

PUBLIC HEALTH ADVISORY BOARD

Educational Meeting for 2021-2023 Public Health Modernization Evaluation

Minutes

October 24, 2023

1:00 PM – 2:00 PM

Members present: Hongcheng Zhao, Michael Baker, Marie Boman-Davis, Meghan Chancey, Veronica Irvin, Cristy Muñoz, Sarah Present

OHA staff present: Kusuma Madamala, Sandi Rice, Kirsten Aird, Heather Redman, Kelsie Young, Sara Beaudrault, Eugene Pak

Welcome and introductions

- Sara Beaudrault began with an introduction of the Public Health Modernization Evaluation and public health modernization milestones.
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Public Health Modernization Evaluation Presentation

Presented by Kusuma Madamala and Sandi Rice

- Public Health Modernization Evaluation Development
 - Two groups worked to help form the modernization evaluation: the Evaluation Working Group and the Evaluation Technical Panel.
 - Purpose: To assist the Oregon Health Authority Public Health Division in cocreating an evaluation of the 2021-2023 state legislative modernization funding. This work will include develop of core evaluation domains and questions, respective methodology, guidance on data interpretation and analysis, and dissemination review.
- Oregon Public Health Modernization: Evaluation Domains
 - Domain: Public Health Foundational Capabilities
 - If/how has Oregon Public Health advanced in these capabilities via OHA/LPHA/CBO relationships?

- Domain: Workforce
 - How has the workforce changed in the 2021-2023 Biennium?
 - What have modernization funded new staff allowed the public health system to do?
 - What are strategies, methods, facilitators & barriers to recruitment & retention?
 - Where are there existing gaps?
- Foundational Capabilities Domain: Key Takeaways
 - Strong partnerships were developed or expanded with communities that experience the worst health outcomes. Greater focus by LPHAs and CBOs in the Community Partnership Development and Communication foundational capabilities than in the Assessment and Epidemiology and the Policy and Planning foundational capabilities.
 - Focused efforts on Community Partnership Development and Communications make sense given the developmental stage of partner collaboration.
 - Health Equity and Cultural Responsiveness capability and the Community Partnership Development capability integrate throughout all foundational capabilities. The Health Equity and Cultural Responsiveness capability was harder to measure in procedures or actions.
 - More examples of emerged of dyad collaboration (i.e., OHA/CBO, LPHA/CBO and OHA/LPHA) than of triad collaboration (i.e., CBO/LPHA/OHA).
- Foundational Capabilities Domain: Recommendations
 - Support understanding and recognition of strengths and contributions of government and non-government partners in each capability; examples of what triad work can look like in different areas of the state and by differing capabilities.
 - Essential to this work is assessing if there is common understanding of key terms among funded partners to describe public health system and how to measure it.
 - Examine when/where/how does dyad vs triad collaboration seem relevant and most beneficial to the populations served? What are some barriers & facilitators to triad work?
 - Explore hiring an external facilitator with training in Industrial/Organizational Psychology or related discipline to better understand all partner needs and areas for growth and collaboration. Given less frequent triad collaboration, examine components of organizational trust, what prevents and what supports its development across system partners.
 - Invest in developing & sharing stories with clear example of how the work is being done collaboratively by funded partners.

- Gain an improved understanding of if Oregon residents see public health advancing in these core services and capabilities.
- Support findings and recommendations from SB1554 Report
- Among the gaps CBOs identified in the support they received was a limited understanding of how to operationalize equity in COVID response activities. The report also noted the need to foster and maintain relationships and collaborations between CBOs, OHA and LPHAs.
- Workforce Domain: Changes in the 2021-2023 biennium
 - Increased LPHA & OPHD Environmental Health and Communicable Disease Staff.
 - Samples of positions for Communicable Disease include Population Health Epidemiologist, CD Control Investigator and Surge Capacity Epidemiologist.
 - Samples of positions for Environmental Health include Climate Justice Coordinator, Environmental Hazards Preparedness Coordinator, Emerging Environmental Health Risks Lead.
 - Increased LPHA and OPHD staff working in Foundational Capabilities.
 - Number of Distinct Job Positions: 18 total (new & existing)
 - Sample of positions for Foundational Capabilities include Public Health Modernization Lead, Operations Strategist Community of Practice, Health Equity Coordinator.
 - Bridging organizational silos and restructuring.
 - Examples of cross program restructuring included restructuring to create FC-specific work groups or creating a lead for each FC and expanding teams and/or changing position descriptions and responsibilities of staff to include deliverables outside of program-specific areas.
 - Examples of program-specific restructuring included creating a new CD-only team that expanded capacity for communications and partnership development and creating a new EH team under a modernization supervisor.
 - More people centered.
 - Beginning efforts to have health department staff reflect communities served.
 - Recruitment: Strategies and Methods
 - Hiring internally.
 - Opening positions to those out of state (Oregon Public Health Division) and in some places outside the county lines.
 - Lump sum payments or signing bonuses for some management positions
 - Remote/hybrid work flexibility.
 - Sharing job openings with community partners, higher education, professional resources, agency website, etc.

- Contracting work.
 - Organizational reputation as a facilitator.
 - Paid advertisements for platforms like Indeed and Facebook, also local radio.
- Barriers to Recruitment
 - Administrative barriers
 - Hiring timelines
 - Applicant pool
 - Location - rural counties
 - Compensation/salary
- Administrative Recruitment Barriers (operational priorities)
 - Priority 1 – Workforce diversity, recruitment, retention and promotion
 - Priority 2 – Financial management, administration and oversight
 - Priority 3 – Information technology systems maintenance and upgrades
 - Priority 4 – Workforce wellness, security, safety and occupational health services
 - Priority 5 – Community engagement toward development of equitable legislative policy and administrative rules
- Hiring timelines PHD – time to fill
 - Governor Kotek issued a letter to agency directors stating that the
- Retention Barriers
 - Overextended managers and needs for support.
 - Specific public health classification (e.g., FGH capabilities and cross-program, system-wide work, informatics, OPAs, etc.)
 - Career pathways for core public health work and corresponding salary
 - Supervisors and Managers report greater intention to leave compared to all OPHD employees.
 - Recruiting and retaining staff that represent the community.
- 2023-2025 Workforce Development Plan Components
 - Create a culture of belonging.
 - Training and professional development.
 - Workforce supports.
 - Manager training and supports.
 - Recruitment strategies.
 - Retention strategies.
 - Succession planning.
- Existing workforce gaps
 - Overextended managers and needs for support.
 - Preserve institutional knowledge (given turnover and retirements) and continue or develop succession plans.

- Career pathways for core public health work.
 - Administrative barriers in hiring.
 - Improved understanding hiring cycle times; development of process maps and conduct corresponding Quality Assurance/Quality Improvement activities.
 - Understand the extent staff represent the populations served in jurisdictions across the state and the type of positions filled by the demographic of staff.
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Member Discussion

- Hongcheng Zhao commented about how competing relationships between LPHAs and CBOs are important to public health systems and CBOs should have a more defining role in order to foster intersectionality
 - Kusuma Madamala noted that diving deeper into the intersection of capabilities would be a good for future evaluation.
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Public Comment

- No public comments
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Meeting Adjourned