

Modernizing Oregon's Public Health System



Report on the 2017-2019 Legislative Investment

January 2020

Oregon
Health
Authority
Public Health Division

About this report

In 2017, Oregon Health Authority received an initial \$5 million legislative investment to begin modernizing Oregon's public health system in the three areas of communicable disease control, health equity and cultural responsiveness, and assessment and epidemiology.

Local public health authorities used \$3.9 million to implement regional communicable disease control interventions, and OHA used the remaining \$1.1 million to improve the collection and reporting of population health data.

This report highlights changes resulting from the legislative investment that result in a stronger public health system that serves all people in Oregon.

For questions or comments about this report, or to request this publication in another format or language, please contact the Oregon Health Authority, Office of the State Public Health Director at:

(971) 673-1222 or
PublicHealth.Policy@state.or.us

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Lillian Shirley, Public Health Division Director



Dear Colleagues,

We know that the majority of what influences health happens outside of the doctor's office. Today, Oregon families and communities face new and growing health threats. Changes to our natural environment are increasing our risk for contaminated drinking water and unhealthy air due to wildfire smoke. Once-controlled diseases are re-emerging. And we have a growing understanding that one's experience with trauma, poverty and institutional bias directly affect one's health.

Oregon's governmental public health system is changing how it prevents disease and protects and promotes health. A modern public health system ensures critical protections for every person in Oregon, is prepared and has the right resources to address emerging health threats, and works daily to achieve health equity.

Throughout this report, readers will see examples of how an initial \$5 million legislative investment in modern public health is resulting in better health. Older adults are better protected from diseases like influenza and pneumonia because of new disease prevention programs with health care partners. Children are better protected from vaccine preventable diseases. And new partnerships with regional health equity coalitions are building stronger connections between public health authorities and the communities they serve.

As a result of successes like these, the legislature invested an additional \$10 million to advance public health modernization in the 2019-21 biennium. In the coming years, Oregon's governmental public health system will continue to expand on successful interventions like those listed above, while focusing on implementing system-wide changes to fulfill our vision for modern public health.

This report celebrates the work that has been accomplished and gives clear direction on how to move forward.

Respectfully,

A handwritten signature in black ink that reads "Lillian Shirley". The signature is written in a cursive, flowing style.

Lillian Shirley, BSN, MPH, MPA
Public Health Director
Oregon Health Authority, Public Health Division

Rebecca Tiel, Public Health Advisory Board Chair



Dear Colleagues,

As Chair of Oregon's Public Health Advisory Board, I am pleased to present this final report on the public health modernization legislative investment for the 2017-19 biennium. Oregon's public health system is at a pivotal moment, and the initial work of state and local public health authorities to demonstrate new approaches for solving population health problems is instrumental for defining the future course for public health in Oregon.

To understand the future of public health, it's important to know where we've been. The history of public health can be divided into three phases.

Public Health 1.0 – during the 19th century and into the 20th century – was a period of great improvements to population health through prevention measures including sanitation, clean food and water, vaccinations, and antibiotics.

During Public Health 2.0, which spanned from the mid- to late- 20th century, the public health system organized around public health programs to address emerging threats like the rising burden of chronic disease and emerging infectious disease like HIV/AIDS.

We now find ourselves in a third phase for public health – Public Health 3.0 - that calls on us to think beyond traditional public health departments and disease-specific programs. Oregon's public health system will accomplish this through public health modernization. A modern public health system will move upstream to address and mitigate the impacts of new challenges and emerging threats – whether they be acute diseases resulting from a changing environment or social issues like substance use or suicide – through robust partnerships, using data to inform policy, and an unyielding focus on eliminating the disproportionate burden of death and disease that falls on certain populations.

The Public Health Advisory Board looks forward to ongoing work in the coming years to bring Oregon into the future of public health.

Sincerely,

A handwritten signature in black ink that reads "RTiel".

Rebecca Tiel, MPH

Chair

Oregon Public Health Advisory Board

Executive Summary

In 2017, the Oregon Health Authority received an initial \$5 million legislative investment to begin implementing public health modernization in 2017-19. Eight regions of local public health authorities used funding for communicable disease control interventions, and OHA used funding to improve the collection and reporting of population health data. The public health modernization successes identified in this report provide a pathway for expanding early accomplishments into long-term system change.

Investment successes

The legislative investment sparked modernization of Oregon's public health system, with successes in the following areas:

Preventing communicable disease

Regional partnerships increased capacity and expertise to identify and address communicable disease issues important to their communities. New regional staff positions supported active monitoring of emerging communicable disease threats, more rapid investigation of disease outbreaks, and ensured geographically larger areas of the state had coverage for case investigation and management.

Promoting health equity

Regional partnerships worked with community partners to develop action plans for assessing and improving health equity. Regional partnerships also supported health care and community partners to deliver communicable disease interventions to populations experiencing disease disparities.

Partnering with the health system

Regional partnerships established or expanded upon collaborations with Coordinated Care Organizations to provide communicable

disease interventions and implement data system quality improvements. Regional partnerships also supported health care partners with trainings, including culturally-inclusive care and infection prevention.

Improving data access and quality

Regional partnerships enhanced their ability to analyze local data, including to identify health disparities. Some regional partnerships also established routine data communications with health care and community partners to ensure data are available for decision-making.

Creating a foundation for continued change

Local public health authorities (LPHAs) established formal policies and agreements for coordination, resource sharing, and data access with other LPHAs, Tribes, and CCOs. Policies for easier collaboration support LPHAs to sustain current efforts and implement future phases of modernization.

Introduction

Public health modernization means that every person in Oregon has access to the same basic public health protections, and that the public health system is accountable for being efficient and driven toward health outcomes.

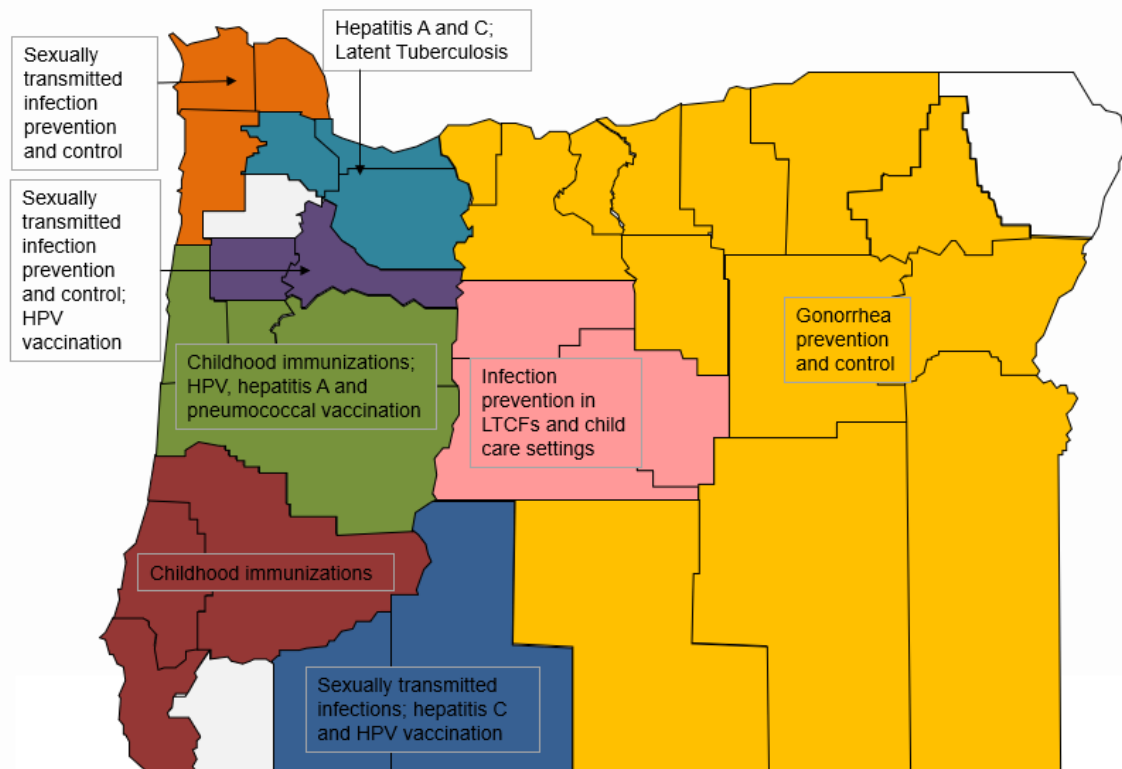
In 2017, the Oregon Health Authority (OHA) received an initial \$5 million legislative investment to begin implementing public health modernization in the three areas of communicable disease control, health equity and cultural responsiveness, and assessment and epidemiology.

Of this investment, eight regional partnerships of local public health authorities (LPHAs) used \$3.9 million (reaching 33 of Oregon’s 36

counties) to implement communicable disease control interventions focused on mitigating disease risks with an emphasis on reducing health disparities. OHA used \$1.1 million to improve collection and dissemination of population health data, and to monitor and ensure accountability for the legislative investment.

This report summarizes the first biennium of modernization funding. It summarizes progress by the eight regional partnerships and in core state functions fulfilled by the OHA Public Health Division (OHA-PHD). Successes to date will be used as a foundation for improving other areas of the public health system.

2017-2019 Regional Partnerships



Introduction

Key Takeaway

The legislative investment sparked modernization of Oregon's public health system, with successes in:

Preventing communicable disease

Promoting health equity

Partnering with the health care system

Improving data access and quality

Creating a foundation for continued change

These successes are described in detail in the Modernization in Action section of the report.

Moving ahead

The public health modernization successes identified in this report provide a pathway for expanding early accomplishments into long-term system change.

The legislature invested an additional \$10 million to modernize Oregon's governmental public health system in the 2019-21 biennium. This investment will be used to continue expanding local, regional and statewide capacity and expertise for preventing and responding to communicable disease threats. It will build upon the work done in the first biennium to engage communities to eliminate health disparities. For the first time, modernization funds will be provided to federally recognized tribes and tribal partners, which means that all areas of the governmental public health system will have needed resources for engaging in developing a modern public health system.

Collecting, reporting, and using population health data and ensuring these data are readily available to those who rely on it is an essential and unique role of the governmental public health system. The legislature's ongoing investment will further be used to modernize Oregon's public health survey surveillance system to be less expensive, more flexible to meeting changing user needs, more representative of all Oregonians, and more accurate and useful for communities of color and smaller geographic areas.

Evaluation Methods

Local public health administrators, staff of regional partnerships, and OHA-PHD staff were convened as an evaluation advisory group. Data about regional partnerships were collected through biannual online reporting, quarterly budget reports, and key informant interviews with state and local public health authority (LPHA) representatives.

During biannual reporting, regional partnerships provided updates on grant progress related to use of funds, regional governance structures, communicable disease interventions; partnerships, addressing health disparities, and sustainability of funded work.

In addition, an online survey about changes in capacity and expertise for communicable disease control, health equity and cultural responsiveness, and assessment and epidemiology was administered to LPHAs participating in a regional partnership. LPHAs were asked to provide an overall score for their capacity and expertise on a scale from 1-10 both before and after receiving

modernization grant funding. *Capacity* is the degree to which an organization currently has the staffing and resources necessary for modernization activities, while *expertise* is the degree to which an organization's current capacity aligns with the knowledge necessary to implement modernization activities. This approach mirrored methods used in the State of Oregon Public Health Modernization Assessment completed by BERK Consulting in June 2016.¹ Twenty-four (24) of the 31 (77%) LPHAs participating in a regional partnership completed the expertise and capacity survey. Respondents also provided a qualitative description for their scores (i.e., why capacity and expertise increased, decreased, or stayed the same).

Analysis of expertise and capacity by LPHA size was based on responses from 13 extra small or small LPHAs, 4 medium LPHAs, and 7 large or extra large LPHAs as defined in the 2016 State of Oregon Public Health Modernization Assessment.¹

Data collection summary



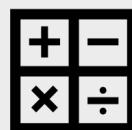
Five (5) evaluation advisory or sub-group meetings



One (1) round of grantee interviews & six (6) detailed success stories



Four (4) online surveys



Quarterly progress and budget reports

¹ BERK Consulting. (2016). *State of Oregon Public Health Modernization Assessment June 2016*. Available at <https://www.oregon.gov/oha/PH/ABOUT/TASKFORCE/Documents/PHModernizationReportwithAppendices.pdf>

Modernization in Action

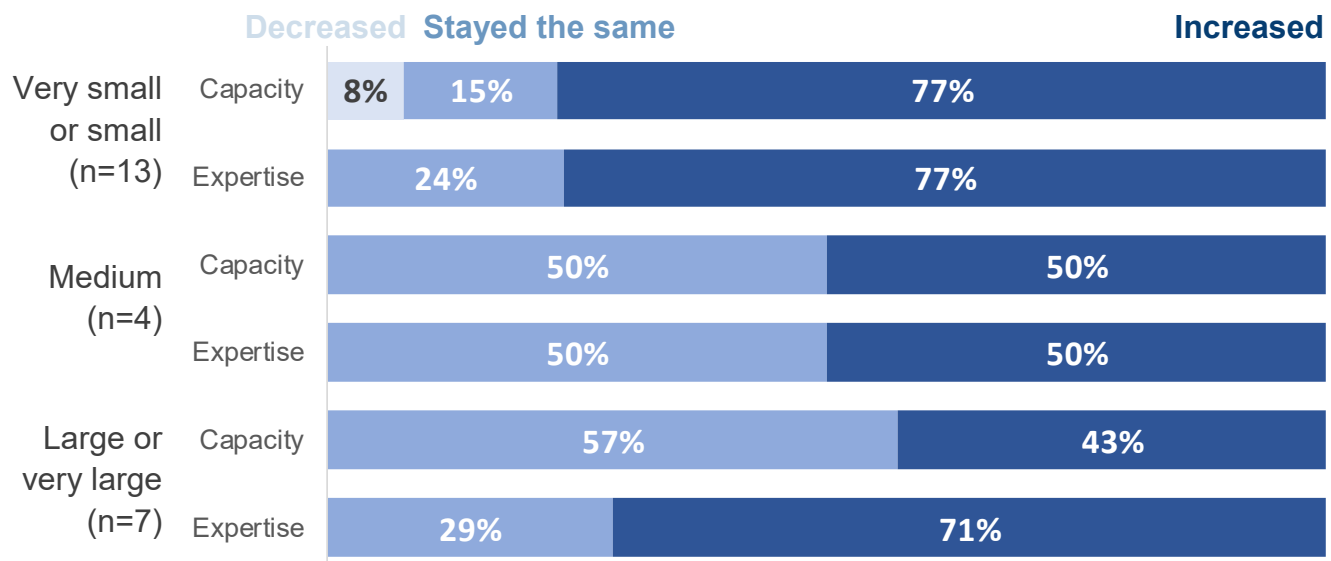
Modernization in Action

Preventing communicable disease

Regional partnerships increased capacity and expertise to identify and address communicable disease issues important to their communities.

- Most regional partnerships hired new staff to ensure **workforce capacity** for communicable disease prevention and control, including epidemiologists and infection prevention specialists.
- Regional epidemiologists now actively monitor for communicable diseases, leading to **quicker detection of emerging issues** and coordinated communications with community partners.
- Regional staff increased capacity for **outbreak investigation**, communicable disease case investigation and management, and **enhanced communications to partners**, including routine data reports that alert health care providers to community-specific disease threats.
- New **policies for shared resources** ensure that local public health staff can work seamlessly across county lines to assist in responses to communicable disease threats.
- The most marked improvements were reported by **smaller LPHAs** that uniquely benefited from shared resources (Figure).

Self-Report Change in Communicable Disease Control Capacity and Expertise Before and After Funding by LPHA Size (n=24 LPHAs)



Modernization in Action

Preventing communicable disease, continued

- Regional partnerships made **trainings in communicable disease reporting** and case management available to staff in both local health departments and tribes to improve both the quality of data available for decision making and the practice of identifying and treating communicable diseases.
- Many regional partnerships supported partners in both the community and health care settings to **implement communicable disease interventions**, including hepatitis A and B vaccines, pneumococcal vaccines, and hepatitis C and latent tuberculosis tests.

“ I truly appreciate your weekly (influenza) reports and the insights offered! ”

Clinic Administrator from Madras, OR

Local Spotlight:

Partnering with long-term care facilities to prevent communicable diseases among older adults

Modernization funds in Central Oregon supported infection prevention trainings at 81% of long-term care facilities (compared to 0 at baseline) and responses to 13 outbreaks in long-term care facilities that included after-outbreak assessments and reports. Long-term care facilities had been the source of most Central Oregon outbreaks since 2012, resulting in 1,300 illnesses and 48 hospitalizations.

In addition, a new regional epidemiologist in Central Oregon, hired through modernization funds, prepared 35 communicable disease reports for distribution to medical providers to increase awareness of disease threats so providers can appropriately prevent and diagnose illness. These reports are now produced on a regular basis to ensure data are available to provider partners for clinical decision making.

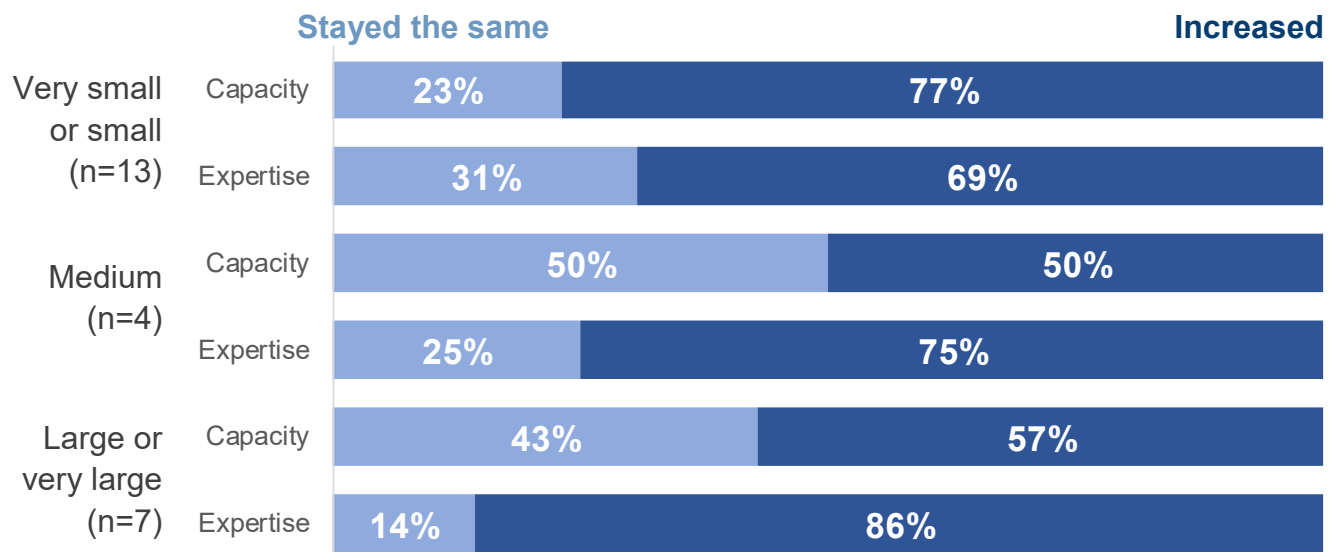
Modernization in Action

Promoting health equity

Regional partnerships increased capacity and expertise for equitable approaches to communicable disease prevention and control.

- Workforce additions, including **health equity specialists, and stronger collaborations** with tribes, regional health equity coalitions, and community-based organizations brought local knowledge and engagement expertise to address communicable disease disparities.
- Regional partnerships worked with community partners to increase the reach of communicable disease **interventions to priority populations**, including hepatitis A vaccines to homeless individuals.
- Regional data analysts and epidemiologists were able to **analyze local data** to identify populations experiencing disparities in communicable disease outcomes.
- Some regional partnerships also implemented **improvements to communicable disease reporting** and electronic health records systems that will support identification of health disparities in the future.
- Medium and large LPHAs reported **larger increases in expertise than capacity** (Figure).

Self-Report Change in Health Equity & Cultural Responsiveness Capacity and Expertise Before and After Funding by LPHA Size (n=24 LPHAs)



Modernization in Action

Promoting health equity, continued

- Regional partnerships also worked with partners and community members to conduct **regional health equity assessments and develop action plans**; action plans contain strategies for community engagement, data use, training and policy development.

“ Yellowhawk Tribal Health Center wants to empower people to take care of themselves and this is providing the perfect opportunity to do just that. ”

Community Health Representative, Yellowhawk Tribal Health Center

Local Spotlight:

Collaborating with a tribal health center to prevent sexually transmitted infections (STIs)

Gonorrhea rates have increased dramatically in Oregon, with higher rates among American Indian/Alaska Native populations.

To stop this trend, staff at Yellowhawk Tribal Health Center, which serves the Confederated Tribes of the Umatilla Indian Reservation, worked with the Eastern Oregon Modernization Collaborative to modify clinic systems and enhance point-of-care services for STIs. This work includes increased access to primary prevention materials at large community gatherings, like the Pendleton Round Up, to encourage young people to take charge of their health by becoming educated and seeking STI testing and treatment.

Modernization in Action

Partnering with the health care system

All regional partnerships collaborated with health care partners to prevent the spread of communicable diseases.

- Partnerships have resulted in the innovative delivery of pneumococcal vaccinations to at-risk adults in hospitals and **quality improvement programs** that have supported increases in immunization rates for two-year-olds in Oregon.
- Regional partnerships have also supported health care partners with **trainings** ranging from culturally inclusive care for health care providers to infection prevention and management for long-term care facilities.
- Some regional partnerships have **formalized their partnerships** with CCOs through policies like memoranda of understanding.

“ We hope lessons learned from AFIX implementation with clinical partners can be used for other priorities, like tobacco use. ”

Coast-to-Valley Regional Partnership

Local Spotlight:

Strengthening capacity to keep children safe from communicable disease

Many LPHAs are using public health modernization funding to strengthen partnerships with health care providers for immunization quality improvement. As a result of increased local capacity and strong state - local partnerships, LPHAs exceeded the 25% benchmark for the proportion of Vaccines for Children clinics participating in the Assessment, Feedback, Incentives, and eXchange (AFIX) quality improvement program. In 2018, AFIX participation doubled — increasing from 14% to 28% in only one year. Immunization rates for two year olds increased from 66% in 2016 to 69% in 2018, which means that more families are protected from diseases like pertussis, the flu, and other preventable diseases.

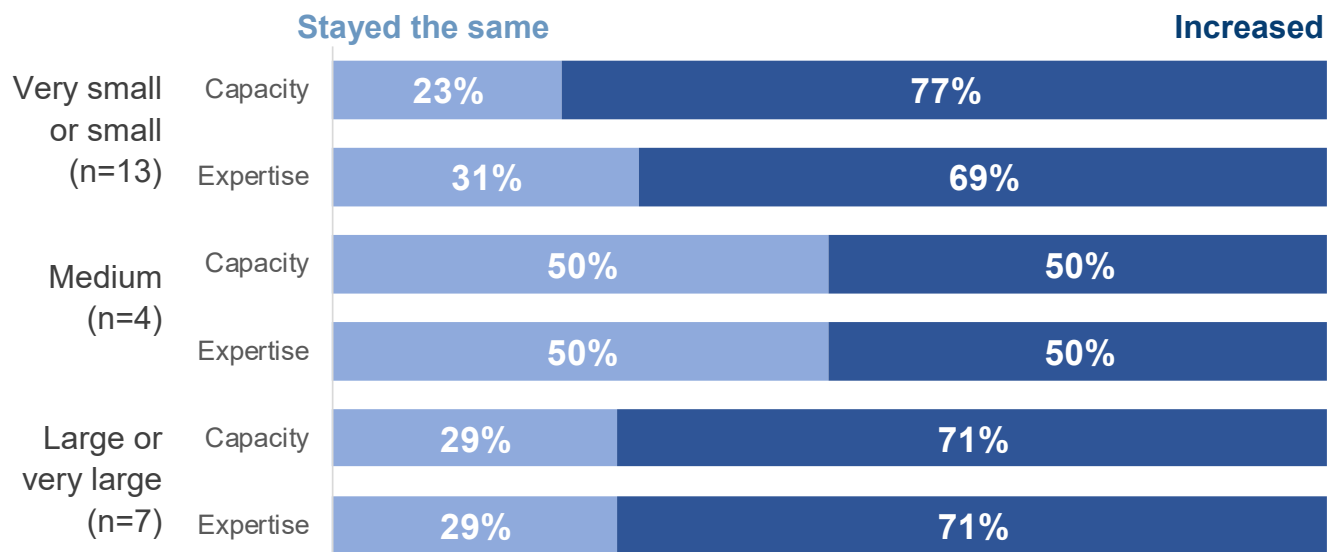
Modernization in Action

Improving data access and quality

Regional partnerships increased capacity and expertise to collect, analyze, and report population health data to community partners that rely on them for decision-making.

- Most regional partnerships hired new staff to ensure **workforce capacity for assessment and epidemiology**, including data analysts, epidemiologists, and, in one case, an informatics coordinator.
- Conducting required regional **health equity assessments** grew staff expertise to identify and analyze local data sources.
- Many local public health authorities have **established formal agreements** for sharing communicable disease data regionally.
- Some regional partnerships established **routine data communications** with health care and community partners to ensure data are available for decision-making.
- Small and large local public health authorities reported **similar increases to capacity and expertise** (Figure).

Self-Report Change in Assessment and Epidemiology Capacity and Expertise Before and After Funding by LPHA Size (n=24 LPHAs)



Modernization in Action

Improving data access and quality, continued

- One regional partnership provided **trainings to health care providers** on communicable disease reporting to improve data quality.
- Another regional partnership engaged culturally-specific organizations for a **regional data visualization workgroup** to increase community partners' awareness of available communicable disease data and to seek guidance on how best to visualize and communicate public-facing data.
- The OHA-PHD has also improved data quality and access by investing in **enhancements to Oregon's immunization information system** accessed by health care providers across the state.
- The OHA is also currently in the assessment and planning stages to systematically shifting population health data within its purview to **online, interactive platforms for public use.**

State Spotlight:

Disseminating data to partners to improve health in their communities

OHA-PHD is working to make population health indicators more widely accessible and higher quality. State public health indicators, including information related to birth and death certificates, safe drinking water, cancer, and many other health issues are moving into an interactive, online format. These new formats will be easier for communities and other partners to use for answering questions about disease trends and health inequities, developing community health assessments, evaluating the impact of community health improvement plans over time, and more.

Modernization in Action

Creating foundation for continued change

Local public health authorities (LPHAs) have strengthened regional capacity by establishing formal policies and agreements for coordination and resource sharing across jurisdictions and systems.

- New policies include **intergovernmental agreements** with other LPHAs or tribes, data access and sharing agreements, and memoranda of understanding with CCOs.
- Several LPHAs indicated these **formal structures supported alignment** of job descriptions, policies and procedures between counties for coordination of communicable disease response.
- Establishing policies for easier collaboration will support LPHAs to **sustain current efforts and implement future** phases of modernization.

“ This is an opportunity that opens the door for us...to be a partner and participate in the Public Health Modernization goal. ”

Community Health Director for PeaceHealth
Oregon network

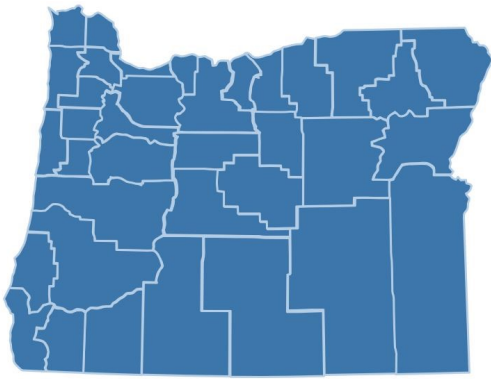
Local Spotlight:

Creating sustainable improvements with hospitals

Lane County's Public Health Division knew that adults coming through emergency departments should be vaccinated against pneumococcal disease, given the infection is the top cause of bacterial pneumonia and hospital readmission. Lane County and PeaceHealth, the hospital system that serves much of the county, identified opportunities for sustainable solutions. The community health director for PeaceHealth Oregon network became the bridge between the county and hospital system, helping secure matching funds and PeaceHealth leadership support.

The partnership resulted in over 750 pneumococcal vaccines were administered to hospitalized at-risk adults in Lane County, providers gained opportunities to educate patients about vaccines, hospital leadership increased support for public health, and formal hospital policies changed to shift practice.

State Public Health Role



Budget

\$1.1 million

Population

4.2 million

State Public Health Role

Two of the most important ways that state health departments advance community health are by (1) collecting data on the whole population for monitoring, planning, and program development, and (2) providing coordination, support and technical assistance for local public health authorities.¹ In 2017-2019, the Oregon Health Authority Public Health Division used an initial \$1.1 million legislative investment and additional leveraged funds to modernize Oregon's public health system.

COLLECTING & USING HIGHEST QUALITY DATA

OHA-PHD used 2017-19 public health modernization funds to upgrade population health data systems, which improves how information is collected, reported, and made available to people who rely on it.

MODERNIZATION IN ACTION

Quality immunization data support local prevention efforts

- Enhancements to the statewide immunization data system (ALERT IIS) make it easier for parents and medical providers around the state to determine which children need immunizations. This means fewer missed opportunities to vaccinate.
- OHA-PHD staff provided hands-on training to 87 local public health staff in 9 meetings around the state to use ALERT IIS.
- Medicaid doubled the legislative investment for immunization system improvements, enabling faster changes. This means that more children are safe from preventable diseases today.

Connecting Oregonians to information they need

- Public health information related to birth and death certificates, safe drinking water, cancer, and other important health conditions are moving into an interactive, online format.
- Online access to information will allow Oregonians to answer questions about disease trends and health inequities, develop community health assessments, see the impact of community health improvement plans over time, and more.
- Improvements to online vaccine education make it easier for parents to learn about vaccination. More than 17,000 parents have used the new vaccine education modules, including pages newly available in Spanish and Russian.

¹American Public Health Association. See: <https://www.apha.org/policies-and-advocacy/public-health-policy-statements/policy-database/2014/07/21/09/50/the-state-health-department>

State Public Health Role

TRAINING & TECHNICAL ASSISTANCE SUPPORTS LOCAL EXPERTISE

OHA-PHD supports local public health improvements and ensures their sustainability by providing training and technical assistance and through contract monitoring and oversight to ensure successful implementation. OHA-PHD also identifies opportunities to leverage additional funding.

MODERNIZATION IN ACTION

Training & technical assistance to increase local expertise

To support regional partnerships, OHA-PHD:

- Leveraged training and technical assistance from state public health programs to amplify the effect of on-the-ground projects funded through modernization investments.
- Co-created two learning collaboratives on community engagement and setting a foundation for health equity, attended by more than 100 people. This resulted in completed health equity assessments and action plans by most regional partnerships.
- Developed and provided 33 in-person and online communicable disease training opportunities, attended by almost 200 local and tribal public health staff, related to outbreak prevention, epidemiology and other hot topics in disease prevention.

After modernization funding, all 8 regional partnerships reported increases in self-reported expertise in 3 key areas:

- Communicable Disease Control
- Health Equity and Cultural Responsiveness
- Assessment and Epidemiology

Maintaining the integrity of legislative investments

- Leveraged resources through other funding streams to amplify the effect of on-the-ground projects funded through modernization investments.
- Ensured the timely and appropriate expenditure of funds allocated to regional partnerships and on-time delivery of work products through contract monitoring and process evaluation.
- OHA develops and regularly reports on the Public Health Accountability Metrics, which show whether health outcomes are improving as a result of a modern public health system.

“ Public health is a network of organizations, each fulfilling essential functions to protect and improve health. In Oregon, we’re investing in working together to support each entity’s unique contribution. Our aim is to create a robust and resilient public health system that ensures equitable protections for every person in the state. ”

Lillian Shirley, Public Health Director,
Oregon Health Authority

Regional Partnerships

Regional Partnership Funded Projects

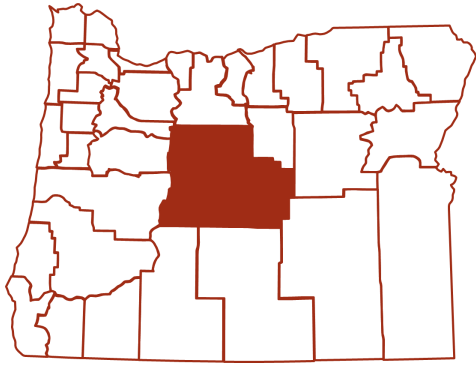
The table below provides a brief description of \$3.9 million in awards to local public health authorities that span from December 1, 2017 through June 30, 2019.

Regional partners	Project description	Award amount
North Coast Modernization Collaborative Clatsop, Columbia and Tillamook counties	<ul style="list-style-type: none"> • Convene partners to assess regional data on sexually transmitted infections and develop priorities. • Identify vulnerable populations and develop regional strategies to address population-specific needs. 	\$100,000
Central Oregon Public Health Partnership Deschutes, Crook and Jefferson counties	<ul style="list-style-type: none"> • Form the Central Oregon Outbreak Prevention, Surveillance and Response Team that will improve: <ul style="list-style-type: none"> ⇒ Communicable disease outbreak coordination, prevention and response in the region; ⇒ Communicable disease surveillance practices; and ⇒ Communicable disease risk communication to health care providers, partners and the public. • Direct funds to communicable disease prevention and control among vulnerable older adults living in institutional settings and young children receiving care in child care centers with high immunization exemption rates. 	\$499,325
South West Regional Health Collaborative Douglas, Coos and Curry Counties; Coquille Indian Tribe; Cow Creek Band of the Umpqua Tribe of Indians, Advanced Health CCO, and Umpqua Health Alliance CCO	<ul style="list-style-type: none"> • Improve and standardize mandatory communicable disease reporting. • Implement strategies for improving 2-year-old immunization rates. • Focus on those living in high poverty communities and with health inequities. 	\$468,323
Jackson and Klamath counties; Southern Oregon Regional Health Equity Coalition; Klamath Regional Health Equity Coalition	<ul style="list-style-type: none"> • Work with regional health equity coalitions and community partners to respond to and prevent sexually transmitted infections and hepatitis C, focused on reducing health disparities and building community relationships and resources. • Promote HPV vaccination as an asset in cancer prevention. 	\$499,923
Coast-to-Valley Regional Partnership Lane, Benton, Lincoln and Linn counties; Oregon State University	<ul style="list-style-type: none"> • Establish a learning laboratory to facilitate cross-county information exchange and continuous learning. • Implement an evidence-based quality improvement program, AFIX, to increase immunization rates. Pilot three local vaccination projects, including: 	\$689,517

Regional Partnership Funded Projects

Table continued from previous page

Regional partners	Project description	Award amount
Coast-to-Valley Regional Partnership (continued) Lane, Benton, Lincoln and Linn counties; Oregon State University	<ul style="list-style-type: none"> ⇒ Hepatitis A vaccination among unhoused people in Linn and Benton counties; ⇒ HPV vaccination among adolescents attending school-based health centers in Lincoln County; and ⇒ Pneumococcal vaccination among hospital discharge patients in Lane County. • Establish an Academic Health Department model with Oregon State University to support evaluation. 	
Marion and Polk counties; Willamette Valley Community Health CCO	<ul style="list-style-type: none"> • Focus on system coordination and specific interventions to control the spread of gonorrhea and chlamydia. • Increase HPV immunization rates among adolescents. 	\$463,238
Eastern Oregon Modernization Collaborative North Central Public Health District; Baker, Grant, Harney, Hood River, Lake, Malheur, Morrow, Umatilla, Union and Wheeler counties; Eastern Oregon CCO; Mid-Columbia Health Advocates	<ul style="list-style-type: none"> • Establish a regional epidemiology team. • Create regional policy for gonorrhea interventions. • Engage community-based organizations to decrease gonorrhea rates through shared education and targeted interventions. 	\$495,000
Tri-County Public Health Modernization Collaborative Washington, Clackamas and Multnomah counties; Oregon Health Equity Alliance	<ul style="list-style-type: none"> • Develop an interdisciplinary and cross-jurisdictional communicable disease team to focus on developing and strengthening surveillance and communications systems. • Develop culturally responsive strategies with leadership and guidance from the Oregon Health Equity Alliance, this cross-jurisdictional team will develop culturally responsive strategies that: <ul style="list-style-type: none"> ⇒ Identify and engage at-risk communities; and ⇒ Reduce barriers (e.g., language, stigma, access to care) to infectious disease control, prevention and response. • Use qualitative and quantitative evaluation methods to guide implementation of best practices across the region focused on reducing and eliminating the spread of communicable diseases. 	\$679,999



Budget
\$499,325
Population
214,452
Under age 5 years
5%
Over age 65 years
19%

Central Oregon Public Health Partnership

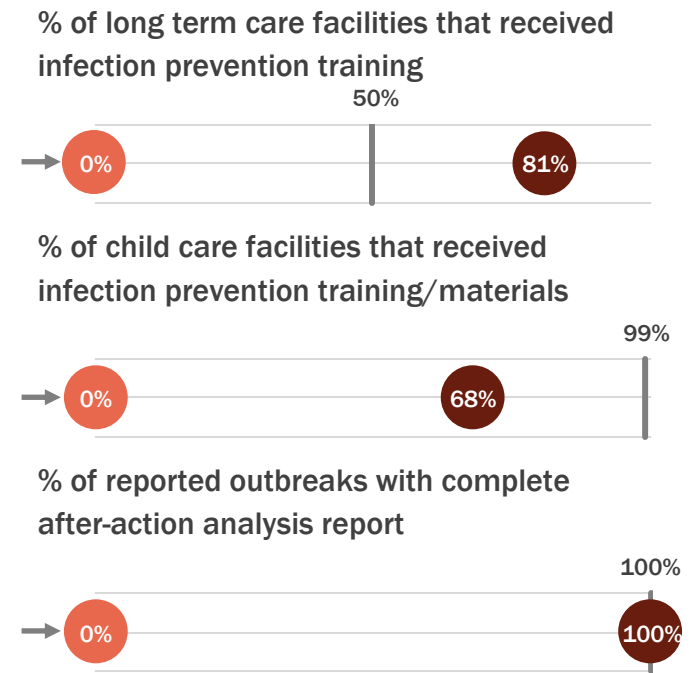
Crook, Deschutes & Jefferson Counties

Successes (from Jan. 2018 to June 2019)

- Directed funds to **interventions for older adults** in institutional settings and **young children** in childcare centers with high vaccine exemption rates.
- Formed Central Oregon **Outbreak Prevention, Surveillance, and Response Team**.
- Regional Infection Prevention Nurse provided **additional capacity for routine communicable disease case investigation** to under-resourced counties, including 140+ days of coverage in Jefferson and Crook counties.
- Provided **infection prevention trainings** and/or training materials to 25 long-term care facilities and 57 childcare facilities in region.
- Regional Epidemiologist **created quarterly communicable disease reports** and weekly influenza reports to inform clinical decision making.
- Coordinated training** for communicable disease surveillance and case investigation to regional staff and Confederated Tribes of Warm Springs.
- Responded to 13 outbreaks** in long-term care facilities, including after-outbreak reports and meetings.
- Hosted meeting with tri-county hospital, long-term care, emergency medical services, and public health partners to **discuss best practices for infection prevention** and inter-facility transfers.
- Completed **regional health equity assessment** to inform plan to address health disparities; **surveyed 108 collaborating partners** on their health equity priorities for the region as part of the assessment.
- Translated series of communicable **fact sheets into Spanish** using regional translation services.

Measuring success

The charts below illustrate select progress measures for communicable disease modernization, including baseline (●), June 2019 (●) and target (|) measures. Arrow (→) indicates direction of change.



Other measures of success

35 tri-county epidemiology reports created and disseminated for healthcare provider education

3,076 Central Oregon flu surveillance website page views from Oct. 1, 2018-June 30, 2019

"I truly appreciate your weekly (influenza) reports and the insights offered!" - Clinic Administrator from Madras, OR

Central Oregon Public Health Partnership

Crook, Deschutes & Jefferson Counties

Modernizing Public Health: Stories from the Field

Regional staff helps tackle infections at long-term care facilities

For Mary-Jane Bennett, ensuring effective infection control at a long-term skilled care facility is a little like directing a theater production.

“I use theater as a metaphor, that the actor looks wonderful out there but it’s all the people behind the scenes you don’t see, and they’re just as important to making the play a success,” says Bennett, former

infection prevention nurse at Regency Care of Central Oregon and Pilot Butte Rehabilitation Center, both in Bend.

As a result of the \$499,325 in public health modernization funding to the Central Oregon Public Health Partnership, that infection prevention cast now includes

Kari Coe, R.N., who covers the entire three-county region.

Data showed that long-term care facilities needed to be at the forefront of efforts to control communicable diseases, after they were found to have experienced the majority (58.2 percent) of the 91 total outbreaks in Central Oregon, causing 1,300 illness cases and 48 hospitalizations since 2012.

Lisa Fortin, wellness director at Juniper Springs Senior Living in Redmond, can attest to that. “We have a very fragile population,” Fortin says. “A lot of them have multiple disease states that could impact their getting something as common as the cold, and if that turns into something else.”

Fortunately, Coe’s work began in early 2018 with visits to all 32 long-term care facilities in the tri-county area to offer her services, including staff trainings that can cover anything from general “infection prevention 101” topics to specific issues such as bloodborne pathogens and seasonal viruses like influenza—even proper handling of linens and foods.

Fortin and Bennett have both hosted such tours with Coe at their facilities, and say the information and support she provides is invaluable.

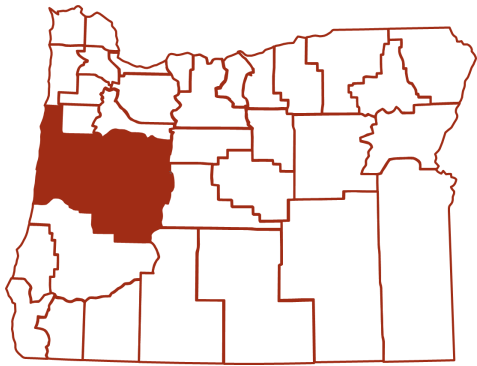
“She graciously came out and did a day-long seminar on infection prevention and gave us all sorts of resource books,” Fortin says. “If we have an outbreak of the flu

or something like that, we can give them a call and they’ll actually send a team out here and help us to contain it, help us to prevent the spread of it and manage it.”

Muriel DeLaVergne-Brown, Crook County Health and Human Services director, believes such direct outreach with long-term care facilities is changing how the counties of the Central Oregon Public Health Partnership manage infectious diseases—by keeping them from happening in the first place. “This opportunity has given us the ability to do more prevention in the community,” she says. “Now that we’ve been so successful with this tri-county model for communicable disease response, it would be really challenging to go backward.”

“If we have an outbreak of the flu or something like that, we can give them a call and they’ll actually send a team out here and help us to contain it, help us to prevent the spread of it and manage it.”

- Lisa Fortin | wellness director, Juniper Springs Senior Living in Redmond



Budget
\$689,517
Population
614,275
Under age 5 years
5%
Over age 65 years
17%

Coast-to-Valley Regional Partnership

Benton, Lane, Lincoln & Linn Counties

Successes (from Jan. 2018 to June 2019)

- Implemented AFIX **immunizations quality improvement program** with 28 clinics to improve clinical practices and increase immunization rates; clinical pediatric and **adolescent immunization rates have increased** and missed opportunities to vaccinate have decreased.
- Promoted vaccination and **increased awareness of communicable diseases** (e.g. hepatitis A, HPV, pneumococcal) among healthcare clinics, community members and groups, and other key stakeholders.
- **Leveraged modernization funding** to acquire \$18,000 in Hospital Community Benefit Funds and \$30,000 from Oregon Health Authority to purchase pneumococcal vaccines.
- Increased **pneumococcal vaccination** — over 745 vaccines were administered to Lane County hospitalized at-risk adults.
- Increased **Hepatitis A vaccination** delivery — 108 doses were administered at service sites, shelters and drop-in center, and outdoor clinics to people experiencing homelessness in Benton County.
- Increased **HPV vaccination** among adolescents in Lincoln County’s School-Based Health Centers.
- Leveraged **Academic Health Department partnership** with Oregon State University to increase epidemiology capacity, conduct evaluation, and advance shared goals.
- Completed **regional health equity assessment** for communicable disease control and developed local health equity plans.

Measuring success

The charts below illustrate select progress measures for communicable disease modernization, including baseline (●) and June 2019 (●) measures. Arrow (→) indicates direction of change. There were no targets for these measures.

% of Vaccines for Children clinics with AFIX (immun. quality improvement) baseline visit



% of immunization best practices implemented by AFIX clinics



% of 2-year-olds with up-to-date vaccinations in AFIX clinics



% of missed opportunities to vaccinate in AFIX clinics



Other measures of success

108 hepatitis A vaccines administered to people experiencing homelessness in Benton County

745 pneumococcal vaccines administered to hospitalized at-risk adults in Lane County

Coast-to-Valley Regional Partnership

Benton, Lane, Lincoln & Linn Counties

Modernizing Public Health: Stories from the Field

Partnership with hospitals helping boost pneumococcal vaccinations

Lane County's Public Health Division had a dilemma.

It knew that adults coming through emergency departments at medical centers operated by PeaceHealth—the hospital system that serves much of the county—were a potentially captive audience for an effort to boost vaccinations against pneumococcal disease. The infection is the top cause of bacterial pneumonia and hospital readmission in the United States.

The problem: “We speak ‘hospital’ a little bit, but we’re not fluent in ‘hospital,’” said Patrick Luedtke, M.D., M.P.H., the county’s senior public health officer and chief medical officer.

The solution: Lane County health officials needed someone on the inside, imbedded at PeaceHealth who knew the health system inside and out, to help move a hospital pneumococcal vaccination program forward. And it got just that in the form of Susan Blane, community health director for PeaceHealth Oregon Network, thanks to investment by the Oregon Legislature for the state’s Public Health Modernization initiative.

“This is an opportunity that opens the door for us to work together on actual health improvement, while patients are inside the walls of the hospital, and to be a partner and participate in the Public Health Modernization goal,” said Blane.

As the pneumococcal project took shape, Blane became the bridge between the county and the hospital system, helping to secure matching funding and leadership support from PeaceHealth.

The Lane County-PeaceHealth partnership is part of a larger, regional effort to increase vaccination rates and reduce disparities in vaccine-preventable diseases. The county has teamed with Lincoln, Benton and Linn counties and Oregon State University’s Center for Health Innovation to create the Coast-to-Valley

Regional Partnership, which is using part of its \$689,517 modernization grant to implement the vaccination improvement program.

According to county calculations, vaccinating roughly eight people per week could prevent 250 pneumonias; avoid 50 pneumonia-related hospitalizations; and save \$500,000 in direct hospital

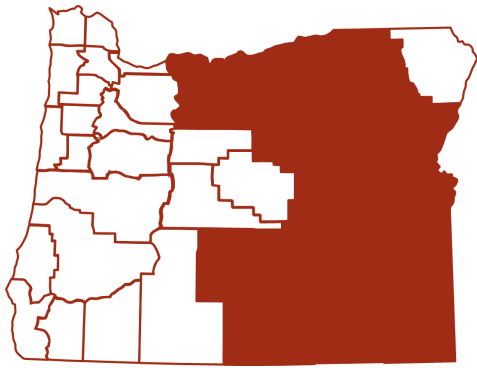
costs. During November and December 2018, an average of about 16 people per week were vaccinated.

The pneumonia vaccine program has brought other benefits, too, such as providing hospital staff members with a way to educate patients about other vaccines they may need.

“It creates an opportunity for dialogue and communication with the patient,” said Sara Barnes, a nurse manager at RiverBend. “It’s a way to hopefully debunk the myths regarding vaccines.”

“ This is an opportunity that opens the door for us to work together on actual health improvement, while patients are inside the walls of the hospital, and to be a partner and participate in the Public Health Modernization goal. ”

- Susan Blane, community health director, PeaceHealth Oregon Network



Budget
\$495,000
 Population
235,777
 People of Color
26%
 Over age 65 years
17%

Eastern Oregon Modernization Collaborative

North Central Public Health District, Baker, Grant, Harney, Hood River, Lake, Malheur, Morrow, Umatilla, Union & Wheeler Counties

Successes (from Jan. 2018 to June 2019)

- Established a **regional epidemiology team**.
- **Regional Epidemiologists/Communicable Disease Investigators** logged 100+ hours of disease case investigation across the 13-county region.
- Provided **epidemiology and statistical support** for communicable disease analysis in all 13 counties.
- Ensured regional partnership steering committee representation from **Eastern Oregon Coordinated Care Organization** and **Yellowhawk Tribal Health Center**.
- Convened **Sexual Orientation and Gender Identity Summit** for public health staff, healthcare providers, and community health workers to improve inclusion and service quality.
- Partnered with Regional Health Equity Coalition to provide **four-part equity learning series**.
- Supported LPHAs to implement **internet-based sexually transmitted infections partner notification** and case investigations using email, text messaging, and social networking sites.
- Completed **health equity assessments** and used assessment findings to engage partners in regional health equity action planning.
- Created sustainability plan and **expanded condom availability** partnerships in three new counties.
- Began installation of communicable disease **performance management platform** at five LPHAs.
- Continued to produce **Provider Fact Sheet** with communicable disease and STIs information for healthcare providers in the region.

“ Local health departments in eastern Oregon are not sufficiently staffed to implement modernization strategies. The support provided by the modernization team is essential and much appreciated by staff. ”

- Add quote citation

Measures of

100+

hours of communicable disease case investigation support from new Regional Epidemiologist

77%

local and Tribal communicable disease staff attended trainings on gonorrhea case management

5000+

condoms distributed for STI prevention in Umatilla County

12

county health departments produced annual communicable disease reports

93

attendees at Sexual Orientation and Gender Identity Summit for healthcare providers to improve inclusion and service quality.

Eastern Oregon Modernization Collaborative

North Central Public Health District, Baker, Grant, Harney, Hood River, Lake, Malheur, Morrow, Umatilla, Union & Wheeler Counties

Modernizing Public Health: Stories from the Field

Collaborative kicks sexually transmitted disease reduction efforts into high gear

For two years, Yellowhawk Tribal Health Center distributed condoms and educational materials at the Indian Village—a tepee community set up during Pendleton Round-Up week in September—using resources from the national GYT: Get Yourself Tested. The campaign is a youth-focused, empowering social movement that encourages young people to get tested and treated, as needed, for sexually transmitted infections (STIs) and HIV.

So when staff members at Yellowhawk, which serves the Confederated Tribes of the Umatilla Indian Reservation, learned about a \$495,000 grant the Eastern Oregon Modernization Collaborative received as part of the Oregon Legislature’s 2017 Public Health Modernization investment, they saw an opportunity to kick their campaign into overdrive.

“With the (modernization) grant, it made condom access a lot easier,” said Natasha Herrera, community health representative at Yellowhawk Tribal Health Center.

There now are condom distribution boxes placed throughout Yellowhawk—each holding 125 condoms—including the consult rooms at the pharmacy, six medical exam rooms, the behavioral health patient access restrooms and four other public access restrooms.

A total of 3,600 condoms have been distributed as of December 2018, including 1,600 at the 2018 Round-Up.

“Yellowhawk Tribal Health Center wants to empower people to take care of themselves and this is providing the perfect opportunity to do just that,” she said.

Health officials at the Eastern Oregon Modernization Collaborative, which covers 13 rural counties encompassing almost the entire eastern half of the state, are hoping the effort helps curb an upward trend in STI incidence, which increased dramatically in the region between 2012 and 2017: 32 percent for chlamydia, 192 percent for gonorrhea and 950 percent for syphilis.

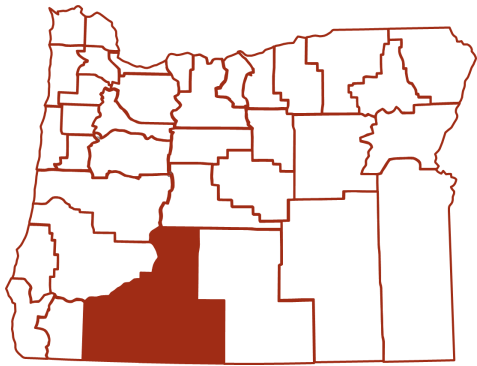
“**Yellowhawk Tribal Health Center wants to empower people to take care of themselves and this is providing the perfect opportunity to do just that.**”

- Natasha Herrera, community health representative, Yellowhawk Tribal Health Center

Herrera and her colleagues at Yellowhawk hope their prevention efforts will help stave off these alarming trends. Mystie Haynie, communicable disease nurse at Yellowhawk, believes their condom distribution project is working.

“We’ve started getting walk-ins asking for me, saying ‘Hey, I need to get tested, I need to talk to you about this.’ That shows me our outreach is doing its job,” Haynie said.

Carrie Sampson, community wellness director at Yellowhawk, says the partnership between Yellowhawk and the counties is helping spotlight the tribes’ contribution to the region’s STI reduction efforts. “I hope we can play a stronger role in addressing the increase in STIs in our community. Since this is priority for the modernization collaborative, I see it as a benefit that we can work together to bring education to our community.”



Budget
\$499,923
Population
276,862
People of Color
19%
Over age 65 years
20%

Jackson & Klamath Counties

Successes (from Jan. 2018 to June 2019)

- Completed **health equity action plan** in both counties to address gaps in health equity.
- Completed **analysis of provider survey data** to understand knowledge and practices for HPV immunizations and sexually-transmitted infections.
- Promoted **HPV vaccination and rapid hepatitis C testing** with multiple community partners throughout the region.
- Partnered with Klamath Tribal Health and Family Services on **regional social media campaign** to raise awareness of HPV vaccination and need for STI and hepatitis C testing.
- Collaborated with So-HealthE to run social media **campaigns on HPV, Hepatitis C and STI testing**. Campaigns **generated 117,000 clicks**, helping increase awareness of vaccination, testing and treatment.
- Klamath County implemented **HPV vaccination campaign** with bus ads and a digital billboard ad (in English and Spanish) with four partner organizations.
- Jackson County collaborated with SO Health-E and other community organizations to host **LGBTQ+ Health + Wellness Summit** for health care providers to improve access to quality services.
- Klamath County medical champion developed and implemented **new electronic health record templates** to improve screening and treatment of STIs and hepatitis C, and HPV vaccination.
- Klamath County convened “You Are the Key to Cancer Prevention” **HPV vaccination training**.

“ Surveying our local providers gives us important insights into their needs regarding communicable disease identification and prevention which, in turn, will help us better shape our interventions. ”

- Jackson & Klamath Counties
Regional Partnership

Measures of success

64 Klamath County providers attended “You Are the Key to Cancer Prevention” HPV vaccination trainings.

12.7 million impressions generated through regional social media campaign with messaging on HPV vaccination, as well as hepatitis C and STI testing.

16 AFIX immunization quality improvement trainings held in Jackson and Klamath counties.

Jackson & Klamath Counties

Modernizing Public Health: Stories from the Field

Medical provider champions support innovative communicable disease control strategies

When public health staff in Jackson and Klamath counties embarked on modernizing communicable disease prevention and control in the region, they knew partners within the health care system would be crucial.

Fortunately, they were met with more-than-willing allies in Dr. Stewart Decker, a physician at Sky Lakes Klamath Medical Clinic, and Dr. Mary Cutler, a physician for La Clinica del Valle Family Health Care Center, who would assume the roles of “medical provider champions.”

Using part of their \$499,923 Public Health Modernization grant funding, Jackson and Klamath counties hired Dr. Cutler and Dr. Decker to garner provider support for much-needed communicable disease prevention initiatives.

Dr. Decker set to work developing and testing a series of templates for Sky Lakes Medical Center’s Epic electronic medical record system. By June 2019 Dr. Decker and the Sky Lakes Epic team had fully implemented the templates. Available at wellness visits for every age, templates have age-appropriate and behavior-appropriate cues for hepatitis C screening, HIV screening, sexually transmitted infection (STI) screening and HPV vaccination.

This data system innovation presents an exciting opportunity for physicians and public health staff alike to better understand community health needs.

And Dr. Decker didn’t stop there—with the templates underway, he turned his attention to provider outreach for other priority projects.

Along with Dr. Cutler in Jackson County, these included supporting surveys of providers on knowledge, practices, and resource requirements for HPV vaccinations, and STI and hepatitis C testing and screening.

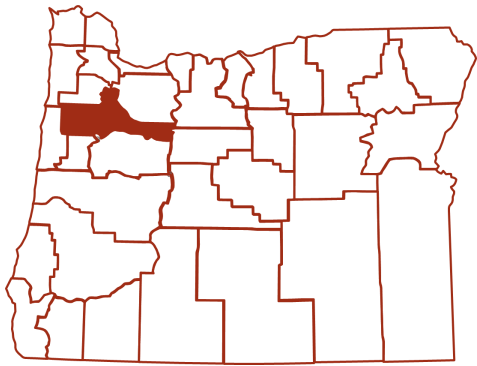
The champions also promoted a CDC immunizations quality improvement program. Dr. Decker additionally became an instructor for the “You Are the Key to Cancer Prevention”, HPV vaccination provider training which comes with one hour of continuing education credit. Dr. Decker led four sessions for 64 Klamath County providers over two months.

Public health modernization grant staff have seen their provider champions deepen relationships with the medical community to create will for communicable disease prevention and control—and they do not want to lose the momentum they have achieved.

“A practitioner enthusiastic about public health systems change has made it possible for us to work with medical providers on barriers to vaccination and STI prevention,” said Kimberlee Handloser, Jackson County modernization community outreach educator.



Above: Not only does Dr. Stewart Decker, Klamath County medical provider champion, support communicable disease control innovations, he also participates in school health days.



Budget
\$463,238
Population
404,997
People of Color
31%
Over age 65 years
15%

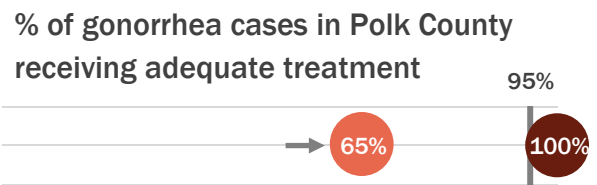
Marion & Polk Counties

Successes (from Jan. 2018 to June 2019)

- Implemented an intergovernmental **agreement for cross-jurisdictional sharing** that resolved liability issues, and staffing costs and requests.
- **Aligned job descriptions, policies, and procedures** between counties to support regional communicable disease response.
- Practiced **authentic partnership development** by attending monthly meetings and events for the National Association for the Advancement of Color People and Capitol Pride planning.
- **Presented on high rates of sexually transmitted infections (STIs)** to communities experiencing disparities to increase awareness and identify partners for communicable disease task force.
- Provided **health equity training opportunity** to community partners to expand capacity building.
- Convened **Communicable Disease Task Force**, comprised of 36 diverse organizations, to develop regional prevention strategies.
- Implemented **STI Public Service Announcements** and HPV vaccination advertisements at local movie theaters.
- Partnered with Willamette University to conduct **listening sessions among college students** to inform development of STI prevention strategies.
- Completed internal **health equity assessments**.
- Convened **Health Equity Implementation Team** to create strategies to address inequities internally at Marion and Polk County health departments.

Measuring success

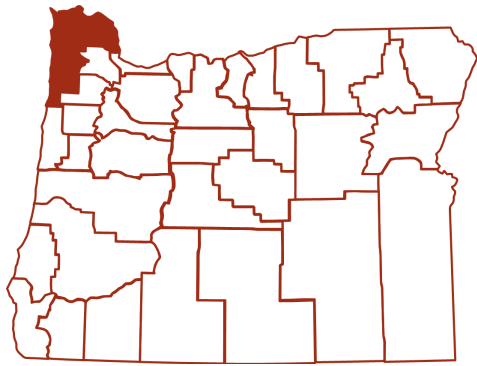
The charts below illustrate select progress measures for communicable disease modernization, including baseline (●), June 2019 (●) and target (|) measures. Arrow (→) indicates direction of change.



Other measures of success

152 people surveyed for information on STI access, barriers and prevention strategies.

186 people participated in listening sessions to inform STI prevention.



Budget
\$100,000
Population
112,857
People of Color
13%
Over age 65 years
19%

North Coast Modernization Collaborative

Clatsop County, Tillamook County &
Columbia Health Services

Successes (from Jan. 2018 to June 2019)

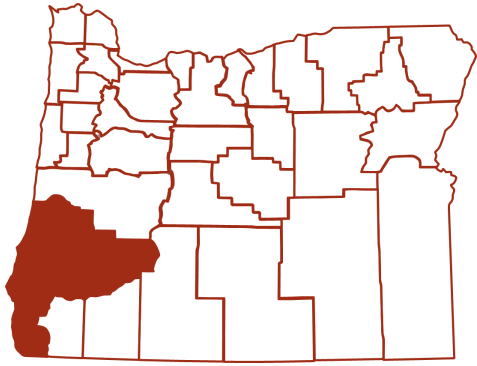
- Used \$100,000 in public health modernization funding for **regional planning**, including convening monthly planning and coordination meetings.
- Created four-party **memorandum of understanding** that includes Columbia Health Services, Clatsop County Public Health, Tillamook County Public Health and Columbia- Pacific Coordinated Care Organization.
- Held ongoing **meetings with Columbia Pacific Coordinated Care Organization** leadership to communicate updates on regional planning and receive feedback on project work plan.
- Regional partnership's ability to commit funds to joint work has enabled **more meaningful conversations** with Columbia Pacific Coordinated Care Organization about upstream communicable disease prevention work.
- Developed **plan to reduce sexually transmitted infections by 10%** across the region with the next round of modernization funding.
- Developing a **list of community partners** for engagement for implementation phase of work.
- Developing **tools to evaluate** regional work.

“ I’ve appreciated that capacity building was a [funding] option and that it gave us time to be methodical...We are in the right place right now for our community. ”

- North Coast Modernization
Collaborative

“ This has given us the opportunity to say there is some funding and some hope of continued funding...so then we can have a real conversation about strategy. ”

- North Coast Modernization
Collaborative



Budget
\$468,323
Population
192,683
Under age 5 years
5%
Over age 65 years
25%

South West Regional Health Collaborative

Coos, Curry & Douglas Counties

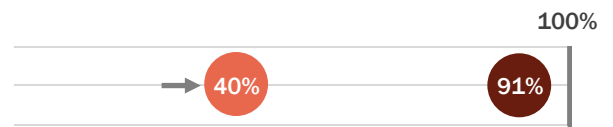
Successes (from Jan. 2018 to June 2019)

- Regional Epidemiologist created **communicable disease newsletter** to inform local health department staff and health care providers of county and regional communicable disease rates.
- Contributed information** on public health topics to Umpqua Health’s monthly electronic newsletter for providers.
- Completed **communicable disease reporting survey** with local health department and laboratory staff, and private clinical staff to determine gaps.
- Established access to three electronic health record (EHR) systems to support **timely reporting and complete records** of communicable disease cases; developing agreements to obtain access to five more EHR systems.
- Collaborated with NeighborWorks Umpqua, the Education Service District, and the Health Care Coalition of Southern Oregon on **multi-sector leadership training** to improve social determinants of health inequities.
- Partnered with Bay Area Hospital for continuing medical education, provided **communicable disease reporting training** for dozens of regional health care staff in five separate sessions.
- Surveyed Vaccines for Children Program clinics to gauge interest in planned **participation in AFIX**, which incentivizes clinic participation in immunization quality improvement.
- Held monthly **AFIX Collaborative meetings** in Coos and Douglas Counties to incentivize immunization quality improvement.

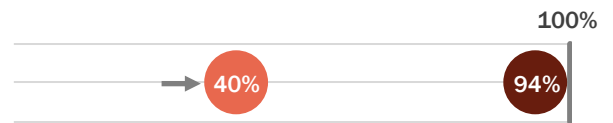
Measuring success

The charts below illustrate select progress measures for communicable disease modernization, including baseline (●), June 2019 (●) and target (|) measures. Arrow (→) indicates direction of change.

% of Vaccines for Children clinics participating in AFIX (immunizations quality improvement)



% of Vaccines for Children clinics with AFIX baseline visit



% of Vaccines for Children clinics with AFIX follow-up visits



Other measures of success

- 2** regional health equity assessments completed with local health department staff and community partners, resulting in a health equity action plan.
- 5** communicable disease reporting trainings completed with regional health care providers.
- 5** community listening sessions held in five rural communities to gather residents’ views of local health disparities.

South West Regional Health Collaborative

Coos, Curry & Douglas Counties

Modernizing Public Health: Stories from the Field

Public Health and Umpqua Health Alliance partner to improve childhood immunizations

When staff from the South West Regional Health Collaborative and Umpqua Health Alliance had their first meeting of the minds, they knew they wanted to improve childhood immunizations rates in the region.

Fewer children under the age of 2 are immunized against potentially deadly communicable diseases in the region compared to the rest of the state (64% in the region compared to 68% in the state as of 2017).

While the regional collaborative and Umpqua Health Alliance had no history of collaboration, a \$468,323 public health modernization grant awarded to Douglas, Coos, and Curry counties offered staff the opportunity to build this cross-sector partnership.

“The ability of public health staff to work across agency lines and with a shared commitment to increasing immunization rates allowed us to quickly find common ground,” said Dr. Bob Dannenhoffer of the Douglas Public Health Network.

And fortunately that common ground would be ripe for quality improvement with the arrival of expert Kathryn D. Scott, DrPH, who was brought on by Umpqua Health Alliance to deliver workshops on the “root causes” of low immunization rates.

“It’s quite an opportunity for clinic staff,” said Betty Wagner of the Umpqua Health Alliance. “A free four-hour training with an expert who can help identify

causes of lower childhood immunizations rates and offer techniques to increase success.”

With financial commitments from leadership at public health and Umpqua Health Alliance, a small team got to work planning and promoting the workshops to providers across the region.

And their work paid off—sixteen providers participated in the June workshops, representing eight clinics from all three counties.

“**The most important results include knowing that we can work with community partners to address health issues. Clinics can look to public health and CCOs to address some of the issues that communities have to deal with.**”

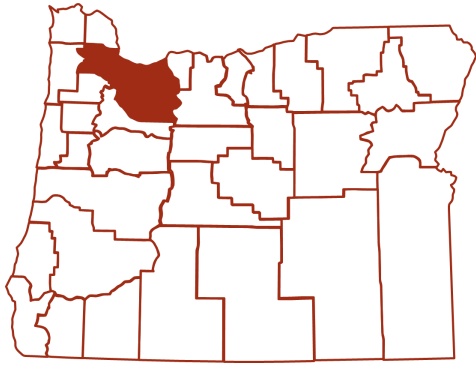
- Brian Mahoney, Douglas Public Health Network

Participants left the workshops with improvement plans in hand, and their eyes opened to the variety of barriers community members face in getting their children vaccinated.

“It would be good to target those areas identified outside the clinics as causes, like transportation and cultural and generational issues,” said Michelle Hicks of Curry Community Health.

And while this improvement process will continue, the successful partnership with Umpqua Health Alliance has broader implications for public health in the region.

“One of the most important results is knowing that we can work with community partners to address health issues,” said Brian Mahoney of Douglas Public Health Network. “Clinics can look to public health and CCOs to address some of the issues that communities have to deal with.”



Budget
\$679,999
Population
1,737,248
People of Color
27%
Over age 65 years
13%

Tri-County Public Health Modernization Collaborative

Clackamas, Multnomah & Washington Counties

Successes (from Jan. 2018 to June 2019)

- Funded **Oregon Health Equity Alliance position** to increase equity expertise and support meaningful community engagement.
- Formed **data visualization work group** to facilitate regional informatics coordination and data sharing.
- Developing regional communicable disease data sharing contracts and building and testing **regional reportable disease “DataMart”** to optimize efficiency and timeliness of data use.
- Clackamas County and Oregon Health Equity Alliance developed **county-wide partner inventory** to establish a plan for community engagement for hepatitis A prevention and outbreak response.
- Clackamas County partnered with Clackamas Fire District 1 to administer 33 **hepatitis A/B vaccines** to individuals experiencing unstable housing in the North Clackamas and Canby Health Equity Zones.
- Multnomah County completed **hepatitis C virus and latent tuberculosis infection (LTBI) screening and treatment capacity assessments** with safety net clinics, integrated communicable disease/STI/HIV programs and supported transfer of LTBI and immunization direct services into primary care medical homes.
- Washington County collaborated with Virginia Garcia on **latent tuberculosis testing and treatment** quality improvement.
- Washington County collaborated with ¡Salud! and Western Farmworkers Association to support work on **latent tuberculosis in the Latinx community**.

“ Communities need access to easily understood, localized data to make the best decisions about their health needs. ”

- Tri-County Public Health Modernization Collaborative

Measures of partnerships success

- 7** culturally-specific organizations engaged for regional data visualization workgroup.
- 5** Multnomah County community partners engaged around hepatitis C care system.
- 14** Clackamas County community partners engaged to expand hepatitis A vaccine coverage among those experiencing housing instability.
- 3** Washington County community partners engaged for latent tuberculosis testing and treatment quality improvement.

Tri-County Public Health Modernization Collaborative

Clackamas, Multnomah & Washington Counties

Modernizing Public Health: Stories from the Field

Partnerships drive modernization efforts through expanded vaccine coverage, culturally-relevant communications

It takes a village to modernize how communicable diseases are prevented and controlled—or rather it takes a lot of partnerships.

At least that's one approach of the Tri-County Public Health Modernization Collaborative. Comprised of Clackamas, Multnomah, and Washington counties, the collaborative has used a portion of its \$679,999 modernization grant to form essential community partnerships for communicable disease prevention and control.

Clackamas County Public Health is coordinating with Clackamas County Fire District 1 and American Medical Response, to expand Hepatitis A vaccine coverage.

Clackamas community paramedics have administered 33 hepatitis A/B vaccines to individuals experiencing unstable housing through two health fairs held during the year in Oregon City/North Clackamas and Canby/Molalla.

In Washington County, public health is partnering with ¡Salud!, a community organization for seasonal workers, and Western Farmworkers Association to host listening sessions with the Latinx community on health-seeking behaviors and knowledge of latent tuberculosis.

In addition to understanding how latent tuberculosis is viewed within certain communities, Washington County is also working with Virginia Garcia to better understand what barriers exist to improving access to TB testing and treatment of latent tuberculosis.

Multnomah County Public Health is strengthening community partnerships by addressing internal policies and procedures. The county recently opened a new request for proposal process that simplifies the process for community organizations seeking funding.

According to Multnomah County modernization staff, robustly funding community partnership and giving latitude for community-based organizations to define best approaches are parts of the county's equity strategy.

“ Robustly funding community partnership and giving latitude for community-based organizations to define best approaches are parts of the county's equity strategy. ”

- Multnomah County

And together, Tri-County modernization staff are enhancing community partnerships through improved data stewardship. Last December, a regional data visualization work group was convened to increase community partners' awareness of available

communicable disease data and to seek community guidance on how best to visualize and communicate public-facing data.

The emphasis on partnerships has played a crucial role in the modern approach to Tri-County communicable disease control by expanding vaccination coverage to at-risk community members, informing culturally-specific health education, and ensuring funding and data are more accessible to community partners.



Public Health Division

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