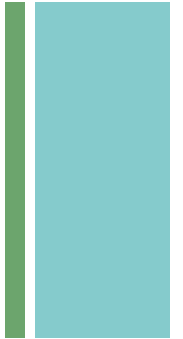


Navigating Modernization: Using the CLHO AIMHI Roadmap



User Panel Acknowledgements



■ Interpretation of Findings from AIMHI Meetings Panel

- Jim Setzer
- Rebecca Austin
- Matt Davis
- Muriel DeLaVergne-Brown
- Carrie Brogoitti

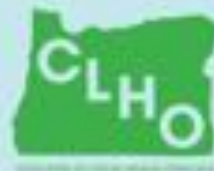
■ Modernization Roadmap Conceptual Development Panel

- Laurel Moses
- Rebecca Austin
- Pam Hutchinson
- Charlie Fautin
- Frank Brown

■ Product Review and Dissemination Planning Panel

- Frank Brown
- Jim Setzer
- Phillip Mason
- Katrina Rothenberger
- Muriel DeLaVerge-Brown

Steps to Local Public Health Modernization





A Roadmap to Public Health Modernization

4 steps to a better local system

Brought to you by



1

Step 1:

Prepare for Change
& Plan for Success

2

Step 2:

Know where you
are going

3

Step 3:

Implement select
foundational
programs/capabilities

4

Step 4:

Evaluate process &
progress and make
necessary adjustments

Roadmap Overview

This roadmap provides a step-by-step structure for local health departments to use when working on public health modernization efforts and has been designed to be useful no matter what step in the process you are on. For more information about how to use this roadmap go to the [How to Use this Roadmap](#) page by selecting the about tab in the navigation bar.

THERE ARE FOUR STEPS IN THIS ROADMAP:



[CLICK TO EXPAND MAP](#)

1. Prepare for change and plan for success
2. Know where you are going
3. Implement select foundational programs and capabilities
4. Evaluate process and progress and make necessary adjustments

For an introduction to Public Health Modernization in Oregon, [please view the introduction module.](#)

HOME

MODERNIZATION 101

STEP 1

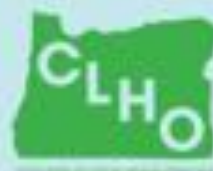
STEP 2

STEP 3

STEP 4

ABOUT

Steps to Local Public Health Modernization





A Roadmap to Public Health Modernization

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①

Step 1:

Prepare for Change
& Plan for Success

②

Step 2:

Know where you
are going

③

Step 3:

Implement select
foundational
programs/capabilities

④

Step 4:

Evaluate process &
progress and make
necessary adjustments

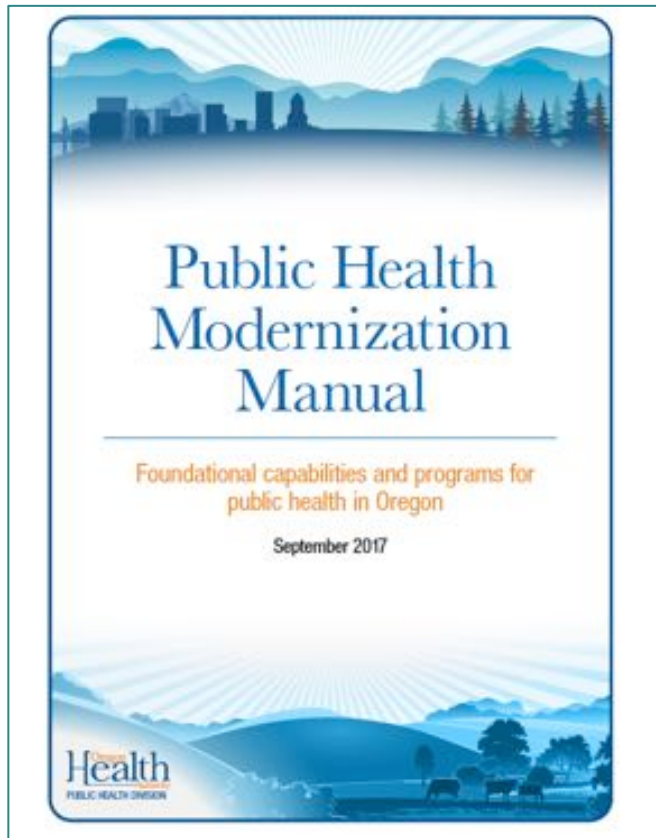
Modernization 101 Video

Watch this video for a visual overview. Download video slide PDFs [here](#).





Critical Strategy 1: Understand public health modernization





Critical Strategy 2: Implement change management

DRAFT

CHANGE MANAGEMENT

Change Management in Public Health Modernization

The change management process is the sequence of steps a change management team or project leader follows to drive individual transitions and ensure the project meets its intended outcomes.

The change management process is particularly significant in Public Health Modernization for several reasons. First, modernizing the public health system calls on public health leaders to modify both organizational and individual practices. A change management process will help support these transitions in ways that are both effective for the system and sensitive to the needs of public health stakeholders, including employees and community partners. In addition, updating the public health system calls for a cross-jurisdictional and cross-sectoral approach. Through effective communications and planning, a change management process can facilitate success across diverse stakeholders.

change management plan communications

Critical Strategy 2: Change management & Critical Strategy 3: Plan communications should be implemented concurrently.

Change management elements:

1. Readiness assessments
2. Communication & communication planning
3. Champion activities
4. Coaching & manager training for change management
5. Training development & delivery
6. Resistance management
7. Stakeholder feedback & consensus-building action
8. Celebrating & recognizing success
9. After-project review

Steps to Managing an Organizational Change

Phase 1: Preparing for Change

Phase 2: Managing Change

Phase 3: Reinforcing Change

Steps:

1. Define your change management strategy
2. Prepare your change management team
3. Develop your sponsorship model

Steps:

4. Develop change management plan
5. Take action and implement plan

Steps:

6. Collect and analyze feedback
7. Diagnose gaps and manage resistance
8. Implement corrective actions

CLHO Public Health Modernization Roadmap
Step 1: Prepare for change & plan for success. Critical Strategy 3: Change management

DRAFT

CHANGE MANAGEMENT

Checklist: Engaging Staff & Managing Change

This checklist complements information found in the following change management tools in the CLHO Public Health Modernization Roadmap:

- Checklist: Developing Leadership Support for Change
- Individual Change Management: Awareness Desire Knowledge Ability Reinforcement
- Change Management in Public Health Modernization

The leadership team (see Step 1, Critical Strategy 2 of the Roadmap) has assessed the scope of the change and can answer these questions:

- How big is this change?
- How many people are affected?
- Is it a gradual or radical change?

The leadership team has assessed the local health department's readiness for change including:

- What is the value-system and background of the impacted staff?
- How much change is already going on?
- What type of resistance can be expected?

The leadership team has conducted a self-assessment of strengths and gaps in managing change (see Step 2, Critical Strategy 2 of the Roadmap).

Communication plans have been developed that adhere to the following:

- Taken into consideration staff values
- Targets different groups of staff (i.e. frontline staff, management, etc.)
- Builds awareness around the need for public health modernization and the risks of not engaging in change first
- Shares specific details about change plans in an open and honest way
- Invites comment and suggestions

The leadership team has reviewed tools for individual change management (see Individual Change Management: Awareness, Desire, Knowledge, Reinforcement (ADKAR) tool on the following pages).

The leadership team has a clear plan for providing training and guidance for staff who are affected by the change.

The leadership team has identified ways to reinforce change.

CLHO Public Health Modernization Roadmap
Step 1: Prepare for change & plan for success. Critical Strategy 2: Implement change management

DRAFT

CHANGE MANAGEMENT

Checklist: Developing Leadership Support for Change

This checklist includes items that local health departments may consider as they take initial steps in public health modernization. It includes items that are good practice for change management and is primarily intended for internal (inside the health department) use. Ensuring that health department leaders are engaged in and understand modernization is a critical step in change.

- ☒ The Local Health Department has established a modernization leadership team comprised of the LHD administrator and some or all senior staff. The leadership team can be very small (2 to 3 people or larger up to 15) based on the size of the health department.
- ☒ The leadership team meets regularly (at least bi-monthly) and discusses state and local plans around public health modernization. Discussion includes opportunities to share thoughts and feelings about how modernization will affect both the staff and the work of the health department.
- ☒ The leadership team has reviewed the Public Health Modernization Manual (July 2016) and Statewide Public Health Modernization Plan.
- ☒ The leadership team has collectively reviewed the county level 2016 Public Health Modernization Assessment Report(s) modernization assessment.
- ☒ The leadership team has specific tasks related to building support among other leaders and communicating directly with stakeholders.
- ☒ The leadership team has discussed connections between public health modernization and public health accreditation.
- ☒ The leadership team is confident in their ability to effectively communicate about the key components of public health modernization and support modernization discussions with department staff and partners.
- ☒ The leadership team has developed a plan for supporting all health department staff embarking on local public health modernization efforts (see Step 1, Critical Strategy 2: Check List: Engaging Staff & Managing Change).
- ☒ The leadership team has reviewed CLHO Public Health Modernization Roadmap.
- ☒ The leadership team has reviewed change management tools in CLHO Public Health Modernization Roadmap.
- ☒ The leadership team has a clear understanding of the communication plan (see Step 1, Critical Strategy 2: Plan communications).

CLHO Public Health Modernization Roadmap
Step 1: Prepare for change & plan for success. Critical Strategy 2: Change management

+ Critical Strategy 3: Plan communications

Check-list: Communication Planning



This check-list complements information found in communication planning tools in the CLHO Public Health Modernization Roadmap:

- Value Proposition Canvas
- Communication Planning Template

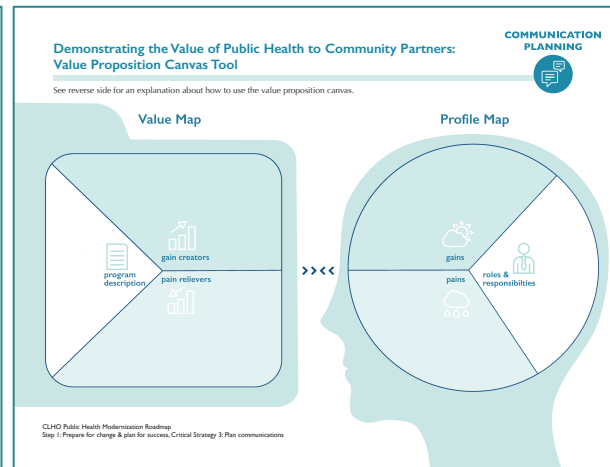
- ✓ Clearly define what program you are trying to create
- ✓ Define your audiences
- ✓ Using the Value Proposition Canvas, define your value proposition for each audience
- ✓ Does your proposed program align with the values of your audiences?
- ✓ Does your proposal provide value to each audience?
- ✓ Do you have clear next steps for your audience to take?
- ✓ What is the benefit they will get from taking the next step?
- ✓ Is there a clear call to action?
- ✓ Clearly define your messages
- ✓ Define the most persuasive messenger
- ✓ Set your communication calendar with follow ups
- ✓ Start your campaign!

**COMMUNICATION
PLANNING**



DRAFT

CLHO Public Health Modernization Roadmap
Step 1: Prepare for change & plan for success, Critical Strategy 3: Plan communications



Communication Planning Template


Communication Objectives: Write your communication objectives before. These objectives are "top level" statements that encompass the overall goal of this communication plan. In other words, if the plan is successful, what will your audience understand, believe, and do as a result?

Understand:

Believe:

Do:










**COMMUNICATION
PLANNING**



Audience & Values: Identify your audience & their values before. Using the "Value Proposition Canvas" (Step 1: Critical Strategy 3: Plan communications), identify any people or groups with a stake in your program/project and what will motivate them to support it.

Message (steps): Carefully consider each messenger that you will use to reach out to your audience to support your program/project. Messages should be based on how your proposed program/project speaks to the values of your audience. Input messages before.

Date:

Audience	Values	Message	Date
			
			
			

CLHO Public Health Modernization Roadmap
Step 1: Prepare for change & plan for success, Critical Strategy 3: Plan communications



Critical Strategy 4: Engage local/state decision makers

DRAFT

Public Health Modernization: Creating A Healthier Oregon

Public health modernization means everyone in Oregon can expect public protections critical to their health and the health of future generations.



The need for an updated public health system
Our public health system is critical to keeping people in Oregon healthy and safe. However, our system must be modernized in order to meet today's challenges and ensure that everyone in Oregon has essential public health services such as:

- access to health services;
- preventing the spread of infectious diseases;
- clean air;
- safe food and water; and
- communities that support healthy living.

Public health must be able to engage in work helping to prevent diseases and deaths and respond to emerging threats and outbreaks at the same time.

Public health is the backbone of the health system—possessing the skills and expertise that support communities and other partners to improve the conditions in which we live and work, leading to better health outcomes for all in Oregon.

CLHO Public Health Modernization Roadmap
Step 1: Prepare for change & plan for success. Critical Strategy 4: Engage local & state decision makers

DRAFT

**Building the Case:
The Health and Economic Benefits of Public Health**

Adapted from Scott D. Baker, M.D. The Health and Economic Benefits of Public Health Modernization in Oregon. Program Design and Evaluation Services, Multnomah County Health Department and Oregon Public Health Division. Prepared for the Oregon Health Authority Public Health Division, 2014 Sept 6. Available at: health.oregon.gov/modernization.

Introduction
Despite improvements in population health and longevity during the 20th century, the United States lags considerably behind many nations in overall life expectancy and the incidence of preventable diseases and injuries. Experts have made a strong case that the country's lagging population health status is a result of inadequate investment in public health strategies that promote health and prevent disease and disability.*

This document summarizes results of the 2016 Health and Economic Benefits of Public Health Modernization report, prepared for the Oregon Health Authority. The report estimates the recommended additional spending needed to close the gap between what it will cost to fully implement the foundational programs and capabilities of public health modernization, as identified in the Public Health Modernization Assessment Report (Baker, June 2016), and 2016 annual spending on foundational programs and capabilities.

Low Birthweight
One of the most commonly used indicators to monitor the health of mothers and children is the proportion of infants born weighing less than 2,500 grams, or approximately 5.5 pounds (referred to as the low birthweight rate).

In Oregon, the low birthweight rate was 6.3% in 2013, an 11% increase since 2000. Low birthweight infants are at increased risk for impaired development, infant death, and other long-term disabilities such as cerebral palsy, blindness or other chronic conditions.

An investment of \$2.4 million in maternal and child health in Oregon's high poverty counties would lead to a 1% decrease in low birthweight rates. This decrease would prevent 36 low birthweight births a year and result in savings of \$20 million of Medicaid costs.

Tobacco Prevention
Tobacco use is the leading preventable cause of death, killing more than 7,000 people per year in Oregon. Smoking causes lung cancer, cardiovascular disease, emphysema, and is linked to many other diseases such as diabetes, stroke, and certain types of cancer.

Tobacco use costs Oregonians \$2.3 billion a year in health care, lost productivity and premature death. The recommended additional spending of \$1.4 million in Oregon would result in an estimated 234 fewer smokers (quitters) annually. The average savings in direct costs of medical care over a lifetime for the 234 former smokers is an estimated \$6.5 million.

CLHO Public Health Modernization Roadmap
Step 1: Prepare for change & plan for success. Critical Strategy 4: Engage local & state decision makers

DRAFT

+
Modernizing
Our Public
Health System



CLHO
Coalition of Local Health Officials

PRESENTER NAME
DATE
LOCATION

**LHD
LOGO**

Step 1: Prepare for change & plan for success



Critical Strategy 5: Engage partners & community members

Public Health Modernization Meeting Guide: Community Partners

Local health departments can use this guide to prepare for discussions with community partners about public health modernization.

Purpose:	Tips for success:
<ul style="list-style-type: none">Build support through a collective vision for public health modernization.Share the need for and benefit of public health modernization.Share investments needed to move public health modernization forward to build health capacity in Oregon.	<ul style="list-style-type: none">Use at least one talking point from each section.Include examples and stories from your own community.If using data in an example, use one easily understandable number.

Vision
Public health modernization means everyone in Oregon can expect public protections critical to their health and the health of future generations — these include clean air, safe food and water, health promotion and prevention of diseases, and responding to new health threats.

► Share an example of the work you have done together as community partners and the impact it had. You may also want to state how you'd like to work with your partner in the future.

Why we need a modernized public health system

1. Health departments are faced with capacity and resource deficiencies and are often challenged to proactively address chronic health issues in lieu of responding to emerging issues.
► Provide an example of a public health issue in your community that has pulled staff away from their duties like meeting with community partners in order to address the issue at hand.
2. Our public health system relies on unpredictable funding that does not always match the need in our communities, including health problems that cause the most deaths and disease and where opportunities for prevention are the greatest.
► Follow this statement with an example of great need in your community and how current funding makes it difficult to address the issue or engage with partners on the issues.
3. An effective public health system requires a focus on new health challenges, which include emerging and traditional infectious diseases and an increase in chronic conditions.
► Use an example of a disease burden or health issue in your community and the challenges in addressing it. Responding to this shift in disease trends requires a different approach.

CLHO Public Health Modernization Reading
Step 1: Prepare for change & plan for success Critical Strategy 5: Engage Partners & Community members

COALITION OF LOCAL HEALTH OFFICIALS 2016

PUBLIC HEALTH MODERNIZATION COMMUNICATION TOOLKIT

CLHO **Public Health**

Coalition of Local Health Officials
3333 NE Sandy Blvd, Suite 202, Portland, OR 97232 | oregonclho.org

National Public Health Performance Standards

Local Assessment Instrument

NACCHO
NATIONAL ASSOCIATION OF COUNTY & CITY HEALTH OFFICIALS

HURRICANE EVACUATION ROUTE

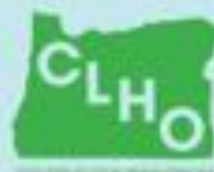
TOOLKIT

Racial Equity Toolkit
An Opportunity to Operationalize Equity

LOCAL AND REGIONAL GOVERNMENT ALLIANCE ON RACE & EQUITY

RACIALEQUITYALLIANCE.ORG

Steps to Local Public Health Modernization





A Roadmap to Public Health Modernization

4 steps to a better local system

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1

2

3

4

Step 2: Know Where You Are Going

Increase understanding of the role of public health in the community.

In this step, local health departments will review local, regional, and state assessments and goals. LHDs will work with partners to create a SWOT analysis. Using the assessments and SWOT, local health departments and their partners will identify and set priorities and outcome metrics, which will then be communicated to other partners and staff.

STEP 2 OBJECTIVES:

- Public health leaders and managers understand the new model and are committed to transitioning to the new model. There is a clear plan and pathway for how staff will be continuously engaged in planning and implementing PH modernization.
- PH staff understand the benefits of the new model and are committed to the transition of new model.
- Community partners have a clearer understanding of the role of public health in the community. Partners understand that public health's role extends beyond providing safety net clinical services.

STEP 2 CRITICAL STRATEGIES:

Review local assessments

- Conduct a Strengths, Weaknesses, Opportunities, and Threats Analysis with Partners

During this critical strategy, local health departments will work with partners to

Step 1

Step 3



Critical Strategy 1: Review local assessments

Planning Checklist – Phase One: Explore

The following planning checklist was developed using the Center for Sharing Public Health Services (CSPHS) framework, A Roadmap to Develop Cross-Jurisdictional Sharing Initiatives. The CSPHS framework includes the three process phases that cross-jurisdictional sharing arrangements typically move through: 1) *Explore*, 2) *Prepare and Plan*, and 3) *Implement and Improve*.



Source: A Roadmap to Develop Cross-Jurisdictional Sharing Initiatives, Center for Sharing Public Health Services (CSPHS) Framework, 2013.

References Used

The development of the planning checklist was informed by a literature review on shared services in government and public health, the CSPHS framework, health officer interviews held from June – August 2013, and board of health discussion groups held from September 2013 – February 2014 in the **Northwoods** Shared Services Project area.

Using the Checklist



This tool is more comprehensive than the criteria tool featured earlier. The criteria tool questions are contained within this checklist and are in **bold**. A health officer and health department staff could use the questions to determine if participation in a shared arrangement would be beneficial and feasible.

A group of health officers could use the checklist and associated tools and resources to explore an issue that could potentially be solved by a cross jurisdictional sharing arrangement and to prepare for talking with their respective policy boards.

The tool could be used in its entirety or in the adapted or shorter version, *Criteria Tool for Entering into a Shared Service Arrangement*.



Critical Strategy 2: Conduct a SWOC with partners



Blaze · Collaborate · Lead

SWOT Analysis Tool

A SWOT analysis will help you identify internal and external factors in the environment that can help with the development of your CoP's goals and objectives. Complete the SWOT analysis for your CoP's domain. Then use your results to help develop your SMART Objectives (via the [SMART Objectives Template](#)).

Evaluate: SWOT Analysis Tool
State the idea/issue you are assessing: _____
Identify Strengths, Weaknesses, Opportunities, and Threats (SWOT) for your CoP. The presence of weaknesses and threats are gaps to be addressed in planning, while the absence of strengths or opportunities clarifies the need for further planning or development before action is taken.

	Factors to Maintain	Factors to Address
Internal Potential criteria: <ul style="list-style-type: none">• Creative execution• People, commitment, leadership• Governance, participation norms, and defined roles• Resources, funding, assets, people• Experience, knowledge, skills• Innovative capacity• Collaboration links• Accountability, certification, requirements, mandates• Processes, systems, IT, and communications• Cultural, attitudinal, behavioural norms	Strengths What does your CoP do well?	Weaknesses In what ways is your CoP lacking?
External Potential criteria: <ul style="list-style-type: none">• Political, legislative, and financial environment• Stakeholder involvement• Technology development and innovation• Quality of partnerships• Development of knowledge• Uptake in disseminated knowledge or best practices• Competing or emergent efforts outside the CoP• Trauma in public health that may affect the CoP's work	Opportunities What external factors help facilitate your CoP's activities?	Threats What external factors hinder your CoP's activities?

Strengths, Opportunities, Aspirations, Results (SOAR) Analysis Tool

DRAFT

State the idea/issue you are assessing: _____

Strengths: What is your organization doing well, including assets, capabilities, and greatest accomplishments? 	Opportunities: What are some external circumstances (e.g. policy changes like public health modernization, new funding, media focus, public attention, etc.) that the organization could leverage to meet program or project deliverables or meet community member needs? If these circumstances seem negative, how can the current context be addressed so that threats or weaknesses are returned into possibilities?
Aspirations: What are the ways that your organization can meet your goals? What does the organization desire to be known for? 	Results: What are the tangible, measurable items that will indicate when the goals and aspirations have been achieved?

CUHSD Public Health Modernization Roadmap
Step 2: Know where you are going Critical Strategy 2: Conduct a SWOC with partners



Critical Strategy 3: Connect with regional partners & other sectors

PUBLIC HEALTH MODERNIZATION

Clackamas, Multnomah and Washington County Shared Values...

Through these values our intent is to advance public health practice across our region:

- Coordinating our resources is essential to meet the needs of our growing and diverse population.
- Achieving health equity requires consistent and intentional investments in building relationships across county lines to engage the communities that we serve.
- It is essential that we share and build our skills and experience with culturally appropriate approaches to public health.
- Additional investment in local public health creates a great opportunity for increasing staff skills and expertise across the region.
- Residents in this region travel across our county boundaries. Our ability to protect and promote their health should too.
- Coordinating our efforts will create an opportunity for sharing data and measuring the success of our programs.
- Combining our practices with data and metrics will allow us to replicate solutions and scale them to our own and our shared communities more efficiently and effectively.
- When we know what approaches work we can be more thoughtful about investing our resources and encouraging partners to invest regionally too.
- Responding collaboratively to public health issues allows us to identify and develop shared regional resources.

In order to develop a resilient system our ability to remain agile is critical. Modernization will not compromise local autonomy and will not hamper with local authorities' ability to respond independently to their community's needs.

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Assessment Tool for Public Health Cross-Jurisdictional Sharing Agreements Collaborative Trust Scale

SECTION 1 — GENERAL INFORMATION

OVERVIEW AND INSTRUCTIONS

The goal of this tool, Cross-Jurisdictional Sharing (CJS) Agreements Collaborative Trust Scale, is to help evaluate levels of trust between collaboration partner organizations. This tool is designed to capture the following five dimensions of trust:

1. **Trust in Partner Knowledge and Skills** — the extent to which the collaborating group members and organizations exhibit skills, competencies and characteristics that allow them to have influence in some domain.
2. **Trust in Partner Integrity** — the extent to which the people and organizations involved are seen as honorable and their words match their actions.
3. **Trust in Partner Investment in Community Well-Being** — the extent to which the people and organizations involved not only care about their own organizations, communities and target populations, but are also seen to be genuinely caring and concerned about partnering organizations, collaborative team members, governments and community well-being.
4. **Trust in Partner Behavior (Predictability)** — the extent to which the partner organizations' (or organizational representatives') behaviors are consistent.
5. **Trust in Communication** — the extent to which the people and organizations involved can communicate and coordinate about difficult issues productively.

WHAT IS TRUST AND WHY SHOULD YOU ASSESS IT?

Trust is typically characterized as "the willingness of a party to be vulnerable to the outcomes of another party based on the expectation that the other will perform a particular action important to the trustor, irrespective of the ability to monitor or control that other party."¹ In simpler terms, trust is the belief that someone is reliable, good, honest and effective. Developing trust can be thought of as "the work before the work," meaning the mutual effort needed to build effective communications and relationships. Without it, other tasks get done less efficiently and effectively. Such trust is critical in situations where programs or organizations are dependent on the behavior and reliability of others for their own outcomes. Trust helps to reduce perceived risk, vulnerability and uncertainty.² Trust can also be a sensitive and emotional topic. It is often built slowly and can be eroded rapidly.

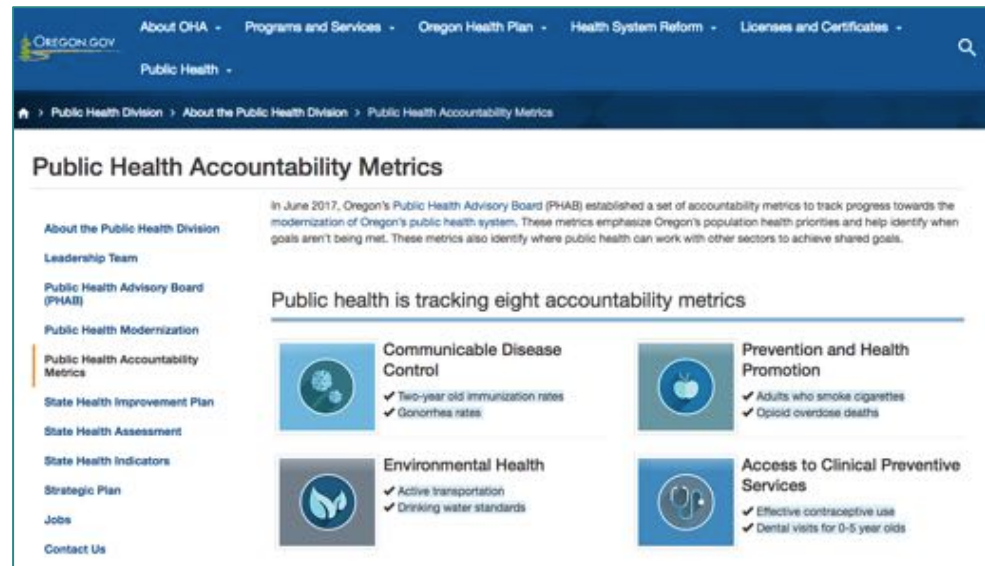
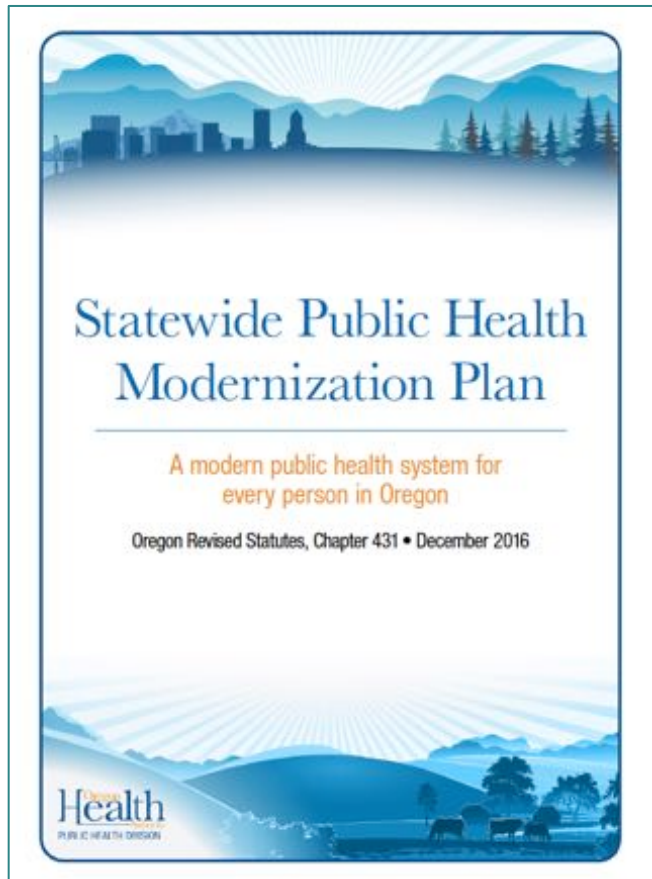
Using a tool, such as the one provided by this survey, can help make discussions about trust safer and more productive. The survey is a useful tool to help people explore together their differing expectations and experiences of one another.

MEASURING TRUST

Most instruments used to measure organizational trust have been developed to measure trust within individual organizations. The CJS Collaboration Trust Scale is aimed at measuring trust among partners from different organizations who come together with a common goal. Measuring inter-organizational trust helps quantify the interpersonal needs to predict and understand other people and organizations behavior.³




Critical Strategy 4: Review system-wide priorities



Step 2: Know where you are going



Critical Strategy 5: Establish priorities



Identifying the Components of a Logic Model

What is a logic model?

Logic models can assist you in program evaluation by providing a **picture of how your program is intended to work**. It identifies your program's main components and how they should relate to one another. Logic models include *process* and *outcome* components.


Process Components of Model (planning elements)	Examples
Inputs (resources)	Funding, staff, materials
Activities (program events or strategies)	Patient testing and treatment, staff trainings
Outputs (products of activities)	Number of patients treated, quality of trainings

Outcome Components of Model (intended effects)	Examples
Short-Term Outcomes (immediate effects: weeks-months)	Increased proportion of patients treated; changes in knowledge, skills, or beliefs
Intermediate Outcomes (intended effects that occur over the mid-term: months-years)	Increased proportion of partners treated; increased condom use; change in policies or behaviors
Long-Term Outcomes (long-term intended effects: years-decades)	Reduced STD prevalence; changes in morbidity and/or mortality

The goals and process and outcome objectives that are related to your program should provide content for the process and outcome components of your logic model and vice versa.


For more information and examples, see Step 2.3 in the Practical Use of Program Evaluation among STD Programs manual.
<http://www.cdc.gov/std/programs/pupgetd.html>

National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention
Division of STD Prevention



Planning Checklist – Phase Two: Prepare and Plan

This planning checklist for the **Prepare and Plan** phase was developed using the Center for Sharing Public Health Services (CSPHS) framework, *A Roadmap to Develop Cross-Jurisdictional Sharing Initiatives*. This framework includes the three process phases that cross-jurisdictional sharing arrangements typically move through: 1) **Explore**, 2) **Prepare and Plan**, and 3) **Implement and Improve**.



Source: *A Roadmap to Develop Cross-Jurisdictional Sharing Initiatives*. Center for Sharing Public Health Services (CSPHS) framework, 2014.

References Used

The development of the planning checklist was informed by a literature review on shared services in government and public health, the CSPHS framework, health officer interviews held from June – August 2013, and board of health discussion groups held from September 2013 – February 2014 in the Northwoods Shared Services Project area.

Using the Checklist

Once a decision has been made to move forward with a cross-jurisdictional sharing arrangement, the **Prepare and Plan** checklist could be used to develop the shared service. The checklist systematically guides the partners through context and history, governance or organizational structure, fiscal and service implications, agreements, legal issues, logistics, communications, change management, timelines, and monitoring.

This tool could be used by health officers, staff and stakeholders in the **Prepare and Plan** phase but could also be adapted or abbreviated to report to policymakers on the progress of the planning for a cross-jurisdictional sharing arrangement.



Critical Strategy 6: Establish outcome metrics



PARTNER

Program to Analyze, Record, and Track Networks to Enhance Relationships

Technical Manual - PARTNER 2.0

December 2016

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Health Data Tools and Statistics

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Links to data on the health of a population. For data about public health workforce go to Public Health Workforce Data

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Health Data News

How do health expenditures vary across the population? - 04.OCT-2017
This collection of charts and a related brief explore trends in the variation in health spending across the population through an analysis of the 2015 Medical Expenditure Panel Survey (MEPS) data. (Kaiser Family Foundation (KFF) USA)

ODMAP - 20.NOV-2017
ODMAP provides real-time overdose surveillance data across jurisdictions to support public safety and health efforts to mobilize an immediate response to an overdose spike.

A Roadmap for Promoting Health Equity and Eliminating Disparities: The Four P's for Health Equity (2017) - 02.OCT-2017
The roadmap, aimed at providers and payers was designed to help reduce health disparities through performance measurement. Selected conditions (cardiovascular disease, cancer, diabetes and chronic kidney disease, infant mortality/low birthweight, and mental illness) are used as case studies. (National Quality Forum (NQF) USA)

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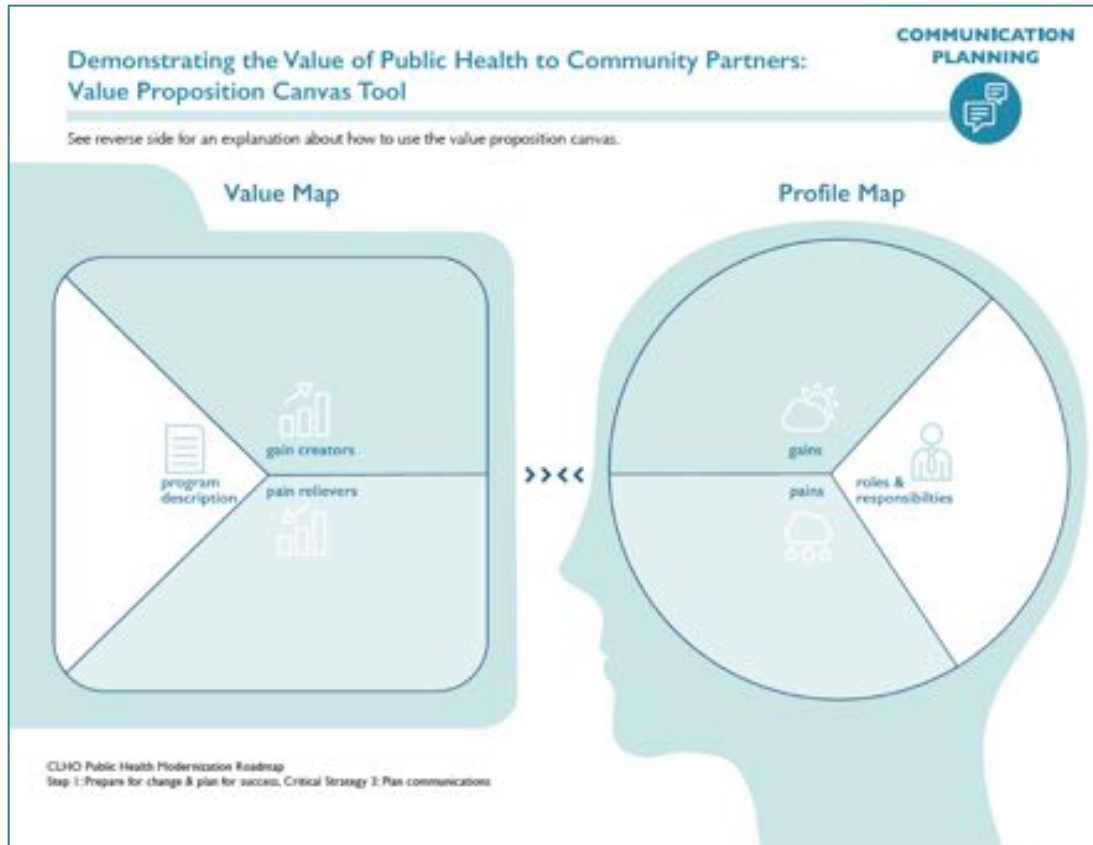
County and Local Health Data

Atlas of Rural and Small-Town America
This biannually-updated atlas provides information on people, jobs, and county classifications for rural America, including socioeconomic indicators, employment trends, income, rural-urban continuum, economic dependence, child poverty, and more. (U.S. Department of Agriculture (USDA))

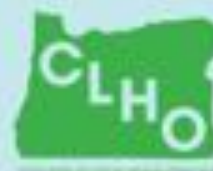
Big Cities Health Inventory Data Platform 2.0
The Health Inventory Data Platform is an open data platform that allows users to access and analyze health data from 28 cities, for 50 health and socioeconomic indicators. It enables users to explore data both by city and by indicator, facilitates comparisons among urban areas, and provides an avenue to understand the major health concerns of cities in the United States. (Big Cities Health Coalition)



Critical Strategy 7: Communicate priorities to partners & other staff

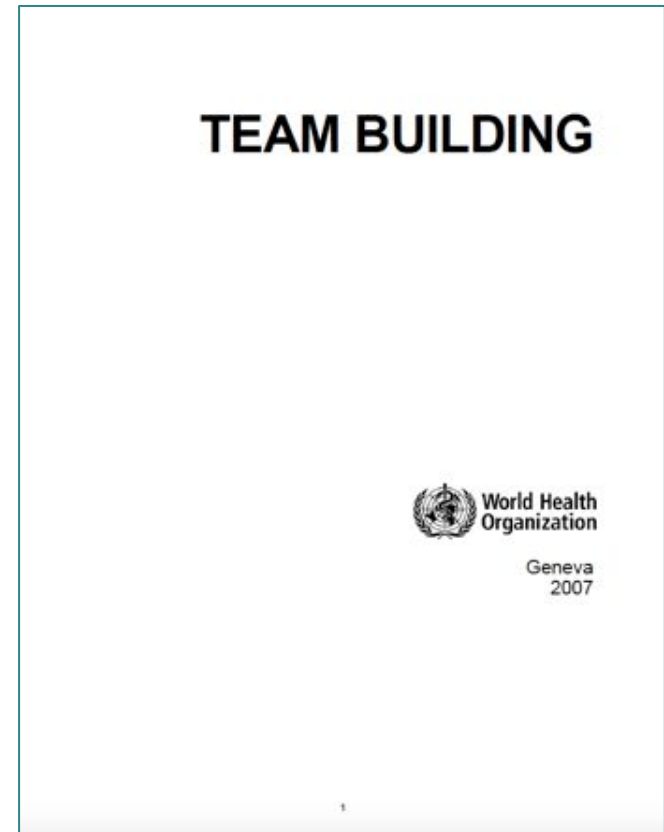
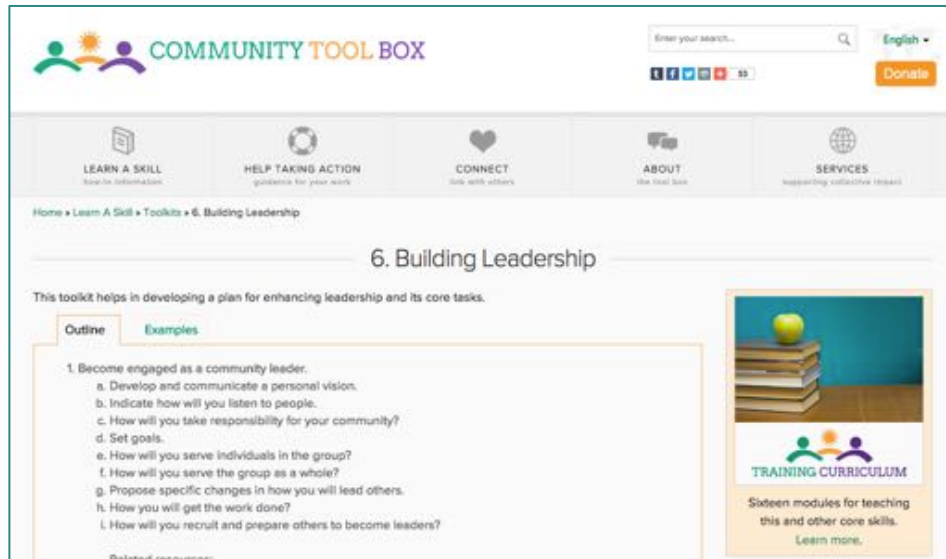


Steps to Local Public Health Modernization






Critical Strategy 1: Form an implementation leadership group





Critical Strategy 2: Understand & consider different service delivery methods


**Oregon Local Health Department
Cross-Jurisdictional Sharing**

Mini Case Study: Adult Immunization Project

Cross-jurisdictional sharing (CJS) is helping to expand Oregon's public health system. Through utilizing CJS, local public health agencies are able to provide better public health services to more of their community members. This series of mini case studies highlights the design and implementation of cross-jurisdictional sharing between some of Oregon's local public health agencies. Local public health agencies can use these mini case studies, along with other tools provided in the AINBH Modernization roadmap, to increase capacity and efficiency in their public health services.

Project Overview

The Hood River local health department and the North Central District health department, which includes Wasco, Gilliam, and Sherman Counties, launched a shared adult immunization program from 2012-2013 through the Immunize Oregon project. Together, Hood River and North Central wrote the immunization project grant proposal to the Oregon Health Authority. The grant funds were held by Hood River, who used the funds to hire a full-time registered nurse from Hood River County to be the project coordinator and cover the immunization services for all four counties throughout the duration of the project. The four counties entered into a Memorandum of Understanding, which included a description of how the work was going to be executed and who would lead the work. The purpose of the immunization project was to expand the number of adults receiving the Tdap (tetanus, diphtheria, and pertussis) and influenza vaccinations, especially in high-risk populations. Those who had health insurance and received their immunizations through the immunization project were covered by their insurance company, while those who were without health insurance were eligible to receive immunizations covered by the state. Immunizations were administered and promoted all over the four counties, with an emphasis on pharmacies, long-term facilities, Head Start, and community rural health centers.

Adult Immunization Project

Agreement type: service-related
Type of contract: Memorandum of understanding
Modernization Foundational Program/ Capability: Communicable Disease Control

Funding structure:

- Grant funding was used to pay for a project coordinator and the implementation of the immunization project.

Population served:

- Hood River County: 23,232
- Gilliam County: 1,854
- Sherman County: 1,710
- Wasco County: 26,115
- Total: 52,911

CLHO Public Health Modernization Roadmap
Step 3: Implement select foundational program/capabilities, Critical Strategy 2: Understand & consider different service delivery models



**Improving Community Health
Through Cross-Sector Partnerships:**

Improving the Health of Mothers & Babies in Central Oregon

Cross-sector partners worked together to:

- Create a systematized approach for referring women to prenatal health care
- Connect women with prenatal mental health
- Create a regional tracking and coordination system

Background
Health starts—long before illness—in our homes, schools, neighborhoods, and jobs. Public health agencies in Oregon are collaborating with community partners to make communities healthier and ensure that people have access to critical prevention services. Community partnership development is a foundational capability for state and local public health agencies in Oregon and for many decades, local public health agencies throughout Oregon have demonstrated skill and dedication in forming cross-sector relationships with private, public, and governmental organizations that share many of the same goals. **The purpose of this case study is to increase understanding of the effective formation and use of cross-sector partnerships to improve community health.**

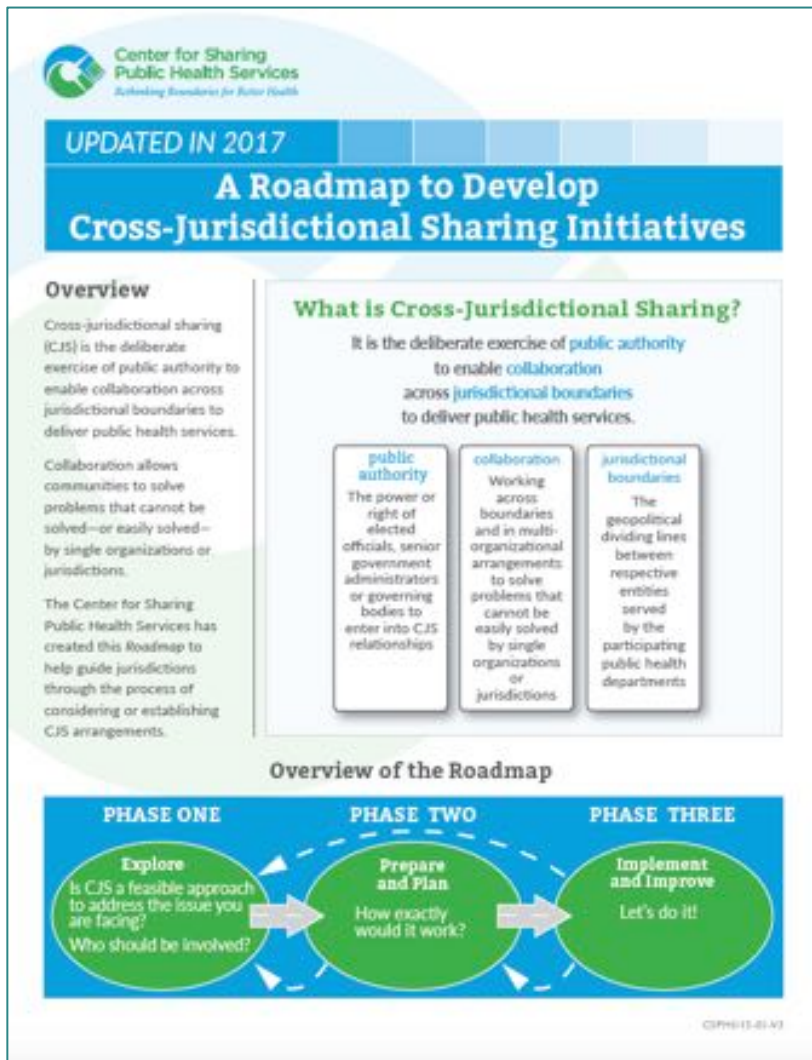
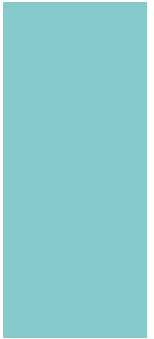
The Project: Improving the Health of Mothers & Babies in Central Oregon
Crook, Deschutes, and Jefferson Counties, and the Central Oregon Health Council collaborated to develop and implement a regional approach to a perinatal continuum of care model.



For more information: <http://cohealthcouncil.org/>



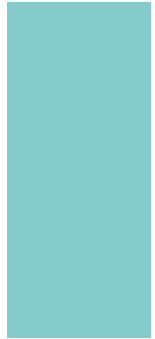
Critical Strategy 3: Engage partners in service delivery, if appropriate



Step 3: Implement select foundational programs/capabilities



Critical Strategy 4: Create program & capability specific plans



Planning Checklist – Phase Two: Prepare and Plan

This planning checklist for the **Prepare and Plan** phase was developed using the Center for Sharing Public Health Services (CSPHS) framework, *A Roadmap to Develop Cross-jurisdictional Sharing Initiatives*. This framework includes the three process phases that cross-jurisdictional sharing arrangements typically move through: 1) **Explore**, 2) **Prepare and Plan**, and 3) **Implement and Improve**.



Source: *A Roadmap to Develop Cross-jurisdictional Sharing Initiatives*. Center for Sharing Public Health Services (CSPHS) Framework, 2013.

References Used

The development of the planning checklist was informed by a literature review on shared services in government and public health, the CSPHS framework, health officer interviews held from June – August 2013, and board of health discussion groups held from September 2013 – February 2014 in the Northwoods Shared Services Project area.

Using the Checklist

Once a decision has been made to move forward with a cross-jurisdictional sharing arrangement, the **Prepare and Plan** checklist could be used to develop the shared service. The checklist systematically guides the partners through context and history, governance or organizational structure, fiscal and service implications, agreements, legal issues, logistics, communications, change management, timelines, and monitoring.

This tool could be used by health officers, staff and stakeholders in the **Prepare and Plan** phase but could also be adapted or abbreviated to report to policymakers on the progress of the planning for a cross-jurisdictional sharing arrangement.



Critical Strategy 5: Communicate plan with staff & partners

COMMUNICATION PLANNING



Communication Planning Template

Communication Objectives: Write your communication objective(s) below. These objectives are "top level" statements that encompass the intended goal of this communication plan. In other words, if this plan is successful, what will your audiences understand, believe, and do as a result.

Communication Objectives:

Understand:

Believe:

Do:

Audience & Values: Identify your audience & their values below. Using the "Value Proposition Canvas" (Step 1, Critical Strategy 3) as point of departure, identify key people or groups with a stake in your program/project and what will motivate them to support it.

Message (story): Carefully consider each message/story that you will use to motivate your audiences to support your program/project. Messages/stories must be based on how your proposed program/project speaks to the values on your audience. Input messages/stories below.

Audience:

Values:

Message:

Date:

Audience:

Values:

Message:

Date:

Audience:

Values:

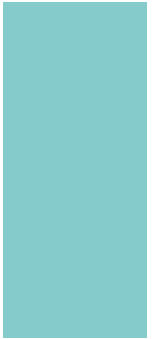
Message:

Date:

CUHO Public Health Modernization Roadmap
Step 1: Prepare for change & plan for success, Critical Strategy 3: Plan communications



Critical Strategy 6: Execute changes



Planning Checklist – Phase Three: Implement and Improve

The **Implement and Improve** phase of the planning checklist was developed using the Center for Sharing Public Health Services (CSPHS) framework, *A Roadmap to Develop Cross-Jurisdictional Sharing Initiatives*. This framework includes the three process phases that cross-jurisdictional sharing arrangements typically move through: 1) **Explore**, 2) **Prepare and Plan**, and 3) **Implement and Improve**.



Source: *A Roadmap to Develop Cross-Jurisdictional Sharing Initiatives*. Center for Sharing Public Health Services (CSPHS) Framework, 2013.

References Used

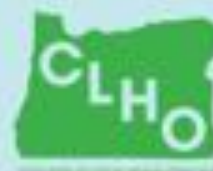
The development of the planning checklist was informed by a literature review on shared services in government and public health, the CSPHS framework, health officer interviews held from June – August 2013 and Board of Health discussion groups held from September 2013 – February 2014 in the Northwoods Shared Services Project area.

Using the Checklist

The criteria in the **Implement and Improve** phase checklist could be reviewed quarterly, semi-annually or annually to monitor and improve the shared service. The project manager and key stakeholders (health officers) could use the checklist to assess where adjustments to services and activities are needed.

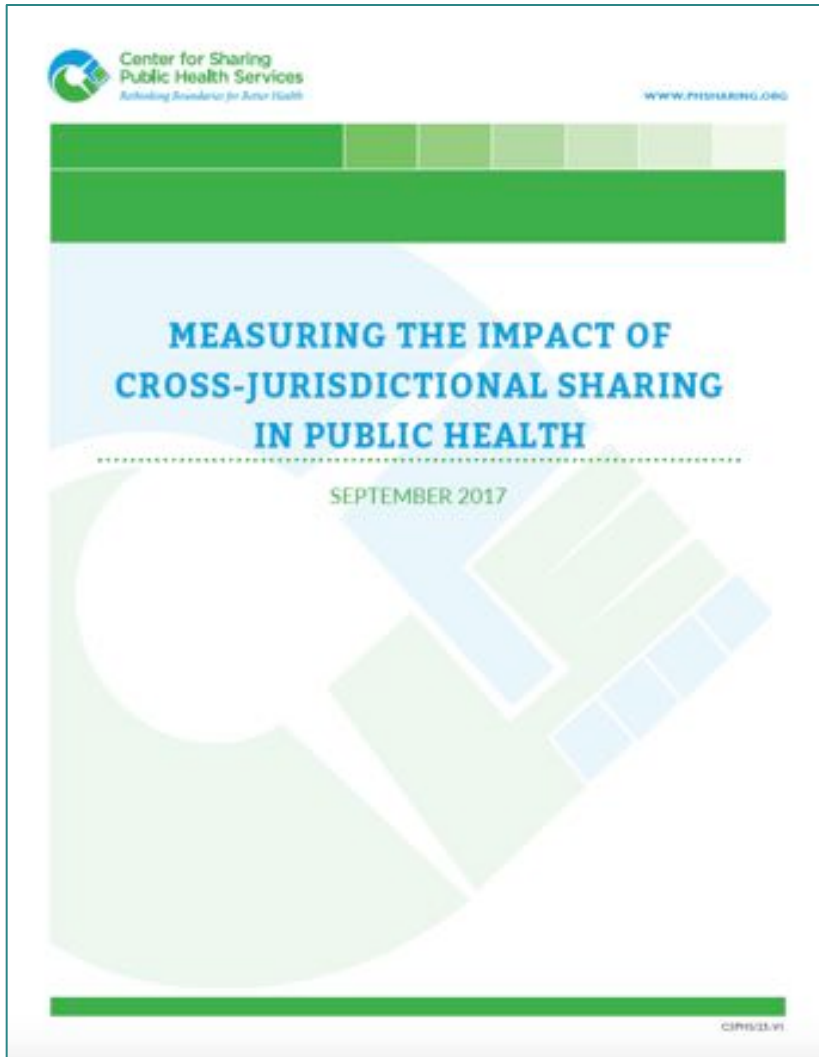
The tool could be used in its entirety or in an adapted or shorter version to report to policymakers on the implementation and outcomes of the cross-jurisdictional sharing arrangement.

Steps to Local Public Health Modernization





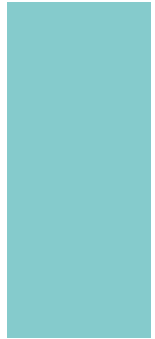
Critical Strategy 1: Assess implementation status, identify challenges & successes



Step 4: Evaluate process & progress and make necessary adjustments



Critical Strategy 2: Make mid-course adjustments



Quality Improvement: Tools for Making Adjustments

Adapted from the Cook County Health & Human Services Quality Improvement Toolbox.

Implementing public health modernization may require making adjustments to the process along the way. Throughout planning and delivery, it's important to regularly pause and review current actions to identify opportunities for improvement. The list below identifies various tools that can be used to make mid-course adjustments. You can review the purpose beside each tool to see what activity might work best for your team's current circumstances.

Tool	Purpose	Example
Activity Network Diagram/ Gantt Chart	Used to schedule sequential and simultaneous tasks. <ul style="list-style-type: none">• Gives team members the change to show what their piece of the plan requires and helps team members see why they are critical to the success of the project.• Helps teams focus its attention and scarce resources on critical tasks.	
Affinity Diagram	Used to gather and group ideas. <ul style="list-style-type: none">• Encourage team member creativity by breaking down communication barriers.• Encourage ownership of results and helps overcome "team paralysis" due to an array of options and a lack of consensus.	
Brainstorming	Used to gather bigger and better ideas. <ul style="list-style-type: none">• Encourage open thinking and gets all team members involved and enthusiastic.• Allow team members to build on each other's creativity while staying focused on the task at hand.	
Cause and Effect/ Fishbone	Used to find cause and effect. <ul style="list-style-type: none">• Enables a team to focus on the content of the problem, not the problem's history or differing personal issues of team members.• Creates a snapshot of the collective knowledge and consensus of a team around a problem.• Focuses the team on causes, not symptoms.	
Check Sheet	Used to count and accumulate data. <ul style="list-style-type: none">• Creates easy-to-understand data - makes patterns in the data become more obvious.• Builds a clearer picture of "the facts", as opposed to opinions of each team member, through observation.	
Control Charts	Used to recognize sources of variation. <ul style="list-style-type: none">• Serves as a tool for detecting and monitoring process variation. Provides a common language for discussing process performance.• Helps improve a process to perform with higher quality, lower cost, and higher effective capacity.	
Data Points	Used to turn data into information. <ul style="list-style-type: none">• Determines what type of data you have.• Determines what type of data is needed.	
Flowchart	Used to illustrate a picture of the process. <ul style="list-style-type: none">• Allows the team to come to agreement on the steps of the process. Can serve as a training tool.• Shows unexpected complexity and problem areas. Also shows where simplification and standardization may be possible.• Helps the team compare and contrast the action versus the ideal flow of a process to help identify improvement opportunities.	

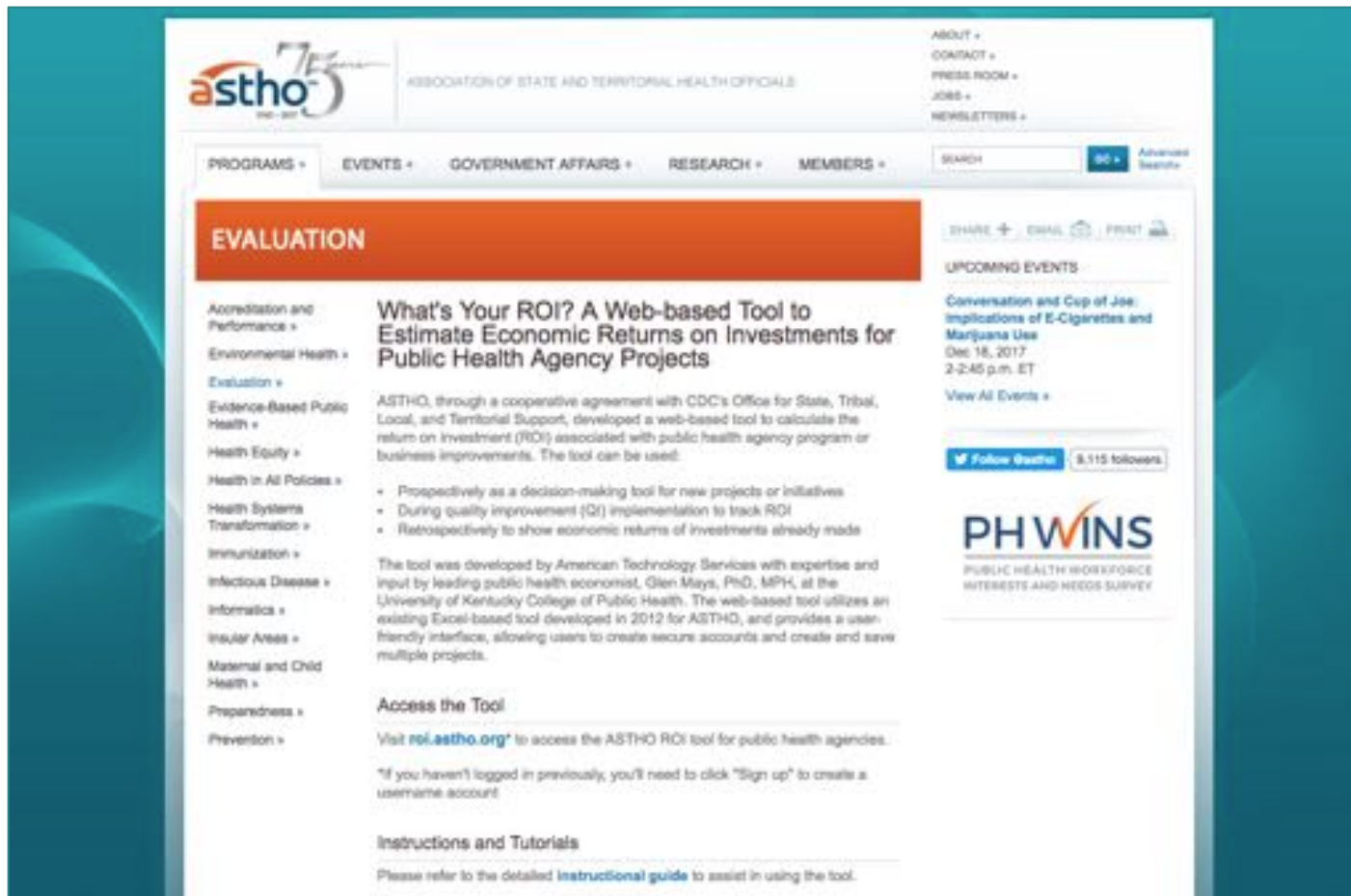
CLHD Public Health Modernization Roadmap

Step 4: Evaluate process & progress and make necessary adjustments, Critical Strategy 2: Make mid-course adjustments

Step 4: Evaluate process & progress and make necessary adjustments



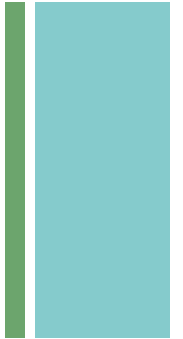
Critical Strategy 3: Track progress toward metrics & report outcomes



Step 4: Evaluate process & progress and make necessary adjustments



Closing



- Technical assistance Available from Rede Group:
 - Change Management
 - Communication planning and design
 - Cross jurisdictional sharing arrangements
 - Cross-sector sharing arrangements
 - Local Modernization Plans

- Next Webinar
 - Topic: Communications in Partnership with McCabe Messaging + Roadmap booster session
 - Date: Thursday, January 25
 - Time: 9-10 am

+ Technical Assistance

- Technical assistance provided by the Rede Group
- For questions regarding the AIMHI Roadmap contact:

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503-764-9696

