

Public Health Advisory Board (PHAB)

February 15, 2018

Draft Meeting Minutes

Attendance:

Board members present: Carrie Brogoitti, Muriel DeLaVergne-Brown, Jennifer Vines, Alejandro Queral, Rebecca Pawlak, Jeff Luck, Bob Dannenhoffer, Eli Schwartz, Teri Thalhofer, Tricia Mortell, Kelle Adamek-Little, Katrina Hedberg, Akiko Saito, David Bangsberg, Eva Rippeteau

Oregon Health Authority (OHA) staff: Cara Biddlecom, Sara Beaudrault, Julia Hakes, Myde Boles, Joey Razzano

Members of the public: Renee Sells (OHSU), Joanna Cintora (OHSU)

Approval of Minutes

A quorum was present. The Board moved to approve the January 18 minutes with all in favor.

Welcome and updates

-Rebecca Pawlak, PHAB Chair

Rebecca outlined the three actions that the PHAB will take today: adopt the public health funding principles, adopt public health modernization implementation priorities for the 2019-21 biennium, and adopt the CCO 2.0 recommendations that were discussed during the last two PHAB meetings.

Rebecca made a few public health modernization announcements: since December, OHA and local public health authorities have been working to implement the public health modernization general fund investment and as a part of this work have also begun to brief legislators about the new general fund investment going into their communities. Many of the local projects have kicked off and hired core staff. Legislative briefings held to date have all gone well.

Rebecca and Cara gave an update about the 2018 short legislative session. Some of the significant public health priorities that are being discussed are air quality, opiates, and maternal mortality. There continue to be discussions about changes to CCOs as a continuation from the 2017 session. David asked about more specific legislative updates. Cara shared that [HB 4018](#) just passed out of the House Interim Committee on Health Care on 2/14. HB4018 establishes meeting requirements for governing bodies of CCOs and adds new requirements and clarifications for CCOs contracting with OHA and other entities.

Incentives and Funding subcommittee update

-Jeff Luck, PHAB member



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Jeff went over [the proposed funding principles for the public health system](#) for the PHAB's review.

Principle number one: Tricia shared that CLHO recommended inserting language that public health and preventive services are available. Alejandro asked if this principle is meant to include the entire public health system. Cara said yes and stated that this clarification was added to the introductory paragraph.

Principle number two: Eli asked how this principle relates to local public health authority [Program Elements](#). Cara answered that the PHAB funding principles apply to the entire public health system whereas current Program Elements operate program by program. Eli asked if there is any discussion about how Program Elements relate to public health modernization. Cara answered that the program element template has been redesigned to align with public health modernization and the new format will be effective in contracts as of July 1, 2018.

Principle number three: No changes or comments.

Principle number four: Katrina recommended replacing or removing the word innovative. Katrina expressed her concern that innovation does not always mean the focus is on data and evidence-based practice. Teri stated that there is no evidence that regional work is more efficient and recommended replacing innovative with cross-jurisdictional.

Principle number five: Tricia shared that CLHO recommended changing the principle to "Align public health work and funding to coordinate resources with health care, education and other sectors to achieve health outcomes."

Principle number six: David recommended changing the word recognize to acknowledge.

Principle number seven: Katrina asked how this principle is operationalized. Tricia answered that not all programs are transparent about local and state funding.

Bob made a motion to adopt the funding principles with amendments.

Carrie, Muriel, Alejandro, Rebecca, Jeff, Bob, Tricia, Teri, Kelle, Akiko, Jennifer, and Eva were in favor of adopting the funding principles with amendments. Eli abstained.

2019-21 public health modernization priorities

-Cara Biddlecom, OHA

Cara reviewed the 2019-21 public health modernization priorities with the PHAB. This is a duty of the Public Health Advisory Board per ORS 431.123(3): *Make recommendations to the Oregon Health Policy Board on the establishment of the foundational capabilities under ORS 431.131,*



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the foundational programs under ORS 431.141 and OAR 333-014-0560(3): The Authority will consult with PHAB, as necessary, on priorities for foundational programs in ORS 431.141 and foundational capabilities in ORS 431.131.

OHA will need to spend the coming months developing a budget request for the 2019-21 implementation of public health modernization. The actual budget request is an internal OHA process but OHA is requesting PHAB input early on per the OAR and ORS requirement above. The timeline for development will be as follows:

- February 2018: PHAB determines priority foundational capabilities and programs to implement during the 2019-21 biennium.
- March-April 2018: OHA works with CLHO to prioritize work within the PHAB's selected foundational capabilities and programs, using the Public Health Modernization Manual.
- April-May 2018: The Public Health Division develops the policy option package and submits it to OHA for review and possible approval.
- August 2018: OHA releases its 2019-21 Agency Request Budget.
- December 2018: The Governor releases the Governor's Recommended Budget in preparation for the 2019-21 legislative session.
- February-June 2019: The legislature develops the 2019-21 balanced budget.

Cara walked through guiding documents for the discussion:

- [Summary findings from the 2016 statewide public health modernization assessment](#)
- [Proposed phases for implementation of public health modernization](#) which were originally determined by PHAB in Spring 2016 and included in the 2016 Statewide Public Health Modernization Plan
- [The funding level pyramid used by PHAB in 2017](#) to determine where to allocate funds at different levels in the 2019-21 biennium

Cara asked the PHAB to determine:

- If any changes need to be made to the phases
- What to prioritize for the next biennium given that the focus for the current biennium is limited to a portion of communicable disease control, health equity and cultural responsiveness, and assessment and epidemiology

Eli asked if emergency preparedness and response is federally funded. Akiko answered that there are federal funds for emergency preparedness, but gaps exist in implementation of this foundational capability per the 2016 public health modernization assessment. Rebecca noted that there is some alignment between the Governor's priorities and phase 1 of public health modernization. David agreed and cited the letter Governor Brown wrote to the Health Policy Board encouraging CCO 2.0 to focus on the social determinants of health and health equity.

Teri noted that the first phase was not fully funded. Eli asked if PHAB is proposing a dollar amount. Rebecca clarified that the PHAB's role is advisory and it is up to the determination of the agency to ask for a specific dollar amount. David asked if it is the PHAB's prerogative to say that public health modernization is not viable based on current funding. Katrina clarified that public health modernization is more than just funding: it is a framework.

Akiko made a motion to recommend to stay in phase one of public health modernization for 2019-2021. All in favor.

Public health accountability metrics report

-Myde Boles, OHA

Myde reviewed [the Public Health Accountability Metrics: Baseline Report](#).

Eli requested a place where all acronyms are listed, preferably in each graph.

Bob noted the urban/rural divide related to the active transit metric, citing that some counties have no public transit or have no existing active transportation partner governing or leadership boards. Bob also recommended that OHA be mindful that for some metrics higher is better and for others lower is better.

Bob emphasized that OHA be very sensitive to very small counties with accountability metrics. Jen shared that the state of Washington approached the urban/rural divide by creating a different set of accountability metrics for King County. Cara answered that this is important to consider should the PHD incentivize unfunded work.

Local public health authority actual expenditures report summary

-Joey Razzano, OHA

Joey shared [Local Public Health Authority expenditure data for fiscal year 2017](#).

Tricia and Eli asked for more clarification on what is included in administrative/other expenditures. Bob earmarked the administrative/other expenditures as a future item to be discussed at CLHO. Joey said the PHD is developing more guidance for the administrative expense category for next year. Teri expressed concern over the potential administrative burden on LPHAs if they must break out staff time even further.

Alejandro highlighted the disparity in the [per capital total LPHA expenditures](#). He asked what the right balance of funding would be and how the PHAB can incentivize county boards to fund the local public health system. Bob noted that the PHAB needs to consider how matching funding could harm counties and could grow the disparity. Teri said PHAB needs to acknowledge that there are no county general funds in some counties. Cara asked the PHAB if

in-kind expenditures should be incentivized. David made the point that if the PHAB was examining the expenditures with an equity lens, counties with less would receive more funding. Jen asked if OHA has considered looking at similar counties in size beyond state lines.

Eli asked how these expenditures connect to [summary findings from the 2016 statewide public health modernization assessment](#). Cara reminded PHAB members that local public health authorities did not want to be identified in the assessment report. Bob answered that some counties only have 2.0 FTE running all public health programs.

CCO 2.0 recommendations

Cara Biddlecom, OHA

Cara reviewed [the draft Public Health Advisory Board Initial CCO 2.0 Recommendations](#).

Bob provided feedback from CLHO:

- Add “shared” to number six to ensure state health improvement plan implementation is the same in number five.
- CLHO also discussed that CCOs invest one percent of revenue but this has not been decided.

Alejandro asked that the PHAB incorporate a baseline investment based on CCO savings. Katrina said that the funding piece is not entirely clear and asked the PHAB if we should look for a simpler solution. Rebecca clarified that the overall concepts of the recommendations are what are important and not the exact language. Rebecca shared that what success would look like to her in this process would be to see the PHAB’s recommendations in the work plans going to the Oregon Health Policy Board for review and approval in March, not necessarily this exact document.

Jen said she would like to see population health instead of fee-for-service in number three.

Eli made a motion to approve the recommendations and send them to the Oregon Health Policy Board. All in favor.

Public Comment Period

No public testimony was provided.

Closing

The meeting was adjourned.

The next Public Health Advisory Board meeting will be held on:



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**March 15, 2018
2-5 PM
Portland State Office Building
800 NE Oregon St Room 1E
Portland, OR 97232**

If you would like these minutes in an alternate format or for copies of handouts referenced in these minutes please contact Julia Hakes at (971) 673-2296 or Julia.a.hakes@state.or.us. For more information and meeting recordings please visit the website: healthoregon.org/phab

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