The 21st Century Learning Community

Transforming Public Health in Three States: Lessons for the Nation
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.

Jessica Solomon Fisher, MCP
Chief Innovations Officer
Public Health National Center for Innovations
at the Public Health Accreditation Board

Pamela Russo, MD, MPH
Senior Program Officer
Robert Wood Johnson Foundation

¹ Much of the content in this section is adapted from this foundational public health services model:

**Foundational Public Health Services Model**

- Access to and Linkage with Clinical Care
- Chronic Disease and Injury Prevention
- Communicable Disease Control
- Environmental Public Health
- Maternal, Child, and Family Health

**Foundational Areas**

- All Hazards Preparedness/Response
- Assessment (including Surveillance, Epidemiology, and Laboratory Capacity)
- Communications
- Community Partnership Development
- Organizational Competencies (including Leadership/Governance, Health Equity, Accountability/Performance Management, Quality Improvement, Information Technology, Human Resources, Financial Management, and Legal)
- Policy Development/Support
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 to:
• 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 to:
• 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, they:
• 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

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[Diagram of the steps to local public health modernization, including stages 1 to 4, with critical strategies for each stage.]
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

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.

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.

Public Health Protecting Oregon: Public Health Successes in Action

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Public Health Protecting Oregon: Public Health Successes in Action

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.

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.

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.

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

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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.

A fact sheet on why state funding is needed for public health services.

A still from a video showing what public health services are provided in Washington.
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. 

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.
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.
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.

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

| All of the organizations we tested are viewed as having an important role in creating a healthy community. Public health departments rank in the second tier of organizations we tested. |
| --- | --- | --- |
| Various Organizations Importance in Creating A Healthy Community Ranked by %| 10% | 8-10 |
| Schools | 66% | 89% | 9.1 |
| Fire Departments | 65% | 87% | 9.2 |
| Hospitals | 61% | 85% | 9.0 |
| Police Departments | 55% | 81% | 8.7 |
| Libraries | 35% | 64% | 7.9 |
| Public Health Departments | 32% | 64% | 7.8 |
| Parks | 29% | 60% | 7.9 |

- 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
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

<table>
<thead>
<tr>
<th>Services Ranked By Cost</th>
<th>Total Estimated Cost of FPHS</th>
<th>State Dept. of Health</th>
<th>Local Health Jurisdictions</th>
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<tbody>
<tr>
<td>Foundational Capabilities</td>
<td>75,695,000</td>
<td>27,750,000</td>
<td>47,945,000</td>
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<tr>
<td>F. Business Competencies</td>
<td>40,265,000</td>
<td>15,995,000</td>
<td>24,270,000</td>
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<tr>
<td>A. Assessment</td>
<td>11,345,000</td>
<td>5,410,000</td>
<td>5,935,000</td>
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<tr>
<td>B. Emergency Preparedness and Response</td>
<td>10,825,000</td>
<td>3,620,000</td>
<td>7,205,000</td>
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<td>E. Community Partnership Development</td>
<td>4,885,000</td>
<td>860,000</td>
<td>4,025,000</td>
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<td>D. Policy Development and Support</td>
<td>4,415,000</td>
<td>1,115,000</td>
<td>3,300,000</td>
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<tr>
<td>C. Communication</td>
<td>3,960,000</td>
<td>750,000</td>
<td>3,210,000</td>
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<td>Foundational Programs</td>
<td>304,510,000</td>
<td>151,640,000</td>
<td>152,870,000</td>
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<tr>
<td>C. Environmental Public Health</td>
<td>104,695,000</td>
<td>35,205,000</td>
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<td>B. Chronic Disease and Injury Prevention</td>
<td>68,180,000</td>
<td>27,895,000</td>
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<td>E. Access/Linkage with Clinical Health Care</td>
<td>65,585,000</td>
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<td>A. Communicable Disease Control</td>
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<td>D. Maternal/Child/Family Health</td>
<td>25,175,000</td>
<td>13,765,000</td>
<td>11,410,000</td>
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<td>F. Vital Records</td>
<td>7,115,000</td>
<td>3,620,000</td>
<td>3,495,000</td>
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<td>Total Cost</td>
<td>380,205,000</td>
<td>179,390,000</td>
<td>200,815,000</td>
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Jessica Solomon Fisher, MCP  
Chief Innovations Officer  
Public Health National Center for Innovations at the Public Health Accreditation Board  

info@phnci.org  
703-778-4549  
@PHinnovates  

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<tr>
<th>Ohio Public Health Partnership</th>
<th>Association of Ohio Health Commissioners</th>
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<tbody>
<tr>
<td>Susan Tilgner</td>
<td>Beth Bickford</td>
</tr>
<tr>
<td><a href="mailto:tilgnersusan@gmail.com">tilgnersusan@gmail.com</a></td>
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<tr>
<td>Morgan Cowling</td>
<td>Sara Beaudrault</td>
</tr>
<tr>
<td><a href="mailto:morgan@oregonclho.org">morgan@oregonclho.org</a></td>
<td><a href="mailto:sara.beaudrault@dhsoha.state.or.us">sara.beaudrault@dhsoha.state.or.us</a></td>
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<td>Marie Flake</td>
</tr>
<tr>
<td><a href="mailto:jbodden@wsac.org">jbodden@wsac.org</a></td>
<td><a href="mailto:marie.flake@doh.wa.gov">marie.flake@doh.wa.gov</a></td>
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Endnotes