

# Triennial Review Evaluation Executive Summary

Oregon Health Authority, Public Health Division

## Introduction

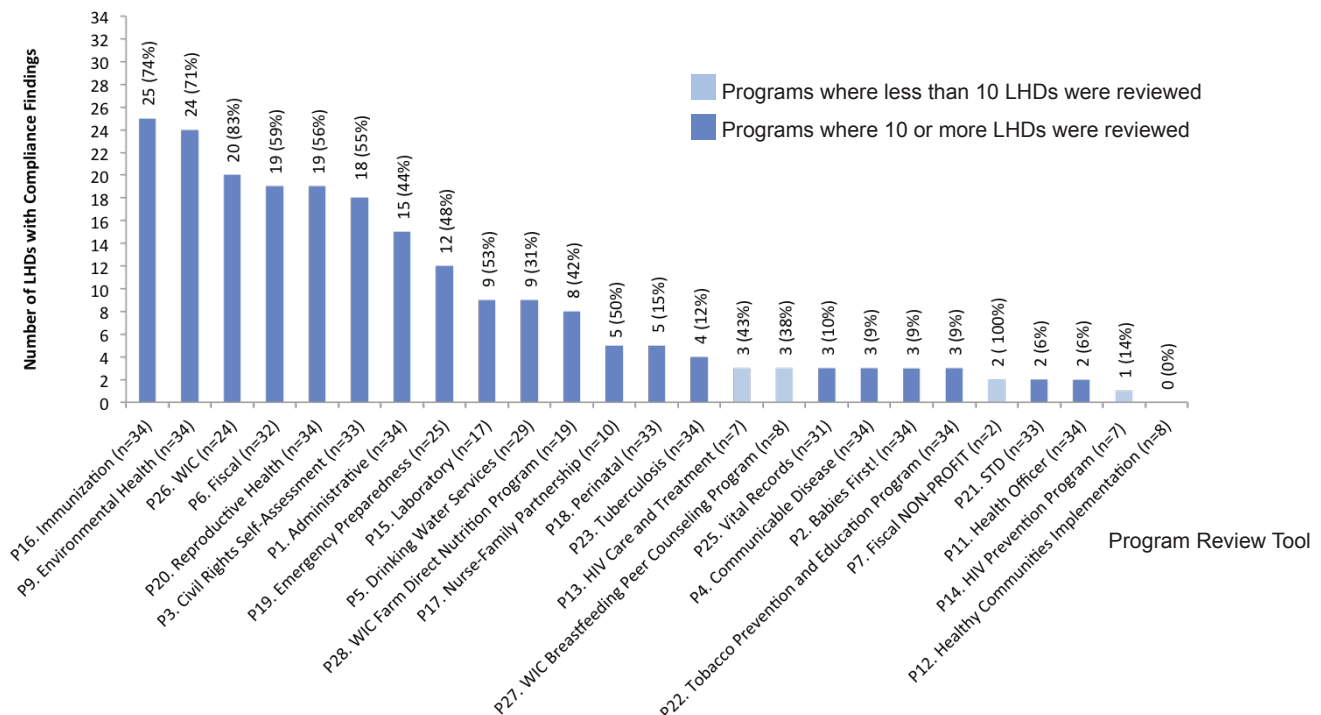
The local health department triennial review is a three-year review cycle during which each of Oregon's 34 Local Health Departments (LHDs) is reviewed by the Oregon Health Authority, Public Health Division (OHA, PHD) to assess compliance with state, federal, and other contract requirements for providing public health services. In this study, compliance findings were examined from a three-year cycle (2014-2016) of triennial reviews to identify common trends among the findings. Once the study of compliance findings was complete, interviews were conducted with key LHD and OHA, PHD staff to identify specific barriers and challenges to achieving compliance, as well as training and technical assistance needs to support greater success in meeting

compliance requirements. The purpose of this document is to provide a summary of results and recommendations of the study.

## Quantifying Compliance Findings

The chart below shows the number and percent of LHDs with compliance findings in each of the programs reviewed during this review cycle, excluding programs that are no longer being conducted. In total, 25 programs were reviewed. The 5 programs with which LHDs most commonly had compliance findings were: Immunization (25 LHDs); Environmental Health (24 LHDs); Women, Infant, and Children (20 LHDs); Fiscal (19 LHDs); and Reproductive Health (19 LHDs).

## Number of LHDs with Compliance Findings by Program Review Tool



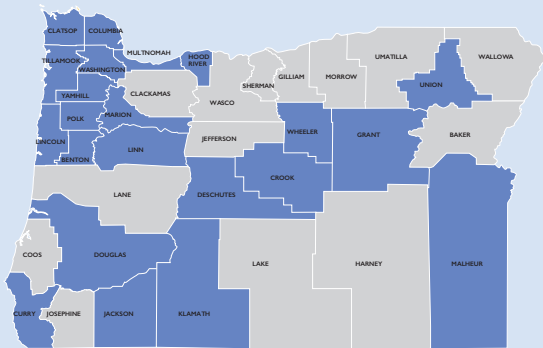
**32** Total Interviews

**15** Interviews with LHD programs who had compliance findings

**10** Interviews with LHD programs who were in compliance

**7** OHA, PHD interviews

**25** LHD interviews conducted with 22 different LHDs



### Interviews with Key Local Health Departments and Oregon Health Authority, Public Health Division Staff

Rede Group conducted 32 interviews with LHD and OHA, PHD staff regarding reasons for compliance findings, reasons for being in compliance, and ways OHA can help improve compliance.

#### Reasons for Compliance Findings

- Challenges in determining review requirements
- Hiring, retention, and management of staff

- Lack of staff training
- Staff prioritization of other work
- Record keeping

#### Reasons for Being in Compliance

- Internal organizational factors
- OHA staff relationship & partnership
- State administration of review tools
- OHA, PHD training and other opportunities for learning

#### Ways OHA Can Help Improve Compliance

- OHA training opportunities
- Communication with OHA, PHD staff
- OHA support for infrastructure, fundings, and other resources

### Oregon Public Health Modernization

The program review tools used in the triennial review process were analyzed to determine the extent to which they align with the four public health modernization foundational programs (Communicable Disease Control, Environmental Health, Access to Clinical Preventive Services, and Prevention and Health Promotion) and one foundational capability (Emergency Preparedness and Response) as described in Oregon's Public Health Modernization Manual 2017\*. Of the 116 criteria for compliance within the program review tools, 84 (72%) were aligned with one or more foundational program sub-functions, and 32 (28%) were not aligned with any of the foundational programs examined.

### Analysis of the Policy Level for Compliance Requirements

All criteria for compliance elements in each triennial program review tool were analyzed to identify citation or reference to federal or state statute, regulation, or policy. Results showed: 39% of criteria for compliance elements were linked to federal Code of Federal Regulations (CFR), Office of Management and Budget (OMB), Federal Title Laws (Title #), United States Codes (USC), or Centers for Disease Control (CDC) Guidelines; 25% were based on Oregon Revised Statute (ORS) or Oregon Administrative Rules (OAR); 20% were based on other identification, such as Oregon State Boards, Program Element, Conference of Local Health Officials (CLHO) minimum standards, HIV standards, etc.; and 16% of the criteria for compliance clearly link to a federal or state regulations/policy.

\*[http://www.oregon.gov/oha/PH/ABOUT/TASKFORCE/Documents/public\\_health\\_modernization\\_manual.pdf](http://www.oregon.gov/oha/PH/ABOUT/TASKFORCE/Documents/public_health_modernization_manual.pdf)

“We had an unprecedented year of staff turnover, and it rippled into absolutely everything, from day-to-day work to the triennial review. Between the challenges of staff turnover and recruitment, it’s hard to get anything off the ground substantially.”

—LHD

“As far as I know, we’ve got practitioners just practicing these programs without any kind of orientation. It’s like, ‘Here you go. Hop to it. Get in that exam room and do that exam.’ Maybe that’s part of our problem, because we can’t retain staff either. If they had a better orientation and support, then maybe we would be able to retain staff better too.”

—LHD

## Recommendations

### Improvement of Compliance:

#### Review Tools and the Review Process

Compliance with program requirements is a concern in Oregon, with one half or more of LHDs having compliance findings in seven program areas. The study team recommends that the review process be improved through:

- improving alignment between federal regulations and state review requirements, and clarifying areas of overlapping responsibility between programs;
- greater standardization among reviewers in how review tools are applied;
- a more proactive site review process, characterized by collaborative relationships and informal conversation between OHA, PHD and LHDs beginning several months in advance of site visits, and identifying areas of potential concern before they become findings; and
- clarification of review requirements and updates to review tools, communicated through more frequent reminders and refresher trainings, accessible in both online and in-person formats.

### Improvement of Compliance:

#### Collaboration and Organizational Factors

LHDs repeatedly described factors that were indirect to OHA involvement, but had a significant bearing on compliance. While responsibility for these factors rests ultimately with LHDs, there are steps that OHA, PHD can implement that would significantly improve LHD ability to meet requirements, including:

- increasing training opportunities, especially onboarding for new staff;
- ensuring clarity and consistency of review requirements between trainings and programs where there is overlap, and include sample protocols where appropriate;
- integrating opportunities for networking among LHDs as part of trainings these opportunities might improve the ability of smaller LHDs to compete for cross-jurisdictional grant opportunities; and
- supporting staff time efficiency by integrating review requirements into existing centralized record keeping systems trainings, such as integrating quality assurance requirement information into Oregon Public Health Epidemiology User System (ORPHEUS) and other support for front-line LHD staff.

### Oregon Public Health Modernization

As LHDs begin to modernize at different paces and

starting in different areas, a revamping of the triennial review process also presents opportunities for alignment with public health modernization foundational programs and capabilities. Based on the findings in this report, the study team recommends that OHA increase alignment between the program review tool and the Oregon Public Health Modernization Manual and adapt the review tool to unusual circumstances, e.g. differences in service delivery model that occurs as a result of modernization in order to aid in public health modernization implementation.

#### Analysis of the Policy Level for Compliance Requirements

The study team analyzed the policy that informed each program criteria for compliance, and identified criteria for compliance that did not identify the policy that led to its development. This analysis gives an informed starting place where OHA can continue revising their program tools and Program Elements to consistently identify federal or state policy.

The study team believes that a collaborative effort between OHA, PHD and LHDs to implement these recommendations would improve the functioning of the public health system of today, while co-creating a modernized system that will equitably and efficiently serve the needs of Oregonians in the decades ahead.

For a complete summary report of the study or for more information contact:

[publichealth.policy@state.or.us](mailto:publichealth.policy@state.or.us)

“When we know that our colleagues are all trained, we really have something in place that we can all lean on. We can tell everybody, whoever is on call, if ever they need a backup, they just call another member of the team. You’re not just flapping in the breeze by yourself. It’s a very supportive environment. It’s like we’re all in this together, it’s really a team.”

—LHD

