

The 21st Century Learning Community

Transforming Public Health in Three States: Lessons for the Nation

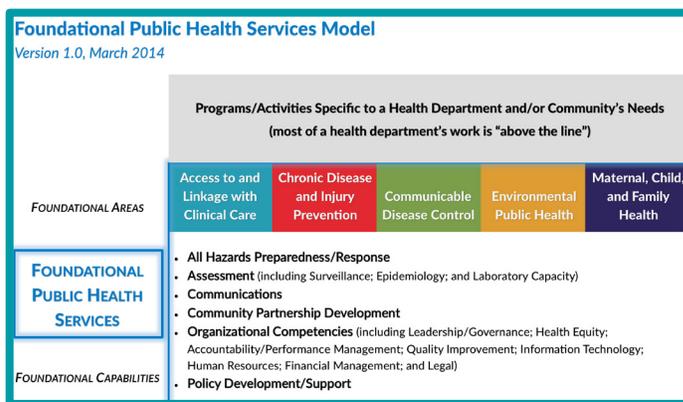
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phnci[↑]

Regardless of size or location, communities throughout the United States face constantly evolving threats. Americans rely on a public health system that can keep up. As public health departments adapt to meet growing and changing needs, they are implementing or replicating new, innovative strategies to keep their communities safe and healthy.

The Public Health National Center for Innovations

(PHNCI) empowers health departments to drive change and improve health. Funded by the Robert Wood Johnson Foundation (RWJF), PHNCI connects innovators within public health and across sectors.



Recognizing the opportunity for governmental public health to advance health and reduce inequities, PHNCI established the 21st Century Learning Community, an effort to support three states—Ohio, Oregon, and Washington—in modernizing their public health systems. Public health officials in each state set out to assure their health departments offered foundational public health services (FPHS)—the suite of skills, programs, and activities that must be available in state and local health departments everywhere for the health system to work anywhere, and for which costs could be estimated.¹

Much of what the states learned can be summed up in three key themes.

In order for health departments to create equitable conditions for health in their communities and across their state, **they must have sufficient funding and capacity to respond to community priorities and needs.** Using data, expertise, and evidence, **health departments must demonstrate their value and make the case for public health to policymakers and partners.**

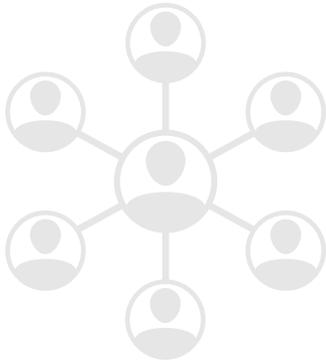
Ohio, Oregon, and Washington served as learning laboratories, leading the way in demonstrating how to modernize public health systems to provide FPHS, while measuring the costs required to do so. This report, compiled at the culmination of the grant, highlights critical themes that emerged. Despite diverse challenges along the way, one thing is clear: leaders in Ohio, Oregon, and Washington are asking— and beginning to answer—the big questions needed to transform public health in their communities.

As more states and health departments improve their skills and capacity, we will certainly build on the many lessons that have come from these three states, and share learnings with the field.

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1



**LEARNING
COMMUNITY**

3



STATES

2



YEARS

183



**LOCAL HEALTH
DEPARTMENTS**

21st Century Learning Community States at a Glance



Ohio Case Study and Executive Summary

The Ohio Public Health Partnership, a collaboration of five public health associations representing health departments, led work to²:

- Determine the cost of foundational public health services currently provided, gaps that exist, and the costs of closing those gaps;
- Maximize the use of shared services;
- Explore a pathway to Public Health Accreditation Board (PHAB) accreditation for small health departments by 2020; and
- Align population health hospital and public health department planning requirements for population health.



Oregon Case Study and Executive Summary

The Oregon Coalition of Local Health Officials, in collaboration with the Oregon Health Authority and local health departments, worked to³:

- Modernize the public health system through the development of a framework for the foundational public health services in Oregon;
- Made the public health modernization assessment, which evaluated the degree to which the state and local health departments were providing fundamental public health services and estimated costs of closing the gaps, mandatory for the state and all local health departments; and
- Held 10 regional meetings for public health leaders across different sectors to discuss the future of the public health system.



Washington Case Study and Executive Summary

The Washington State Association of Local Public Health Officials, in collaboration with the Washington State Department of Health and local health departments, faced a lack of core public health funding. Together, they⁴:

- Defined the governmental public health system as the Department of Health, local health departments, Tribes, and the State Board of Health;
- Defined the services uniquely provided by the governmental public health system;
- Defined funding roles; and
- Developed a funding allocation model, accountability system, and statutory language to describe the value of this work in transforming health systems.

1 Funding and Capacity to Respond to Community Priorities and Needs

Many diverse stakeholders must be engaged to re-imagine a modern public health system. Throughout the initiative, clear and consistent communications helped generate stakeholder endorsement of foundational services. The unity of cross sectoral leaders helps establish greater understanding and strengthens the public health modernization movement.

The Case for Public Health in Oregon & Washington

OREGON

[Steps to Local Public Health Modernization](#) is an easy-to-use resource for local public health departments. The roadmap defines four distinct stages and is designed to benefit all stages of implementation.⁵



[Public Health Protecting Oregon: Public Health Successes in Action](#) provides context on how public health services in Oregon make a tangible difference in the lives of residents.⁶

Public Health Protecting Oregon: Public Health Successes in Action



Every day and during times of emergencies, public health makes **Oregon a healthier and safer place** to live and work.

Public health aims to handle health problems before they get much worse. Although responsible for much more, public health **prevents the spread of disease** and chronic conditions that drive the state's health care spending. Across the state, public health departments **bring people together in emergencies** and **provide regular assistance** to the most vulnerable to meet the evolving needs of our state.

Protecting Oregonians from Outbreaks

Public health departments work with others to stop outbreaks.

In 2017, when OSU had a deadly meningitis outbreak, the Benton County Health Department swiftly **began vaccinating 2,900 of the most at-risk students** and led community outreach efforts to stop the spread of the disease.

Safeguarding Our Food

Public health departments inspect 20,000 restaurants annually.

In 2016, Oregon state and local public health officials quickly **identified an E. coli outbreak** linked to a national chain restaurant and worked with partners and the corporate office to keep more people from getting sick.

Saving Health Care Dollars

Public health departments reduce costly, unnecessary care.

In 2016, public health departments made sure **70 patients got the right tuberculosis treatment**, making it much less likely that drug resistant TB will take hold in Oregon at a cost of up to \$494,000 per person.

Ensuring Clean Air and Water

Public health departments track air quality.

Pollution from wood burning can cause respiratory problems like asthma attacks. In Klamath and Washington Counties, the public health agencies **helped families find wood alternatives** for heating their homes in the winter to improve lung health and save money in the process.

Public Health Needs Your Support

As this handful of successes shows, public health protects Oregon every day. In ways large and small, public health prevents the spread of disease and brings people together in times of emergency to help people stay healthy. To continue these activities and be able to respond to new health threats across the state, **the public health system needs an ongoing commitment from state, local, and federal partners.**

WASHINGTON

The 'Public Health is Essential' Campaign provides fact sheets, videos and other resources that highlight the shared responsibility between state and local health departments, and demonstrate the sound investment in protecting Washington families and communities by providing foundational public health services.



STATE FUNDING FOR CORE PUBLIC HEALTH SERVICES

Tracking, responding to, and preventing costly food and water contamination and disease outbreaks is *essential* to protecting the public's health. Yet new, complex threats and recession budget cuts have made it harder for the public health system to protect and serve Washington's families and communities.

Public Health is a shared responsibility.

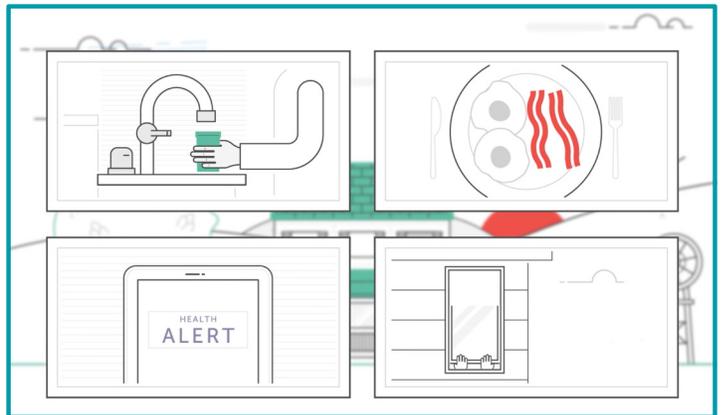
Providing public health services and response is a shared state and local responsibility. Some public health services are so critical that they must be provided to every resident of Washington state. Other public health needs may be unique to certain regions of our state, so each community determines and implements locally-driven priorities based on local needs.



- Communicable Disease Control
- Classic Disease & Injury Prevention
- Maternal Child Family Health
- Access to Clinical Care
- Environmental Public Health
- Vital Records
- Emergency Preparedness & Response
- Healthcare Infection Control
- Healthcare Quality Improvement
- Healthcare Surveillance and Outbreaks
- Local Government Health

What's at stake

Washington's population has grown by more than one million residents since 2000. In that same time, when adjusted for inflation and population growth, public health funding has decreased by 40%. Disease epidemics like polio-like Acute Flaccid Myelitis (AFM) and Zika are more complex, increasing investigation time; and our population is expected to grow by another 2 million residents by 2025. Our families and communities deserve reliable and efficient public health services, information and response.



A still from a [video](#) showing what public health services are provided in Washington.⁸

A [fact sheet](#) on why state funding is needed for public health services.⁷

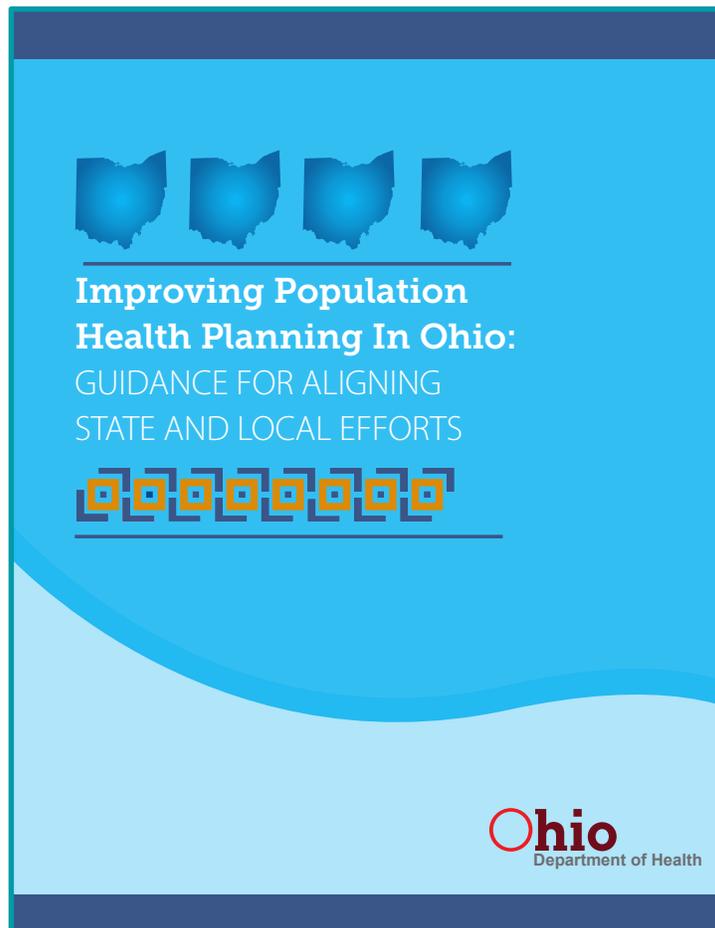
2 Health Departments Must Demonstrate Their Value

Health departments at the state and local levels each have distinct roles in transforming public health. Public health leaders in the 21st Century Learning Community’s participating states created resources to spell out key responsibilities and articulate how different levels of public health—and stakeholders—can work together to maximize impact.

Local health departments are increasingly exploring cross-jurisdictional service sharing as a means of providing all necessary services to their residents. [This tool](#) looks at progress across the three states.⁹

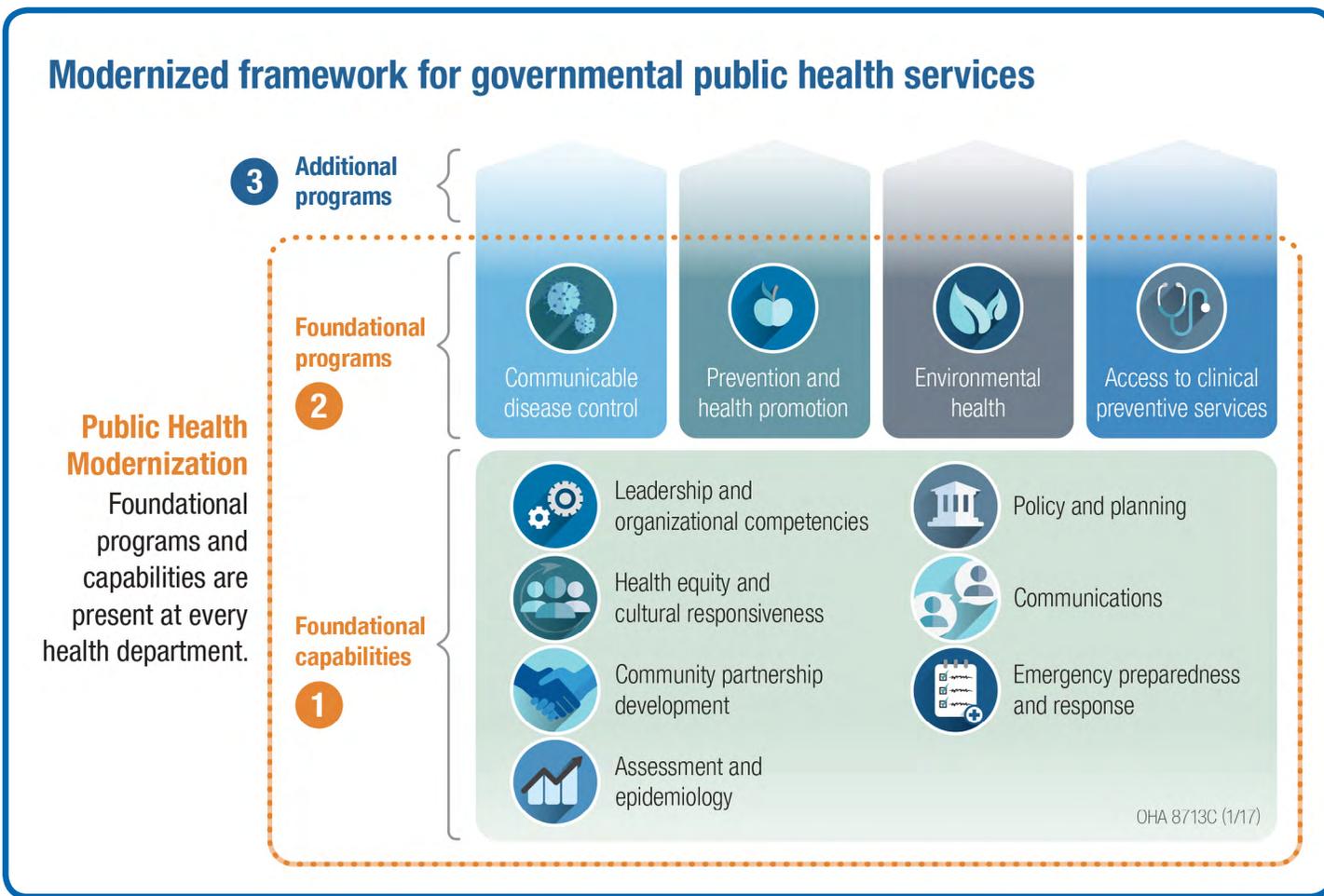
How They Defined the Roles

After Ohio passed new legislation aligning processes for hospitals and local health departments to develop a ‘community benefit needs assessment,’ the state health department provided implementation [guidance](#) to local officials.¹⁰



MODERNIZATION GUIDES

To guide state and local health departments in implementing the foundational capabilities and areas, Oregon created this [guide](#).¹¹



[Washington's plan](#) to modernize the state public health system is guided by five model¹²:

1. There is a limited statewide set of core public health services that the government is responsible for providing.
2. Core public health services are funded through dedicated revenues that are predictable, reliable, sustainable and responsive to changes in demand and cost over time.
3. Governmental public health services are delivered in ways that maximize the efficiency and effectiveness of the overall system.
4. Governmental public health activities are tracked and performance evaluated using evidence-based measures.
5. Local revenue-generating options are provided to address locally driven priorities that are targeted to specific community problems.

3 Make the Case for Public Health to Policymakers and Partners

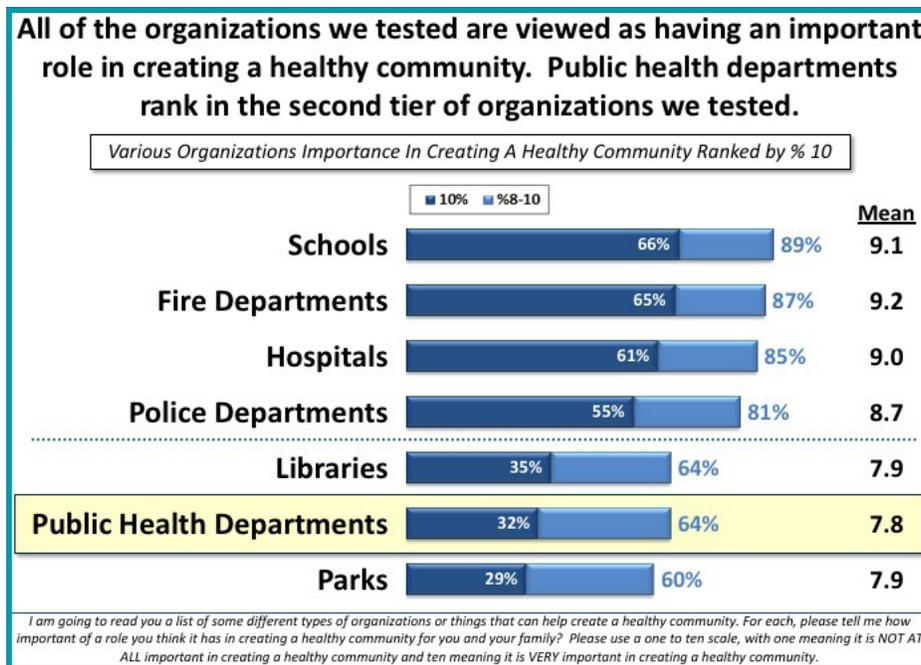
Over the two-year program, PHNCI tracked legislative action in Ohio, Oregon, and Washington. The [legislative activity table](#) details various legislative ‘asks’ as well as the impact and rationale.¹³

Public opinion has a significant role in the success and acceptance of legislation. In addition to program evidence, states crafted legislative investments in accordance with population perception and support. Three statewide polling initiatives provide insight to the people’s understanding, support, and priorities with respect to local public health departments. Results from the 2017 statewide telephone surveys are outlined below.

How They Used Evidence

CONSISTENCY ACROSS STATES

- Although viewed as having an important role, public health departments consistently ranked seventh out of eight



- Public health should prioritize delivering population health over direct health services. Efforts against communicable diseases score the highest in ranking foundational public health services; 2/3rd signaled approval for ensuring foundational public health services in communities.

STATEWIDE SURVEYS

Between May 1-4, 2017, 1,700 registered voters (600 from both Ohio and Washington; 500 from Oregon) participated in a statewide telephone survey that explored: voters' perceptions, confidence, and perceived value of services provided by public health departments.¹⁴

If a friend or neighbor asked you to explain what your local public health department does, what might you tell them?



What kind of services does your local public health department provide in your community?



ACCOUNTABILITY METRICS

Oregon and Washington established a set of accountability metrics to track the progress towards population health goals.¹⁵

OREGON

Public health is tracking eight accountability metrics



Communicable Disease Control

- ✓ Two-year old immunization rates
- ✓ Gonorrhea rates



Prevention and Health Promotion

- ✓ Adults who smoke cigarettes
- ✓ Opioid overdose deaths



Environmental Health

- ✓ Active transportation
- ✓ Drinking water standards



Access to Clinical Preventive Services

- ✓ Effective contraceptive use
- ✓ Dental visits for 0-5 year olds

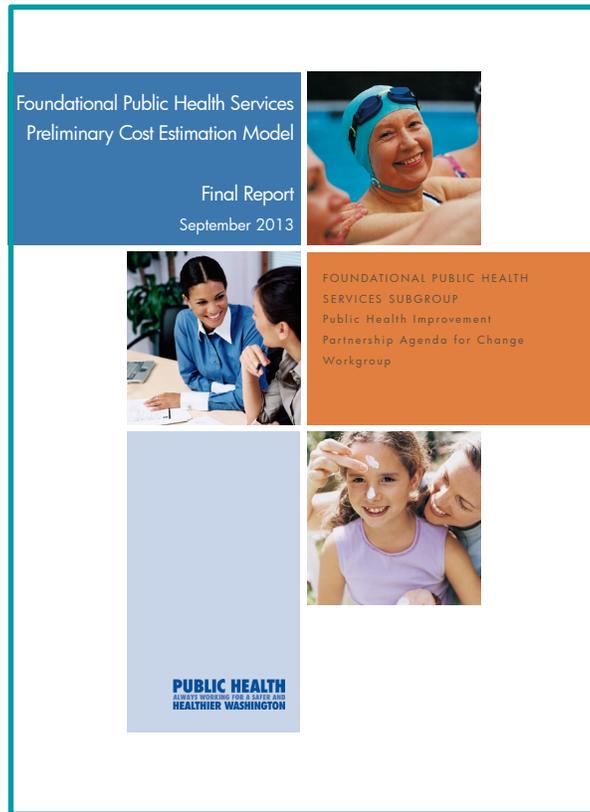


Exhibit 3
Revised Estimate Foundational Costs by Service as a Percent of Total Cost for DOH and LHJs

Services Ranked By Cost	Total Estimated Cost of FPHS	State Dept. of Health	Local Health Jurisdictions
Foundational Capabilities	75,695,000 20%	27,750,000 15%	47,945,000 24%
F. Business Competencies	40,265,000 11%	15,995,000 9%	24,270,000 12%
A. Assessment	11,345,000 3%	5,410,000 3%	5,935,000 3%
B. Emergency Preparedness and Response	10,825,000 3%	3,620,000 2%	7,205,000 4%
E. Community Partnership Development	4,885,000 1%	860,000 0%	4,025,000 2%
D. Policy Development and Support	4,415,000 1%	1,115,000 1%	3,300,000 2%
C. Communication	3,960,000 1%	750,000 0%	3,210,000 2%
Foundational Programs	304,510,000 80%	151,640,000 85%	152,870,000 76%
C. Environmental Public Health	104,695,000 28%	35,205,000 20%	69,490,000 35%
B. Chronic Disease and Injury Prevention	68,180,000 18%	27,895,000 16%	40,285,000 20%
E. Access/Linkage with Clinical Health Care	65,585,000 17%	62,145,000 35%	3,440,000 2%
A. Communicable Disease Control	33,760,000 9%	9,010,000 5%	24,750,000 12%
D. Maternal/Child/Family Health	25,175,000 7%	13,765,000 8%	11,410,000 6%
F. Vital Records	7,115,000 2%	3,620,000 2%	3,495,000 2%
Total Cost	380,205,000	179,390,000	200,815,000

Source: DOH, 2014; Participating LHJs, 2014, and BERK, 2014.

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