



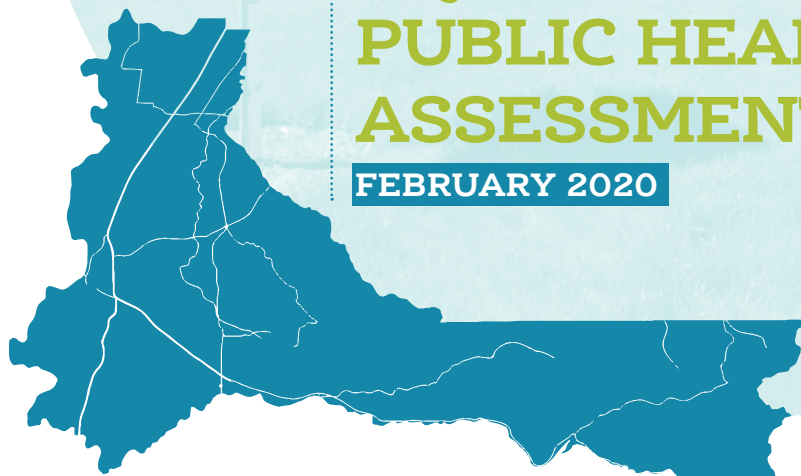
OREGON



**MARION COUNTY HEALTH & HUMAN SERVICES  
PUBLIC HEALTH DIVISION**

# **EQUITABLE ACCESS TO PUBLIC HEALTH SERVICES ASSESSMENT REPORT**

**FEBRUARY 2020**



»redegrou**p** A SOCIAL IMPACT COMPANY

## ACKNOWLEDGMENTS

The Rede Group and Marion County Health And Human Services, Public Health Division (MCHHS - PHD) gratefully acknowledge the many staff, community partners, and patients who shared their experiences and insights throughout this assessment. Their commitment to equitable availability of clinical preventive services was demonstrated through their thoughtful, passionate, and dedicated approach to this subject.

### REDE GROUP PROJECT TEAM:

Jill Hutson  
Alex Muvua  
Becky Wright, MPH  
Alexis Sanders, MPH  
Savannah Davis  
Robb Hutson, MA  
Erin Charpentier, MFA

### UNDER THE DIRECTION OF:

Katrina Rothenberger, MPH, MCHHS - PHD



# TABLE OF CONTENTS

<b>INTRODUCTION.....</b>	<b>5</b>
Clinical Preventive Services.....	6
Study Questions.....	7
<b>METHODS &amp; ANALYSIS.....</b>	<b>9</b>
MCHHS - PHD Clinic Data.....	11
Partner Interviews.....	11
Patient Focus Groups & Key Informant Interviews.....	12
Staff Survey.....	13
<b>RESULTS.....</b>	<b>14</b>
MCHHS - PHD Clinic Data.....	15
Partner Interviews, Patient Focus Groups & Key Informant Interviews, and Staff Survey.....	23
<b>DISCUSSION.....</b>	<b>28</b>
<b>RECOMMENDATIONS.....</b>	<b>32</b>
Family Planning.....	34
Immunizations.....	35
STI Screening, Testing, & Treatment.....	36
Tuberculosis.....	37
<b>CHANGE MANAGEMENT PLAN.....</b>	<b>38</b>
High Level Overview Principles and Theory .....	39
Change Management Process.....	41
<b>APPENDIX.....</b>	<b>42</b>

## TABLE OF CONTENTS

### FIGURES:

1. MCHHS - PHD safety net clinics.....	8
2. Components of the assessment.....	10
3. Count of unique service tickets by public health service area, 2010-2019.....	16
4. Count of family planning service tickets per quarter, 2010-2019 with trendline..	17
5. Count of sexually transmitted infection service tickets per quarter, 2010-2019 with trendline.....	17
6. Count of immunization service tickets per quarter, 2010-2019 with trendline..	18
7. Count of tuberculosis service tickets per quarter, 2010-2019 with trendline.....	18
8. Count of unique patients by public health service area, 2010-2019.....	19
9. Count of unique patients receiving family planning services, 2010-2019 with trendline.....	20
10. Count of unique patients receiving sexually transmitted infection services, 2010-2019 with trendline.....	20
11. Count of unique patients receiving immunization services, 2010-2019 with trendline.....	21
12. Count of unique patients receiving tuberculosis services, 2010-2019 with trendline.....	22
13. Steps to managing an organizational change.....	41

### TABLES:

1. Focus group participants.....	13
2. Percent decrease in public health services, 2010-2019.....	19
3. Reasons for receiving services at Marion County Public Health Clinic.....	23
4. Barriers to accessing services at Marion County Public Health Clinic.....	25
5. Organization frames and change management.....	39
6. Leadership strategies.....	40



# INTRODUCTION

## INTRODUCTION

On behalf of Marion County Health and Human Services - Public Health Division (MCHHS - PHD), Rede Group, an Oregon based consulting firm, conducted this assessment to assist MCHHS - PHD in evaluating how to focus organizational resources to increase health equity and exert the greatest impact on population health.

Like all governmental public health departments in Oregon, MCHHS - PHD experiences a lack of resources to fully implement the foundational public health services.<sup>1</sup> At the same time, significant changes in the landscape of public health over the past decade require local governmental health organizations to rigorously examine their programmatic and business models to ensure that: (1) adequate resources are devoted to preventing disease through policy, systems, and environmental changes that have the greatest potential to effect the largest number of people<sup>2</sup> and (2) the entire local health system has the preparation and capacity to address and reverse health inequities.

### CLINICAL PREVENTIVE SERVICES

This assessment examines MCHHS - PHD's provision of clinical preventive services:

- + Family Planning (including Reproductive Health Programs),
- + Sexually Transmitted Infections,
- + Immunizations Services, and
- + Tuberculosis Program

Governmental public health's role in providing clinical preventive services is often tethered to historical norms that continue to inform attitudes and beliefs about how local health departments should function within a local health system. For example, beliefs that local governmental health must provide direct clinical preventive services to individuals who are experiencing poverty or are uninsured are still held by some people. In addition, since public health departments often offer convenient, respectful, culturally agile services, they may be preferred by some community members. However, in 2017, Oregon public health leaders clarified and codified core governmental functions related to clinical preventive services in a modern public health system.<sup>3</sup>

- a. Ensure ongoing planning with health care system partners, community members, and organizations that represent members of priority populations to:
  - i. Identify barriers to access and gaps in services;

---

#### notes:

1. BERK. (2016). *State of Oregon Public Health Modernization Assessment Report*. Retrieved from: <https://www.oregon.gov/oha/PH/ABOUT/TASKFORCE/Documents/PHModernizationReportwithAppendices.pdf>
2. Frieden, Thomas R. (2009). *A Framework for Public Health Action: The Health Impact Pyramid*. Retrieved from: <https://ajph.aphapublications.org/doi/abs/10.2105/AJPH.2009.185652>
3. Oregon Health Authority. (2017). *Public Health Modernization Manual*. Retrieved from: [https://www.oregon.gov/oha/PH/ABOUT/TASKFORCE/Documents/public\\_health\\_modernization\\_manual.pdf](https://www.oregon.gov/oha/PH/ABOUT/TASKFORCE/Documents/public_health_modernization_manual.pdf)

## INTRODUCTION

- ii. Develop and implement strategic plans to address these gaps and barriers to care;
  - iii. Ensure access to effective clinical preventive services;
  - iv. Identify opportunities to work together to improve population health.
- b. Ensure access to clinical preventive services through provision or linkage to clinical preventive services to priority populations that may include youth and young adults, those not covered under federal programs because of citizenship status, and those who are historically not well-served by the healthcare system.
  - c. Recommend implementation of evidence-based clinical and community interventions for disease prevention, early detection, and self-management.

Similarly, National Public Health Accreditation Standards<sup>4</sup> are explicit in clarifying that local public health departments are to ensure but not necessarily provide clinical preventive services.

### STUDY QUESTIONS

Under the direction of MCHHS - PHD, the Rede Group developed this assessment to examine:

1. What is the long term stability and health equity impact of MCHHS - PHD's clinical preventive service programs?
2. What shifts in clinical preventive service programs should be undertaken to promote health equity?
3. If changes to clinical preventive service programs are necessary, how can transitions be managed to effectively support community members to find new methods of receiving clinical preventive services?

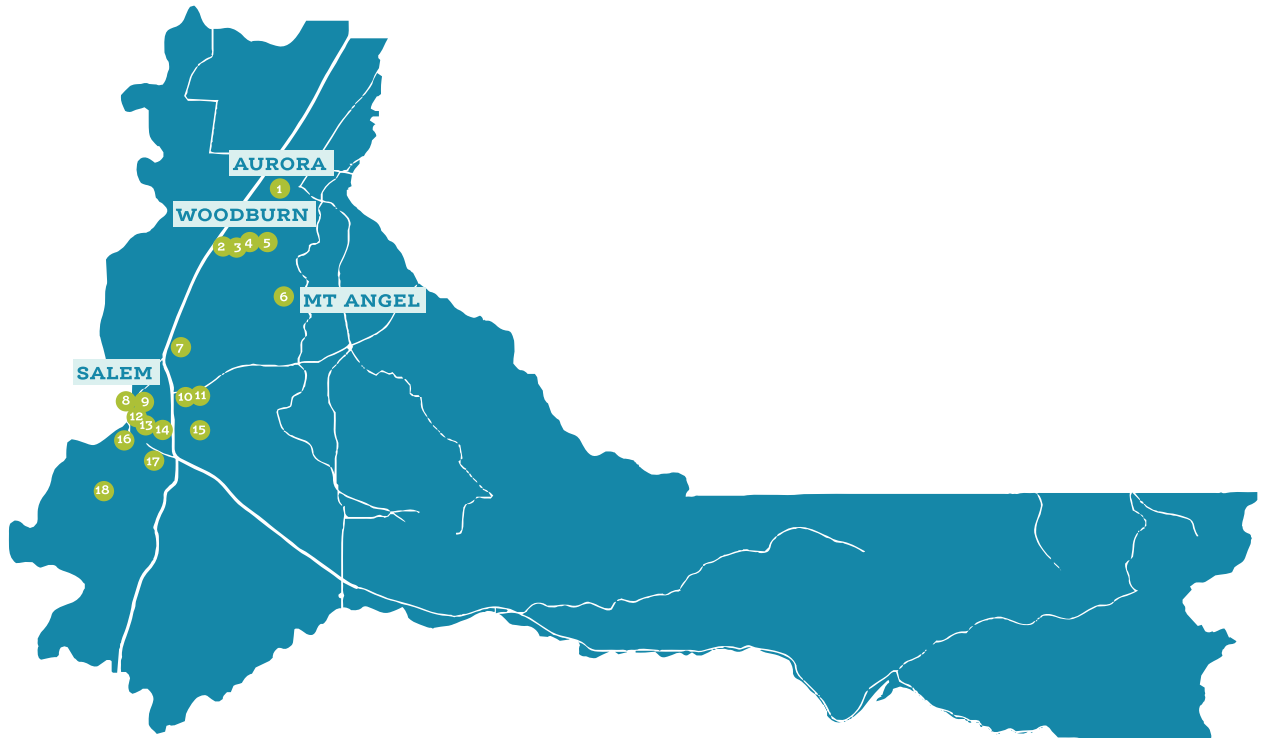
---

notes:

4. Public Health Accreditation Board. (2013). *Standards & Measures*. Retrieved from: <http://www.phaboard.org/wp-content/uploads/SM-Version-1.5-Board-adopted-FINAL-01-24-2014.docx.pdf>

# INTRODUCTION

Figure 1: MCHHS - PHD safety net clinics



1. Aurora Family Health and Maternity Care Services
2. Woodburn Internal Medicine
3. Woodburn Family Medicine
4. Salud Medical Center
5. Pacific Pediatrics
6. Mount Angel Family Medicine
7. Chemawa Indian Health Center
8. West Salem Medical Clinic
9. Salem Free Clinic
10. Planned Parenthood
11. Lancaster Family Health Center
12. Host Youth and Family Program
13. Homeless Outreach & Advocacy Project
14. Salem Clinic - Primary Health Care Clinic
15. Willamette Family
16. Physicians Building Group
17. WVP Boulder Creek Clinic
18. The Doctors' Clinic, LLP

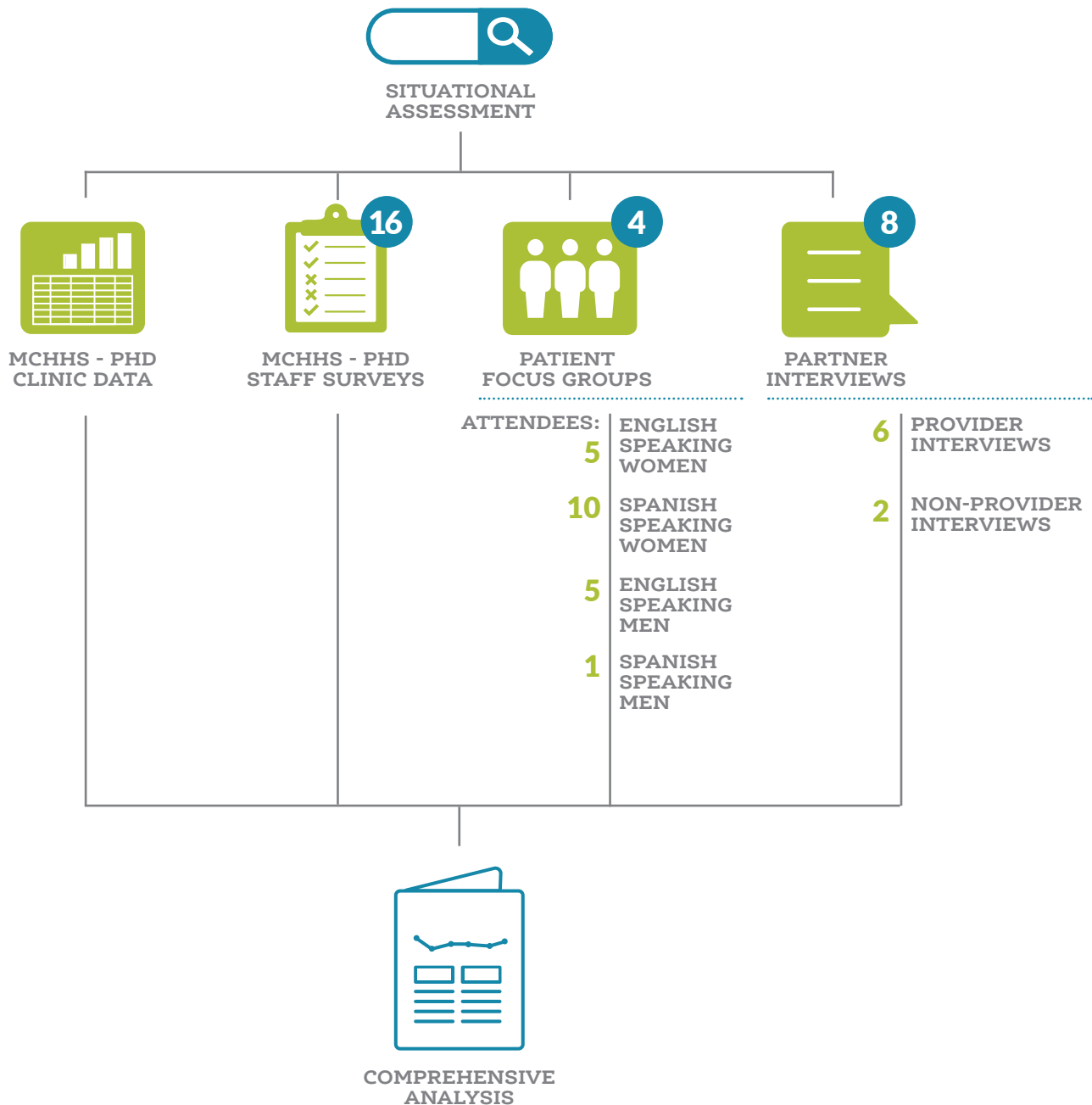




# METHODS & ANALYSIS

# METHODS & ANALYSIS

Figure 2: Components of the assessment



## METHODS & ANALYSIS

This assessment included a combination of qualitative and quantitative data collection methods to gather information from three distinct stakeholder groups:

1. Community members who receive clinical preventive services from MCHHS - PHD;
2. MCHHS - PHD community partners including health care providers; and
3. MCHHS - PHD staff who are currently engaged in clinical preventive service programs.

Key assessment activities were comprised of structured interviews with MCHHS - PHD partners, both providers and non-providers, in-person focus groups with patients, and an online survey of MCHHS - PHD staff. In addition to the primary data sources, clinical preventive services data shared by MCHHS - PHD were analyzed in this study.

### MCHHS - PHD CLINIC DATA

MCHHS - PHD provided Rede Group an Excel spreadsheet with de-identified clinic data to describe the count of unique “service tickets” (generated every time someone receives services) and the count of unique patients for four services areas: immunizations, family planning, sexually transmitted infections, and tuberculosis (See Appendix A). The sexually transmitted infections (STI) service area focuses on reportable STIs: HIV, Chlamydia, Gonorrhea and Syphilis. These data are from January 4, 2010, through December 31, 2019, and are used to show trends in utilization of the public health clinical services provided by MCHHS - PHD. The data were analyzed via pivot tables and charts in Excel.

### PARTNER INTERVIEWS

#### SAMPLE AND DATA COLLECTION

Rede Group conducted eight key informant interviews with MCHHS - PHD partners (health care providers and non-providers). A list of 21 community partners was provided to the Rede Group by the MCHHS - PHD Director. Community partners were specified to partners serving non-dominant culture groups. An initial email was sent by the MCHHS - PHD Public Health Director to the 21 partners requesting participation in the interview for this study. Of the list of partners, 11 agreed to participate, one declined to participate, and 10 were unresponsive to the initial request. A follow-up email/phone call was conducted to non-responders by the Division Director. Rede Group distributed an interview scheduling email to the 11 partners who agreed to participate. Eight partners responded to the scheduling email and took part in an interview. Rede sent a follow-up email to non-responsive partners and the MCHHS - PHD Public Health Director was notified and conducted final outreach to non-responsive partners.

Two interview guides were developed; one for providers and one for non-providers (See Appendices B-C). Providers were asked about services they offer for immunizations, family planning, sexually transmitted infections, and tuberculosis. Non-provider partners were asked about where the population they serve/represent seek care for the four services areas. Both provider and non-provider interviews included questions about barriers to accessing these services for the populations they serve and

## METHODS & ANALYSIS

expectations from MCHHS - PHD in managing changes in clinical preventive services currently provided. Both interview guides were reviewed and approved by the MCHHS - PHD project team. Rede Group conducted six interviews with health care providers representing four organizations and two interviews with non-provider partners in the community. An interviewer and a notetaker participated in each interview. Interviews were recorded and transcribed to aid in the accuracy of reporting.

### ANALYSIS

Transcripts were analyzed using Dedoose<sup>5</sup> qualitative analysis software, and quantitative data were analyzed in Excel tables. Data were analyzed to identify important themes and key narratives.

### PATIENT FOCUS GROUPS & KEY INFORMANT INTERVIEW SAMPLE AND DATA COLLECTION

Rede Group conducted three in-person focus groups and one key informant interview with individuals who had received immunizations, family planning, sexually transmitted infections, and/or tuberculosis services at MCHHS - PHD in the past two years. Participants were recruited through the MCHHS - PHD clinic in person and by phone and email using patient contact lists. All interview participants were screened to ensure that themselves or their children had received clinical preventive services from MCHHS - PHD in the past two years and did not work for MCHHS - PHD. The screener also included a few demographic questions. Recruitment and focus group screening materials were distributed in English and Spanish and participants were offered a stipend of \$75.00. Rede group divided focus groups by gender (Women/Men) and language preference (English/Spanish). Interview questions were developed with input from the MCHHS - PHD project team (See Appendix D). They were designed to gather descriptive accounts of experiences, accessibility, and barriers to receiving immunizations, family planning, sexually transmitted infections, and tuberculosis services at Marion County Public Health Clinics and other providers in the area.

A total of 21 patients participated in a focus group/key informant interview. The number of participants in each focus group/key informant interview is shown in Table 1 on the following page. The men's Spanish group did not have enough attendees to conduct a formal focus group and, therefore, was structured as a key informant interview. Focus group guides were translated from English to Spanish and Spanish speaking groups were led by a Spanish speaking MCHHS - PHD staff member. Rede Group met with the Spanish speaking facilitators prior to performing the focus groups to review facilitation guidelines and ensure the translated interview guide was accurate. Rede Group staff led the focus groups in English and had a staff member in attendance at each of the focus groups to record and manage the group.

---

#### notes:

5. Dedoose Version 8.0.35, web application for managing, analyzing, and presenting qualitative and mixed method research data (2018). Los Angeles, CA: SocioCultural Research Consultants, LLC [www.dedoose.com](http://www.dedoose.com).

## METHODS & ANALYSIS

Each focus group recording was transcribed; Spanish speaking focus groups were translated and transcribed. All transcripts were reviewed for accuracy before uploading to Dedoose for analysis.

**Table 1: Focus group participants**

Focus group	Number of participants
English speaking women	5
Spanish speaking women	10
English speaking men	5
Spanish speaking men (key informant interview)	1

### ANALYSIS

Rede Group developed a coding tree based on predetermined and emerging codes. Transcripts were systematically excerpted by focus group attendee, and a theme analysis was applied. A code table was generated to examine the frequency of codes overall and by interviewee to inform the results in this report.

### STAFF SURVEY

#### SAMPLE AND DATA COLLECTION

Rede Group conducted an electronic survey of MCHHS - PHD staff regarding the delivery of clinical preventive services at MCHHS - PHD, the impact of changes to services, and those most burdened by changes to services currently provided. The survey instrument included 14 open-ended questions and was reviewed and approved by the MCHHS - PHD project team (See Appendix E). Rede Group administered the survey to a list of MCHHS - PHD staff involved in providing and managing the provision of immunization, family planning, sexually transmitted infections, and tuberculosis services. The list of staff was given to the Rede Group by the MCHHS - PHD Director. The survey was distributed to 19 staff members through SurveyMonkey.<sup>6</sup> The survey remained open for three weeks and three email reminders to complete the survey were sent. Staff were allowed to skip questions related to a particular service (immunizations, family planning, sexual transmitted infections, tuberculosis) if they were not familiar with those services provided at MCHHS - PHD. Rede Group received 16 survey responses from MCHHS - PHD staff (84% response rate).

### ANALYSIS

Rede Group extracted the surveys from SurveyMonkey and uploaded individual responses into Dedoose for qualitative analysis. Survey responses were coded by service and analyzed for themes.

notes:

6. Survey Monkey, online survey development software. SurveyMonkey Inc. San Mateo, California, USA. [www.surveymonkey.com](http://www.surveymonkey.com)



**RESULTS**

## RESULTS: CLINIC DATA

### MCHHS - PHD CLINIC DATA

MCHHS - PHD provided Rede Group with 2010-2019 clinic data to examine trends over time (years). In 2019, approximately 2500 unique patients received clinical public health services at MCHHS - PHD.<sup>7</sup> This represents less than 1% of the approximately 346,868 Marion County residents (2018 US Census).

The clinic data can be examined in two ways: the count of service tickets which represents a service provided (e.g., a vaccination, an HIV test, etc.); or the count of unique patients who received services at MCHHS - PHD each year. Importantly, the same patient may have received multiple services in the same year, which is why there is a higher number of service tickets compared to patients. For example, there were approximately 2000 service tickets submitted in 2019 for tuberculosis, but approximately 100 patients received those services in the same year (See Appendix A for exact numbers). This is because each tuberculosis case will generate numerous service tickets due to the intensity of services required for appropriate intervention and care.

Figure 3 on the following page displays the count of unique service tickets; all services provided have declined, especially since 2014. Between 2010 and 2019, family planning service tickets declined by 80%, immunizations by 75%, sexually transmitted infections by 73%, and tuberculosis by 15%. (Note: the data on unique patients receiving tuberculosis services does not show an increase between 2016-2018, see Figure 12). Additional internal and external factors that may have impacted services are displayed in the timeline below the graph.

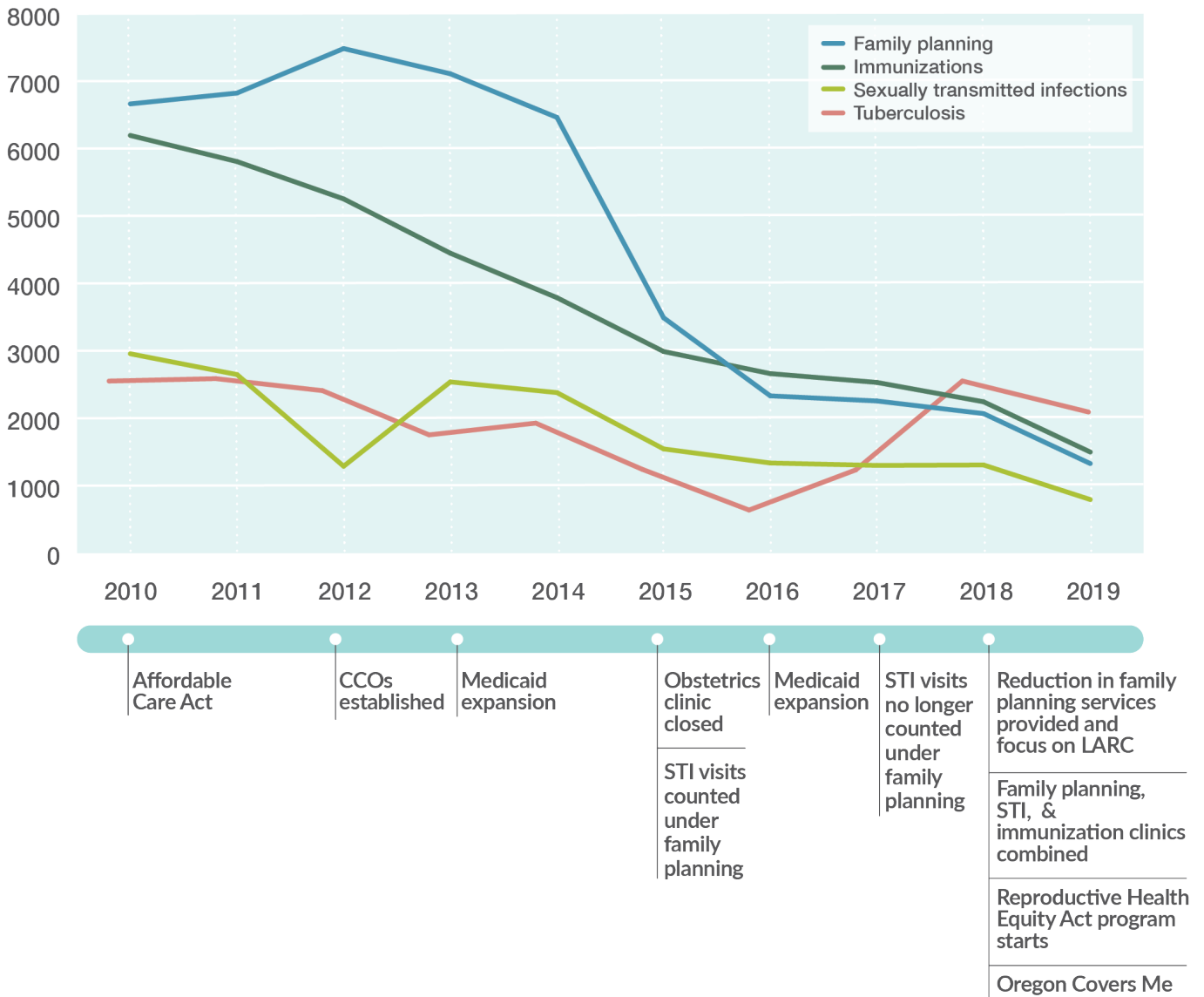
---

notes:

7. Because some patients may receive services in multiple service areas, there is not an exact total for unique patients seen by MCHHS - PHD in a year

# RESULTS: CLINIC DATA

Figure 3: Count of unique service tickets by public health service area, 2010-2019





## RESULTS: CLINIC DATA

Figure 4: Count of family planning service tickets per quarter, 2010-2019 with trendline

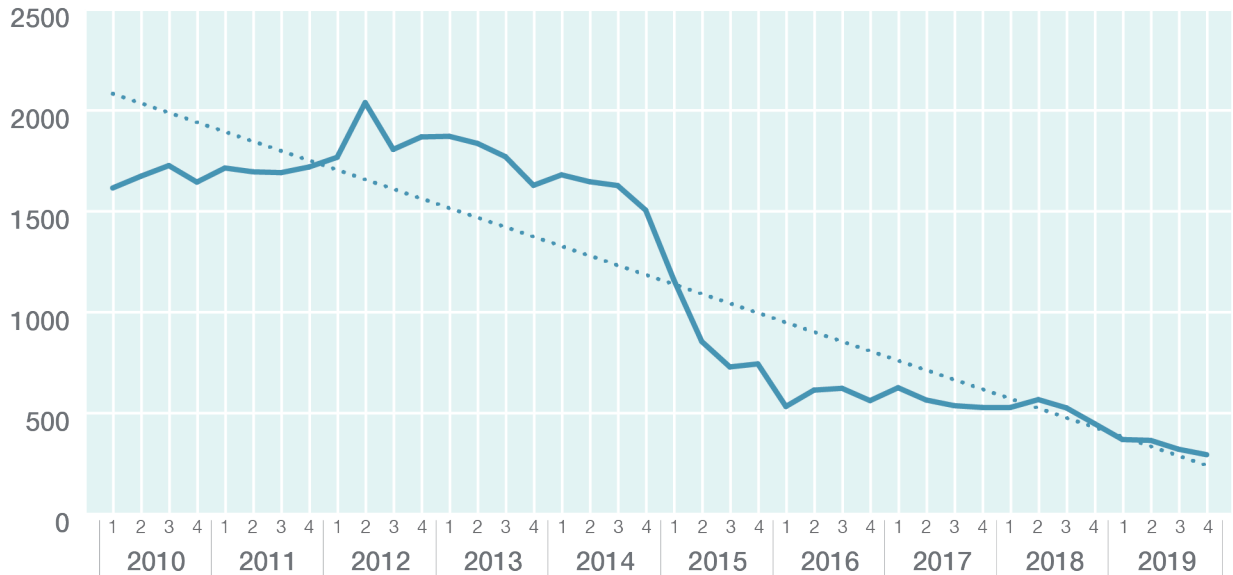
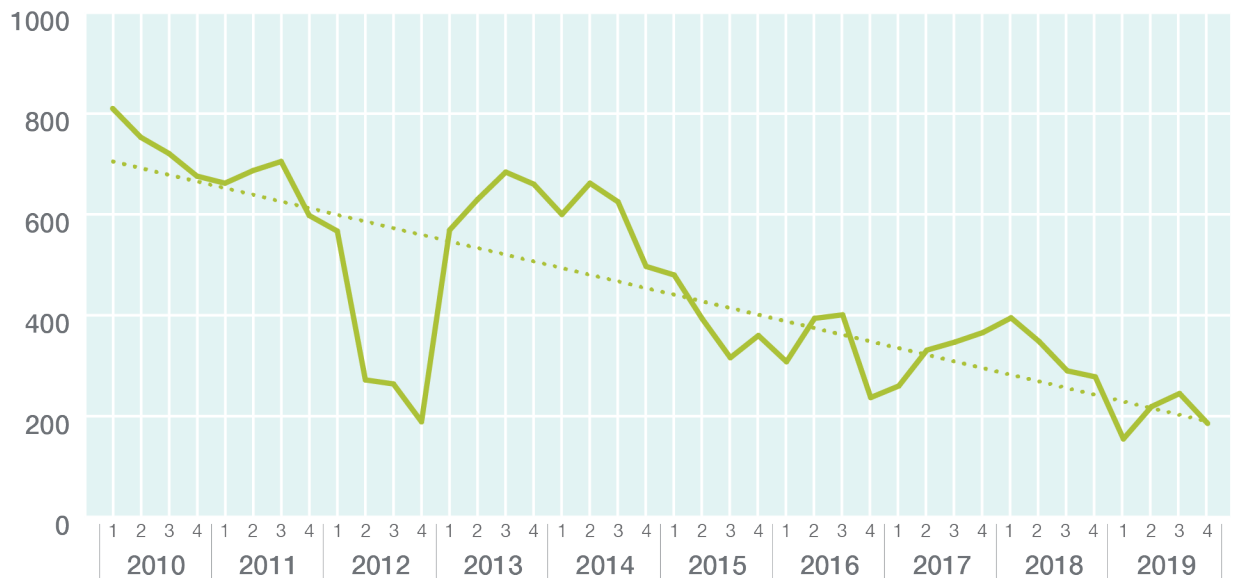


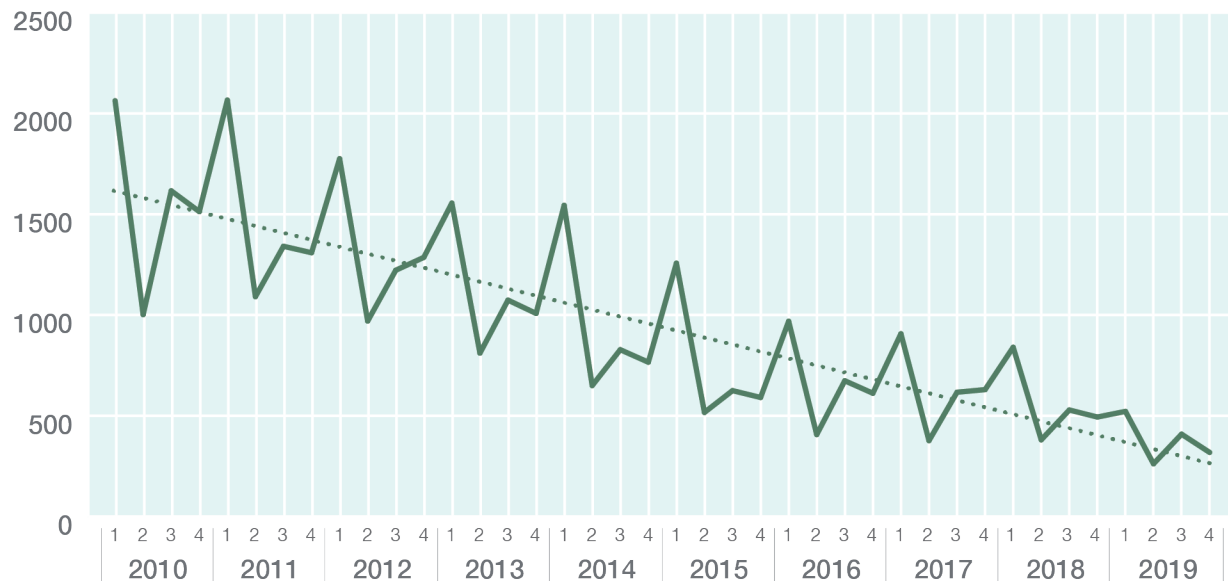
Figure 5: Count of sexually transmitted infection service tickets per quarter, 2010-2019 with trendline



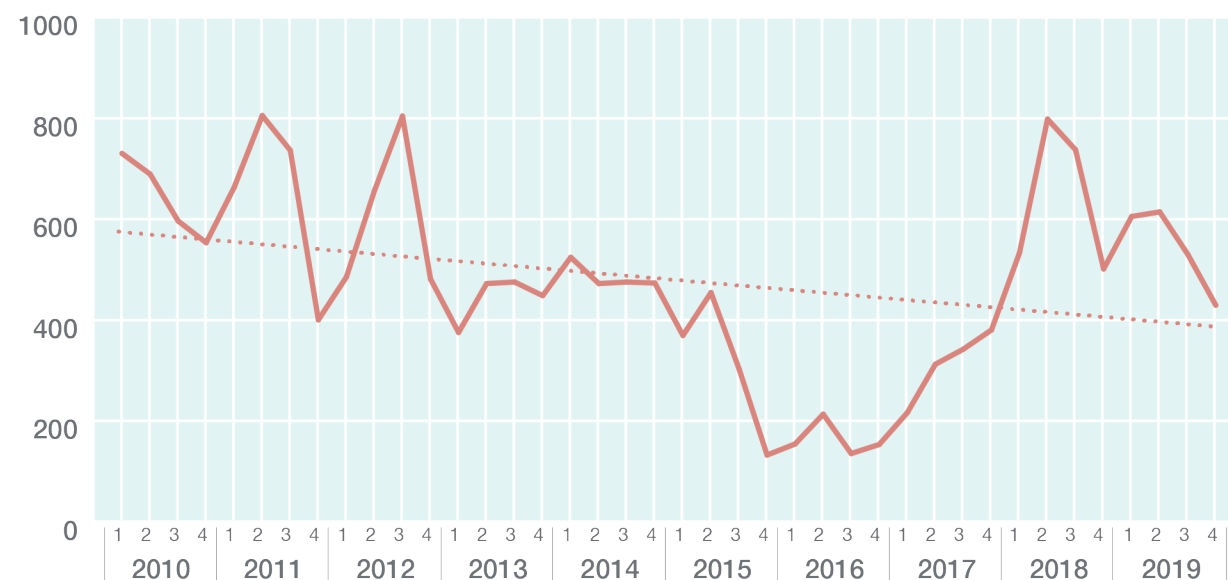
## RESULTS: CLINIC DATA

Annual variability seen in immunization services provided each year (Figure 6) are most likely related to school exclusion days when students are required to get vaccinations or they can no longer attend classes. The same variability is not seen in the data for unique patients receiving immunization services (see Figure 11).

**Figure 6: Count of immunization service tickets per quarter, 2010-2019 with trendline**



**Figure 7: Count of tuberculosis service tickets per quarter, 2010-2019 with trendline**



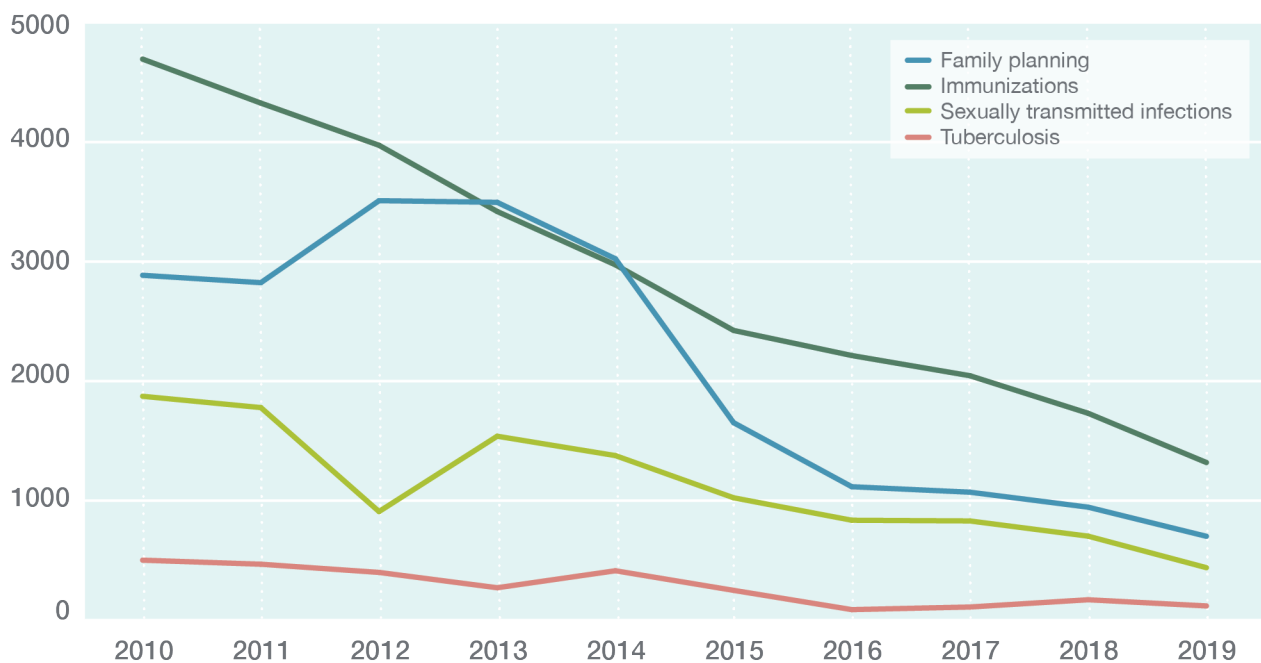
## RESULTS: CLINIC DATA

Another way to look at clinic data is by the count of unique patients. These data show similar reductions as seen in the declining number of service tickets in Figure 3. Between 2010 and 2019, family planning patients declined by 76%, immunization patients by 72%, sexually transmitted infection patients by 77%, and tuberculosis patients by 76%. The 15% reduction in tuberculosis tickets compared to the 76% reduction in the number of patients receiving tuberculosis services may be explained by the intensity of services required for appropriate intervention and care for each patient.

**Table 2: Percent decrease in public health services, 2010-2019**

Public health service area	Service tickets	Unique patients
Family planning	80%	76%
Sexually transmitted infection	75%	72%
Immunization	73%	77%
Tuberculosis	15%	76%

**Figure 8: Count of unique patients by public health service area, 2010-2019**



## RESULTS: CLINIC DATA

Figure 9: Count of unique patients receiving family planning services, 2010-2019 with trendline

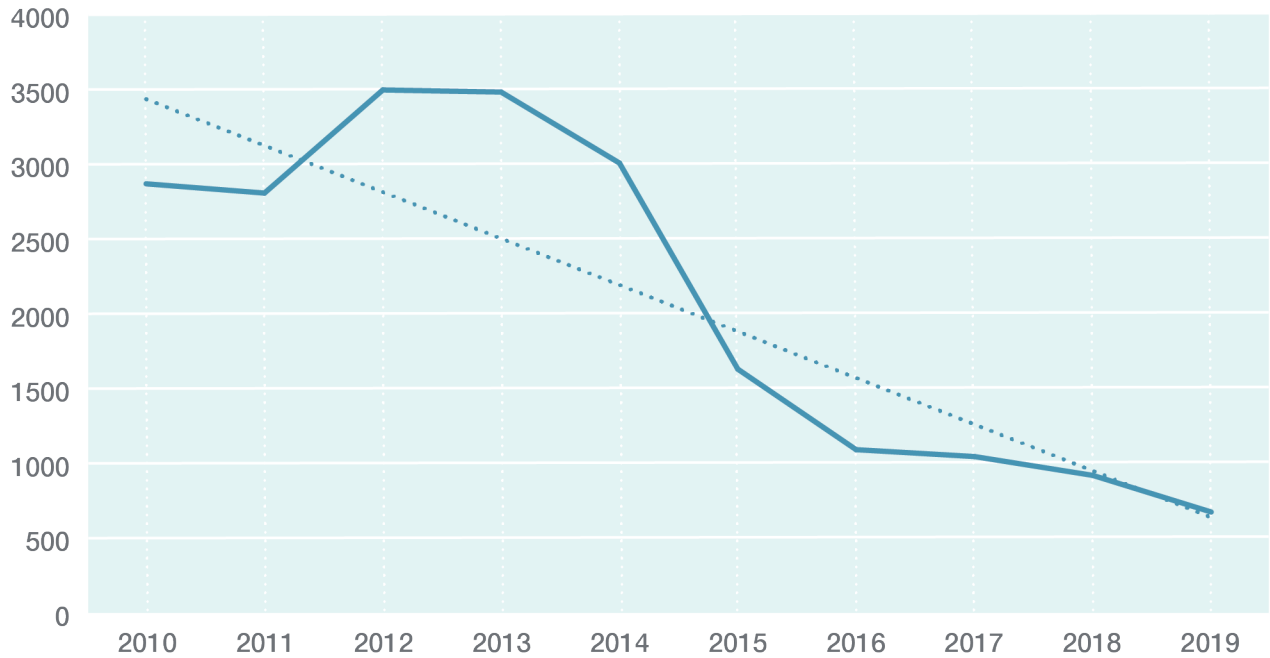
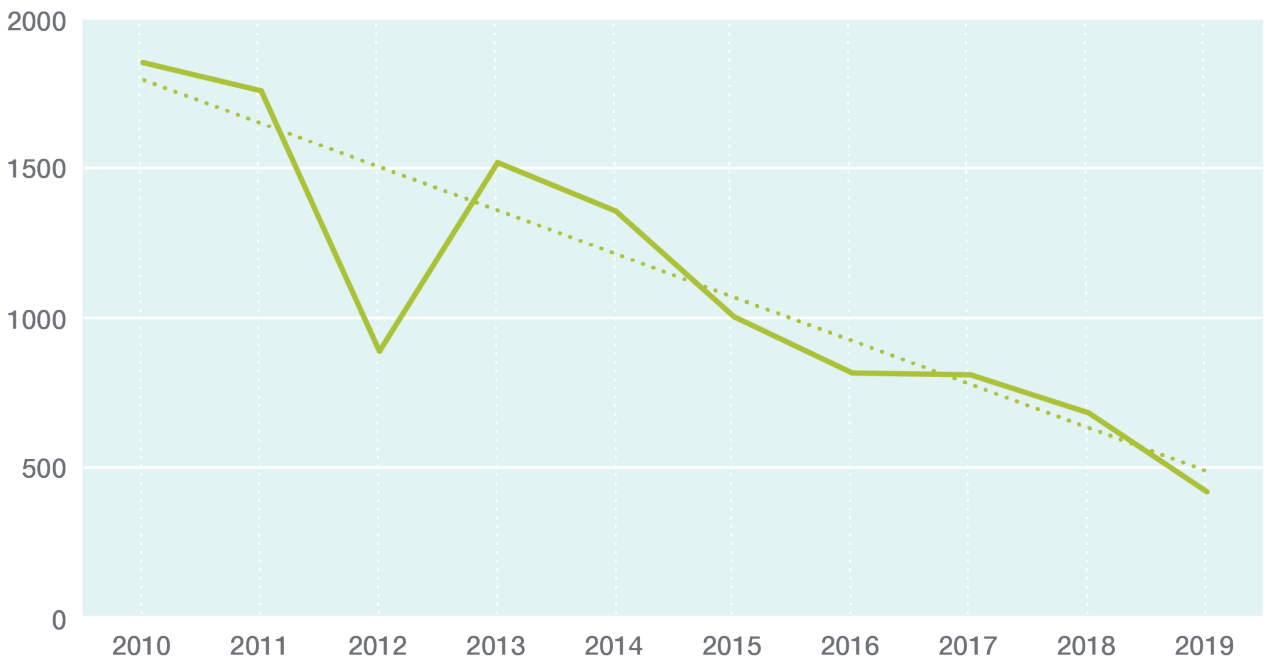


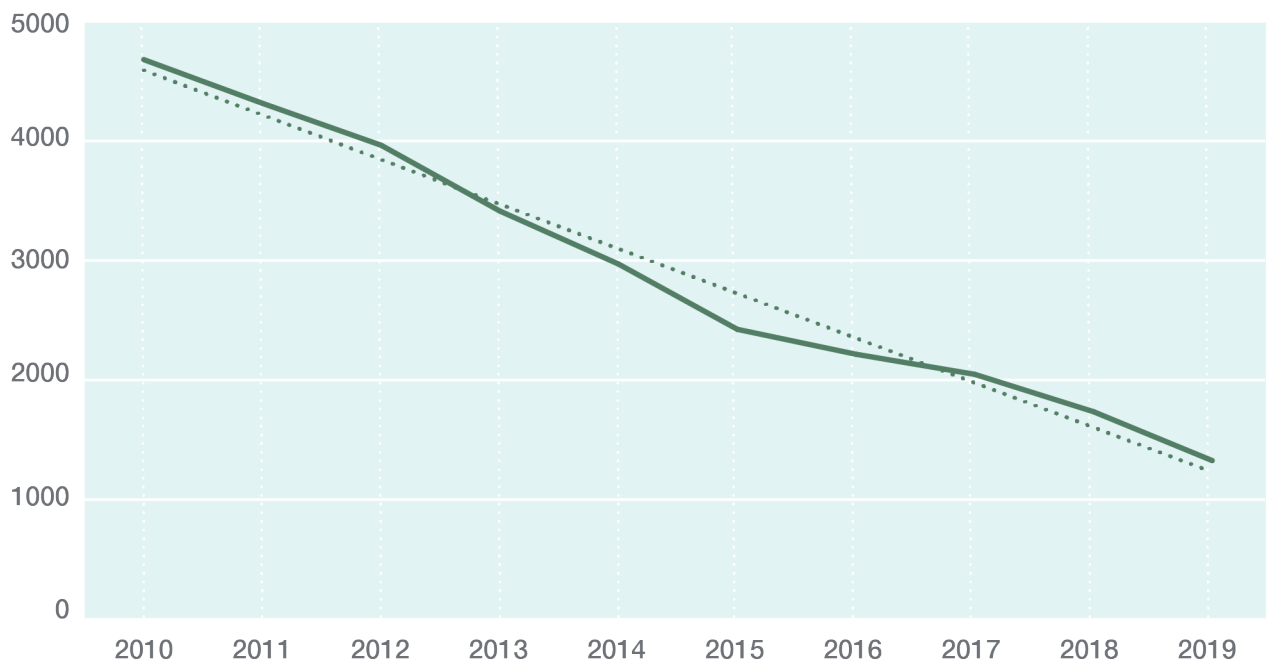
Figure 10: Count of unique patients receiving sexually transmitted infection services, 2010-2019 with trendline



## RESULTS: CLINIC DATA

The annual variability seen in immunization service tickets (Figure 6) are not reflected in the number of patients receiving immunization services (Figure 11). This is most likely due to each patient receiving multiple vaccinations at one time.

**Figure 11: Count of unique patients receiving immunization services, 2010-2019 with trendline**

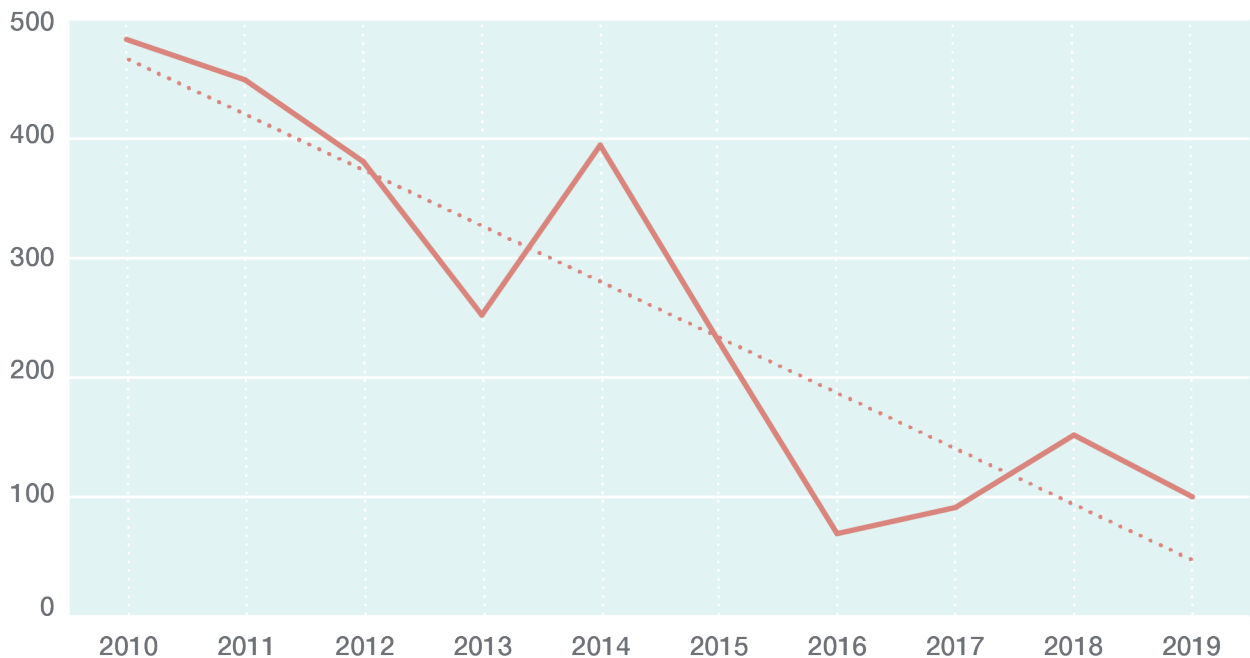


## RESULTS: CLINIC DATA

In 2013 there was a potential tuberculosis cluster in Marion County which caused a spike in the tuberculosis incidence rate.<sup>8</sup> This may be reflected in the 2013 increase in patients receiving tuberculosis services at MCHHS - PHD, see Figure 12.

People exposed to known TB patients, in a variety of settings, are at risk of contracting LTBI and active TB, especially within the first year of exposure. Contact investigations are a key public health practice to prevent the spread of disease, and involve identifying and evaluating anyone who may have been in contact with someone who has TB to identify potential new cases of TB. Although contact investigations are critical to reducing TB in Marion County, they are resource intensive and are not necessarily reflected in the number of unique patients receiving TB services at MCHHS - PHD. For example, in 2018, over 569 contacts were identified and 527 were evaluated for TB and LTBI.

**Figure 12: Count of unique patients receiving tuberculosis services, 2010-2019 with trendline**



notes:

8. Marion County Health Department. (2017). Community Health Assessment. Retrieved from: <https://www.co.marion.or.us/HLT/communityassessments/Documents/2017CHAUpdate.pdf>

## RESULTS: INTERVIEWS & SURVEY

### PARTNER INTERVIEWS, PATIENT FOCUS GROUPS & KEY INFORMANT INTERVIEWS, AND STAFF SURVEY

This assessment included three primary data sources: interviews with MCHHS - PHD partners, focus groups/key informant interview with patients, and a survey of MCHHS - PHD staff. This section of the report includes the results of primary data collection efforts. Interviews and surveys included a series of open and closed-ended questions.

### REASONS FOR RECEIVING SERVICES AT MARION COUNTY PUBLIC HEALTH CLINIC

In this study, community partners interviewed, focus group participants, and MCHHS - PHD staff surveyed described reasons community members utilize immunization, family planning, sexually transmitted infections, and/or tuberculosis services at the Marion County Public Health Clinics. Table 3 summarizes themes identified within and across data collection groups (partner interviews, focus groups, staff surveys). In some cases, those informing the study identified reasons that applied to specific services. In other cases, statements were more generalized across all clinical preventive services provided by MCHHS - PHD. Although 16 staff surveys were submitted, only 14 included responses to questions analyzed and presented in Table 3 and 4.

**Table 3: Reasons for receiving services at Marion County Public Health Clinic**

Reasons for receiving services	Percent of community partners interviewed (n=8)	Percent of patient interview groups (n=4)	Percent of staff surveyed (n=14)
Respectful providers and staff	0%	100%	14%
Sexually transmitted infection and reproductive health services provided with anonymity	63%	25%	21%
Between providers, no established primary care provider, or only see a health care provider when sick	0%	50%	43%
Difficulty navigating the healthcare system including accessing services through their insurance and lack of awareness of services provided through their primary care provider	13%	50%	21%
Low cost or no cost of services (uninsured)	0%	50% (unable to identify insurance status)	79%
Low cost or no cost of services (insured)	0%		36%
Ability to be seen quickly for an appointment	13%	50%	14%

## RESULTS: INTERVIEWS & SURVEY

Reasons for receiving services	Percent of community partners interviewed (n=8)	Percent of patient interview groups (n=4)	Percent of staff surveyed (n=14)
Partners or family members receive services at MCHHS - PHD	13%	50%	0%
Primary care provider does not provide immunizations	25%	0%	36%
Other providers do not provide all sexually transmitted infection treatment and birth control services needed	0%	25%	29%
Availability to communicate and provide paperwork in Spanish	0%	50%	0%
Primary care providers, community clinics, or emergency departments send patients to Marion County Public Health Clinic	13%	25%	14%

Focus group participants in this study did not describe the absence of immunization services offered by their primary care provider as a reason for receiving services at the Marion County Public Health Clinic. However, the results of a survey of patients receiving immunization services conducted in winter 2019 by MCHHS - PHD immunization providers, showed some patients on OHP reported going to the Public Health Clinic to receive immunization services for this reason.



## RESULTS: INTERVIEWS & SURVEY

### BARRIERS TO ACCESSING SERVICES

Partner and patient interviewees described several barriers to accessing immunizations, family planning, sexually transmitted infections, and tuberculosis services in their community. Table 4 lists the barriers identified as thematic within and across data collection groups. Two providers interviewed described there to be no barriers regarding access to services in the community.

**Table 4: Barriers to accessing services at Marion County Public Health Clinic**

Barriers to accessing services	Percent of community partners interviewed (n=8)	Percent of patient interview groups (n=4)
The knowledge that services are available and where they are provided	25%	100%
Cost or fear of cost of services	38%	75%
Stigma	38%	25%
Lack of providers	0%	75%
Unable to receive treatment needed	0%	50%
Availability of appointments during times individuals are not working	13%	25%

Note: MCHHS - PHD staff were not asked specific questions about barriers to accessing services

When focus group participants were asked to describe what would make it easier to access immunization, family planning, sexually transmitted infections, and/or tuberculosis services, the most common answer was education about where to access existing services (at the Public Health Clinic and other community providers) and the importance of seeking services. Other factors that would increase access included bilingual clinic staff and forms provided in Spanish, lower cost of services, and transportation to clinics.

## RESULTS: INTERVIEWS & SURVEY

### PERCEPTIONS ABOUT CLINICAL SERVICES AND COMMUNITY NEED

Partners interviewed and MCHHS - PHD staff surveyed identified populations that would be most burdened by changes to clinical preventive services provided at MCHHS - PHD clinic. If changes are implemented, the change team should take special consideration to ensure access to clinical preventive services for the following groups: adolescents/teens; African American; Compact of Free Association Migrants (COFA Communities); County prisoners; exchange students; Hispanic; homeless; immigrants; LGBTQ+; low-income; non-English speakers; Pacific Islander; refugees; uninsured; women.

A majority of MCHHS - PHD staff surveyed felt that clinical preventive services provided by the County fill an important need in the community.

Percent of staff surveyed highlighting a need in the community for clinical preventive services provided by the Public Health clinic:

- + Immunizations – 86% of staff surveyed
- + Sexually transmitted infections – 79% of staff surveyed
- + Family planning – 69% of staff surveyed
- + Tuberculosis – 78% of staff surveyed

The change process should include the intentional involvement of MCHHS - PHD staff, taking into consideration their experiences. It will be essential to share with staff the intended outcomes of the change and steps the change team will take to ensure populations currently served by the Marion County Public Health Clinic continue to receive the care they need.

Although many staff expressed concern about changes in clinical preventive services provided by MCHHS - PHD, a few staff shared the sentiment that the provision of services outside of the primary care provider contributes to sporadic and fragmented care.

### EXPECTATIONS ABOUT CHANGE

MCHHS - PHD staff described the following expectations from the MCHHS - PHD change management team:

- + Extensive communication to the community and providers about the changes, the reason for the change, services that remain at MCHHS - PHD and who can access them, and where services can be accessed that were previously provided by the Marion County Public Health Clinic
- + Include staff in the decision-making process

MCHHS - PHD partners described the following expectations from the MCHHS - PHD change management team:

- + Extensive communication to the community and providers about the changes, the

## RESULTS: INTERVIEWS & SURVEY

reason for the change, services that remain at MCHHS - PHD and who can access them, and where services can be accessed that were previously provided by the Marion County Public Health Clinic

- + Communications distributed through a variety of methods including social media, print, radio, YouTube, Closed Circuit Television.
- + Communications provided in multiple languages
- + Engagement with PacificSource CCO to disseminate information about the change
- + Ensure patients referred to a primary care clinic understand and agree to establish a primary care home for services

Providers interviewed in this study were not concerned about adding new clients who currently receive services through the Marion County Public Health Clinic. One provider was already in the process of increasing capacity to shrink wait times and increase the number of patients seen through their clinic.

### POPULATION-BASED HEALTH INTERVENTIONS

MCHHS - PHD staff identified opportunities for population-based health interventions within the foundational public health program if additional funding became available. A high level of consistency existed among survey respondents identifying the following possibilities:

- + Increase MCHHS - PHD staff to provide the services offered adequately
- + Community education regarding the services offered at MCHHS - PHD clinic and the importance of seeking services. Provide sexually transmitted infection and reproductive health education
- + Community partner engagement and education
  - Provide data to community partners that will help to address barriers to receiving services for the populations they serve
  - Work with community partners to address the social determinants of health
- + Focus on issues not typically addressed before such as pollution and antibiotic resistance



**DISCUSSION**

## DISCUSSION

### SUMMARY

- + Since 2010, MCHHS - PHD has experienced a significant decline in the demand for clinical preventive services in: immunization, family planning, and sexually transmitted infection programs. This finding is expected in a post Affordable Care Act and Medicaid Expansion environment
- + When considering changes, community health care providers, community partners, and MCHHS - PHD staff express concerns, citing a fear that uninsured/underinsured individuals will not receive care elsewhere because no other provider in the county will be able or willing to provide these services
- + Current MCHHS - PHD patients describe ease of effort, short wait times for scheduling appointments, respectful clinicians/staff at MCHHS - PHD, and materials available in alternate languages as main reasons for seeking services at MCHHS - PHD

### PROGRAM SPECIFIC CONSIDERATIONS: IMMUNIZATIONS

Statewide, some Coordinated Care Organizations are assigning OHP-covered children to providers who do not offer immunizations or do not offer immunizations to children on OHP. This appears to have been the case in Marion County under the former Coordinated Care Organization, Willamette Valley Community Health. Thus, primary care providers are referring patients to MCHHS - PHD for immunizations. Given the strong evidence that all clinical preventive service metrics are improved when provided by primary care providers (indeed, this is the very point of a primary care provider), and the likelihood of attrition between referral by a primary care provider to MCHHS - PHD, this circumstance is being addressed by MCHHS - PHD.

Due to reductions in demand for services, Local Public Health Authorities in Multnomah, Washington, and Clackamas County have discontinued, contracted out, or dramatically reduced immunization services.

**“It is important to ensure community health providers are able to provide the same services as the Public Health Clinic.”**

—MCHHS - PHD STAFF

**“Immunizations are a direct service that MCHHS - PHD does well. Providing immunizations meets a need that may not be able to be addressed by local providers. We have clients who come to us for immunizations because they are new to the area and have no provider and no insurance, but need to get immunizations before they can begin school.”**

—MCHHS - PHD STAFF

## DISCUSSION

### SEXUALLY TRANSMITTED INFECTIONS

Sexually transmitted infections (HIV, chlamydia, gonorrhea, and syphilis) are a significant public health problem in Marion County. According to the CDC, rates of combined cases of gonorrhea, chlamydia, and syphilis continue to rise.<sup>9</sup> Left untreated, STIs can cause reproductive health complications including infertility, increased risk of HIV (non-HIV infections), and long term abdominal/pelvis pain.

Some respondents to community partner interviews and staff surveys opined that some individuals do not want to visit their primary care provider to receive testing for STI's due to fear of being judged or having their disease status revealed to others.

### TUBERCULOSIS

Tuberculosis is an airborne infection, requiring public health and legal interventions. According to OAR 333-018-00(00),(05),(10),(15), health care providers are required to report tuberculosis cases or suspected cases to the Local Public Health Authority within one day of detection.

In order to protect public health, active cases of tuberculosis require intensive follow-up by public health departments in the form of Directly Observed Therapy.

The Oregon Health Authority provides limited financial support to Local Public Health Authorities for Tuberculosis programs; evidence suggests the MCHHS - PHD tuberculosis program is understaffed with the current workload.

**“You don’t feel like your name’s being broadcast [at the Public Health Clinic]. It feels like if I go to my regular PCP, everyone knows me.”**

—FOCUS GROUP PARTICIPANT

**“Since we don’t test for every STI (like herpes or genital warts), we often end up referring people to other community clinics, which represents a further burden on the client.”**

—MCHHS - PHD STAFF

**“It’s quick and easy [at the Public Health Clinic]. There’s very little wait time. It’s not, ‘take this card and sit in a waiting room,’ it’s a very personable feel. They don’t ask any questions. You don’t need to be referred or anything like that. You don’t have to call and make an appointment. You can literally just come in and take care of your needs.”**

—FOCUS GROUP PARTICIPANT

notes:

9. *Sexually Transmitted Diseases – Reported Cases and Rates of Reported Cases\*, United States, 1941-2018*  
<https://www.cdc.gov/std/stats18/tables/1.htm>

## DISCUSSION

### FAMILY PLANNING

Children and family health is significantly improved when women have access to evidence-based family-planning services. In addition, “prominent racial/ethnic and socioeconomic disparities in rates of unintended pregnancy, abortion, and unintended births exist in the United States. These disparities can contribute to the cycle of disadvantage experienced by specific demographic groups when women are unable to control their fertility as desired”.<sup>10</sup>

In 2017, the Oregon Reproductive Health Equity Act was passed to increase access to quality programs. This law provides for expanded coverage for some Oregonians to access free reproductive health services, as well as protections for the continuation of reproductive health services with no cost sharing, and prohibits discrimination in the provision of reproductive health services (Reproductive Health Equity Act, HB 339, 2017).

In addition, community-based family planning-programs that bring family planning information and methods to women and men, as well as adolescents, in the communities where they live and work, rather than requiring visits to health facilities show promise in improving outcomes and reducing disparities.<sup>11</sup>

**“If services end here, I do not see anyone in the community willing to care for our clients. We support a lot of the community clinics with LARCs. Clients can get in quickly for a LARC here and that is very important to preventing unplanned pregnancies.”**

—MCHHS - PHD STAFF

**“We would want to accept new patients, but we want them to be agreeable to being our patients. We wouldn’t be someone that would be there for a one-time immunization. We would like to be primary care.”**

—PARTNER INTERVIEW

#### notes:

10. Dehlendorf, C., Bryant, A. S., Huddleston, H. G., Jacoby, V. L., & Fujimoto, V. Y. (2010). Health disparities: definitions and measurements. *American journal of obstetrics and gynecology*, 202(3), 212–213. doi:10.1016/j.ajog.2009.12.003. Retrieved from: <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC2835625/>
11. Measure Evaluation. *Family Planning and Reproductive Health Indicators Database. Community-Based Family Planning Services*. Retrieved from: [https://www.measureevaluation.org/prh/rh\\_indicators/family-planning/cbfp](https://www.measureevaluation.org/prh/rh_indicators/family-planning/cbfp)



# RECOMMENDATIONS



## RECOMMENDATIONS

The following pages contain recommendations based on the results of this assessment.

In short, we suggest that MCHHS - PHD consider transitioning the provision of select clinical preventive services in the program areas of Family Planning, STI Screening, Testing, and Treatment, and Immunizations to community providers.

Taken individually, each of these changes will require significant effort for staff at MCHHS - PHD. Taken as a whole, this set of recommendations represents a body of work that must be undertaken incrementally.

We suggest MCHHS - PHD implement changes by program area, starting with either Family Planning or Immunizations. Unless significant resources are directed at restructuring and community education, we recommend undertaking one change process at a time with no less than one year to enact a full process. This aggressive timeline allows for establishing change plans, engaging community providers, negotiating timing with community providers, providing technical assistance, working to transition (and possibly retrain) affected staff and critically educate the community about pending change and evaluate community impact. To support evaluation, we recommend to actions: During the transition phase, build a simple database with contact information for current MCHHS - PHD patients; and During the Monitor/Quality Improvement phase, conduct brief telephone surveys to assess patient experiences with community providers.

This sequenced approach allows for learning and quality improvement in change initiation and management that can be applied to subsequent change processes. Timelines for enacting a change process can be reduced to approximately six to seven months with additional resources including (minimally):

- + Allocation of FTE at no less than .5 for planning, provider outreach, and technical assistance, active client referral management ; and
- + Funds for community education/notification to conduct telephonic and direct mail campaigns

Initiating and managing structural change requires significant intellectual and emotional resources across the entire organization. Designing a new structure with community partners while managing the current structure can lead to fatigue and stress. Change architects must manage the healthy tension that accompanies any change while monitoring employee morale. As changes progress, change teams must be encouraged to innovate and experiment retaining approaches that work and discarding those that do not.

# FAMILY PLANNING

## RECOMMENDATIONS:

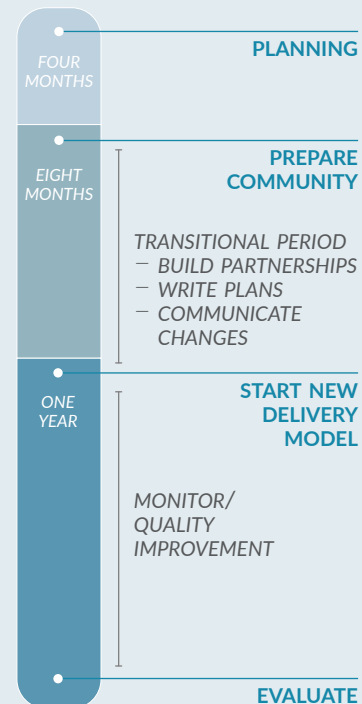
Modify current approach to:

1. Develop strategic partnerships with shared accountability to support public health goals related to reproductive health
2. Identify provider(s) within the county willing to provide family planning services through Reproductive Health Provider application and certification process with OR RH Program which includes all RH funding sources. If applicable, (i.e., previously provided reproductive health clinical services) develop and execute a transition plan, to ensure that current clients are aware of options for continued care
3. Consider strategic partnerships with the Coordinated Care Organization and community providers to increase utilization of evidence based family planning methods
4. Given the reduction in demand for services at the Woodburn Clinic, consider closing this clinic first

## EVALUATION METRICS:

- Build a current MCHHS - PHD patient list to conduct a telephone survey one year post transition
- Assess/increase number of community providers who are certified under the Oregon Reproductive Health Program
- Assess/increase the number of community providers providing evidence based family planning methods

## TIMING:



## RATIONALE:

Like all clinical preventive services, family planning is best when provided by a primary care provider. Moreover, Oregon's Reproductive Health Equity Act expands availability of reproductive health (i.e., family planning) services to individuals who previously did not qualify due to immigration status and barrier to access, such as cost-sharing for low-income individuals, have been eliminated. Ensuring that community providers are providing women with appropriate family planning services will stabilize reproductive health services throughout the community.

# IMMUNIZATIONS

## RECOMMENDATIONS:

Re-envision immunization programs to focus on:

1. Ensuring access to all immunization-related services necessary to protect the public and prevent the spread of vaccine-preventable disease through providing guidance and best practices for the provision of clinical preventive services to local organizations, including those that serve community members with lower access to care.<sup>12</sup> Maintain capacity to respond to emergent vaccination needs
2. Acting as a convener and health strategist, MCHHS - PHD should work with local providers to improve cultural responsiveness related to immunization across Marion County's health care system to ensure vaccines are provided at convenient times and locations, and that no one is denied immunizations due to inability to pay
3. Provide a list of contact information of clinics offering immunizations
4. Addressing vaccine hesitancy especially in vulnerable populations who have been targeted by misinformation campaigns. Provide interventions with communities that are disproportionately non-immunized
5. Ensuring that Medicaid providers provide vaccinations for their patient populations
6. Providing limited (e.g., twice yearly) vaccine clinics for underserved/vulnerable populations
7. During transition, support community providers to ensure access to necessary immunizations. (See Appendix F for an example from Spokane Health District)

## EVALUATION METRICS:

- Build a current MCHHS - PHD patient list to conduct a telephone survey one year post transition
- Conduct a clinical system gaps analysis
- Assess number of community providers participating in the Vaccines for Children program
- Conduct telephone surveys of how many people are receiving vaccines ensuring culturally responsive approaches

## TIMING:



## RATIONALE:

The healthcare provider network in Marion County is adequate to support immunizations. Currently, an overreliance on governmental public health for immunization services leads to fragmented care for vulnerable populations.

notes:

12. Oregon Health Authority. (2017). *Public Health Modernization Manual*. Retrieved from: [https://www.oregon.gov/oha/PH/ABOUT/TASKFORCE/Documents/public\\_health\\_modernization\\_manual.pdf](https://www.oregon.gov/oha/PH/ABOUT/TASKFORCE/Documents/public_health_modernization_manual.pdf)

# STI SCREENING, TESTING, & TREATMENT

## RECOMMENDATIONS:

Focus screening and treatment programs on:

1. Disease surveillance, investigation, and partner notification services
2. Working with providers to establish a community-wide standard of care for screening and treatment of STI's and a referral network of providers that offer STI screening and treatment
  - a. Offer trainings to providers
3. Evidence-based sexually transmitted disease prevention education and messaging including community education to destigmatize STIs
4. Maintain limited, targeted mobile services to provide screening services to vulnerable communities
5. During transition: providing technical assistance to providers about screening and treatment of STI's, including consultation on complex cases ensuring patient confidentiality

## EVALUATION METRICS:

- Build a current MCHHS - PHD patient list to conduct a telephone survey one year post transition
- Conduct a clinical system gaps analysis
- Assess/increase knowledge of community providers on screening/treatment of STIs
- Monitor referrals and provide cases management (when necessary) during first six months post implementation

## TIMING:



## RATIONALE:

Increases in sexually transmitted infections in Oregon and significant health disparities indicate a need for the Local Health Authority to focus on prevention. Stakeholders raise important concerns about testing hesitancy related to patient fears around stigma and confidentiality; governmental public health's role should be centered around designing systems to ensure that individuals are confident they can receive the care they need and deserve from community providers.

# TUBERCULOSIS

## RECOMMENDATIONS:

Continue services to:

1. Ensure TB cases are diagnosed and treated using Directly Observed Therapy

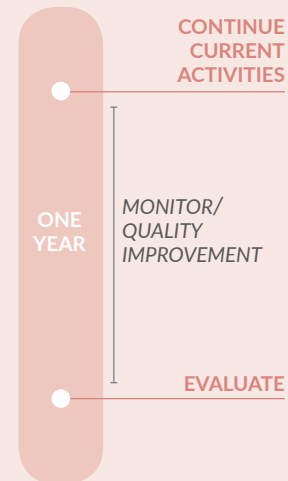
Maintain capacity to respond to TB outbreaks/spikes:

2. Ensure appropriate diagnosis and treatment of those with latent TB infection (including contacts of people with TB, new immigrants, other high-risk populations)
3. Conduct contact investigations for identifying and treating new TB infections
4. Implement a culturally responsive system to support primary care providers in screening and testing for TB and LTBI, especially providers serving new immigrants and other high-risk populations

## EVALUATION METRICS:

- Assess/increase knowledge of community providers on screening/treatment of TB
- Track latent TB separately from active TB cases
- Assess MCHHS - PHD capacity and gaps related to providing TB services; identify additional funding

## TIMING:



## RATIONALE:

Due to the nature of tuberculosis, the burden of treatment is best met by the Local Public Health Authority. Community providers can decrease the overall burden of tuberculosis in Marion County through vigilant LTBI screening of at risk members of their patient populations.



# CHANGE MANAGEMENT PLAN

# CHANGE MANAGEMENT

In this report, Rede has recommended significant changes to the business model, operations, and organizational identity of MCHHS - PHD. If these changes are executed, appropriate strategic change management will be crucial to success.

## HIGH LEVEL OVERVIEW PRINCIPLES AND THEORY

### FOUR FRAMES

Every organization operates in a context that includes four basic frames:<sup>13</sup> structural; human-centered; political; and symbolic. Informed change management takes into account each of these frames for all key stakeholder groups.

**Table 5: Organization frames and change management**

Frame	What it is	What it means for staff	What it means for community providers	What it means for community partners	What it means for community members
Structural	The organization must be restructured to accommodate change. Restructuring requires rigorous effort.	Some work units will be changed significantly	Some providers may need to offer more or different services	Community partners try to understand changes in structure so they can help community members navigate	Clients need to navigate in a new structure
Human-Centered	The relationship between the organization and the people	As people's work changes they need to find meaning and reward in new roles. Staff's concerns about client care inform their ability to adjust.	Community providers must navigate change and mitigate anxiety	Community providers must navigate change and try to mitigate anxiety among community members	Clients need to find trusted providers outside MCHHS - PHD
Political	Interpersonal or interorganizational power dynamics	As changes unfurl, people jockey for power	As changes unfurl, organizations jockey for power	Shifts in systems create unease for partners	Clients advocate for themselves to increase their power
Symbolic	Meaning, purpose, and identity (often expressed in organizational systems culture)	Connection to meaning, purpose, and identity	Creating new meaning	Shifts from traditional views of public health to new views	Historical patterns and paradigms

notes:

13. Bolman, L. G., & Deal, T. E. (2008). *Reframing organizations: artistry, choice, and leadership*. 4th ed. San Francisco: Jossey-Bass.

# CHANGE MANAGEMENT

**Table 6: Leadership strategies**

Frame	Barriers to change	Essential strategies
Structural	Loss of direction, clarity, confusion	Communicating, realigning and renegotiating formal patterns and agreements
Human-Centered	Anxiety, uncertainty, emotional loss, feelings of incompetence	Training to develop new skills, participation and involvement, psychological support
Political	Disempowerment; conflict between “winners and losers”	Developing arenas where issues can be negotiated and new coalitions can be formed
Symbolic	Loss of meaning and purpose; clinging to the past	Creating transition rituals; mourning the past and celebrating the future



# CHANGE MANAGEMENT

## CHANGE MANAGEMENT PROCESS

The timing of changes to specific services is outlined in each recommendation.

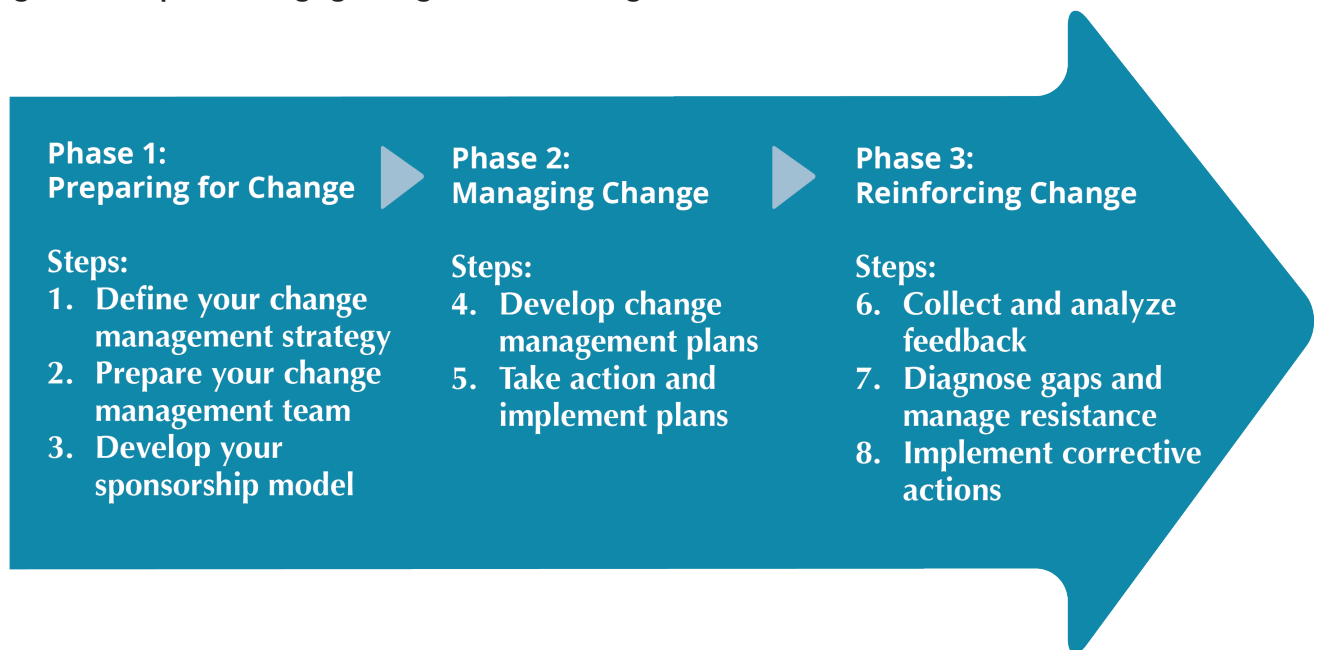
We recommend:

1. Identifying resources for structuring and managing change. The timing of changes to programs should be based on available resources for conducting change processes. We do not recommend initiating co-occurring change processes
2. Organizing specific change teams to implement each step of the change management process described below
3. Designating a change manager for each team
4. Supporting change management with mapping, process flow, outreach, and communication templates
5. Identifying strategies and champions for each stakeholder group

See Appendix G for a Sample Change Management Outline for transitioning Family Planning clinical preventive services to community providers.

See Appendices H-M for additional change management tools and resources.

Figure 13: Steps to managing an organizational change<sup>14</sup>



notes:

14. CLHO Public Health Modernization Roadmap. (2017). Change Management in Public Health Modernization. Retrieved from: [https://orphroadmap.org/docs/modernization/Change\\_Management\\_Process\\_Tool.pdf](https://orphroadmap.org/docs/modernization/Change_Management_Process_Tool.pdf)



# APPENDIX

## APPENDIX

- A. MCHHS - PHD Clinic Data
- B. Partner Interview Guide – Provider
- C. Partner Interview Guide – Non-provider
- D. Patient Focus Groups Interview Guide & Key Informant Interview Guide
- E. Staff Survey Tool
- F. Supporting community providers to provide vaccines: example from Spokane Regional Health District
- G. Sample Change Management Plan Outline
- H. Change Management Process Tool
- I. Checklist Engaging Staff and Managing Change MCHHS - PHD Clinic Data
- J. Checklist – Communication Planning
- K. Communication Planning Template
- L. Value Proposition Canvas
- M. ADKAR Tool

## Appendix A

### MCHHS – PHD Clinic Data 2010-2019

<b>Count of Unique Service Tickets per Public Health Service Area, MCHHS – PHD, 2010-2019</b>				
Year	Family Planning	Immunizations	Sexually Transmitted Infections	Tuberculosis
2010	6662	6194	2956	2560
2011	6823	5807	2648	2596
2012	7483	5253	1288	2418
2013	7109	4448	2539	1762
2014	6462	3788	2380	1936
2015	3490	2990	1545	1250
2016	2332	2662	1336	647
2017	2256	2531	1300	1242
2018	2069	2244	1307	2561
2019	1346	1522	808	2168

<b>Count of Unique Patients per Public Health Service Area, MCHHS – PHD, 2010-2019</b>				
Year	Family Planning	Immunizations	Sexually Transmitted Infections	Tuberculosis
2010	2882	4701	1864	485
2011	2820	4331	1769	451
2012	3510	3976	894	382
2013	3496	3419	1528	253
2014	3021	2970	1365	396
2015	1642	2418	1010	231
2016	1103	2207	821	69
2017	1057	2037	815	91
2018	931	1721	687	152
2019	686	1307	422	100

## Appendix B

### Marion County Equitable Public Health Services Project

#### Partner Interview Guide (PROVIDERS)

##### Introduction:

Hello, I am [interviewer]. I am with the Rede Group. My colleague Savannah is here with me to assist with notetaking. The Rede Group, at the request of Marion County Health and Human Services, is conducting an assessment to determine where to focus community efforts with an emphasis on population health to have the greatest impact. This may mean the reconfiguration of some direct clinical preventive services currently provided by Marion County Health and Human Services, Public Health Division.

Marion County Health & Human Services, Public Health Division offers limited clinical preventive services. Clinical preventive services currently provided include:

- Reproductive Health,
- Sexually Transmitted Infections,
- Immunizations for children and adults, and
- Tuberculosis

In this interview, we will ask about clinical preventive services provided at your facility and the effect on your organization if Marion County Health & Human Services were to reconfigure some of these clinical preventive services.

This interview will take approximately 30-45 minutes. We will be taking notes and recording the interview so that we can analyze the information in our report to Marion County. The recording will not be shared with anyone outside of the Rede Group and will only be used as a reference to verify information in our notes and for the accuracy of reporting. Your comments today will not be attributed to you in reporting and we will only include your name as a person interviewed if we receive your permission to do so. A summary of our findings will be submitted to the Marion County Health & Human Services, Public Health Division later this winter. You may contact Katrina Rothenberger if you are interested in viewing the assessment results.

Do you mind if we record the interview?

Because we have 45 minutes to cover all our interview questions, there may be times when I ask that we move onto another question and I may interrupt you to do so. Please know that this is not intended to be rude, but rather to ensure that we cover all questions. Moving forward in this interview we will refer to Marion County Health & Human Services as MCHHS. This interview is voluntary. If you are unsure or do not want to answer a question you can decline to answer.

Do you have any questions before we begin?

Let's go ahead and get started.

Survey Questions:

To start off, could you please state your name, title, and how long you have worked for your organization?

Name:

Title:

Length of time at organization:

During our interview today we are interested in the services provided to your Medicaid and uninsured patients. Could you please provide an overview of the population you serve such as insurance type, race/ethnicity, age, gender, etc.?

Approximately, what proportion of your patients are on Medicaid or are uninsured?

Now I will ask about some general and specific clinical preventive services provided at your facility...

**Reproductive Health**

1. Does your facility provide reproductive health services such as contraception distribution, pregnancy testing and counseling, and cervical cancer screening?

Yes    No    Depends on the payer    Unsure

*If yes to Q1, skip to Q2*

1a. Why do you not provide these services? *(Prompt: ask for details about why such as cash flow/reimbursements, other admin barriers, hiring, price to provide the services too high)*

1b. Where do you refer your clients who need these services?

*If they refer to the MCHHS, ask:* If you could no longer refer to MCHHS what would you do?

*If no to Q1, skip to Q6*

Now I am going to ask questions about specific reproductive health services provided at your facility...

2. Does your facility provide contraceptive distribution, education, and counseling services?

Yes No Unsure

*If yes to Q2, skip to Q3*

2a. Why do you not provide these services? *(Prompt: ask for details about why such as cash flow/reimbursements, other admin barriers, hiring, price to provide the services too high)*

2b. Where do you refer your clients who need this service?

*If they refer to the MCHHS, ask:* If you could no longer refer to MCHHS what would you do?

3. Does your facility provide long-acting reversible contraception (LARC) such as injections, intrauterine devices (IUDs), or implants?

Yes No Unsure

*If yes to Q3, skip to Q4*

3a. Why do you not provide these services? *(Prompt: ask for details about why such as cash flow/reimbursements, other admin barriers, hiring, price to provide the services too high)*

3b. Where do you refer your clients who need this service?

*If they refer to the MCHHS, ask:* If you could no longer refer to MCHHS what would you do?

4. Does your facility provide pregnancy testing and counseling?

Yes No Unsure

*If yes to Q4, skip to Q5*

4a. Why do you not provide these services? *(Prompt: ask for details about why such as cash flow/reimbursements, other admin barriers, hiring, price to provide the services too high)*

4b. Where do you refer your clients who need this service?

*If they refer to the MCHHS, ask:* If you could no longer refer to MCHHS what would you do?

5. Does your facility provide cervical cancer screening, such as Pap smear or HIV testing?

Yes No Unsure

*If yes to Q5, skip to Q6*

5a. Why do you not provide these services? *(Prompt: ask for details about why such as cash flow/reimbursements, other admin barriers, hiring, price to provide the services too high)*

- 5b. Where do you refer your clients who need this service?

*If they refer to the MCHHS, ask:* If you could no longer refer to MCHHS what would you do?

### **Sexually Transmitted Infections**

6. Does your facility provide services for reportable sexually transmitted infections? (i.e. gonorrhea, chlamydia, syphilis, or HIV)

Yes No Depends on the payer Unsure

*If yes to Q6, skip to Q7*

6a. Why do you not provide these services? *(Prompt: ask for details about why such as cash flow/reimbursements, other admin barriers, hiring, price to provide the services too high)*

- 6b. Where do you refer your clients who need this service?

*If they refer to the MCHHS, ask:* If you could no longer refer to MCHHS what would you do?

*If no to Q6, skip to Q10*

Now I am going to ask questions about specific sexually transmitted infection (STI) services provided at your facility...

7. Does your facility provide sexually transmitted infection screening? (such as verbally asking the patient or having them complete a questionnaire)

Yes No Unsure



*If yes to Q7, skip to Q8*

7a. Why do you not provide these services? *(Prompt: ask for details about why such as cash flow/reimbursements, other admin barriers, hiring, price to provide the services too high)*

7b. Where do you refer your clients who need this service?

*If they refer to the MCHHS, ask:* If you could no longer refer to MCHHS what would you do?

8. Does your facility provide sexually transmitted infection testing?

Yes    No    Unsure

*If yes to Q8, skip to Q9*

8a. Why do you not provide these services? *(Prompt: ask for details about why such as cash flow/reimbursements, other admin barriers, hiring, price to provide the services too high)*

8b. Where do you refer your clients who need this service?

*If they refer to the MCHHS, ask:* If you could no longer refer to MCHHS what would you do?

9. Does your facility provide sexual transmitted infection treatment?

Yes    No    Unsure

*If yes to 9, skip to Q10*

9a. Why do you not provide these services? *(Prompt: ask for details about why such as cash flow/reimbursements, other admin barriers, hiring, price to provide the services too high)*

9b. Where do you refer your clients who need this service?

*If they refer to the MCHHS, ask:* If you could no longer refer to MCHHS what would you do?

10. Does your facility provide STI partner follow-up?

Yes No Unsure

*If no to Q10, skip to Q10a*

*If yes, ask:* What type of partner follow-up is provided? Do you provide expedited partner therapy? [this is where they provide a prescription to the patient and a prescription for the partner without having to see them as a patient]

*If they provide expedited partner therapy ask:*  
What STIs do you provide expedited partner therapy for?

*If yes to Q10, skip to Q11*

10a. Why do you not provide these services? *(Prompt: ask for details about why such as cash flow/reimbursements, other admin barriers, hiring, price to provide the services too high)*

10b. Where do you refer your clients who need this service?

*If they refer to the MCHHS, ask:* If you could no longer refer to MCHHS what would you do?

## **Immunizations**

11. Does your facility provide immunizations for children, adolescents and/or adults?

Yes No Depends on the payer Unsure

*If yes to Q11, skip to Q12*

11a. Why do you not provide these services? *(Prompt: ask for details about why such as cash flow/reimbursements, other admin barriers, hiring, price to provide the services too high)*

11b. Where do you refer your clients who need this service?

*If they refer to the MCHHS, ask:* If you could no longer refer to MCHHS what would you do?

## Tuberculosis

12. Does your facility provide tuberculosis services?

Yes   No   Depends on the payer   Unsure

*If yes to Q12, skip to Q13*

12a. Why do you not provide these services? *(Prompt: ask for details about why such as cash flow/reimbursements, other admin barriers, hiring, price to provide the services too high)*

12b. Where do you refer your clients who need this service?

*If they refer to the MCHHS, ask:* If you could no longer refer to MCHHS what would you do?

*If no to Q12, skip to Q16*

13. Does your facility provide TB screening? (such as verbally asking the patient or having them complete a questionnaire)

Yes   No   Unsure

*If yes to Q13, skip to Q14*

13a. Why do you not provide these services? *(Prompt: ask for details about why such as cash flow/reimbursements, other admin barriers, hiring, price to provide the services too high)*

13b. Where do you refer your clients who need this service?

*If they refer to the MCHHS, ask:* If you could no longer refer to MCHHS what would you do?

14. Does your facility provide TB testing?

Yes   No   Unsure

*If yes to Q14, skip to Q15*

14a. Why do you not provide these services? *(Prompt: ask for details about why such as cash flow/reimbursements, other admin barriers, hiring, price to provide the services too high)*

14b. Where do you refer your clients who need this service?

*If they refer to the MCHHS, ask:* If you could no longer refer to MCHHS what would you do?

15. Does your facility provide treatment of active and latent TB infection?

Yes    No    Unsure

*If yes to Q15, skip to Q16*

15a. Why do you not provide these services? *(Prompt: ask for details about why such as cash flow/reimbursements, other admin barriers, hiring, price to provide the services too high)*

15b. Where do you refer your clients who need this service?

*If they refer to the MCHHS, ask:* If you could no longer refer to MCHHS what would you do?

16. *[skip this question if organization provides all services or all services except TB]* What resources would you need to increase your capacity to provide reproductive health, STI, immunization, or tuberculosis services to your clients?

17. Do you feel there is a need for additional reproductive health, STI, immunization, or tuberculosis services in your community?

18. We are aware that individuals with insurance and a primary care home are receiving reproductive health, STI, Immunization, and/or tuberculosis services at Marion County Health & Human Services, do you understand why they are seeking services through MCHHS rather than their primary care provider?

19. If MCHHS no longer provided some clinical preventive services what expectations would you have from MCHHS in managing this change?

20. Are there any specific groups within the population you serve such as racial/ethnic, socioeconomic, age, or gender that would be more greatly burdened by this potential change? Prompt: If yes, who and how would they be more greatly be burdened?

21. What is the number one issue regarding access to [ask about each service]

- a. Reproductive health services
- b. STI services
- c. Immunization services
- d. Tuberculosis services

22. Do you offer a sliding fee scale?

23. Are there criteria that would exclude a client from receiving these services such as not showing up to appointments or having an outstanding balance on their account?

24. Is there anything else you would like us to know about how changes in clinical preventive services at Marion County Health and Human Services might affect your organization or individuals you serve?

Closing:

Thank you for your time and attention today. If you have any questions to follow-up on what we talked about today please call or email me or Savannah.

## Appendix C

### Marion County Equitable Public Health Services Project

#### Partner Interview Guide (non-providers)

##### Introduction:

The Rede Group, at the request of Marion County Health and Human Services, is conducting an assessment to determine where to focus community efforts with an emphasis on population health to have the greatest impact. This may mean the reconfiguration of some direct clinical preventive services currently provided by Marion County Health and Human Services, Public Health Division.

Marion County Health & Human Services, Public Health Division offers limited clinical preventive services. Clinical services currently provided include:

- Reproductive Health,
- Sexually Transmitted Infections,
- Immunizations for children and adults, and
- Tuberculosis

In this interview, we will ask about where the population you serve/represent received these clinical services and the effect on those populations if Marion County Health & Human Services no longer provided some of these clinical preventive services.

This interview will take approximately 20-30 minutes. We will be taking notes and recording the interview so that we can analyze the information in our report to Marion County. The recording will not be shared with anyone outside of the Rede Group and will only be used as a reference to verify information in our notes and for the accuracy of reporting. Your comments today will not be attributed to you in reporting and we will only include your name as a person interviewed if we receive your permission to do so. A summary of our findings will be submitted to the Marion County Health & Human Services, Public Health Division later this winter. You may contact Katrina Rothenberger if you are interested in viewing the assessment results.

Do you mind if we record the interview?

Because we have 30 minutes to cover all our interview questions, there may be times when I ask that we move onto another question and I may interrupt you to do so. Please know that this is not intended to be rude, but rather to ensure that we cover all questions. This interview is voluntary. If you are unsure or do not want to answer a question you can decline to answer.

Do you have any questions before we begin?

Let's go ahead and get started.

Survey Questions:

To start off, could you please state your name, title, and how long you have worked for your organization?

Name:

Title:

Length of time at organization:

Which category best describes your organization?

- A. Non-profit
- B. Advocacy group
- C. Public education
- D. CCO
- E. Other, please describe

1. Please provide an overview of the population you serve/represent such as race/ethnicity, age, gender, socioeconomic status, homeless status, etc.?
2. It is our understanding that you do not provide reproductive health, sexually transmitted infections, immunization, or tuberculosis screening or treatment services. Is that correct?  
*If they provide these services switch to the provider interview guide.*
3. Where do the people that you serve/represent go to receive:  
[ask about each service]
  - a. Reproductive health services such as contraception distribution, pregnancy testing and counseling, and cervical cancer screening
  - b. Sexually transmitted infection services such as screening, testing, and treatment for gonorrhea, chlamydia, syphilis, or HIV
  - c. Immunizations for children, adolescents and/or adults
  - d. Tuberculosis screening, testing or treatment services

*If none of their clients receive services through the public health division skip to question 5.*

4. If some of these services were no longer provided at Marion County Health and Human Services, how would this change impact the population you serve/represent?  
*Prompt: Are there subpopulations (i.e. racial-ethnic, LGBTQI+, age, gender) that would be more greatly burdened by this change than the general population that you serve?*  
*Prompt: is the impact different for different services?*
5. If MCHHS no longer provided some reproductive health, STI, immunizations, or tuberculosis services what expectations would you have from MCHHS in managing this change?

6. Do you feel there is a need for additional reproductive health, STI, immunization, or tuberculosis services in your community?
  
7. For the population that you serve, what is the number one issue regarding access to [ask about each service]
  - a. Reproductive health services
  - b. STI services
  - c. Immunization services
  - d. Tuberculosis services
  
8. Is there anything else you would like to mention about this potential change to no longer provide some clinical services at Marion County Health and Human Services?

Closing:

Thank you so your time and attention today. If you have any questions or want to follow-up on anything we talked about today please call or email me.



## Appendix D

### Marion County Equitable Public Health Services Project Focus Group Guide

Group Gender:       Men            Women  
Group Language:    English       Spanish  
Number in Group: \_\_\_\_\_

**[Introduction] [Make sure all name badges are visible and all participants have signed the participant release form]**

I am [moderator] and I will be guiding this discussion.

Thank you for agreeing to help us with this project. We appreciate your willingness to share your time and experiences. The Rede Group is working on an assessment project for Marion County Health and Human Services to better understand how clinic services are used and barriers to accessing clinic services. As part of this research project, we're conducting a series of focus groups, including this one you are participating in today.

A focus group is not the same as a counseling session or a group therapy session. A focus group is a gathering of selected people who participate in a planned discussion that is intended to provide information and feedback about a particular topic (in this case, clinical services provided at the Salem and Woodburn Public Health Clinics). Our job is to collect the information necessary to make our assessment as complete and useful as possible.

We will be recording this discussion and taking notes. We are taping this discussion because we don't want to miss any comments but we will only use first names today and there will not be any names attached to the comments in the report. Moreover, the Rede Group will not use this recording for any purpose other than developing the report.

What you say here is confidential. If you have any questions about this interview or the project after we leave, you can call the Rede Group at 503-764-9696.

**[Hand out business cards.]**

**[Engagement/Rapport Question]**

What's been on your mind lately when it comes to health care services?

**[Exit question]**

Anything else?

Today we're going to be talking about clinical preventive services provided at Marion County Health and Human Services Salem and Woodburn public health clinics. The clinical services we are talking about include:

1. Family planning such as birth control, pregnancy testing and counseling, and cervical cancer screening
2. Child and adult immunizations
3. Screening, testing, and treatment for sexually transmitted infections (STI) such as gonorrhea, chlamydia, syphilis, or HIV
4. Tuberculosis screening, testing, and treatment

As we discuss topics, I want you to talk to each other rather than to me. I will start the conversation with a question, but after that I will only jump in to get us back on track if you've gotten off the topic, or to bring up something we are interested in that you have not covered. We are interested in hearing your opinions, thoughts and experiences, how you remember them. During our conversation today, it's very important that you speak to your personal experience, opinions and beliefs as a consumer of health care services. Sometimes it's tempting to talk about what your friends or relatives have told you that they have experienced, but we want to focus just on you. Feel free to disagree with me or with what others have said or give another opinion; you won't hurt my feelings or make me feel bad with whatever opinions you might share; the more different ideas we hear, the more information we will have to work with.

We will finish our group by **[finish time]** at the latest and I will let you know when we are near the end of our time. If you have to use the restroom, just slip out quietly and come back as quickly as you can.

I am going to make every effort to keep the discussion focused and within our time frame. If too much time is being spent on one question or topic, I may move the conversation along so we can cover all the questions. Also, because we want to hear from everyone, I may ask those who have spoken up more to yield the floor to those who have not. This may mean that I interrupt you while you are talking. This is not meant to be rude but may need to happen to be sure we hear from as many viewpoints as possible and to keep the discussion moving.

Are there any questions before we begin?

**[Focus group discussion begins.]**

Let's start with introductions. Please introduce yourself – you're welcome to use only your first name. Let's just go around the table, starting with \_\_\_\_\_.

**[Exploration Question]**

We want to talk about what's important to you when it comes to receiving family planning, immunization, sexually transmitted infection or tuberculosis services. When you are making a decision about going to a provider what is the main thing that determines where you go to get care for these particular services?

[Prompt: Are there different factors for each of the services?]

**[Transition Statement]**

Now I want to ask you to talk about your thoughts and experiences with clinical health care services for family planning, immunization, sexually transmitted infection or tuberculosis services that you have received from the Salem or Woodburn Public Health Clinic in the last years or so.

**[Lead-in Question]**

Thinking back over the last year or so, how many of you have gone to Salem or Woodburn Public Health Clinic to receive services for family planning, immunization, sexually transmitted infection or tuberculosis?

How about more than once [Record number]

More than twice [Record number]

3 times [Record number]

4 times [Record number]

More than 5 times [Record number]

**[Exploration Question]**

(For those who received care at the Public Health Clinic), why did you choose to go there for care?

**[Exit Question]**

Is there anything else you would like to say about why you went to Public Health Clinic for care?

**[Exploration Questions]**

What other places have you considered receiving these services at?

Why did you choose not to receive services at these other places?

**[Exit Question]**

Is there anything else you would like to say about other places you have considered receiving services?

**[Transition statement]**

Now, I'd like to talk about reasons that receiving health care services for family planning, immunization, sexually transmitted infection or tuberculosis might be difficult.

**[Exploration Questions]**

1. Has there been a time in the last 2 years when you found it difficult to access family planning, immunization, sexually transmitted infection or tuberculosis services? Please raise your hand if that's the case. [Record number]

2. If, so what made it difficult to access these services?

[Prompt: Are there different factors for each of the services?]

3. What are 1 or 2 things that would make it easier for you to access services for family planning, immunization, sexually transmitted infection or tuberculosis?

[Prompt: Are there different factors for each of the services?]

**[Exit Question]**

Is there anything else you would like to say about what would make it easier to receive these services?

Do you have anything else to add about clinical services provided at the Public Health Clinic or any questions?

**[Conclusion]**

Thank you very much for coming. You can pick your stipend up from the table. You will need to sign a statement that you received it.

We REALLY appreciate your input.

### MCHHS Equitable Public Health Services Project - Staff Survey

The Rede Group, at the request of Marion County Health and Human Services, is conducting an assessment to determine where to focus community efforts with an emphasis on population health to have the greatest impact. This may mean the reconfiguration of some direct clinical preventive services currently provided by Marion County Health and Human Services, Public Health Division (MCHHS-PHD). As part of the assessment this survey will be used to gather insight from MCHHS-PHD staff about clinical preventative services provided by Marion County.

This survey is anonymous-your responses will never be linked to you individually. This is not a test, and no survey response will be used against individuals, programs, or departments. Rede will share only deidentified, aggregated data with MCHHS-PHD.

**Your honest response to this survey is truly valuable. Thank you for your time!**

According to the [Oregon Public Health Modernization Manual](#), governmental public health's role (state and local) in providing access to clinical preventive services includes:

- A) Ensuring access to cost-effective clinical care
- B) Ensuring access to effective vaccination programs
- C) Ensuring access to effective tuberculosis treatment programs
- D) Ensuring access to effective preventable disease screening programs

\* 1. In your opinion, how can Marion County best meet the demands of A-D above?

\* 2. Which best describes your position in the MCHHS - PHD?

- Administrative staff (clerical, DSW)
- Program Coordinators/Health Educators
- Front line staff - PHWs, RNs, EPI, WIC certifiers, Emergency Preparedness, Environmental Health
- Administration Team (Division Director, Administrator)
- Supervisor/Manager
- Prefer not to answer
- Other (please specify)

\* 3. What program do you work in? (select all that apply)

- |  |  |
|--|--|
| <input type="checkbox"/> Maternal Child Health Services (WIC, Early Childhood, etc)  | <input type="checkbox"/> Prevention and Health Promotion |
| <input type="checkbox"/> Communicable Disease Control                                | <input type="checkbox"/> Environmental Health            |
| <input type="checkbox"/> Public Health Administration                                | <input type="checkbox"/> Emergency Preparedness          |
| <input type="checkbox"/> Clinical Preventive Services (Immunizations, STI, HIV, etc) | <input type="checkbox"/> Prefer not to answer            |
| <input type="checkbox"/> Other (please specify)                                      |  |

\* 4. How long have you worked at MCHHS-PHD?

- |  |  |
|--|--|
| <input type="radio"/> Less than 1 year | <input type="radio"/> More than 10 years   |
| <input type="radio"/> 1-5 years        | <input type="radio"/> Prefer not to answer |
| <input type="radio"/> 5-10 years       |  |

## MCHHS Equitable Public Health Services Project - Staff Survey

In the next section of the survey, you will be asked to provide information about specific clinical services provided by MCHHS-PHD. These services include:

1. Reproductive health such as family planning, birth control, pregnancy testing and counseling, and cervical cancer screening
2. Child, adolescent, and adult immunizations
3. Screening, testing, and treatment for sexually transmitted infections (STI)
4. Tuberculosis screening, testing, and treatment

If you are not familiar with a particular service, you may skip a question or set of questions.

Immunization Services

***As a part of this assessment, Rede Group is engaging community partners and individuals in services about the availability of clinical preventive services and the effect on organizations and individuals if there was a reconfiguration of some direct clinical preventive services at MCHHS-PHD. Knowing that these conversations are happening...***

5. What would you want MCHHS-PHD leadership to know about the current status of immunization services provided at MCHHS-PHD?

6. If changes were made to reconfigure some of the direct clinical preventive services provided by MCHHS-PHD, (e.g., increasing or decreasing specific services) what concerns would you have regarding immunization services?

7. Do you think changes to the way immunization services are provided by MCHHS-PHD would impact any specific populations currently served by MCHHS-PHD more than others?



Sexually Transmitted Infection (STI) Services

***As a part of this assessment, Rede Group is engaging community partners and individuals in services about the availability of clinical preventive services and the effect on organizations and individuals if there was a reconfiguration of some direct clinical preventive services at MCHHS-PHD. Knowing that these conversations are happening...***

8. What would you want MCHHS-PHD leadership to know about the current status of STI services provided at MCHHS-PHD?

9. If changes were made to reconfigure some of the direct clinical preventive services provided by MCHHS-PHD, (e.g., increasing or decreasing specific services) what concerns would you have regarding STI services?

10. Do you think changes to the way STI services are provided by MCHHS-PHD would impact any specific populations currently served by MCHHS-PHD more than others?

Reproductive Health Services

***As a part of this assessment, Rede Group is engaging community partners and individuals in services about the availability of clinical preventive services and the effect on organizations and individuals if there was a reconfiguration of some direct clinical preventive services at MCHHS-PHD. Knowing that these conversations are happening...***

11. What would you want MCHHS-PHD leadership to know about the current status of reproductive health services provided at MCHHS-PHD?

12. If changes were made to reconfigure some of the direct clinical preventive services provided by MCHHS-PHD, (e.g., increasing or decreasing specific services) what concerns would you have regarding reproductive health services?

13. Do you think changes to the way reproductive health services are provided by MCHHS-PHD would impact any specific populations currently served by MCHHS-PHD more than others?

Tuberculosis Services

***As a part of this assessment, Rede Group is engaging community partners and individuals in services about the availability of clinical preventive services and the effect on organizations and individuals if there was a reconfiguration of some direct clinical preventive services at MCHHS-PHD. Knowing that these conversations are happening...***

14. What would you want MCHHS-PHD leadership to know about the current status of tuberculosis services provided at MCHHS-PHD?

15. If changes were made to reconfigure some of the direct clinical preventive services provided by MCHHS-PHD, (e.g., increasing or decreasing specific services) what concerns would you have regarding tuberculosis services?

16. Do you think changes to the way tuberculosis services are provided by MCHHS-PHD would impact any specific populations currently served by MCHHS-PHD more than others?

MCHHS Equitable Public Health Services Project - Staff Survey

\* 17. What population-based health interventions exist within the foundational public health programs that MCHHS-PHD should implement if additional funds become available?

# MCHHS Equitable Public Health Services Project - Staff Survey

Thank you for taking the time to complete this survey. A summary of findings from this assessment will be submitted to the Marion County Health & Human Services, Public Health Division later this winter. You may contact Katrina Rothenberger if you are interested in viewing the assessment results.

## Appendix F

### Marion County Equitable Public Health Services Project

#### Supporting community providers to provide vaccines: example from Spokane Regional Health District

The Spokane Regional Health District (SRHD) uses two models to assure the delivery of vaccinations in their community: Vaccine Liaison and Pack N' Go. Both of these models rely on volunteers to actually provide the vaccinations; no one in the SRHD vaccinates. SRHD requires volunteers to go through the standard volunteer process (including background check and bloodborne pathogens training), as well as an additional training specific to providing immunizations.

##### Vaccine Liaison (VL):

- SRHD Medical Officer has standing orders with Vaccine Liaisons
- VL Process
  - SRHD staff packs travel coolers with vaccines and boxes/bags of required supplies (e.g. needle tips, bandages, consent forms)
  - VL comes to SRHD and picks up vaccines and supplies and takes to the vaccine clinic site
  - VL returns supplies and consent forms to SRHD
  - SRHD staff enter consent form data into statewide vaccinations system
- This can be done for any size clinic, providing as few as one vaccine or as many as 50 a day for a week
- Examples:
  - A school nurse provides needed vaccines to students so they can remain in school
  - A behavioral health facility provides vaccines during a Hepatitis A outbreak

##### Pack N' Go:

- SRHD partners with the Medical Reserve Corps (MRC), volunteers who are trained to respond to local, regional, or national emergencies or disasters
- Pack N' Go Process
  - SRHD staff packs travel coolers with vaccines and boxes/bags of required supplies (e.g. needle tips, bandages, consent forms)
  - SRHD staff go with MRC volunteer to vaccine clinic site
  - SRHD staff collect consent forms and support MRC volunteer in providing vaccines
  - SRHD staff enter consent form data into statewide vaccinations system

## Appendix G

### Marion County Equitable Public Health Services Project

#### Sample Change Management Plan Outline

This outline provides a high-level overview of steps to consider in managing changes in the Family Planning Program. Importantly, experimentation and continuous quality improvement should happen at every stage of change management. Learning should be applied to next steps and documented for subsequent change processes.

Resources to support specific aspects of this plan are included in the following pages. Developed by Rede for the Oregon Coalition of Local Health Officials, these resources are also available at <https://orphroadmap.org/step-one/>. Included here:

- Change Management Process Tool
- Checklist: Engaging Staff in Managing Change
- Checklist: Communication Planning
- Value Proposition Canvas
- Communication Planning Template
- Awareness Desire Knowledge Ability Reinforcement (ADKAR) Tool

#### Sample Plan Outline

##### MONTH ONE

1. Create a Change Team with (minimally):
  - a. Family Planning Subject Matter Expert(s)
  - b. Communications expert(s)
  - c. MCHHS - PHD leadership
2. Determine Change Team Lead – this person will manage the change team process
3. Carefully map the current system at MCHHS – PHD for providing Family Planning Clinical Preventive Services.
4. Create a brief written statement articulating the following
  - a. The teams understanding of the authorizing environment
  - b. A decision about the frequency and length of regular team meetings (note: to meet a timeline of transitioning FP services in one year, the team will need to meet at least every other week, for 90 minutes)
  - c. How the team will document decisions
  - d. Team roles (Note: Because internal and external communication is critical to effective change processes, we recommend having a “Change Communication Lead” as a part of the change team)
5. Develop Change Statement – specifically address what will change and by when. For example, “Starting in June 2021, MCHHS – PHD will no longer provide direct clinical preventive services for Family Planning including: The following clinical preventive services will transition to being 100 percent provided by community providers: \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_,
6. Determine what services will transition to community providers. What will MCHHS - PHD’s ongoing role be in supporting the community to ensure access to culturally appropriate services?

7. Develop a detailed list of who will be affected by this change internally and externally including: the number and names of staff affected, the approximate number of clients affected, the approximate number of community providers affected.
8. Begin developing a communication plan by mapping the communication ecosystem for internal and external communication.

## MONTH TWO

9. Create an internal communication plan.
  - a. Complete an ADKAR assessment
  - b. Use information from the ADKAR assessment to complete a value proposition canvas and communications planning template (Note: Internal communications should start with a general announcement to everyone followed closely by a more specific announcement, delivered in-person, to those who will be most affected by the change. Remember that it is not necessary to have every detail of the change plan solidified before talking to staff. Regularly scheduled updates and an open-door policy should be established and communicated.)
10. Create a Family Planning Restructuring Plan including:
  - a. A detailed description of iterative partnership development plans with Marion County providers to encourage and assist them in Oregon Reproductive Health Program certification.
  - b. Provider support tools (i.e., one-pager, training and TA options, etc.)
  - c. Methods for tracking outreach with providers and ensuring that technical assistance is proactively provided to providers seeking ORHP Certification
  - d. An overview of MCHHS - PHD standards of care (if they differ from ORHP)
11. Conceptualize notification and referral processes for current clients including adding client notification to clinical process flow for all family planning clients
12. Begin identifying roles for staff whose current positions will be significantly altered based on the transition. (Note: This can be done in consultation with affected staff)
13. Roll out internal communications
14. Begin developing the external communication plan using templates above. (Note: Communication tools for clients should be developed and tested in this step.)

## MONTH THREE

15. Continue internal communications with emphasis on how job duties may change and exploring the range of options for changes in roles
16. Continue partner development and technical support to community providers
17. Finalize external communication/client notification plan and tools; review plan with partnering community providers
18. Develop systems/tools for evaluation and data collection (e.g., client database for follow-up); Consider tracking plan for extremely high-risk clients

## MONTH FOUR

19. Launch external communication/client notification plan
20. Manage questions from community and clients
21. Continue internal communications plan; manage resistance through supportive, open communication including empowering staff to openly share concerns and engage in problem solving
22. Continue outreach and technical support with community providers
23. Begin development of evaluation plan



#### **MONTHS FIVE - SIX**

24. Continue client notification (all in-clinic encounters)
25. Refine operations plan for transitioning services with input from staff
26. Continue outreach and technical support with community providers
27. Continue external communications plan with community specific outreach to gather community questions
28. Continue client notification (all in-clinic encounters)
29. Continue internal communication plan
30. Finalize evaluation plan

#### **MONTHS SIX - ELEVEN**

31. Continue outreach and technical support with community providers
32. Continue refining operations plan with emphasis on referral resources and process flows
33. Continue client notification (all in-clinic encounters - begin referrals where possible)
34. Continue external communications plan

#### **MONTH TWELVE**

36. Transition services
37. Continue internal communication with emphasis on celebrating success
38. Provide technical assistance to community providers

#### **MONTH THIRTEEN**

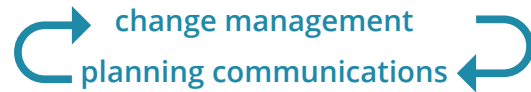
39. Support community providers as needed or planned
40. Launch evaluation

## 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.

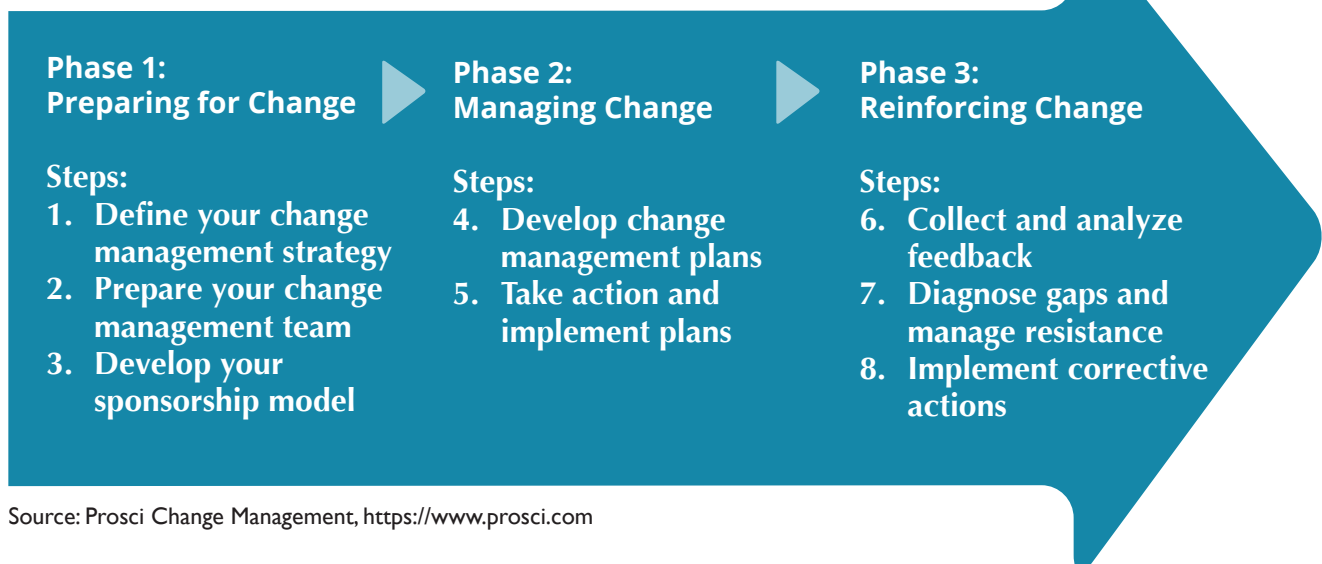


**Critical Strategy 2: Change management & Critical Strategy 3: Plan communications should be implemented concurrently**

### 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



Source: Prosci Change Management, <https://www.prosci.com>

## Change Management Elements

### 1. Readiness Assessments

Assessments are tools used by a change management team or project leader to assess an organization's or a group of stakeholders' readiness to change. Readiness assessments can include organizational assessments, employee assessments, community health assessments, health equity assessments, and epidemiological data. Each assessment tool provides the project team with insights into the challenges and opportunities they may face during the change process. During the assessment, you will:

#### Assess the scope of the change:

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

#### Assess the readiness of the organization impacted by the change:

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

You will also need to assess the strengths of your change management team and change champions, then take the first steps to enable them to effectively lead the change process.

### 2. Communication and Communication Planning

Many managers or project leaders assume that if they communicate clearly with public health stakeholders one time, including employees and community partners, their job is done. However, there are many reasons why stakeholders may not hear or understand what their project leaders are saying the first time around. According to experts, messages need to be repeated five to seven times before they are cemented into the minds of employees and partners.

There are **three components** of effective communication that effective communicators carefully consider:

1. The audience
2. What is communicated
3. When it is communicated

To apply this to change management, the first step in managing change is building awareness around

the need for change and creating a desire among stakeholders. Therefore, initial communications are typically designed to create awareness around the business reasons for change and the risk of not changing. Likewise, at each step in the process, communications should be designed to share the right messages at the right time.

Communication planning begins with a careful analysis of the audiences, key messages, and the timing of those messages. The change management team or project leaders must design a communication plan that addresses the needs of frontline employees, supervisors, and executives. Each audience has particular needs for information based on their role in the implementation of the change. In Public Health Modernization, audiences could include public health stakeholders such as: employees, decision-makers, and community partners.

### 3. Champion Activities

Public health leaders play a critical role in times of change. The change management team must develop a plan for champion activities and help key leaders carry out these plans. Research shows having champions is the most important success factor.

It's important to **avoid confusing the notion of champions with supporters**. The executive director of a partnering organization may support your project, but that is not the same as championing your initiative. Champions take on active and visible participation by senior leaders throughout the process, building a coalition of support among other leaders, and communicating directly with all stakeholders. A change manager or project leader's role includes helping senior leaders do the right things to champion the project.

### 4. Change Management Training for Managers

Leaders (managers, supervisors, etc.) play a key role in managing change. These leaders are very influential in motivating individuals to change. Unfortunately, leaders can be the most difficult group to convince of the need for change and can be a source of resistance. It is vital for the change management team and executive sponsors to gain the support of leaders. Individual change management activities should be used to help these managers through the change process.

Once leaders are on board, the change management team must prepare a strategy to equip them to successfully coach their team through the change. They will need to provide training and guidance, including how to use individual change management tools with their teams. (See Step 1, Critical Strategy 2: Change management, Checklist: Engaging Staff and Managing Change)

## 5. Training Development and Delivery

Training is the cornerstone for building knowledge about the change and the required skills to succeed in the future state. Ensuring impacted people receive the training they need at the appropriate time is a primary function of change management. This means training should only be delivered after steps have been taken to ensure impacted employees have the awareness of the need for change and desire to support the change. Change management and project team members will develop training requirements based on the skills, knowledge, and behaviors necessary to implement the change. These training requirements will be the starting point for the training group or the project team to develop and deliver training programs. The change management tools in the CLHO Public Health Modernization Roadmap provide public health leaders with the knowledge necessary to engage in Public Health Modernization.

## 6. Resistance Management

Resistance management refers to the processes used by managers and supervisors with the support of the change team to manage employee resistance. Resistance from employees and partners is normal and can be proactively addressed. Persistent resistance, however, can threaten a project. The change management team needs to identify, understand and help leaders manage resistance throughout the organization.

## 7. Stakeholder Feedback and Corrective Action

Managing change is not a one-way street; the involvement of stakeholders, like employees and community partners, is a necessary and integral part of managing change. Feedback from stakeholders as a change is being implemented is a key element of the change management process. Change managers can analyze feedback and implement a corrective action based on this feedback to ensure full adoption of the changes.

## 8. Celebrating and Recognizing Success

Early adoption, successes and long-term wins must be recognized and celebrated. Individual and group recognition is a necessary component of change management in order to cement and reinforce the change in the organization. Continued adoption needs to be monitored to ensure stakeholders do not slip back into their old ways of working.

## 9. After-Project Review

The final step in the change management process is the after-action review. It is at this point that you can stand back from the entire program, evaluate successes and failures, and identify process changes for the next project. This is part of the ongoing, continuous improvement of change management for your organization and ultimately leads to change competency.

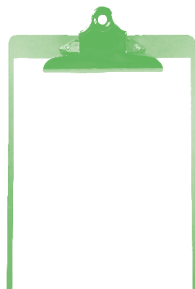
*These elements comprise the areas or components of a change management program. Along with the change management process, they create a system for managing change. Successful project managers apply these components effectively to ensure project success, avoid the loss of valued stakeholders and enhance positive outcomes for the public health system.*

### Resources:

1. State of California, Organizational Change Management Readiness Guide. 2014. Retrieved from: <https://cdt.ca.gov/wp-content/uploads/2017/02/OCM-Readiness-Guide.pdf>
2. Prosci Change Management <https://www.prosci.com/>



# 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:

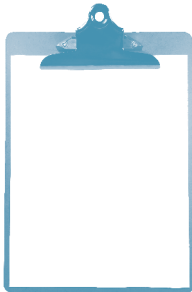
- Takes into consideration staff values
- Targets different groups of staff (i.e. frontline staff, management, etc.)
- Builds awareness around the need for public health modernization and the risks of not engaging in change (first)
- Shares specific details about change plans in an open and honest way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

# Checklist: 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 the program/project you are proposing

Define your audiences

Using the Value Proposition Canvas, define your value proposition for each audience

Align your proposed program with the values of your audiences

Demonstrate your proposal's value to each audience

Identify clear next steps for your audience

Specify the benefit they will get from taking the next step

Establish a clear call to action

Clearly define your messages

Determine the most persuasive messenger

Set your communication calendar with follow ups

Start your campaign!



## Appendix K

# 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 Objective:**

If this plan is successful, my audiences will:

Believe:

Understand:

Do:



**Audience & Value Proposition:** Input your targeted audiences and value proposition statements (from the “Value Proposition Canvas,” Step 1, Critical Strategy).

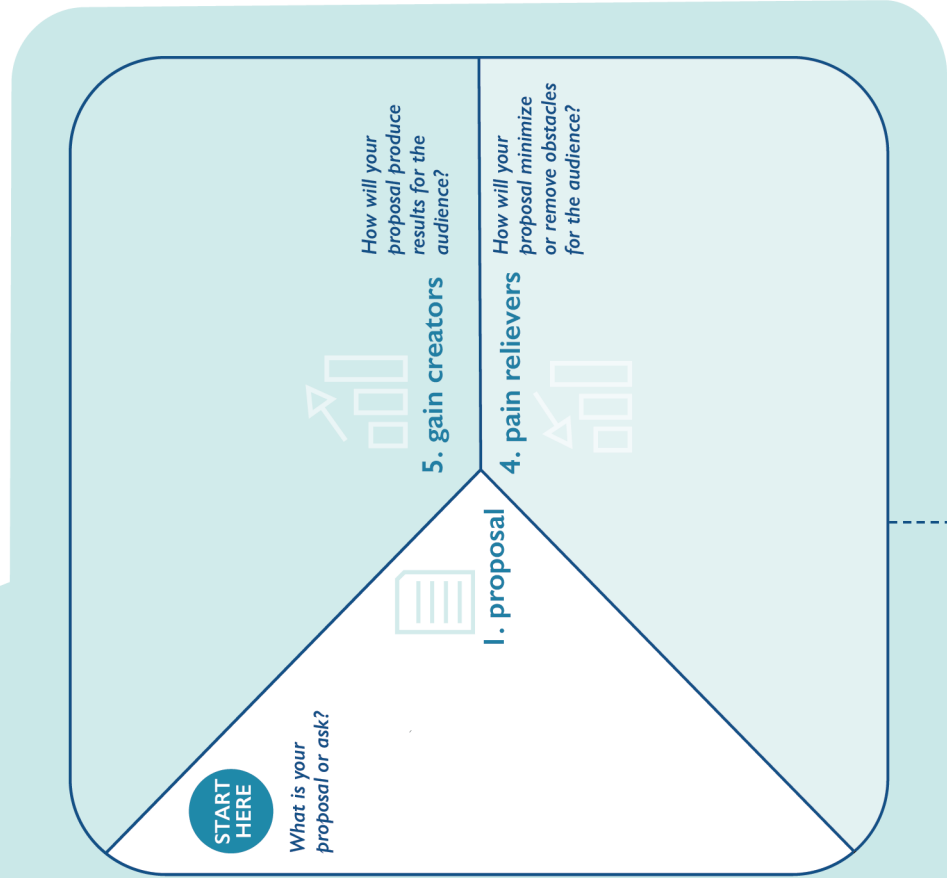
**Message (story):** Carefully consider each message/story that you will use to motivate your audiences to support your program/project. Messages must be based on how your proposed program/project provides value to your audience and they must tie into your communication objectives. Messages can build on value proposition statements to include more persuasive language and narrative.

<p><b>Audience</b></p>	<p><b>Value Proposition:</b></p>	<p><b>Message:</b></p>	<p><b>Date:</b></p>
<p><b>Audience</b></p>	<p><b>Value Proposition:</b></p>	<p><b>Message:</b></p>	<p><b>Date:</b></p>
<p><b>Audience</b></p>	<p><b>Value Proposition:</b></p>	<p><b>Message:</b></p>	<p><b>Date:</b></p>

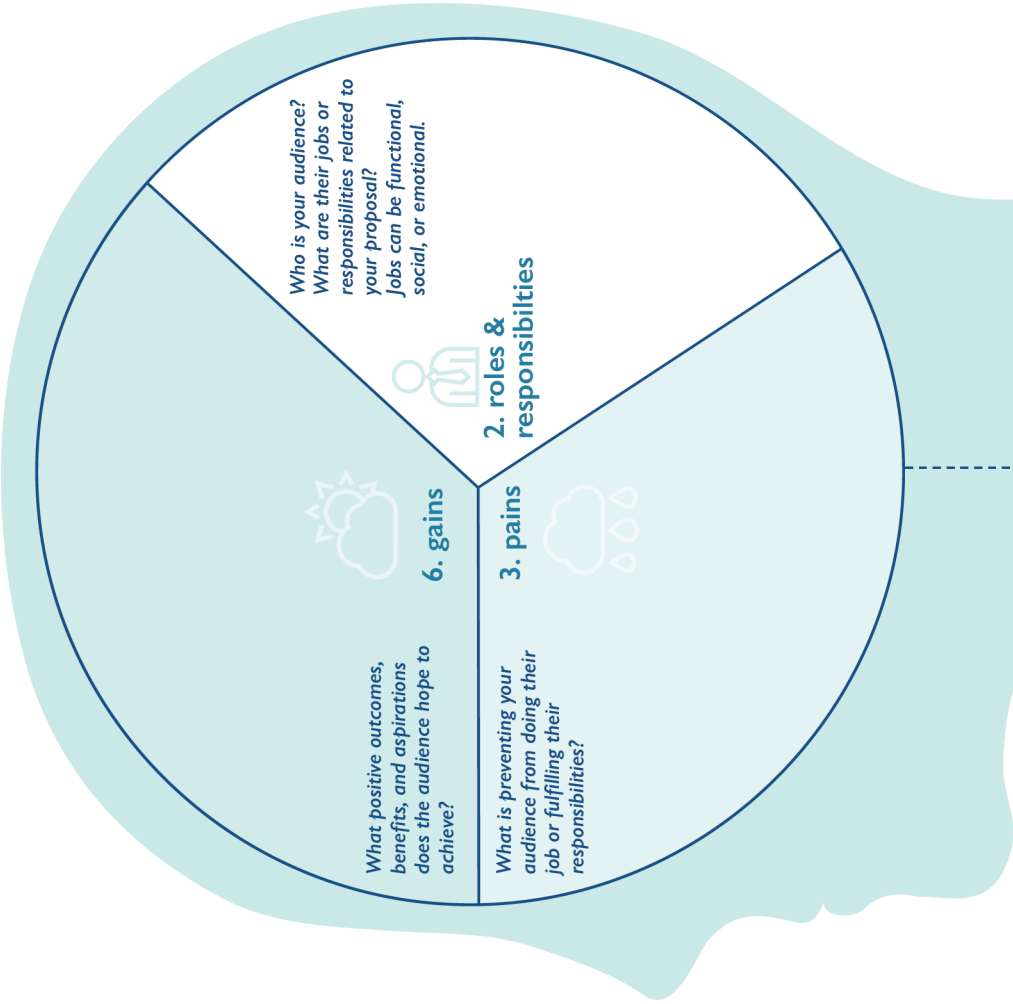


See reverse side for detailed instructions

### Value Map



### Audience Map



7. value proposition:



END  
HERE





## Value Proposition Canvas Tool

### About the Value Proposition Canvas Tool

Originally created by Alexander Osterwalder, the Value Proposition Canvas is both a process to determine whether your proposed project/program provides enough value to your audience for them to use it above alternatives and a tool to define and communicate the specific value that your proposal offers to various audiences. **It is important to define the value that public health modernization projects and programs can bring to community partners.** After completing the value proposition canvas, work through the *Communication Planning Template* (Step 1, Critical Strategy 3) to identify key messages that will be used with each of your audiences.

### Applying the Tool

When using the Value Proposition Canvas, follow the suggested sequence depicted in the graphic. Please note that this process is iterative, and may require a non-linear approach.

#### Step 1: Proposal

Describe the program/project including what it is, how it is implemented, and what you're asking of the audience



#### Step 2: Roles & Responsibilities

Outline roles and responsibilities of your audience. What are they responsible for achieving within their jobs or positions?



#### Step 3: Pains

What prevents the audience from fulfilling their responsibilities? (e.g. resources, fears, or capacity)



#### Step 4: Pain Relievers

How does the proposal address the fears and limitations of the audience?



#### Step 5: Gain Creators

Describe the specific benefits of your proposal. What benefits and results will your proposal produce?



#### Step 6: Gains

What does the audience want/need to achieve the responsibilities within their roles?



#### Step 7: Value Proposition

Synthesize the information on both maps to articulate the proposed value that your program/project brings to the target audience

#### Step 8: Reflect

Does your proposal provide enough value to your audience for them to pursue it above other alternatives, one of which is doing nothing? If it **does**, proceed to the *Communication Planning Template*. If it **does not** provide significant value, consider modifying your proposal to better address the pains and gains of your target audience.

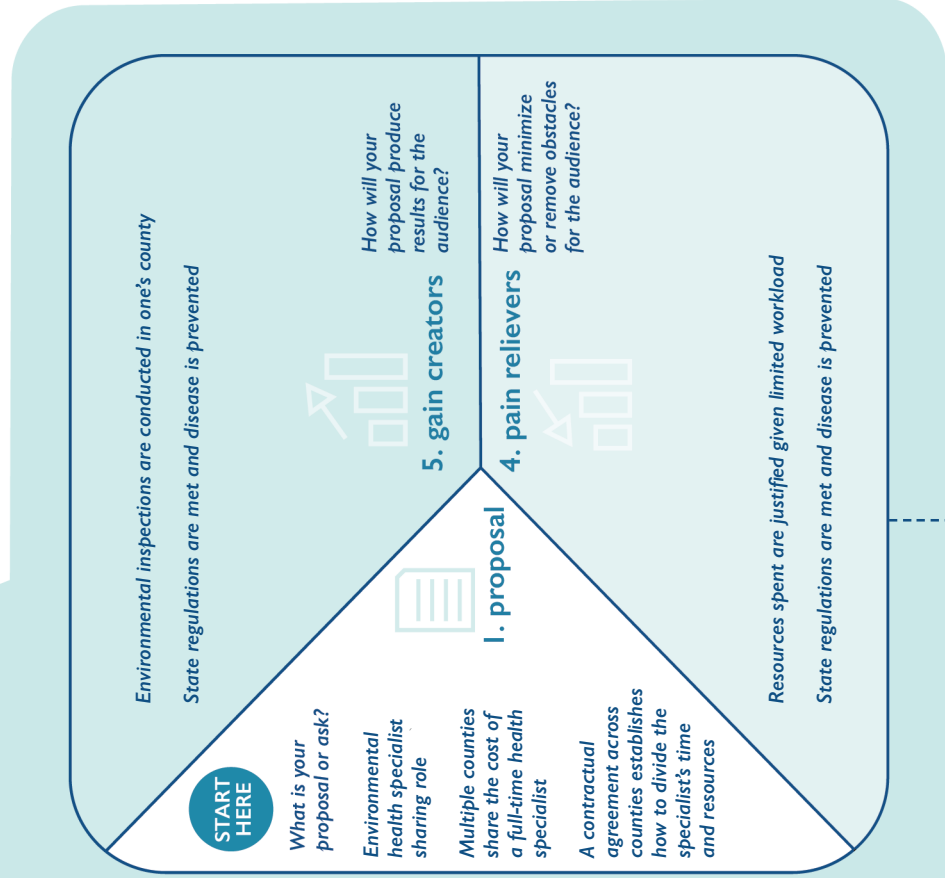


# Value Proposition Canvas

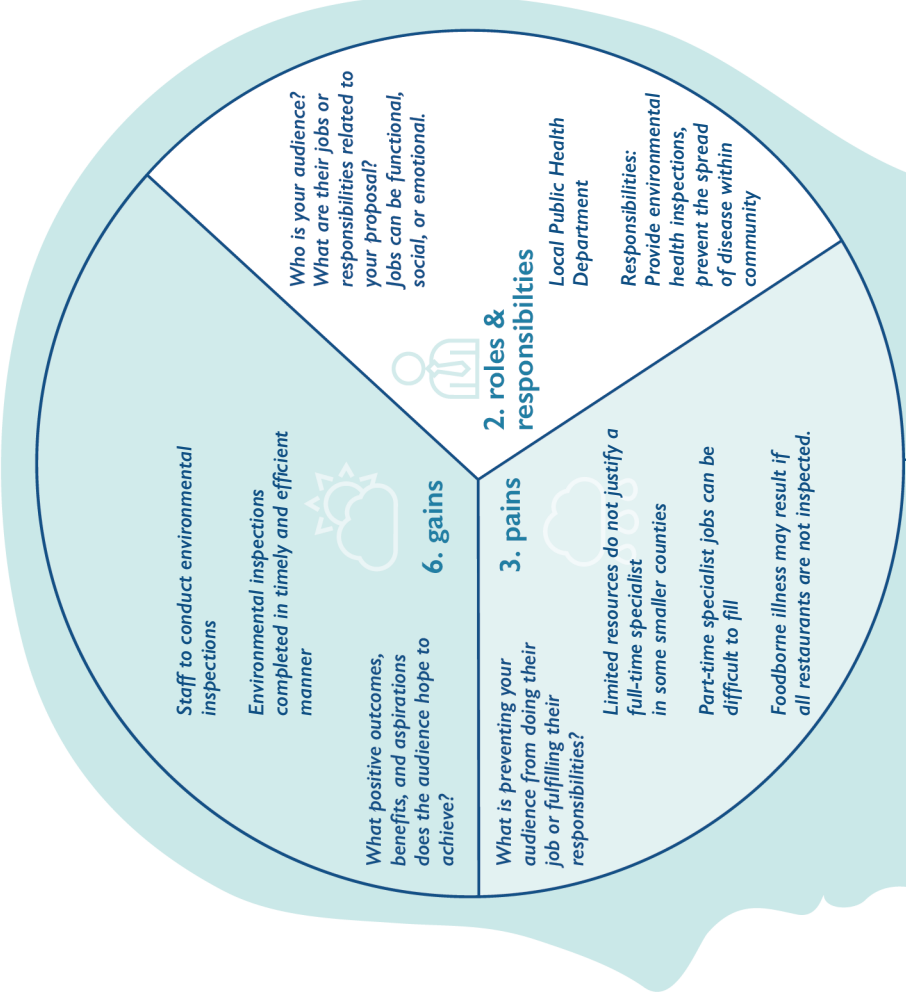
See reverse side for detailed instructions

Example: Demonstrating the Value of Sharing an Environmental Health Specialist

## Value Map



## Audience Map



**7. value proposition:** Sharing an environmental health specialist will allow the local health departments to meet state regulations by conducting inspections in their community, prevent disease in the community, and use resources efficiently within their department.

**END HERE**

## Appendix M



### Individual/Organization Change Management: Awareness Desire Knowledge Ability Reinforcement (ADKAR)

*Adapted from Prosci Change Management, [prosci.com](http://prosci.com)*

The ADKAR Tool is a resource to guide individuals, teams, and organizations through change. The acronym, ADKAR, stands for five elements that can be used to determine readiness for, and to help bring about, change. These characteristics are: **A**wareness, **D**esire, **K**nowledge, **A**bility and **R**einforcement.

#### **How to use the ADKAR Tool:**

To use the ADKAR Tool, complete the blank template on the next two pages. The template can be used for individuals, teams, or entire groups of staff to determine. Usually a supervisor or team leader will work with individuals, teams, or organizations to complete the template.

1. Begin by clearly defining the change that is occurring. Provide as much detail as possible when describing the change, as this will be helpful when completing the next steps in the template.
2. Work with the individual or group to identify their understanding of the change according to the five ADKAR elements. After doing so, score the individual, team, or organization as instructed in the template.
3. Apply the results of the scoring process by addressing the areas with the lowest ratings as instructed in the final page of the template.



**What is the change?**

Describe the change that is occurring in detail. Who is the involved? What are the main elements of change occurring? When is this change happening?

<p><b>A</b> Awareness of the need for change</p> <p>Notes:</p>	<p>Score</p>	<p><b>Awareness</b> List the reasons you believe the change is necessary. Review these reasons and rate the degree to which this person/team/organization is aware of them, or the need to change. (1 is no awareness, 5 is total awareness)</p>
<p><b>D</b> Desire to make the change happen</p> <p>Notes:</p>	<p>Score</p>	<p><b>Desire</b> List the factors or consequences (good and bad) that create a desire for this change. Rate the person's/team's/organization's desire to change, taking into consideration any associated consequences. (1 is no desire to change, 5 is strong desire)</p>
<p><b>K</b> Knowledge about how to change</p> <p>Notes:</p>	<p>Score</p>	<p><b>Knowledge</b> List the skills and knowledge needed to support the change, including if the person/team/organization has the clear picture of what the change looks like. Rate this person's/team's/organization's knowledge/level of training in these areas. (1 is no knowledge, 5 is highly knowledgeable)</p>
<p><b>A</b> Ability to change</p> <p>Notes:</p>	<p>Score</p>	<p><b>Ability</b> Consider the skills and knowledge identified in the previous questions, evaluate the person's/team's/organization's ability to perform these skills or act on this knowledge. Rate the person's/team's/organization's ability to implement the new skills, knowledge, and behaviors to support the change. (1 is no ability, 5 is very able)</p>
<p><b>R</b> Reinforcement to retain change</p> <p>Notes:</p>	<p>Score</p>	<p><b>Reinforcement</b> List the reinforcements that will help to retain the change. Are the incentives in place to reinforce the change and make it stick? Rate the reinforcements and how they help support the change. (1 is not helpful, 5 is very helpful)</p>



### Applying the ADKAR Assessment Results

Identify the first area that scored 3 or below. This is your “barrier point” and what needs to be addressed first. By addressing the first area with a low score, you will positively impact all the goals that follow.

#### Actionable Steps:



#### **If awareness is needed:**

Discuss and explore the reasons and benefits for this change. Discuss the risks of not changing and why the change needs to happen now.



#### **If more desire is needed:**

To move this person/team/organization forward, you must understand and address their inherent desire to change (which may stem from negative or positive consequences). These motivating factors have to be great enough to overcome the personal threshold of the person/team/organization to resisting the change.



#### **If more knowledge is needed:**

Avoid dwelling on reasons for change and motivating factors, as this is unnecessary and could be discouraging. Focus now on education and training for the skills and behaviors necessary to move forward.



#### **If more ability is needed:**

First, time is needed to develop new abilities and behaviors, and this person/team/organization simply may need more time to develop new skills with proficiency. Second, ongoing coaching and support could be required - consider outside intervention, continued support, and mentoring.



#### **If more reinforcement is needed:**

Investigate if the necessary elements are present to keep the person/team/organization from reverting to old behaviors. Address the incentives or consequences for not continuing to act in the new way and re-visit the knowledge and ability milestones. It may be that more training and education is needed as processes develop and evolve.

Source: Prosci Change Management, [prosci.com](http://prosci.com)