experiencing compliance findings was: project management and administration. The Reproductive Health program was also analyzed based on the comparative frameworks of region, population size, and review year. These analyses can be found in figures 17-19.

**Figure 16: P20. Reproductive Health Program Review:
Number of LHDs with Compliance Findings by Criteria for Compliance**



**Figure 17: P20. Reproductive Health Program Review:
Number of LHDs with Compliance Findings by Region**

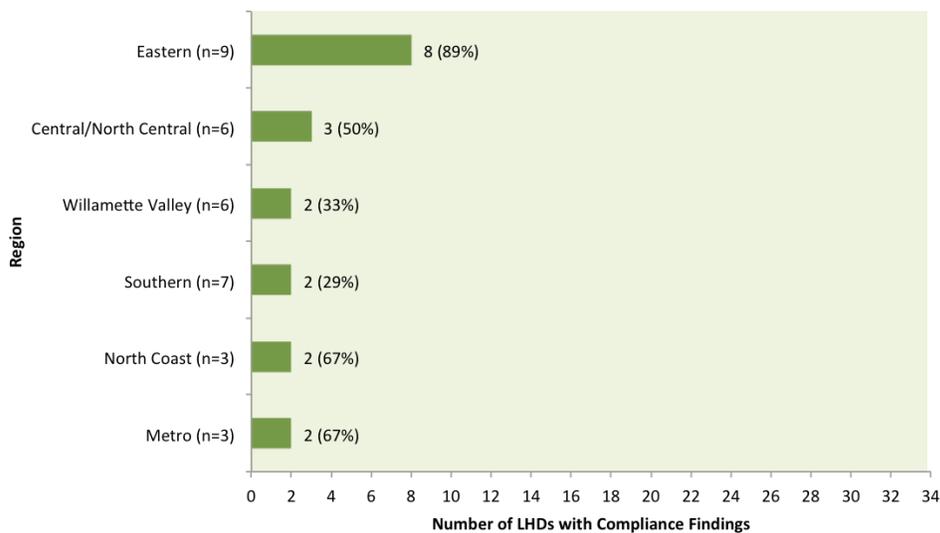


Figure 18: P20. Reproductive Health Program Review: Number of LHDs with Compliance Findings by Population Size

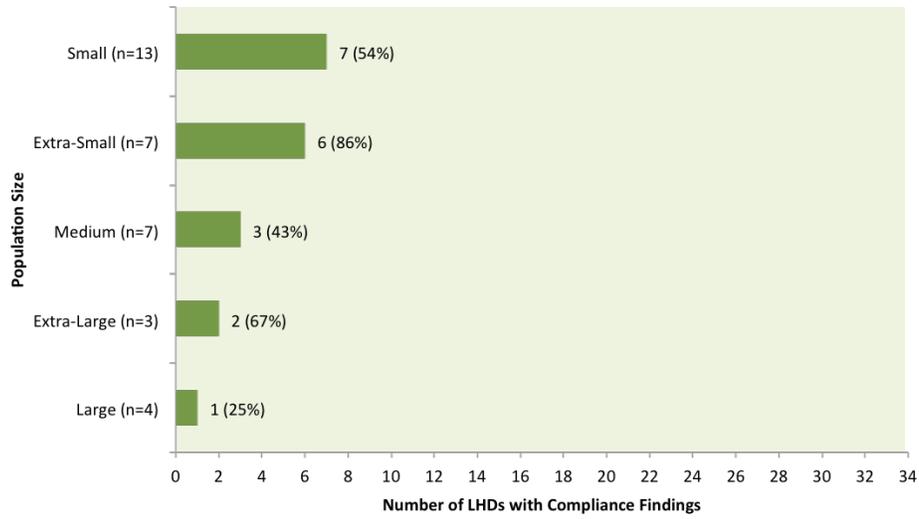
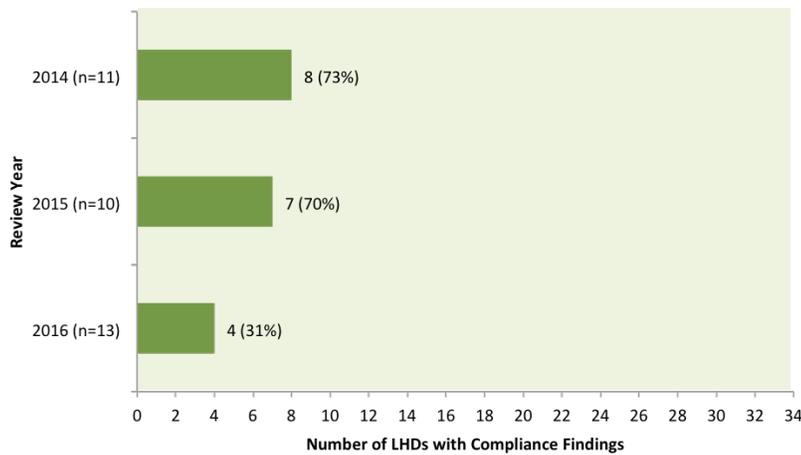


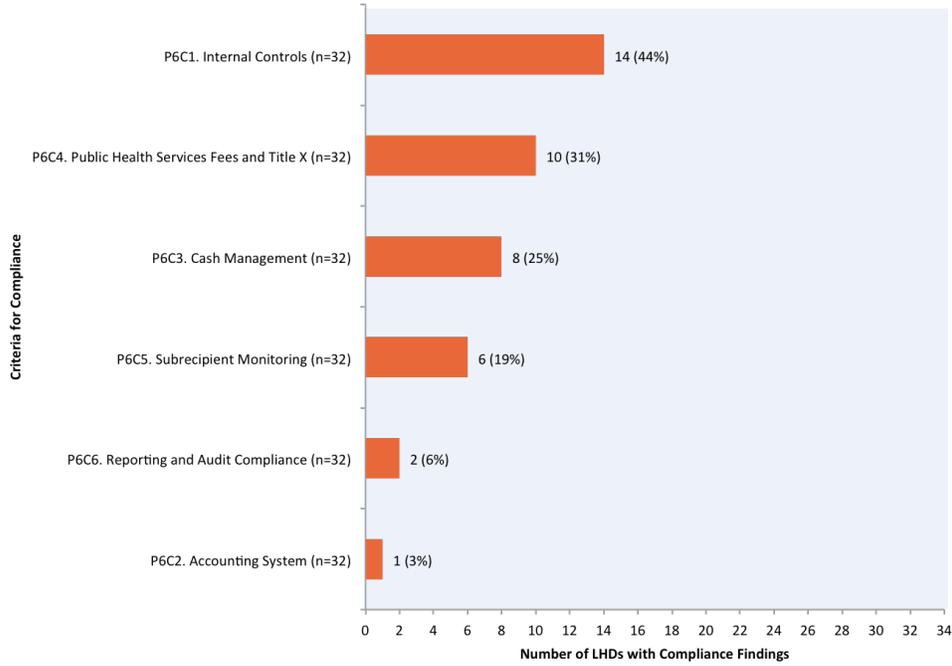
Figure 19: P20. Reproductive Health Program Review: Number of LHDs with Compliance Findings by Review Year



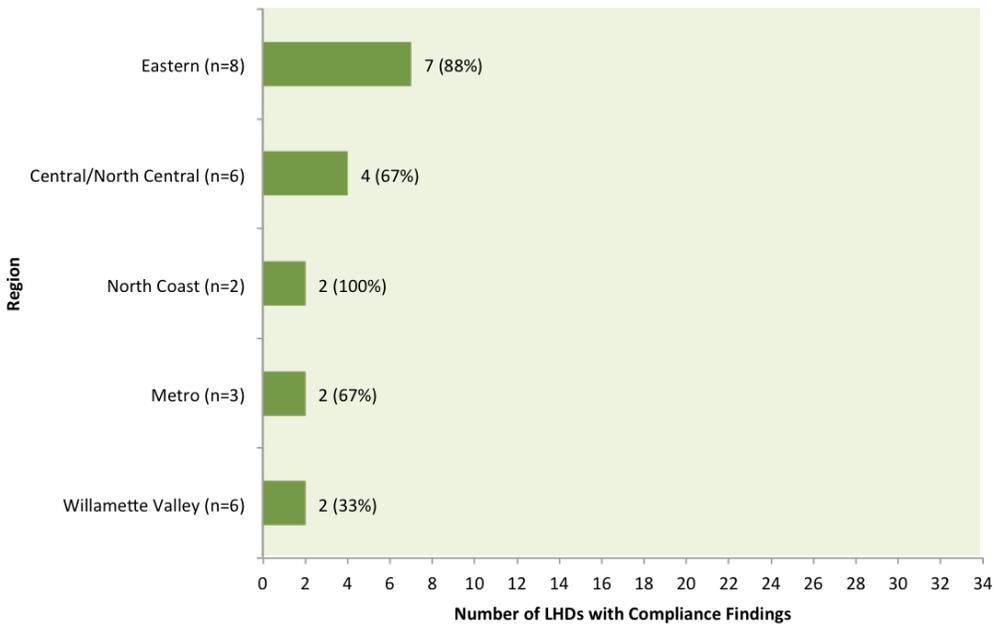
Fiscal

Fiscal programs in 32 local health departments (LHDs) in Oregon were reviewed during the 2014-2016 triennial review cycle. Nineteen (59%) LHDs were found to have compliance findings in their Fiscal program review. Figure 20 details the number and percent of LHDs with compliance findings by criteria for compliance. The criteria for compliance with the greatest number of LHDs (14) experiencing compliance findings was: internal controls. The Fiscal program was also analyzed based on the comparative frameworks of region, population size, and review year. These analyses can be found in figures 21-23.

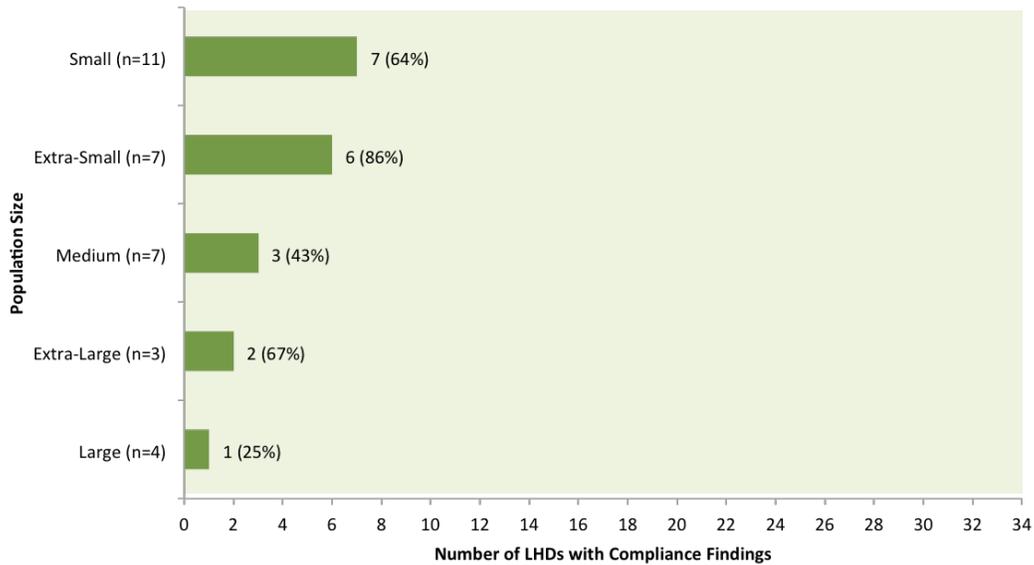
**Figure 20: P6. Fiscal Program Review:
Number of LHDs with Compliance Findings by Criteria for Compliance**



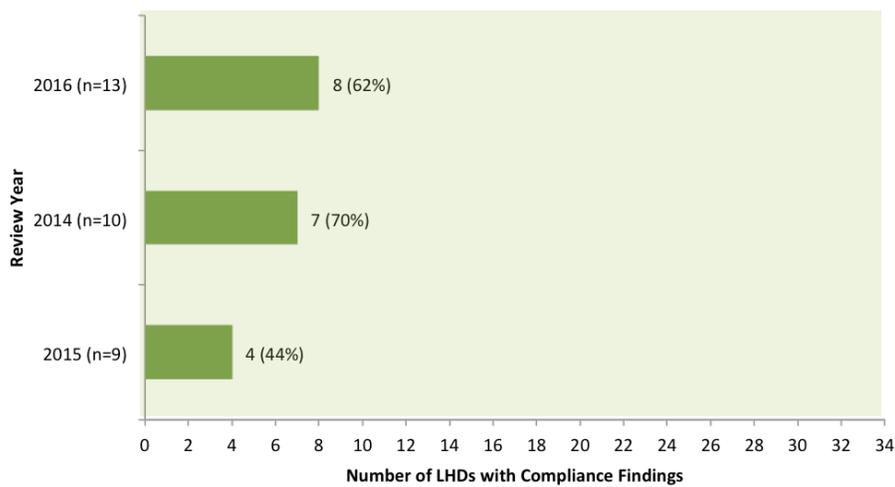
**Figure 21: P6. Fiscal Program Review:
Number of LHDs with Compliance Findings by Region**



**Figure 22: P6. Fiscal Program Review:
Number of LHDs with Compliance Findings by Population Size**



**Figure 23: P6. Fiscal Program Review:
Number of LHDs with Compliance Findings by Review Year**



Civil Rights Self-Assessment

Civil rights self-assessment programs in 33 local health departments (LHDs) in Oregon were reviewed during the 2014-2016 triennial review cycle. Eighteen (55%) LHDs were found to have compliance findings in their civil rights self-assessment program review. Figure 24 details the number and percent of LHDs with compliance findings by criteria for compliance. The criteria for compliance with the greatest number of LHDs (9) experiencing compliance findings was: auxiliary aids and services for person with disabilities. The civil rights self-assessment program was also analyzed based on the comparative frameworks of region, population size, and review year. These analyses can be found in figures 25-27.

Figure 24: P3. Civil Rights Self-Assessment Program Review: Number of LHDs with Compliance Findings by Criteria for Compliance

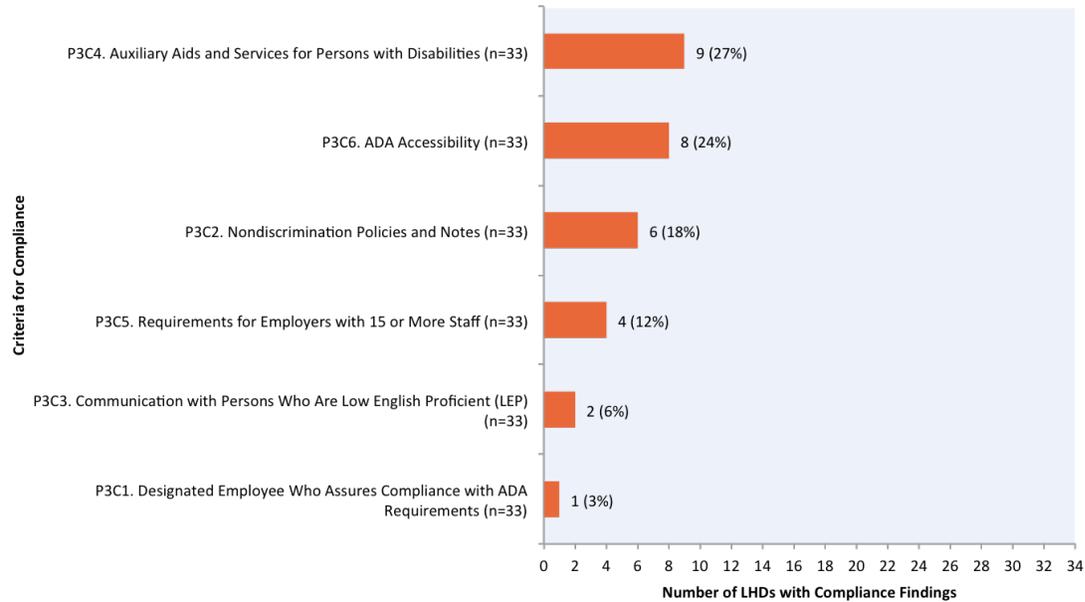


Figure 25: P3. Civil Rights Self-Assessment Program Review: Number of LHDs with Compliance Findings by Region

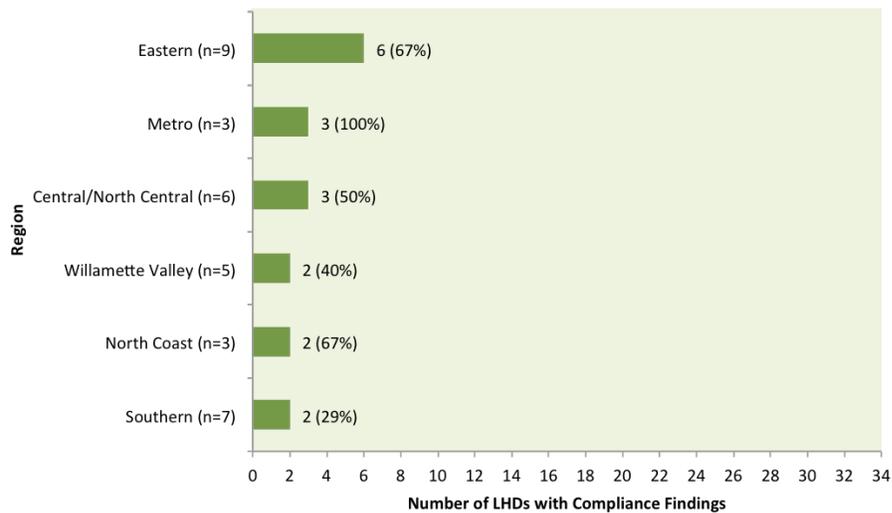


Figure 26: P3. Civil Rights Self-Assessment Program Review: Number of LHDs with Compliance Findings by Population Size

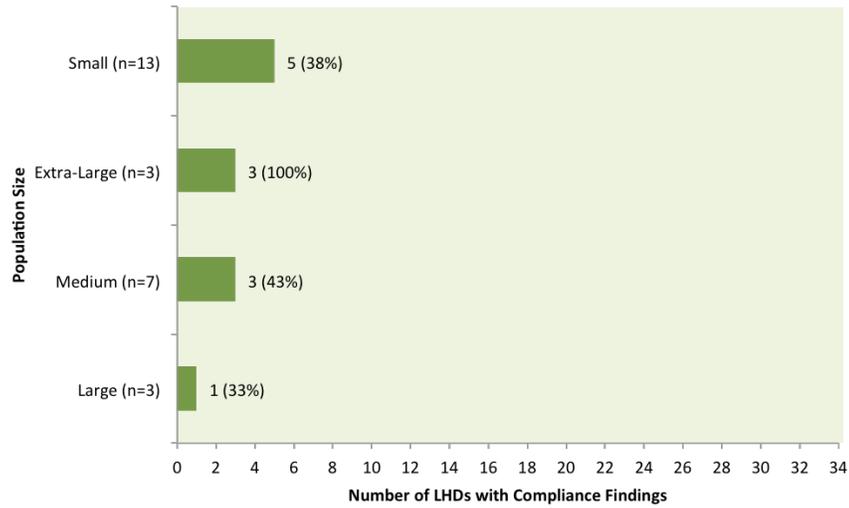
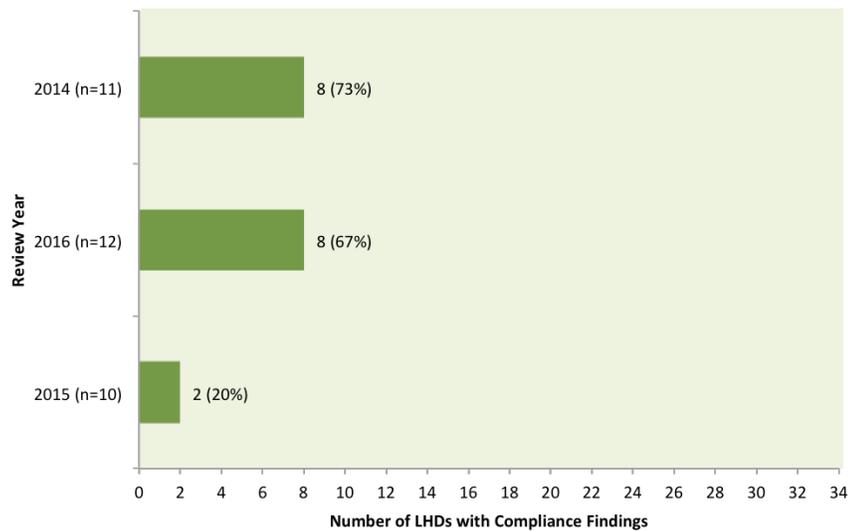


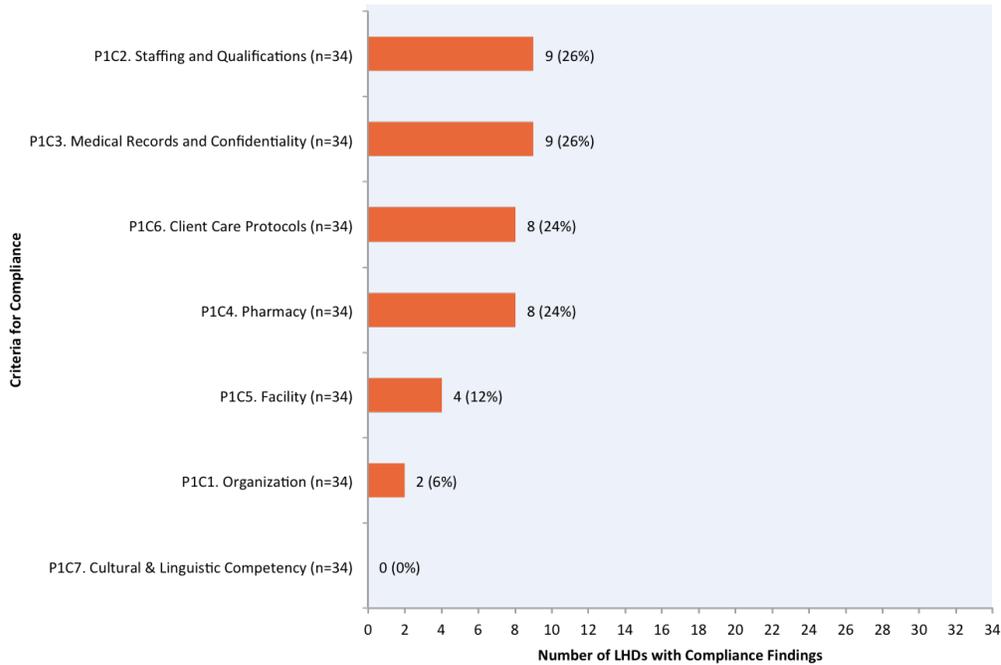
Figure 27: P3. Civil Rights Self-Assessment Program Review: Number of LHDs with Compliance Findings by Review Year



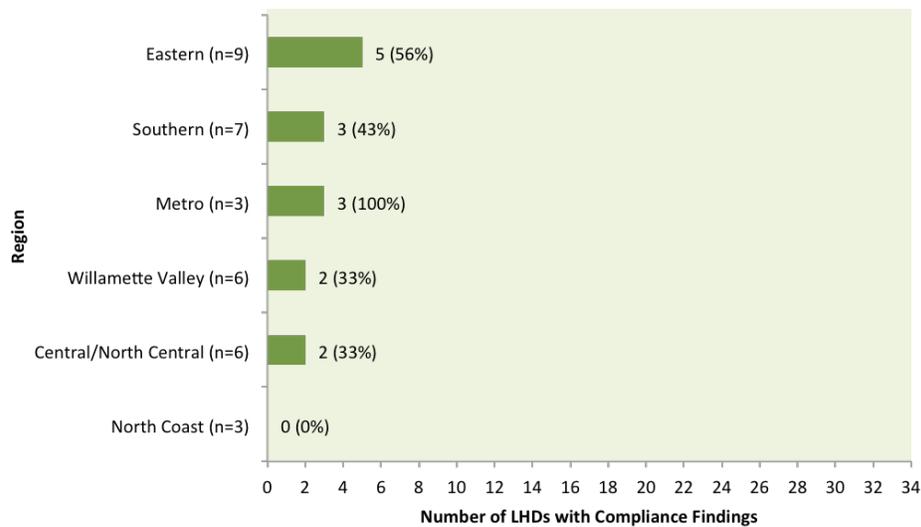
Administrative

Administrative programs in all 34 local health departments (LHDs) in Oregon were reviewed during the 2014-2016 triennial review cycle. Fifteen (44%) LHDs were found to have compliance findings in their Administrative program review. Figure 28 details the number and percent of LHDs with compliance findings by criteria for compliance. The criteria for compliance with the greatest number of LHDs (9) experiencing compliance findings was: staffing and qualifications. The Administrative program was also analyzed based on the comparative frameworks of region, population size, and review year. These analyses can be found in figures 29-31.

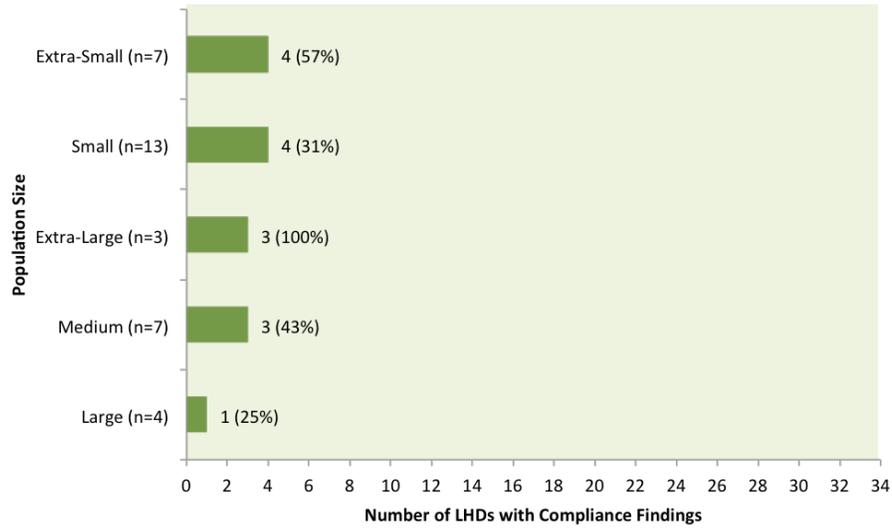
**Figure 28: P1. Administrative Program Review:
Number of LHDs with Compliance Findings by Criteria for Compliance**



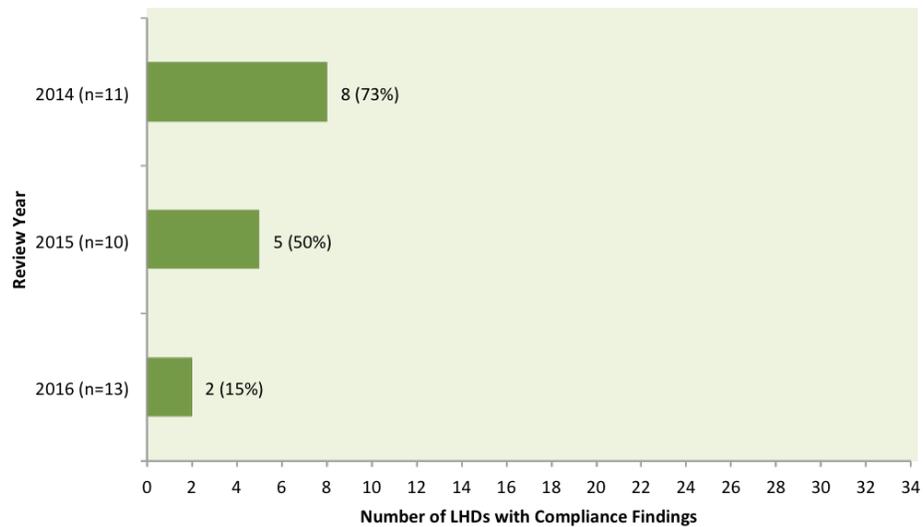
**Figure 29: P1. Administrative Program Review:
Number of LHDs with Compliance Findings by Region**



**Figure 30: P1. Administrative Program Review:
Number of LHDs with Compliance Findings by Population Size**



**Figure 31: P1. Administrative Program Review:
Number of LHDs with Compliance Findings by Review Year**



Emergency Preparedness

Emergency Preparedness programs in 25 local health departments (LHDs) in Oregon were reviewed during the 2014-2016 triennial review cycle. Twelve (48%) LHDs were found to have compliance findings in their Emergency Preparedness program review. Figure 32 details the number and percent of LHDs with compliance findings by criteria for compliance. The criteria for compliance with the greatest number of LHDs (11) experiencing compliance findings was: training and education. The Emergency Preparedness program was also analyzed based on the comparative frameworks of region, population size, and review year. These analyses can be found in figures 33-35.

Figure 32: P19. Emergency Preparedness Program Review: Number of LHDs with Compliance Findings by Criteria for Compliance

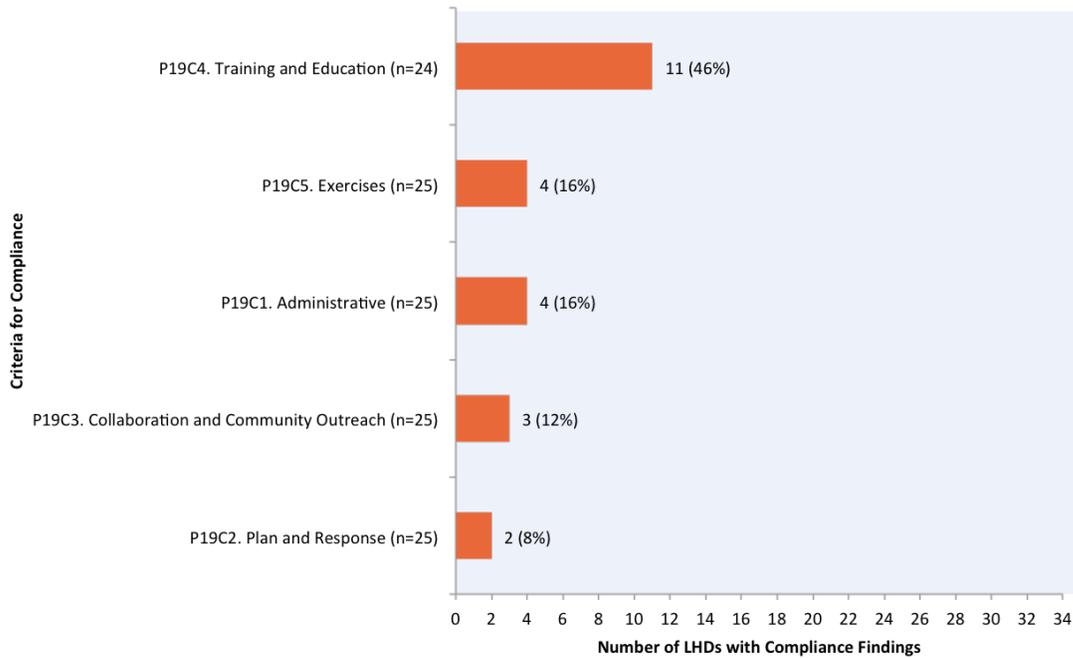


Figure 33: P19. Emergency Preparedness Program Review: Number of LHDs with Compliance Findings by Region

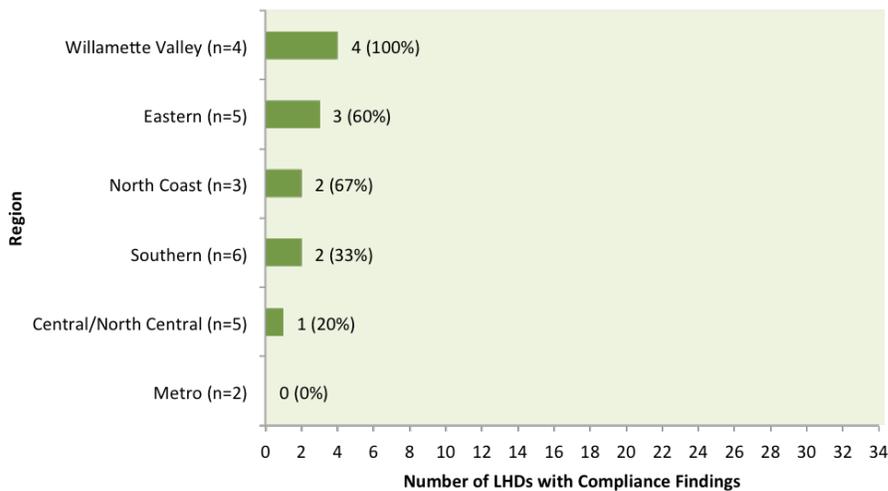


Figure 34: P19. Emergency Preparedness Program Review: Number of LHDs with Compliance Findings by Population Size

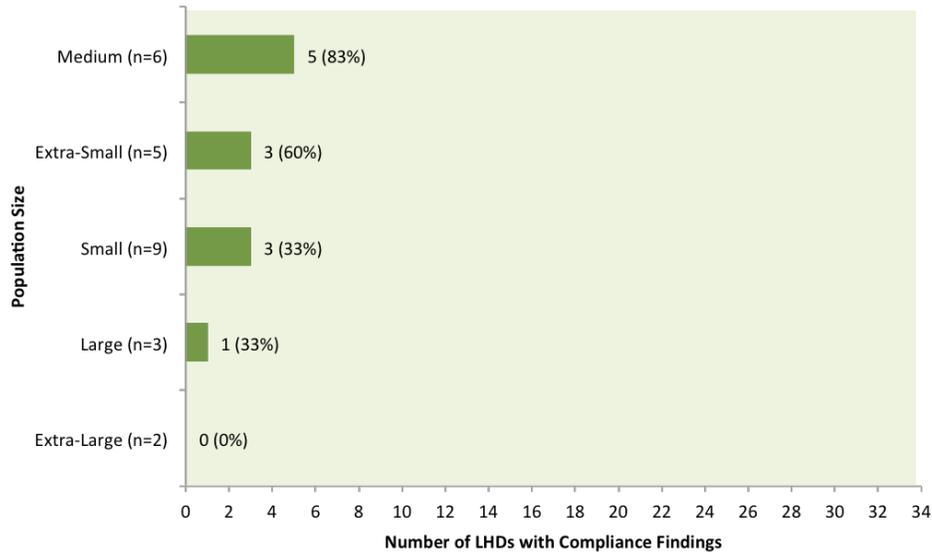
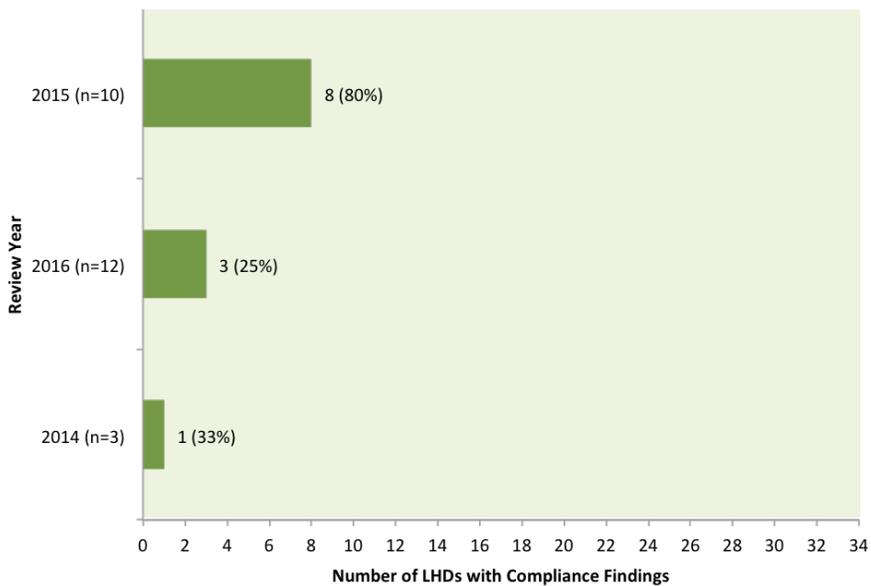


Figure 35: P19. Emergency Preparedness Program Review: Number of LHDs with Compliance Findings by Review Year



Communicable Disease

Communicable Disease programs in 32 local health departments (LHDs) in Oregon were reviewed during the 2014-2016 triennial review cycle. Compliance as well as quality assurance findings were counted for additional analyses for the Communicable Disease program because most of this program's triennial review focuses on criteria for quality assurance rather than criteria for compliance. Three (9%) LHDs were found to have compliance findings in their Communicable Disease program review and 33 (97%) LHDs were found to have compliance or quality assurance findings in their Communicable Disease program review. Figure 36 details the number and percent of LHDs with compliance or quality assurance findings by criteria for compliance and quality assurance. The criteria for compliance or quality assurance with the greatest number of LHDs (27) experiencing compliance findings was: timeliness of CD reporting. The Communicable Disease program was also analyzed based on the comparative frameworks of region, population size, and review year. These analyses can be found in figures 36-39.

Figure 36: P4. Communicable Disease Program Review: Number of LHDs with Compliance or Quality Assurance Findings by Criteria for Compliance & Quality Assurance

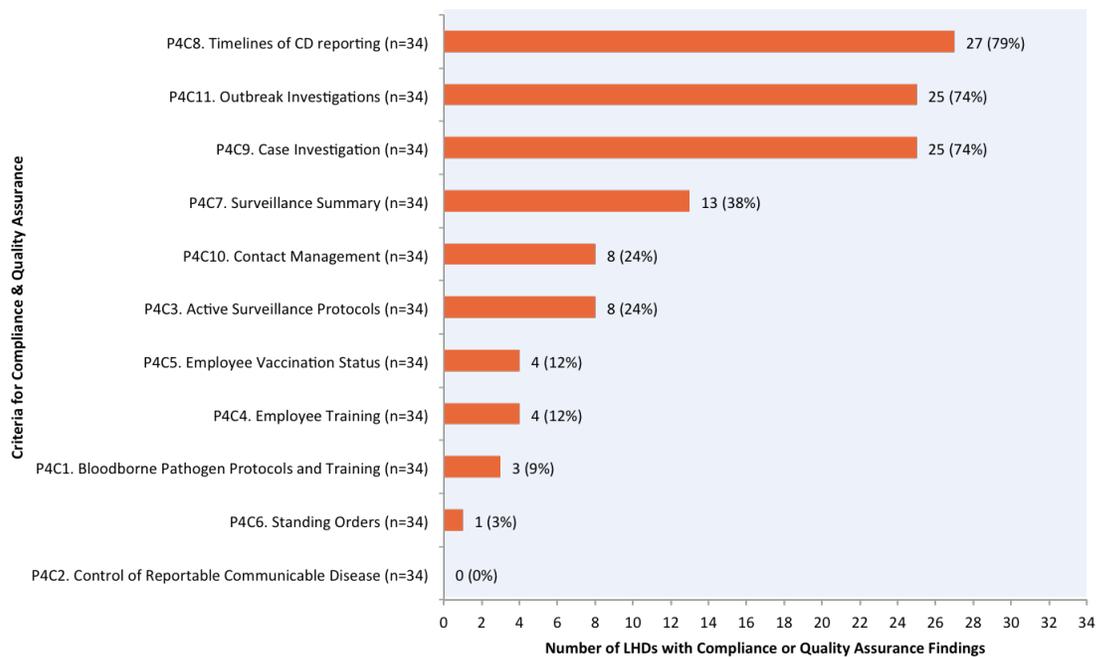


Figure 37: P4. Communicable Disease Program Review: Number of LHDs with Compliance or Quality Assurance Findings by Region

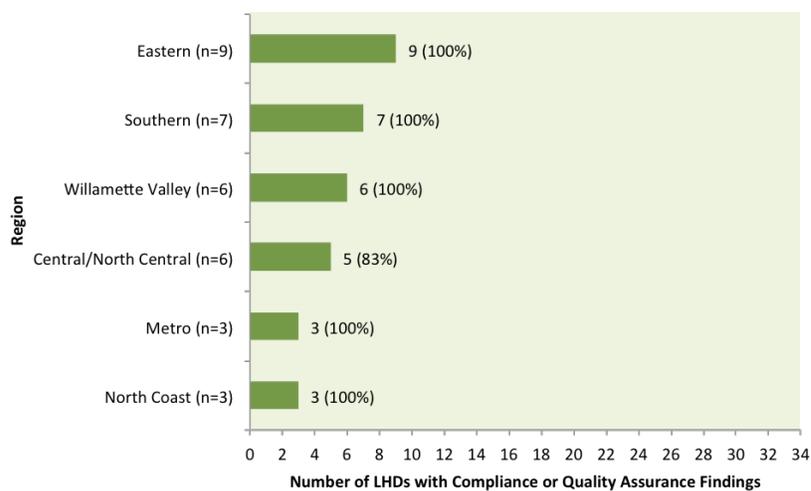


Figure 38: P4. Communicable Disease Program Review: Number of LHDs with Compliance or Quality Assurance Findings by Population Size

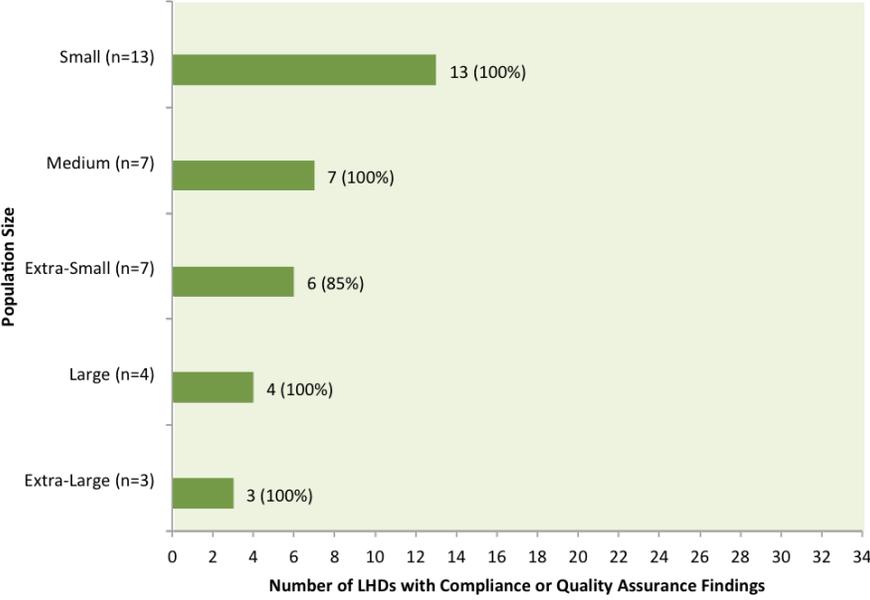
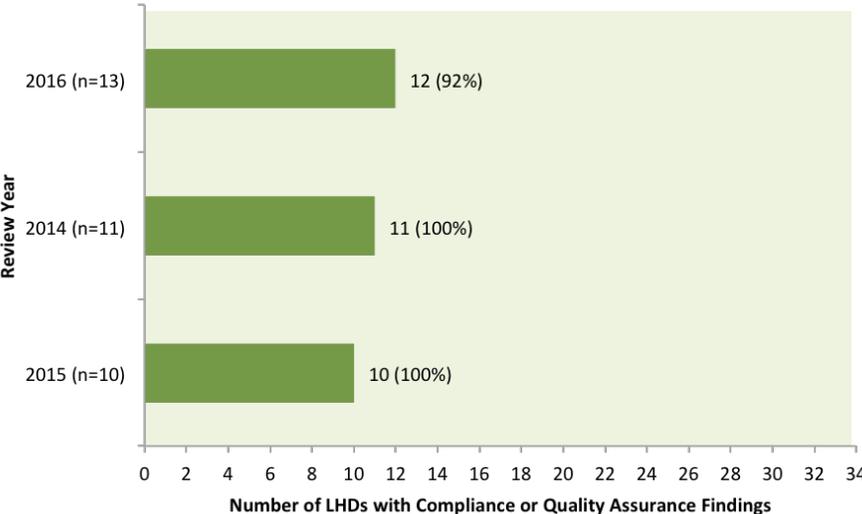


Figure 39: P4. Communicable Disease Program Review: Number of LHDs with Compliance or Quality Assurance Findings by Review Year



Program Level Findings: Programs with Less than 10 LHDs Experiencing Compliance Findings

The following figures 40-54 show the number and percent of LHDs with compliance findings by criteria for compliance for each of the triennial review programs that had less than 10 LHDs with compliance findings (excluding the Communicable Disease program because analyses was previously shown on pages 43-45 and programs that are no longer being conducted).

Figure 40: P17. Drinking Water Services Program Review: Number of LHDs with Compliance Findings by Criteria for Compliance

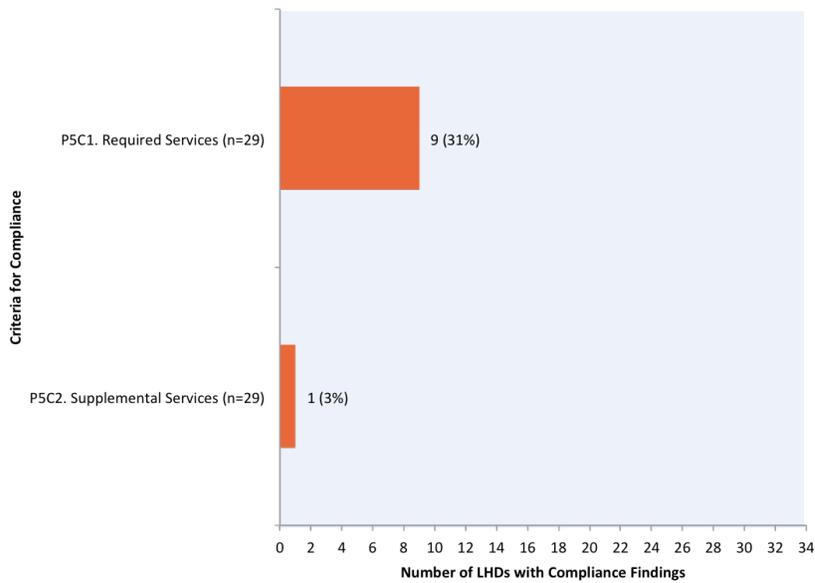
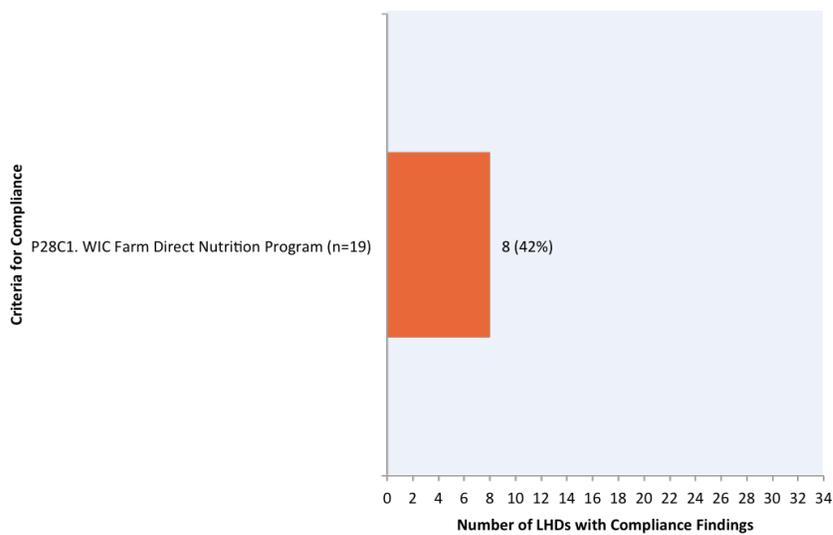
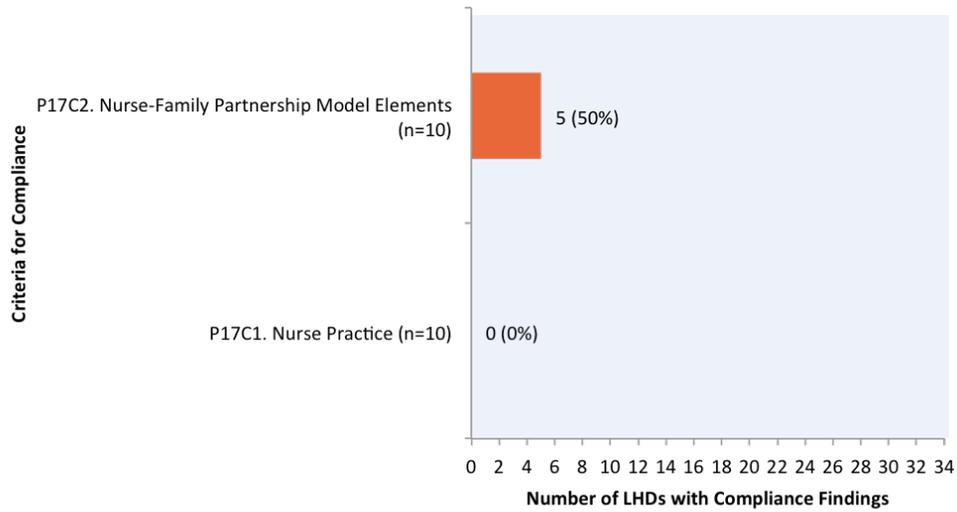


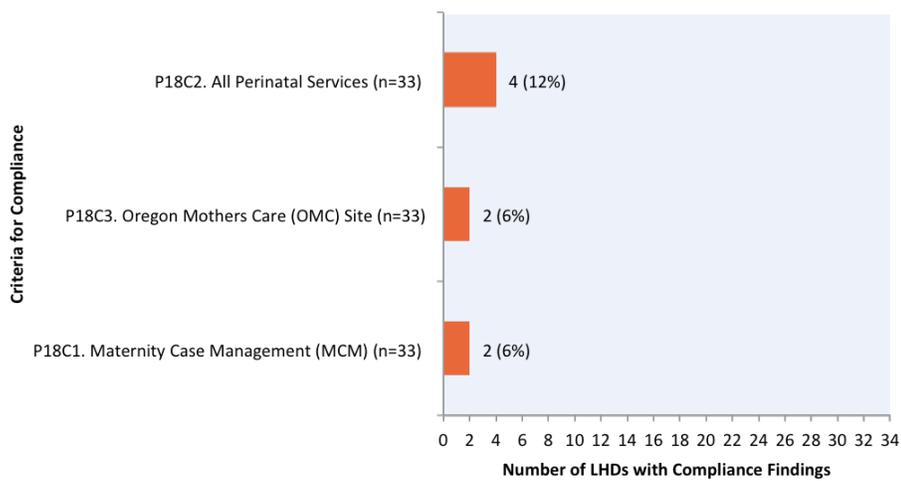
Figure 41: P17. WIC Farm Direct Nutrition Program Review: Number of LHDs with Compliance Findings by Criteria for Compliance



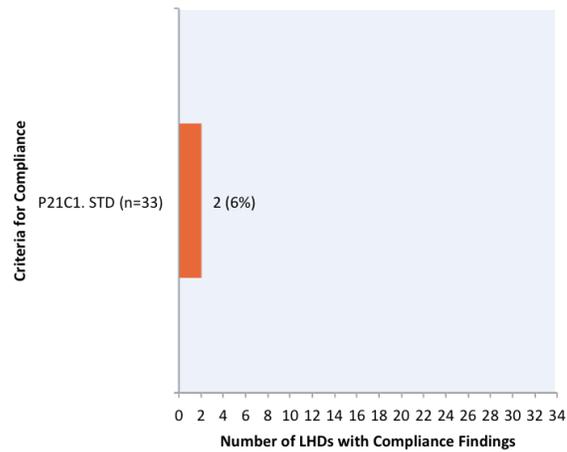
**Figure 42: P17. Nurse-Family Partnership Program Review:
Number of LHDs with Compliance Findings by Criteria for Compliance**



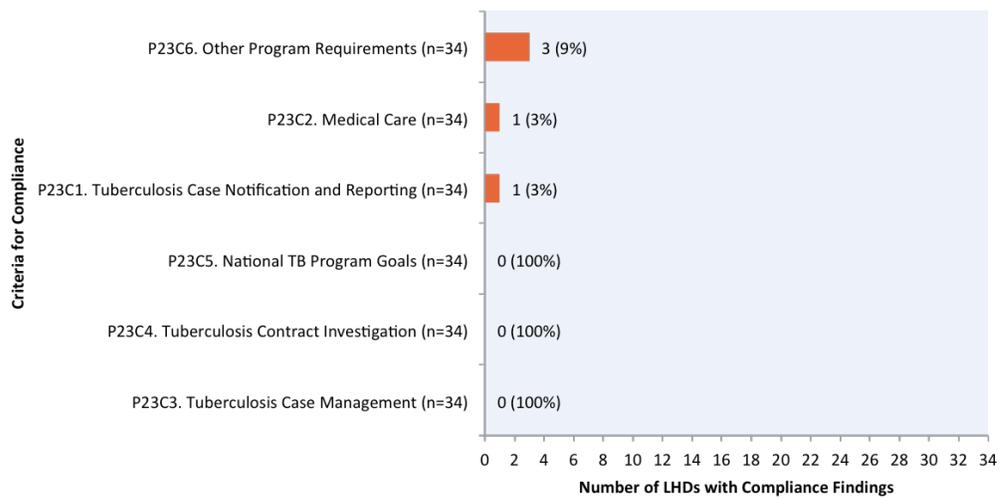
**Figure 43: P18. Perinatal Program Review:
Number of LHDs with Compliance Findings by Criteria for Compliance**



**Figure 44: P21. STD Program Review:
Number of LHDs with Compliance Findings by Criteria for Compliance**



**Figure 45: P23. Tuberculosis Program Review:
Number of LHDs with Compliance Findings by Criteria for Compliance**



**Figure 46: P2. Babies First! Program Review:
Number of LHDs with Compliance Findings by Criteria for Compliance**



**Figure 47: P13. HIV Care and Treatment Program Review:
Number of LHDs with Compliance Findings by Criteria for Compliance**

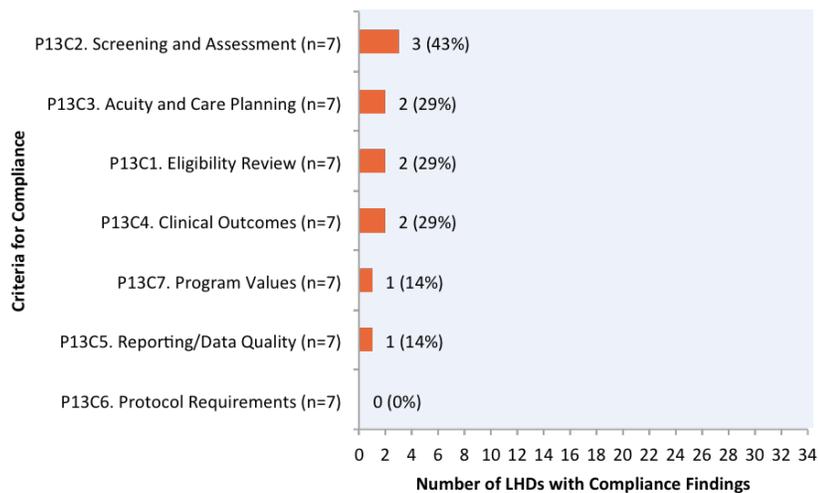


Figure 48: P22. Tobacco Prevention and Education Program Review: Number of LHDs with Compliance Findings by Criteria for Compliance

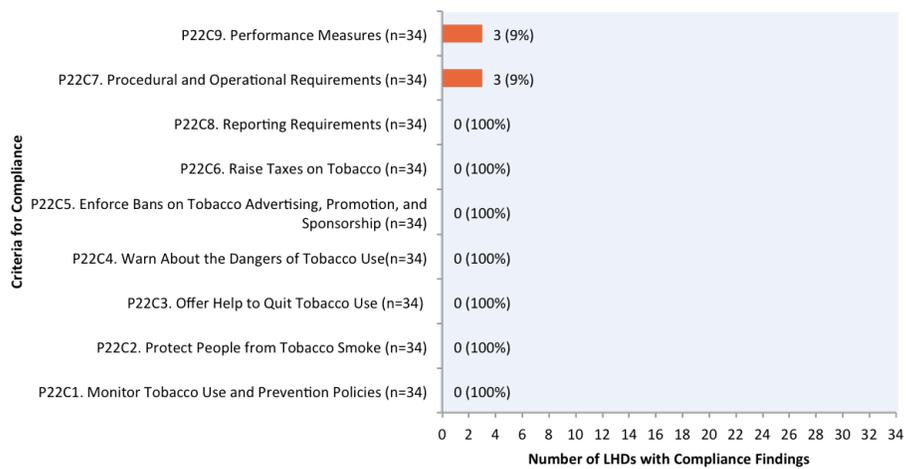
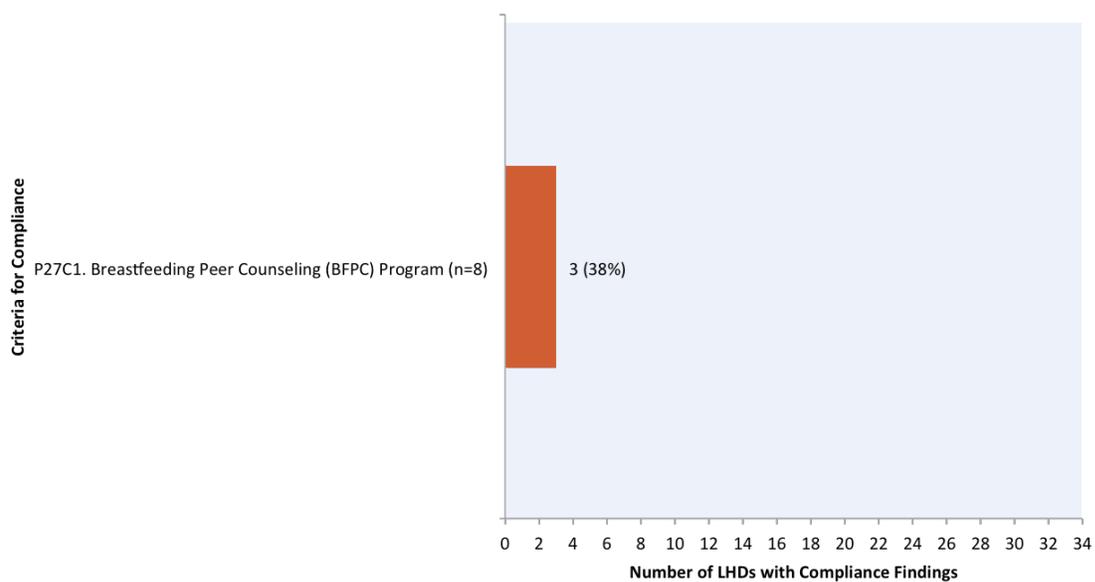


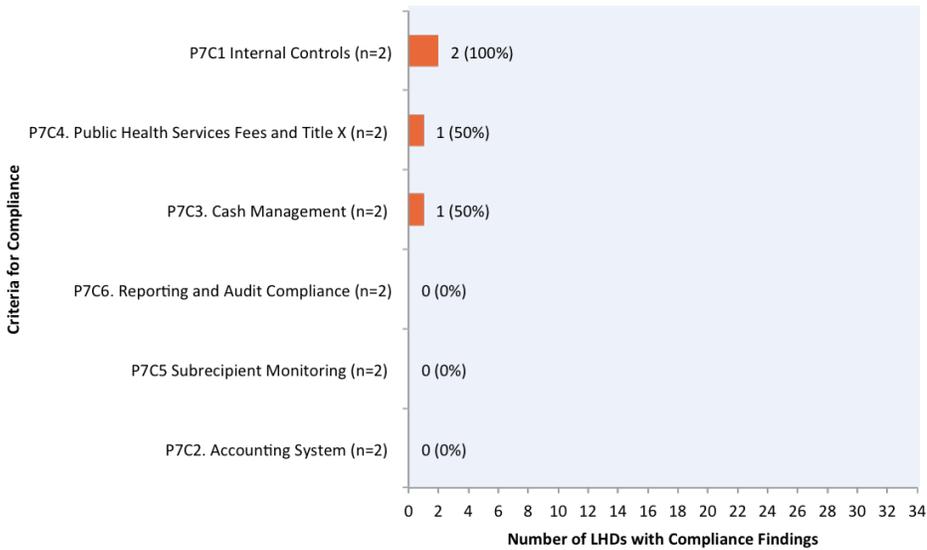
Figure 49: P27. WIC Breastfeeding Peer Counseling Program Review: Number of LHDs with Compliance Findings by Criteria for Compliance



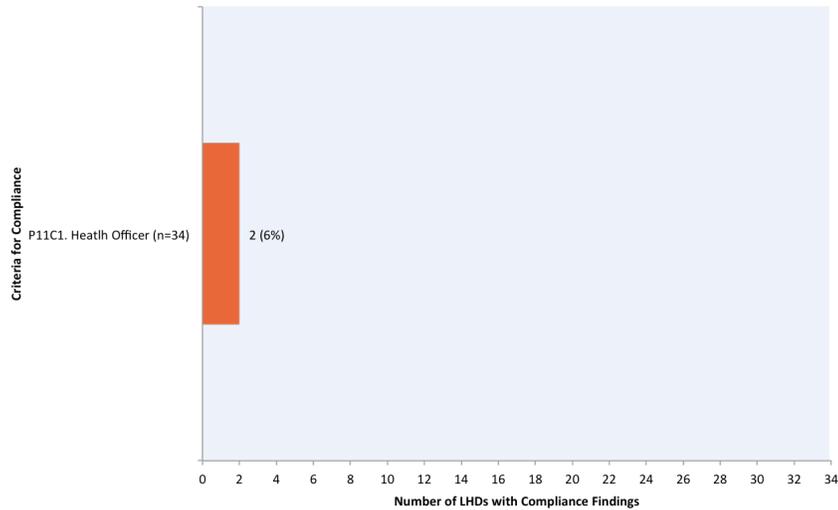
**Figure 50: P25. Vital Records Program Review:
Number of LHDs with Compliance Findings by Criteria for Compliance**



**Figure 51: P7. Fiscal Non-Profit Program Review:
Number of LHDs with Compliance Findings by Criteria for Compliance**



**Figure 52: P11. Health Officer Program Review:
Number of LHDs with Compliance Findings by Criteria for Compliance**



**Figure 53: P14. HIV Prevention Program Review:
Number of LHDs with Compliance Findings by Criteria for Compliance**

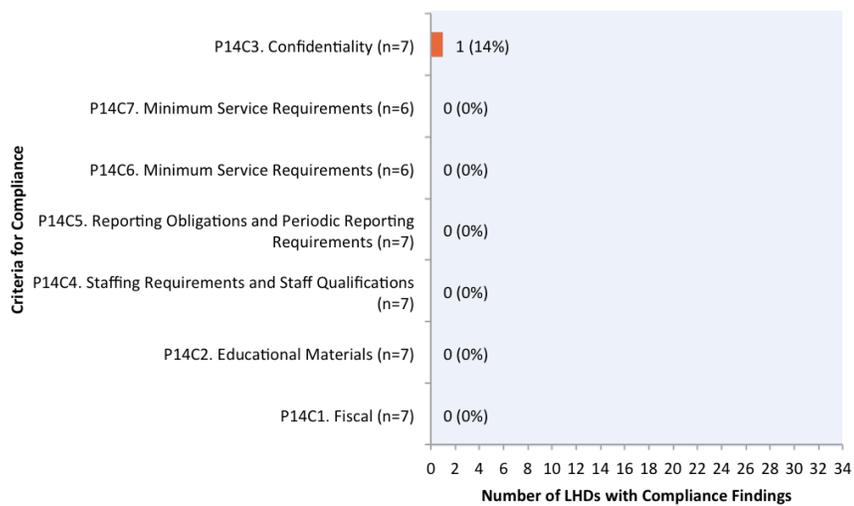
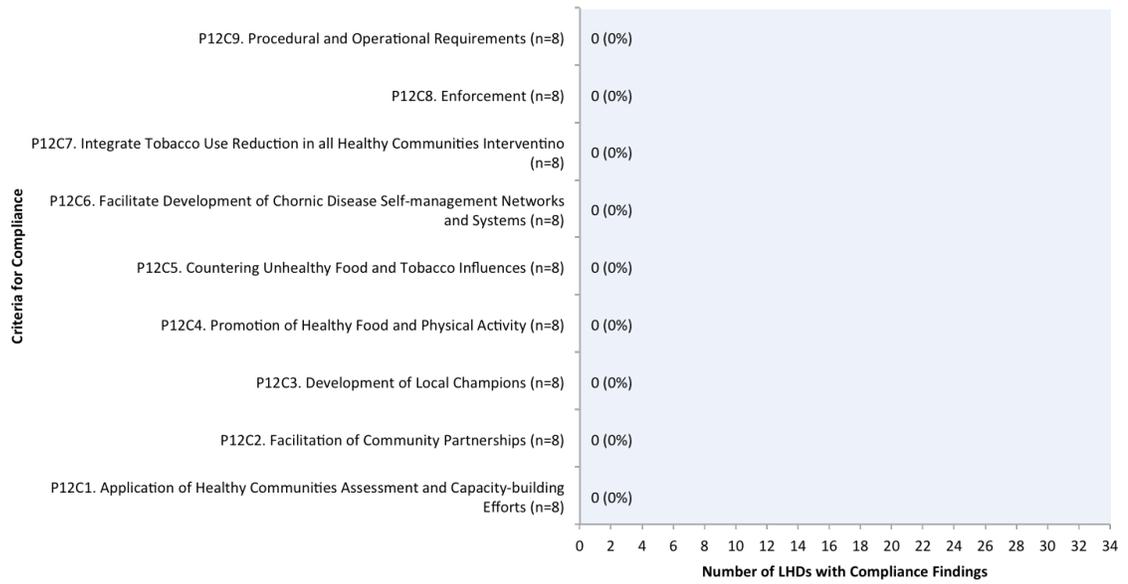


Figure 54: P12. Healthy Communities Implementation Program Review: Number of LHDs with Compliance Findings by Criteria for Compliance



Qualitative Findings

The following section includes findings from interviews with LHD staff and managers and OHA, PHD staff.

Reasons for Compliance Findings

This section of the report details findings from interviews with local health department (LHD) administrators and staff and with OHA, PHD program staff that focused on factors that led to LHDs being out of compliance.

Factors Leading to Compliance Findings: Open-ended Responses

Challenges in determining review requirements

Interviewees almost universally ascribed compliance findings to difficulties determining OHA, PHD requirements or to differences in interpretation of the review tool, some examples interviewees described were:

- a lack of clear information from OHA, PHD in advance of the review process;
- inconsistency between reviewers in how the review tool was applied; and
- frequent changes in the review tool leading to incorrect documentation within the LHD program, as leading to compliance findings.

In addition, approximately one-third of the LHD staff who were interviewed reported a lack of alignment between federal requirements and the state review tool, as well as the perception that federal requirements were too complex and/or numerous for their LHD to reasonably meet.

Although not widely mentioned, an emerging theme is conflict between modernization efforts and the review tool. As modernization leads to changes in LHD service delivery, established review tool requirements may be inconsistent with new models and therefore lead to compliance findings.

“Sometimes it’s not that we don’t have it, we just didn’t know what they really wanted. I found that across all of the visits, all of the reviewers, some were very lenient, saying, ‘Oh yeah, just get back to us later,’ and others were like, ‘If you don’t have it now, you’re getting a finding.’”

—LHD

Staff hiring, retention and management

Nearly all LHD interviewees with compliance findings discussed challenges related to LHD management, hiring, and retention of staff. Within this area internal confusion regarding protocols, roles, and responsibilities was most frequently cited as a factor that limited the LHD’s ability to achieve compliance. This included:

- lack of documentation due to the absence of policies for internal record keeping;
- lack of reinforcement of protocol in staff practices; and
- lack in clarity around staff duties that led to requirements not being met.

Staff turnover appeared connected to all of these staff related issues (e.g., internal confusion, lack of documentation). Among LHDs interviewed for compliance findings, several staff reported a lack of qualified workforce to fill positions, and limited funding resulting in staff having responsibilities in multiple program areas, each with different documentation and reporting requirements. Staff changes led to gaps in institutional knowledge, which impacted the organization’s knowledge of, and its ability to prepare for, the review process.

“We had an unprecedented year of staff turnover, and it rippled into absolutely everything, from day to day work to the triennial review. Not only [in terms of] staff turnover, but the challenges of recruitment. It makes it hard to get anything off the ground substantially.”

—LHD

“We’ve been making sure [LHDs] are up to date and we also have been providing them resources. I think part of the problem is that a lot of the agencies, they do the protocol. They write them and they get them in the book. But they

aren't necessarily following what they're saying they're going to be doing, with time constraints or changing of their staff."

—PHD

Lack of staff training

Over half of the LHDs with compliance findings identified a lack of staff training as a factor that affected compliance, and noted that it may also complicate the organizational factors described above. LHD staff voiced a need for more frequent refresher trainings to keep current on changing requirements, as well as to successfully orient new hires, especially in situations where staff turnover prevents one-on-one training. LHDs that experienced workforce limitations noted that qualified LHD hires may be inexperienced in applying their background and skills within the public health context, and may benefit from additional training in order to support LHD compliance.

"As far as I know, we've got practitioners just practicing these programs without any kind of orientation. It's like, 'Here you go. Hop to it. Get in that exam room and do that exam.' Maybe that's part of our problem, because we can't retain staff either. If they had a better orientation and support, then maybe we would be able to retain staff better too."

—LHD

Staff prioritization of other work

LHDs report facing difficult decisions about which work to complete in limited time, given funding and staffing constraints. Even when requirements were clear, staff prioritized attending to urgent cases rather than completing documentation requirements, which were considered lower priority.

"I would love to meet all of these requirements, but again, prioritizing with what we have in a given situation, when we get busy, the lower priority thing for us would be the chronic case interview timeliness. These are people who have already been infected for a very long time. Many of them are very difficult to reach. They take a lot of time. We want to try and reach them, but if it's a place where we have that and three outbreaks, I'm going to prioritize the outbreaks."

—LHD

Record keeping systems

Some LHD staff interviewed also described inefficient or disorganized record keeping systems as a contributor to compliance findings.

"A lot of the records were done on paper. We've recently been organizing and finding all of these paper files and documentation and trying to organize them. We've now moved over to electronic systems for a lot of different things, so a lot of that problem has been remedied. Historically speaking, the records have been disorganized."

—LHD

Factors Leading to Compliance Findings: Yes/No Responses

This section of the report details yes/no responses from LHD administrators and staff about factors that led to compliance findings.

Factors that contributed to compliance findings described by LHDs with compliance findings (See Figure 58, n=15 interviews representing 14 LHDs):

- Lack of resources such as funding or equipment (73%)
- Staff turnover (53%)
- Not aware of the requirements (53%)
- Lack of staff training (47%)
- Lack of available qualified staff (47%)
- External factors or internal forces diverted resources so that staff were unable to prioritize the compliance criteria (47%)
- Did not understand the requirements (40%)
- Poor record keeping (33%)
- Did not see the point in meeting requirements (20%)
- Other reasons (67%)

Two-thirds (67%) of the interviewees indicated additional reasons for a lack of compliance on their triennial review other than those listed above. These other reasons included:

- clients refusing services and therefore there was nothing to report;
- internal mistakes;
- lack of communication from the state regarding documentation requirements when direct services are not provided at the county level;
- could not keep up with documentation and compliance requirements due to the time commitment needed to provide direct services; and
- a belief that staff had met the requirement.

Table 1 shows the factors that were identified by programs as contributing to a lack of compliance.

Because these multiple choice responses were

recorded prior to the reflection that occurred in the open-ended discussion portion of the interview, these results reflect more of a “first pass” rather than a considered viewpoint. In many cases the open-ended responses elicited additional details related to factors that the interviewee initially reported as not being related to compliance findings. Similarly, the “Other” factors attributed to compliance findings also aligned with the themes described on the following page.

Figure 55: Factors Contributing to Compliance Findings

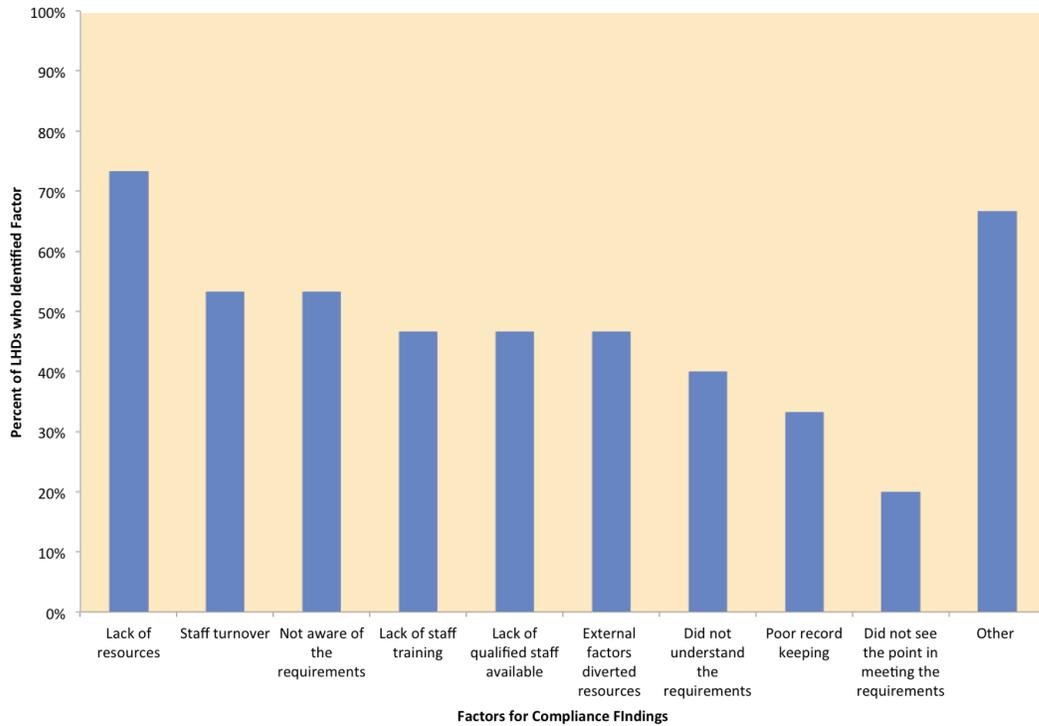


Table 1: Factors Contributing to Compliance Findings by Program

During interviews with LHD staff, interviewees were asked to respond to a list of yes/no questions about specific factors that led to compliance findings. The table below shows "yes" responses by program. In some cases, interviewees later identified factors as reasons for compliance findings for which they originally responded "unknown" or "no". Therefore, this table may not fully represent all responses.

Factor	Program				
	Communicable Disease	Fiscal	Immunization	Reproductive Health	WIC
Did not understand requirements			✓	✓	
External factors		✓	✓	✓	
Lack of clarity from OHA on requirement	✓				
Lack of qualified staff available	✓		✓		
Lack of resources	✓				✓
Lack of staff training	✓	✓		✓	
Not aware of requirements		✓			✓
Poor record keeping		✓			✓
Staff turnover			✓	✓	

Reasons for Being in Compliance

This section of the report details findings from interviews with local health department (LHD) administrators and staff and with OHA, PHD program staff that focused on factors that led to LHDs being in compliance, during their triennial review.

Factors Leading to Being in Compliance: Open-ended Responses

Similar to the interviews described in the previous section, open-ended qualitative data from interviews with LHDs who were in compliance provided informative results and confirmed many of the themes found in interviews with LHDs who had compliance findings. Factors that were described as lacking in LHDs with compliance findings were identified as present and contributing to the success of LHDs with positive reviews.

Internal organizational factors including:

- clear staff policies, procedures and delineation of staff responsibilities;
- help from support staff with documentation and requirements;
- staff longevity and an experienced workforce that is familiar with the review process;
- leadership and management prioritization of the review by providing workplans and support for training;
- internal communications that support a culture of teamwork and an awareness of review updates and requirements; and
- a well organized record keeping system.

“We have an awesome supervisor who just does a great job leading our team and spent hours getting the program ready for this review, so the supervisor had a lot to do with us doing so well. She spent a lot of time on our policies and procedures, ensuring that they were completely updated and available for the reviewer. That took a lot of her

time. She spent a lot of time with her staff, ensuring that they were available and prepared to answer questions.”

—LHD

“[LHDs in compliance] are completing their forms that we support, their data forms, client records. That really helps us be able to help them understand what services they’re doing correctly.”

—PHD

OHA staff relationship & partnership

LHD staff and managers identified ways that a close relationship and partnership with OHA program staff helped them be in compliance with the review, including:

- approachable and responsive relationships, established through frequent communication between LHD and OHA, PHD staff;
- a mutually positive and collaborative partnership with OHA, PHD;
- LHD willingness to be proactive in the review process by initiating contact with OHA; and
- detailed, timely communications from OHA, PHD that provided ongoing information about the review process and training opportunities.

“The communication and training that the state program office attempts to provide on a regular basis, combined with consistent and experienced staff are the combination that allows for successful monitoring to occur. We really view ourselves in partnership with local agencies. We have fostered a mentoring or supportive role as opposed to adversarial. We

really do listen to what our local agencies are telling us is or is not working, and try to make sure that the resources that are available are addressing the needs that the local agency has within the parameters of the federal rules.”

—PHD

“Even when there has been turnover at OHA, they are fantastic at making sure that you know your point person. If for some reason your point person is going to be out, they always let you know so that you know who to go to. You have multiple contacts at OHA for the programs that are constantly pushing out information, so you don’t ever get siloed on question-asking. The communication piece is huge.”

—LHD

State administration of review tools including:

- clear, current, and accessible communication of review requirements;
- detailed review tools that are updated and aligned with federal requirements; and
- conversations between OHA, PHD and LHD staff in advance of review, as an opportunity to ask questions and get feedback before the site visit.

“We give [LHDs] access to the tools that we use for the compliance review and give them opportunity to connect with us if they have questions before. We provide all this information way before we go out to the compliance review. I find

those agencies that respond and look at the review tools, and have everything already pulled out and addressed, have fewer compliance findings.”

—PHD

OHA, PHD trainings and other opportunities for learning

LHD staff valued OHA, PHD trainings as both a learning opportunity and a platform for networking with other LHDs. Interviewees identified the following trainings as helpful:

- refresher courses and ongoing support for current staff;
- quick and comprehensive onboarding of new staff;
- trainings focused on LHD compliance findings; and
- trainings focused on changes in requirements.

“We work really diligently to provide staff training and communication, and we focus efforts on any findings that are repeat, either from one biennium to the next, or repeated multiple times between agencies. We continually evaluate the number and types of findings that we’re seeing, to identify whether it’s an isolated incidence, or a single entity, or whether it is something that is more of a global concern. We have found that this has worked very well in the past in order to assist our local agencies to come into compliance.”

—PHD

Factors Leading to Being in Compliance: Yes/No Responses

As with the previous group of interviewees, participants were asked to respond yes/no to a series of questions about the factors that supported their LHD being in compliance. This group of LHDs was a smaller sample size, and again, data from the open-ended discussion yielded more informative results.

Factors that contributed to being in compliance (See Figure 59, n=10 interviews representing 9 LHDs):

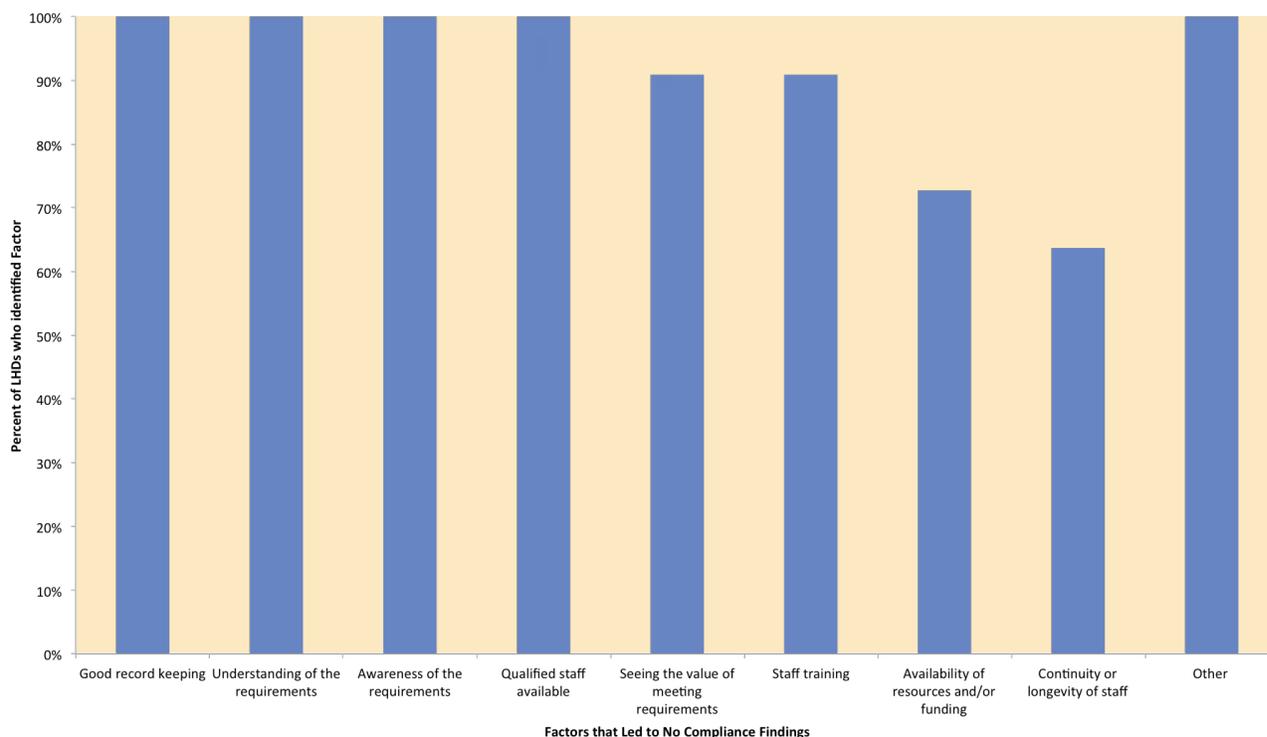
- Good record keeping (100%)
- An awareness of the requirements (100%)
- An understanding of the requirements (100%)
- Available qualified staff (100%)

- Seeing the value in meeting the requirements (91%)
- Staff training (91%)
- Availability of resources such as funding or equipment (73%)
- Continuity or longevity of staff (64%)
- Other (100%)

All 10 interviewees mentioned factors that lead to being in compliance on their triennial review other than those listed above. Other factors included:

- good relationships and communication with state program staff;
- planning and preparation for the review;
- internal staff communication;
- knowledge and support during the review process.

Figure 56: Factors Contributing to Being in Compliance



Ways OHA Can Help Improve Compliance

Ways OHA Can Help Improve Compliance: Interview Results

LHD staff were also asked for their feedback on what changes OHA, PHD could implement to reduce the number of compliance findings. Among fifteen interviews, several themes emerged from open-ended discussions. The most common are detailed below.

OHA training opportunities

Over 2/3 of LHDs with compliance findings recommended that OHA improve the quality, quantity, and access of training opportunities. Training was seen as a solution to help improve LHD understanding of review requirements, and to overcome the challenges of turnover and gaps in institutional knowledge. Several ideas emerged about ways OHA, PHD could improve existing training opportunities:

- standardize the onboarding process for new LHD hires within each program area, especially pertaining to compliance review procedures and requirements;
- provide more frequent and accessible trainings in both webinar and face-to-face formats;
- help LHDs strengthen policies and procedures; and
- integrate opportunities to collaborate and share experiences among LHDs within trainings.

“When we know that our colleagues are all trained, we really have something in place that we can all lean on. We can tell everybody, whoever’s on call, if ever they need a backup, they just call another member of the team. You’re not just flapping in the breeze by yourself. It’s a very supportive environment. It’s like we’re all in this together, it’s really a team.”

—LHD

Communications with OHA, PHD staff

Over half of the interviewees also identified improvements in communication about the review process between OHA, PHD and LHD staff as a significant opportunity to help improve compliance. Areas LHDs identified for communication improvement included:

- standardize the review process among reviewers;
- provide more detailed and accessible information about the process, for example on the OHA, PHD website;
- make the review proactive and more conversational by providing tools well in advance, and sharing information early so that LHDs have an opportunity to remedy potential concerns before the final review is completed; and
- ensure that OHA, PHD staff are accessible and responsive to LHDs, making the review a collaborative effort rather than a punitive process.

“A good relationship with the people at the state has made all the difference. [PHD staff] have been incredibly helpful in helping people to understand what happens. She comes down and visits and talks with us and we go through things. If there’s an issue, we call them. Along the way we ask, ‘Why do you have this requirement for such and such?’ And she says, ‘Well, this is what we’re really looking for here.’ I think that is probably the most helpful.”

—LHD

OHA support for infrastructure, funding, and other resources

Over half the LHDs voiced a need for additional OHA, PHD support to improve the balance of workload with staff capacity. Ideas included:

- reducing the time needed for documentation and other administrative requirements, thereby increasing the time available to serve clients;
 - providing sample policies, procedures, and protocols;
 - improving recordkeeping related to the review process by enhancing existing systems, for example by adding quality assurance information to the ORPHEUS database;
 - creating training and networking opportunities among LHDs to improve grant acquisition capacity and facilitate partnerships; and
 - improving support for cost recovery measures.
- examining review tools to ensure all criteria are required;
 - maintaining strict alignment between the program element (i.e. the contractual agreement) and the program review tool;
 - eliminating redundancy between tools (i.e., identical or similar compliance criteria or elements on more than one program review tool);
 - refraining from implementing program review tools as a “one size fits all” application, especially for small counties and as counties are changing practices or business models to provide more population level public health services.

“County health departments need support from someone. Whether that comes from OHA, or CLHO, or Association of Oregon Counties, they need support on how to build and sustain their basic day-to-day infrastructure. We know for a fact that counties are serving privately insured people, they’re not aware of their own costs for those services, and they’re not billing for those costs. So, they’re losing money hand over fist for those services.”

—PHD

Revision to program review tools

Several local health departments also identified ways that the program review tools could be improved to increase compliance with requirements. Strategies included:

Additional Analyses

The following section includes findings from policy level and public health modernization level analyses.

Analysis of the Policy Level for Compliance Requirements

Findings

All criteria for compliance elements in each triennial program review tool were analyzed for alignment with federal or state statute, regulation, or policy. Results showed: 39% of criteria for compliance elements across all triennial program review tools were based on federal Code of Federal Regulations (CFR), Office of Management and Budget (OMB), Federal Title Laws (Title #), United States Codes (USC), or Centers for Disease Control (CDC) Guidelines. One-quarter (25%) were based on Oregon Revised Statute (ORS) or Oregon Administrative Rules (OAR). 20% were based on other identification, such as Oregon State Boards, Program Element, Conference of Local Health Officials (CLHO) minimum standards, HIV standards, etc., and 16% of criteria for compliance elements were unidentified.

Program specific findings had a wide range of variety between criteria for compliance elements, with the majority of programs having criteria for compliance elements based on multiple levels of policy, with some notable outliers:

- The fiscal program reviews, including Fiscal, Fiscal WIC, and Fiscal Non-Profit, had the majority of their criteria for compliance elements based on Federal level policy, CFR, OMB, Title #, or USC, (83%, 79%, and 83% respectively) and the remaining criteria were unidentified.
- 100% of the Environmental Health criteria for compliance elements were based on OARs.
- 89% of the criteria for compliance elements for the HIV Prevention Program were program elements only.
- 46% of the criteria for compliance elements in the Emergency Preparedness program were unidentified.
- 100% of the Tobacco Prevention Education Planning (TPEP) program were program element only.

- 44% of the Tuberculosis program review criteria for compliance elements were Program Element only.
- The WIC, WIC Breastfeeding Peer Counseling Program, and WIC Food Direct Nutrition Program were found to have 100% of their criteria for compliance elements sourced from federal level policy (CFR, OMB, Title #, or USC).

Table 2 shows a break down of the criteria for compliance elements in each review tool by federal policy (CFR, OMB, Title #, USC, and CDC guidelines), state policy (ORS and OAR), other identification (program element only, CLHO minimum standards, Oregon State Board of Nursing, HIV Standards, etc.), and unidentified.

Table 2: Analysis of the Policy Level for Compliance Requirements

Program Review Tool	Number of Criteria for Compliance Elements	Percent Federal CFR, OMB, Title #, USC, or CDC Guidelines	Percent State ORS or OAR	Percent Other Identification	Percent Unidentified
Reproductive Health	115	83%	1%	5%	10%
Civil Rights	98	34%	51%	0%	15%
Perinatal	97	0%	55%	21%	25%
Fiscal	90	83%	0%	0%	21%
Fiscal NON-PROFIT	90	83%	0%	0%	17%
WIC	90	100%	0%	0%	0%
Fiscal WIC	61	79%	0%	0%	21%
Environmental Health	58	0%	100%	0%	0%
Administrative	54	19%	56%	15%	11%
Vital Records	55	0%	93%	7%	0%
Communicable Disease*	45	4%	4%	0%	92%
Immunization	48	13%	15%	63%	17%
Babies First	43	0%	53%	33%	14%
HIV Care and Treatment	37	0%	16%	84%	0%
Tuberculosis	36	0%	8%	92%	0%
HIV Prevention Program	35	6%	6%	89%	0%
Nurse-Family Partnership	34	0%	18%	65%	18%
Drinking Water Services	29	3%	41%	55%	0%
STD	24	0%	25%	71%	4%
Healthy Communities Implementation	21	0%	0%	100%	0%
TPEP	20	0%	0%	100%	0%
WIC BPCP	19	100%	0%	0%	0%
Health Officer	14	21%	7%	36%	36%
Emergency Preparedness	13	15%	0%	38%	46%
WIC FDNP	10	100%	0%	0%	0%
Total	1236	39%	25%	20%	16%

*Criteria for compliance elements for the communicable disease program include criteria for compliance as well as quality assurance.

Comparison of Criteria For Compliance with Foundational Public Health Programs

Introduction

Oregon is on a path to modernizing its public health system. The main effort toward this goal is the implementation of 11 identified foundation capabilities and programs by all local health departments (LHDs) in the state. The study team analyzed the program review tools used in the triennial review process to determine the extent to which they align with the four foundational programs (Communicable Disease Control, Environmental Health, Access to Clinical Preventive Services, and Prevention and Health Promotion) and one foundational capability (Emergency Preparedness and Response) as found in the Oregon Public Health Modernization Manual. The foundational programs, and not the foundational capabilities, were chosen for analysis because OHA, PHD wanted to focus this analysis on how the review tools meet the foundational program functions. Though Emergency Preparedness and Response is classified as a capability, there are aspects of the capability that are also programmatic. For ease of reading, all five of these topics are hereafter referred to as foundational programs.

Findings

Review program tool criteria

Overall, program review tools for programs that focus on individuals or clients lacked alignment with the modernization foundational programs included in this analysis. For example, the Nurse-Family Partnership review tool, which had criteria for compliance that were heavily based on client relations, nurse training, and documentation, had no alignment to the foundational programs. In contrast, programs that focus on population-based public health efforts aligned with many of the foundational program sub-functions. For example, criteria for compliance in the Communicable Disease, Tobacco Prevention Education Program, Emergency Preparedness, and Drinking Water programs have almost full alignment with certain foundational program sub-functions.

Of the 116 criteria for compliance that were used for this analysis, 84 (72%) were aligned with one or more foundational program sub-functions, and 32

(28%) were unaligned with any of the foundational programs examined (see Table 3).

Foundational program functions and sub-functions

The study team also examined how many of the foundational programs, and their functions and sub-functions, were reflected in the program review tools. For 4 of the 5 foundational programs, one half or more of their sub-functions were not covered in the program review tools:

- Environmental Health (76%)
- Prevention and Health Promotion (60%)
- Emergency Preparedness and Response (58%)
- Access to Clinical Preventive Services (50%)

Communicable Disease had only 24% of sub-functions that were not aligned to a program review tool criteria for compliance. This may be because the Communicable Disease program review is directly related to this foundational program and therefore covers much of what is in the modernization manual. Another reason may be that the Communicable Disease program review tool has criteria that focus on population based health, which is the cornerstone of the modernization foundational programs.

In contrast, the Environmental Health foundational program had the least alignment with the program review tools, with only 24% of sub-functions aligning. Entire functions were missing from the program review tools such as, environmental consultations roles, policy and program development deliverables, and health promotion and outreach deliverables.

Limitations

This analysis sheds light on areas where the triennial review program tools do (and do not) align with OHA, PHD's public health modernization effort. However, it is important to note limitations of the analysis:

- The Public Health Modernization Manual program elements and sub-elements are broad

Table 3: Number of Criteria Aligned (and Not Aligned) by Program Review Tool

Program Review Tool	Number of Criteria Aligned	Number of Criteria Not-aligned
Babies First	3	0
CD	11	0
Drinking Water	9	1 (fiscal)
Emergency Preparedness	4	1 (admin)
Food, Pool, Lodging	6	2 (enforcement, minimum standards & review)
Health officer	0	1 (health officer)
HIV Care	5	2 (review, clinical outcomes)
HIV Prevention	5	2 (fiscal, staffing)
Immunization	8	7 (management, billable, adverse events, aca grants, performance measures, terms and conditions, and resolution of compliance)
Nurse Family	0	2 (nursing practice, model elements)
Perinatal	3	0
Reproductive Health	9	3 (prohibition of abortion, staff, administrative)
STI	1	0
TPEP	8	1 (performance measures)
TB	6	2 (program goals, other program requirements)
WIC Breastfeeding	1	5 (caseload, staff, documentation, fiscal, reports)
WIC Farm Direct Nutrition	1	1 (other program areas)
WIC	4	2 (program management, fiscal)

and encompassing, while the program review tool criteria for compliance are specific. This made alignment difficult and in some cases impossible.

- Modernization focuses on public health as providing preventive, population-level services, whereas many public health programs and program review tools are individual-level and client focused.
- The removal of the Healthy Communities program review tool also affected analysis. If that program was continuing and the review tool had been analyzed, we expect that many more of the foundational Prevention and Health Promotion sub-functions would have been met.
- Of the seven public health modernization foundational capabilities, only one (Emergency Preparedness and Response) was used. The

other foundational capabilities are: Leadership and Organization Competencies, Health Equity and Cultural Responsiveness, Community Partnership Development, Assessment and Epidemiology, Policy and Planning, and Communications. Not including these capabilities limited the scope of our analysis, and some of the program review tool criteria that were found to be unidentifiable in analysis may have fit a function in one of the unanalyzed foundational capabilities.

- Because of the design of this analysis, researchers used subjective methods in criteria for compliance alignment to foundational program sub-functions and therefore it is possible that bias may play a part in the outcomes.

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Conclusions & Recommendations

Conclusions & Recommendations

Conclusion

This report provided the findings from a study examining triennial reviews of Local Health Departments (LHDs) conducted by the Oregon Health Authority, Public Health Division (OHA, PHD). These reviews assessed LHD compliance with state, federal, and other contract requirements for providing public health services. The study team determined the frequency of compliance findings among the LHDs, and also interviewed LHD and OHA, PHD staff to gain insight into approaches that could support counties in improving compliance with the most frequent compliance findings.

In total, 25 programs were reviewed during this triennial review cycle. The 5 programs with which LHDs most commonly had compliance findings were:

- Immunization (25 LHDs)
- Environmental Health (24 LHDs)
- Women, Infants, and Children (20 LHDs)
- Reproductive Health (19 LHDs)
- Fiscal (19 LHDs)

Interviewees from 14 LHDs (representing 15 interviews) with compliance findings in the greatest number of criteria in five program areas (Communicable Disease, Immunization, Fiscal, Reproductive Health, and WIC) provided information about the circumstances that led to compliance findings, these circumstances included:

- difficulties determining OHA requirements or to differences in interpretation of the review tool;
- a lack of alignment between federal requirements and the state review tool;
- conflict between modernization efforts and the review tool;
- challenges related to LHD management, hiring, and retention;
- a lack of staff training;
- the need to prioritize client care over documentation requirements; and
- inefficient or disorganized record keeping systems.

Interviewees were also asked about ways that OHA could support them in achieving compliance with the triennial review criteria. Three main themes for OHA support emerged in their responses:

- improved training;
- improved communication about the review between OHA and local health departments; and
- improvement in the review tools themselves.

Among LHDs with compliance findings, the most common recommendation was that OHA improve the quality, quantity, and access to training opportunities. Training was seen as a solution to help improve LHD understanding of review requirements, and to overcome the challenges of turnover and gaps in institutional knowledge. Interviewees also reported that improved communication between OHA and LHD staff about the review process would afford a significant opportunity to help improve compliance, and also voiced a need for additional OHA support to improve the balance of workload with staff capacity.

Interviewees from 9 LHDs (representing 10 interviews) provided information on factors that contributed to compliance, these factors included:

- awareness of the requirements;
- staff continuity;
- staff training;
- resource availability;
- an understanding of the requirements;
- availability of qualified staff;
- good record keeping; and
- seeing value in meeting the requirements.

Finally, the study team produced policy level and modernization level analyses. The study team analyzed the program review tools used in the triennial review process to determine the extent to which they align with federal and state policy as well as with 4 of the 11 public health modernization foundational programs (Communicable Disease Control, Environmental Health, Access to Clinical Preventive Services, and Prevention and Health Promotion) and 1 foundational capability (Emergency Preparedness and Response).

Of the criteria for compliance elements in the 28 triennial program review tools, thirty-eight percent of criteria for compliance elements across all triennial program review tools were based on federal policy (CFR, OMB, Title Laws, USC, or CDC Guidelines), one-quarter (25%) were based on Oregon State Law (ORS or OAR), 23% were based on other identification, such as Oregon State Boards, Program Element, Conference of Local Health Officials (CLHO) minimum standards, HIV standards, etc., and 14% of criteria for compliance elements were unidentified. Of the 116 criteria for compliance that were used for this analysis, 84 (72%) were aligned with one or more foundational program sub-functions, and 32 (28%) were not aligned with any of the foundational programs examined.

Recommendations

This study paints a picture of a triennial review process, and relationships between OHA, PHD and local health departments, in a state of both challenge and opportunity. Extrapolating from the compliance data and qualitative information analyzed in this study, several interrelated recommendations emerge.

Improvement of Compliance: Review Tools and the Review Process

Compliance with program requirements is a concern in Oregon, with one half or more of LHDs having compliance findings in seven program areas. Applying one review tool to programs that exist in a wide range of population, geographic and service delivery contexts is a significant challenge, and the analysis produced in this study reflects that. Because LHDs receive public funding, OHA, PHD must ensure that the review process is meaningful and yields a clear picture of the outcomes achieved by LHDs with those funds. It also exists as an opportunity for quality improvement for OHA, PHD as well as LHDs. Although findings are perceived as areas where LHDs are lacking, compliance can also initiate a collaborative process. Findings can

help highlight areas for OHA, PHD to strategically apply resources, particularly among LHDs with small staff sizes, geography and other limiting factors beyond their control.

The study team recommends that the review process be improved through:

- improving alignment between federal regulations and state review requirements, and clarifying areas of overlapping responsibility between programs;
- greater standardization among reviewers in how review tools are applied,
- a more proactive site review process, characterized by collaborative relationships and informal conversation between OHA, PHD and LHDs beginning several months in advance of site visits, and identifying areas of potential concern before they become findings; and
- clarification of review requirements and updates to review tools, communicated through more frequent reminders and refresher trainings, accessible in both online and in-person formats.

Improvement of Compliance: Collaboration and Organizational Factors

LHDs repeatedly described factors that were indirect to OHA involvement, but had a significant bearing on compliance. While responsibility for these factors rests ultimately with LHDs, there are steps that OHA, PHD can implement that would significantly improve LHD ability to meet requirements. Several of these factors are interrelated to each other; opportunities may exist for systemic efficiencies by identifying actions that dovetail with multiple factors affecting compliance. The following factors that affect compliance are recommended for improvement:

- increased training opportunities, especially onboarding for new LHD staff, focusing first on programs with the greatest number of compliance findings (Immunization, Environmental Health, Fiscal, Reproductive Health, and WIC);

- ensure clarity and consistency of review requirements between trainings and programs where there is overlap, and include sample protocols where appropriate;
- integrating opportunities for networking among LHDs as part of trainings would allow for increased sharing of experiences, knowledge and rapport among LHDs; and
- supporting staff time efficiency by integrating review requirements into existing centralized record keeping systems.

Trainings and other support for front-line LHD staff not only improve knowledge and clarity of record keeping and review requirements, but may also have indirect benefits to internal LHD communication and teamwork, as LHD staff noted an increased sense of trust and interdependence with co-workers who had completed training. These factors might also reduce staff turnover, leading to improved institutional knowledge and ability to meet review requirements.

Oregon Public Health Modernization

As LHDs begin to modernize at different paces and starting in different areas, a revamping of the triennial review process also presents opportunities for alignment with public health modernization foundational programs and capabilities. Based on the findings in this report, the study team recommends that OHA increase alignment between the program review tool and the Oregon Public Health Modernization Manual and adapt the review tool to unusual circumstances, e.g. differences in service delivery model that occurs as a result of modernization in order to aid in public health modernization implementation.

Analysis of the Policy Level for Compliance Requirements

The study team analyzed the policy that informed each program criteria for compliance, and identified criteria for compliance that did not identify the policy that led to its development. This analysis gives an informed starting place where OHA can begin revising their program tools and Program Elements to accurately identify federal or state policy.

We believe that a collaborative effort between OHA, PHD and local health departments to implement these recommendations would improve the functioning of the public health system of today, while co-creating a modernized system that will equitably and efficiently serve the needs of Oregonians in the decades ahead.

References

1. BERK (2016). State of Oregon Public Health Modernization Assessment Report.
2. <http://www.dedoose.com>
3. A state agency that oversees the activities of the physicians and health care professionals licensed in that state, assuring that a high standard of practice by the physicians and others is maintained and that the use of controlled drug substances is appropriate and without impropriety. E.g., Oregon State Board of Nursing
4. Programmatic and service deliverables that describe the services the local health departments provide based upon the agreement with the Oregon Health Authority and negotiation with the Conference of Local Health Officials.
5. http://www.oregon.gov/oha/PH/ABOUT/TASKFORCE/Documents/public_health_modernization_manual.pdf



Appendix

Triennial Review Evaluation Terminology

Agency Review Documents Terminology:

MAIN DOCUMENTS	SUB DOCUMENTS
<p>Agency Review:</p> <p>Refers to the entirety of the document for each individual county LHD created by OHA, PHD that is disseminated to the Rede Group. In total, there are 34 of these documents.</p>	<ol style="list-style-type: none"> 1. Letter to Local Commissioner 2. Summary of Findings 3. Program Reports
<p>Summary of Findings:</p> <p>Refers to the compliance findings of the LHD triennial review as a whole.</p>	
<p>Program Report:</p> <p>Refers to an individual report, completed by OHA reviewers, based on the tool for a particular LHD program. The number of these reports varies by LHD depending on what programs are underway at each particular LHD.</p>	
<p>Program Review Tool (P):</p> <p>A series of forms designed by OHA, PHD to assess particular program areas provided by individual LHDs. In total, there are 31 program review tools, 28 of which are used for compliance checks. Not every program review tool is used for every LHD triennial review; only tools for which an LHD has a corresponding program are used in site reviews.</p>	<ol style="list-style-type: none"> 1. Administrative 2. Babies First! 3. Civil Rights Self-Assessment 4. Communicable Disease 5. Drinking Water 6. Fiscal 7. Fiscal Non-Profit 8. Fiscal WIC 9. Food, Pool and Lodging Health & Safety – Environmental Health 10. Food, Pool and Lodging Health & Safety – Environmental Health Program Protocol <i>(Not used for compliance check)</i> 11. Health Officer 12. Healthy Communities Implementation 13. HIV Care and Treatment 14. HIV Prevention 15. Laboratory 16. Immunization 17. MCH Records Review <i>(Not used for compliance check)</i> 18. Nurse-Family Partnership 19. Nurse-Family Partnership Records Review 20. Perinatal 21. Public Health Emergency Preparedness 22. Reproductive Health 23. STD 24. Tobacco Prevention & Education Program (TPEP)

	25. Tuberculosis Review
	26. Tuberculosis Chart Audit
	27. Vital Records
	28. Vital Records Instruction Memo (<i>Not used for compliance check</i>)
	29. WIC
	30. WIC Breastfeeding Peer Counseling Program
	31. WIC Farm Direct Nutrition Program
<p>Criteria for Compliance (C):</p> <p>Within each Program Review Tool there are multiple Criteria for Compliance. The study team counted the criteria for compliance that were not met. If a criteria for compliance was not met it was considered a compliance finding. Each Program Review Tool uses unique Criteria for Compliance.</p> <p>Note: For data entry, Program Review Tools were given a number; for example P1, P2, P3, and Criteria for Compliance were given a subsequent number so all data entry fell under the categories labeled P#C#; for example P1C1, P1C2, P1C3, etc.</p>	
<p>Compliance Element (E):</p> <p>The Criteria for Compliance within each Program Review Tool include individual elements for compliance. These elements are marked “yes” or “no” by the reviewer, where “no” implies the element was out of compliance indicating a compliance finding and “yes” implies the element was in compliance.</p>	

Data Entry Terminology:

PROGRAM REVIEW TOOLS	CRITERIA FOR COMPLIANCE	DATA ENTRY
P1. Administrative	C1. Organization	P1C1
	C2. Staffing and Qualifications	P1C2
	C3. Medical Records and Confidentiality	P1C3
	C4. Pharmacy	P1C4
	C5. Facility	P1C5
	C6. Client Care Protocols	P1C6
	C7. Cultural & Linguistic Competency	P1C7
	C8. Fiscal	P1C8
P2. Babies First!	C1. Use of Funds	P2C1
	C2. Targeted Case Management	P2C2
	C3. Data Collection	P2C3
P3. Civil Rights Self-Assessment	C1. Designated Employee Who Assures Compliance with ADA Requirements	P3C1
	C2. Nondiscrimination Policies and Notes	P3C2
	C3. Communication with Persons Who Are Low English Proficient (LEP)	P3C3
	C4. Auxiliary Aids and Services for Persons with Disabilities	P3C4
	C5. Requirements for Employers with 15 or More Staff	P3C5
	C6. ADA Accessibility	P3C6
	C7. Compliance with nondiscrimination laws	P3C7
	C8. Timely and meaningful notice; complaint process; posting	P3C8
	C9. Collection and reporting of racial and ethnic participation data	P3C9
P4. Communicable Disease	C1. Bloodborne Pathogen Protocols and Training	P4C1
	C2. Control of Reportable Communicable Disease	P4C2
	C3. Active Surveillance Protocols*	P4C3
	C4. Employee Training*	P4C4
	C5. Employee Vaccination Status*	P4C5
	C6. Standing Orders*	P4C6
	C7. Surveillance Summary*	P4C7
	C8. Timeliness of CD Reporting*	P4C8
	C9. Case Investigations (excludes campylobacter, giardia and chronic hepatitis C)*	P4C9
	C10. Contact management*	P4C10
	C11. Outbreak investigations*	P4C11
P5. Drinking Water Services	C1. Required Services	P5C1
	C2. Supplemental Services	P5C2
P6. Fiscal	C1. Internal Controls	P6C1
	C2. Accounting System	P6C2
	C3. Cash Management	P6C3
	C4. Public Health Services Fees and Title X	P6C4
	C5. Subrecipient Monitoring	P6C5
	C6. Reporting and Audit Compliance	P6C6
P7. Fiscal NON-PROFIT	C1. Internal Controls	P7C1
	C2. Accounting System	P7C2
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Comparative Framework Terminology:

COMPARATIVE FRAMEWORK	CATEGORIES	
<p>Region: Regions were developed with input from OHA, PHD for each LHD based on geographic location. Region is a variable that was used to provide a further detailed analysis.</p>	North Coast: Clatsop, Columbia, Tillamook	
	Willamette Valley: Benton, Lane, Lincoln, Linn, Marion, Polk, Yamhill	
	Metro: Clackamas, Multnomah, Washington	
	Eastern: Baker, Grant, Harney, Lake, Malheur, Morrow, Umatilla, Union, Wallowa	
	Central/North Central: Deschutes, Crook, Hood River, Jefferson, North Central, Wheeler	
<p>Southern: Coos, Curry, Douglas, Klamath, Jackson, Josephine</p>		
<p>Population: The population size categories used in this study were developed for the Oregon Public Health Modernization Assessment. Population is a variable that was used to provide a further detailed analysis.</p>	<p>Extra-Small: Population below 20,000</p>	<p>LHDs: Baker, Grant, Harney, Lake, Morrow, Wallowa, Wheeler</p>
	<p>Small: Population between 20,000 and 75,000</p>	<p>LHDs: Clatsop, Columbia, Coos, Crook, Curry, Hood River, Jefferson, Klamath, Lincoln, Malheur, North Central, Tillamook, Union</p>
	<p>Medium: Population between 75,000 and 150,000</p>	<p>LHDs: Benton, Douglas, Josephine, Linn, Polk, Umatilla, Yamhill</p>
	<p>Large: Population between 150,000 and 375,000</p>	<p>LHDs: Deschutes, Jackson, Lane, Marion</p>
	<p>Extra-Large: Population over 375,000</p>	<p>LHDs: Clackamas, Multnomah, Washington</p>

Acronyms

OHA, PHD: Oregon Health Authority, Public Health Division

LHD: Local Health Department

WIC: Women, Infants, and Children

STD: Sexually Transmitted Disease

*Criteria for quality assurance