

## **STATE HEALTH ASSESSMENT: Public Health Systems Assessment**

**July 31, 2017  
Meeting minutes**

### **Attendance**

**State Health Assessment Steering Committee members:** Amanda Singh-Bans, Dawn Emerick, Erin Fitzpatrick, Katrina Hedberg, Roberta Riportella, Paul Virtue, Jim Setzer

**Oregon Health Authority staff for the State Health Assessment:** Sara Beaudrault, Christy Hudson

**Other attendees:** Peter Banwarth, Denyc Boles, Estela Gomez, Meghan Haggard, Tyra Jansson, John Johnson, Channa Lindsay, Laura McKeane, Mary Pesch, Alissa Robbins, Angela Warren, Caryn Wheeler, Jenny White, Keshia Bigler, Bob Dannenhoffer

**Facilitator:** Sara Beaudrault

### **Welcome, background and purpose for today's webinar**

Oregon Health Authority, Public Health Division (PHD) is completing a [state health assessment](#). The state health assessment is a thorough review of the health of Oregon's population through a number of different lenses. PHD has formed a state health assessment steering committee to guide this work. Oregon's Public Health Advisory Board also has oversight for the state health assessment and improvement plan.

One component of the state health assessment is an assessment of our public health system. In 2016 all state and local public health departments completed a public health modernization assessment. The purpose for today's webinar is to provide background information about [public health modernization](#), review findings from the [2016 public health modernization assessment](#), and discuss the ways in which information about our public health system is relevant to the state health assessment

Key questions for today's webinar are:

1. What did we learn from the 2016 public health modernization assessment about how foundational capabilities and programs are provided across the state?
2. How can the assessment help us understand and address health inequities?

## **Overview of state health assessment process**

The state health assessment describes the health of people in Oregon and the factors that contribute to health; identifies where health disparities exist, and identifies areas for improvement that can be addressed in the state health improvement plan. The state health assessment brings in the voice of communities and is intended to be a data resource for others who are interested in improving health outcomes. Oregon last completed a state health assessment in 2012.

Oregon is using the MAPP (Mobilizing, Action, Planning, Partnerships) framework. This framework includes four separate assessments, and the public health system assessment is one of those.

## **Overview of public health modernization**

Overview described:

- Why we are modernizing the public health system
- Challenges in our existing public health system
- The health impact pyramid
- The public health modernization framework
- Legislative requirements
- How Oregon's tribes are involved in public health modernization
- Strategies for implementing the public health modernization model over the coming years
- Local public health modernization meetings
- How a \$5 million general fund investment will be used in the 2017-19 biennium
- Public health accountability metrics

## **Public health modernization assessment**

The assessment answered two questions:

1. To what extent is the existing system able to meet the requirements of a modern public health system?
2. What resources are needed to fully implement public health modernization?

Assessment questions were based on the functions and roles in the [Public Health Modernization Manual](#) for state and local public health authorities.

The assessment found there are gaps across the public health system, in all foundational capabilities and programs, and for all state and local public health authorities. There were no clear patterns for where gaps exist. Health equity and cultural responsiveness was the area where gaps were largest. In more than one third of Oregon communities, foundational programs are limited or minimal. This means that public health in these areas may not be able to adequately protect community members from communicable disease, prepare for and respond to emergencies, protect people from environmental health risks, mitigate harms from chronic disease and injury and ensure community members have access to high quality health care.

The presenter reviewed assessment findings for each of the foundational programs; described the specific functions under each foundational program; and showed where the public health system is closer to full implementation and where gaps exist.

The assessment found that a 50% increase over current spending would be needed to reach full implementation of the public health modernization model. This is a point-in-time estimate and will likely change as Oregon implements the model. However, it is useful information for planning purposes.

## **Questions and discussion**

How does the funding gap identified in the public health modernization assessment compare to the recommended funding level for public health? There is not a recommended funding level for public health. However, in national analyses of state general fund support for public health, Oregon is consistently in the bottom half.

How much of the current spending (\$210M annually) is state general fund? PHD staff will send this information with the meeting minutes.

How much would be saved through public health modernization? Very little is known about financial savings that we should expect as a result of public health modernization. OHA released a "Health and Economic Benefits of Public Health Modernization" report in February, and this has some information about the benefits we could anticipate to some of Oregon's most pressing health issues.

Local public health administrators reflected on opportunities to move forward with implementing public health modernization and steps they're taking to do so. Administrators also noted that additional funding is a crucial component of fully implementing the model.

Do the foundational programs provide a useful framework for the state health assessment? How can this information about our public health system be pulled into our state health assessment?

- It was useful to get background information on public health modernization and where Oregon is at with implementing the model.
- The public health accountability metrics are so specific. What are the real outcomes we want? We should define this first and then find metrics for the state health assessment that go beyond what was in the last assessment.
- Narrower measures only give a tiny snapshot of what goes on, but it is difficult to measure bigger and broader goals.
- Is first step to acknowledge that the state health assessment steering committee is looking to measure much broader outcomes in the community? Even if it is too difficult, it is still worth considering.
- Often neglect that education is an indicator of long-term health outcomes. Public health needs to do a better job to raise awareness about the impact of factors like poverty and educational attainment on health.
- Social determinants of health indicators are often outside of public health's ability to directly influence. We fall toward what we can influence to measure our accountability.
- We need to create systems through community work and outreach, rather than focusing on individual-level interventions.
- Broad agreement among state health assessment steering committee members that public health accountability metrics are not the level of measurement that should be in place for the state health assessment.
- Does public health consider ACES to be a social determinant of health? If so, this might be something to look at.
- Social determinants work needs to happen at the community and system level. Public health has a role as a facilitator of discussions, and an educator of how deep these problems run, and the complexity of the issues that face us and how to solve them. We can think outside of the box for how public health can start to help partners and communities have collective impact.
- Where are the metrics for these sorts of roles and functions for public health?

Were key questions addressed during the webinar?

- A state health assessment steering committee members responded that more discussion is needed about how the public health modernization assessment findings can be used to understand and address health disparities.

**Public comment**

No public testimony was provided.

**Closing**

The meeting was adjourned.