

Public Health Advisory Board (PHAB)
July 20, 2017
Meeting Minutes

Attendance:

Board members present: Carrie Brogoitti, Muriel DeLaVergne-Brown, Jeff Luck, Safina Koreishi, Katrina Hedberg, Alejandro Queral, Teri Thalhofer, and Tricia Tillman

Oregon Health Authority (OHA) staff: Isabelle Barbour, Sara Beaudrault, Cara Biddlecom, Danna Drum, Christy Hudson, Britt Parrott, and Angela Rowland

Guests: Kathleen Johnson

Approval of Minutes

A quorum was not present. The Board could not approve the June 15, 2017 minutes.

Welcome and updates

-Jeff Luck, PHAB chair

- Diane Hoover has left her position as public health administrator in Josephine County and has since resigned from the Board.
- HB2310 requires a tribal representative as a PHAB member.
- Both Board positions will be filled soon.
- State Health Assessment steering committee met on July 12. The Health Status Assessment subcommittee will be reviewing quantitative data and the Themes and Strengths Assessment subcommittee will be reviewing qualitative data. Community listening sessions will be scheduled across the state in October.
- Wallowa County had an administrator resign and appointed a new one. They are partnering with a clinic in the community to provide direct services. WIC will no longer be provided by the health department, as Head Start will take over that role.
- Lake County is moving forward to contract their public health services with the hospital. Josephine County might change the way public health services will be delivered as well.
- Staffing and budget situations at the local level are moving quickly. Future local health department transitions will be shared with the Board via email.

AIMHI grant update

-Kathleen Johnson, Coalition of Local Health Officials (CLHO)

Today is Kathleen's last day with CLHO. She is moving to Washington County Public Health in non-regulatory environmental health.



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Kathleen provided an overview of the Aligning Innovative Models for Health Improvement (AIMHI) meeting findings. These ten meetings were held across the state with 453 attendees from a wide array of sectors.

Since funding was noted but not the focus of the AIMHI meeting discussions, the data showed that change management was the biggest challenge for implementing modernization. Other challenges to note were resources, politics and culture, and workforce capacity.

Opportunities for cross-jurisdictional sharing were identified for assessment and epidemiology, leadership and organizational competencies, and communications. The maps of current cross-jurisdictional sharing arrangements by foundational programs and capabilities across the state were discussed.

Kathleen reviewed the Public Health National Center for Innovation (PHNCI) Oregon 2017 public opinion polling data, which provided information on voter perceptions about public health departments. Respondents thought that supporting women's and children's health, preventing communicable disease, and public health emergency response were most the most important public health services. They also want to ensure that every community in Oregon receives public health services and agreed that this should be a government priority. Respondents were equally divided on whether they consider direct public health services or protecting the entire population from threats to be more important. Polling information can be used as we continue to develop communications strategies for understanding and perceived value of public health.

The next steps for the AIMHI grant will involve developing a public health modernization roadmap (to debut at the CLHO retreat in September), providing technical assistance to LPHAs and ongoing communications work.

Tricia asked what percentage of voters were unaware of what public health does. Kathleen will look at the data.

Action Item: The polling reports and AIMHI report will be sent to Board members.

State Health Improvement Plan (SHIP)

Suicide Prevention

-Lisa Millet, Injury and Violence Prevention Program

The SHIP priority targets for suicide are to decrease the rate of suicide, suicide attempts, and emergency department visits for suicide attempts. The successes for suicide prevention in Oregon include the establishment of a data dashboard which provides interactive suicide data by county; helping CCOs to meet benchmarks for depression screening; passage of Senate Bill 48 related to suicide training for health professionals; and the expansion of the Zero Suicide



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Initiative. The Zero Suicide Initiative is a commitment to suicide prevention in health care and behavioral health systems and includes a specific set of strategies and tools. The challenges for suicide prevention are access to complete data, the ability to ensure community implementation of services to promote safe and nurturing environments, and tackling the disparities that exist, especially among veterans.

Tricia asked whether information about suicide risk among veterans is available by race and ethnicity, and what culturally specific interventions the program is doing. Lisa has Oregon military data regarding race and ethnicity and the Department of Veterans Affairs has a few culturally-specific interventions. Tricia asked about belongingness and what data are available for suicide by law enforcement in the African American community.

Safina asked if there is ability link suicide data to substance use data. Lisa commented that these conversations are happening. Safina encourages the state to look into the Adverse Childhood Experiences (ACEs) interventions.

Teri commented that at the local level suicide prevention may sit within the behavioral health department. The level of involvement of local public health and behavioral health on suicide prevention varies across the state and could benefit from closer collaboration.

Jeff asked among completed suicides, how many individuals had sought mental health assistance within the past two to three weeks. Lisa stated 30-40 percent.

Safina inquired if the data dashboard lists the county of residence or location where the suicide occurred. Lisa answered that it is the county of residence.

Oral Health

-Cate Wilcox, Maternal Child Health Section Manager

-Bruce Austin, State Dental Director

-Amy Umphlett, Oral Health Unit

The SHIP priority targets are third graders with cavities in permanent teeth; adolescents who have had one or more cavities; and prevalence of older adults who have lost all their natural teeth. Successes include expansion of school oral health services statewide and an oral health focus in the Maternal & Child Health Title V Block Grant. In addition, oral health integration work is happening across the Oregon Health Authority through a community water fluoridation workgroup, monthly OHA oral health team meetings, and OHA oral health work plan and evaluation plan that aligns with the SHIP. Some challenges include attempts to roll back community water fluoridation, limited staff capacity, and insufficient funding to focus on adult and senior oral health care issues.

The Dental Pilot Projects were created through statute to help train advanced practice dental hygienists across the state. The REAL+D questionnaire for schools in 2017-18 school year only reaches 20-25 schools. The school dental sealant program has been developed to certify local school dental sealant programs. The program is offered to all students regardless of insurance status. It has been difficult to get schools to participate in Smile and Healthy Growth surveys.

The oral health staff asked for advice from the PHAB on how to keep making improvements when benefits decrease.

Cate asked about the intent of PHAB's accountability measure on dental visits for children 0-5. Eli was a strong advocate for the measure since there wasn't any other oral health metrics chosen. Safina said it is important from the systems perspective since children should see a dentist by their first year.

The presenters also asked the PHAB how to address water fluoridation in Oregon. Teri stated that dentists may not come forward until there is a problem. There are also silos between primary care, pediatric and dental providers.

Tricia applauded the workforce development work happening. She recommended building community trust to help move this work along in fluoridation. She inquired about what successes there have been with CCOs. The statewide dental sealant program has operated through general funds since 2007, serving 150 schools. Once the CCO dental sealant measure came on board, programs were developed to operate in schools. OHA is shifting their role to assurance but more schools are being served. Tricia stated that some initial work on REAL+D was related to working with school districts that collect data.

Guiding Principles for Public Health and Health Care Collaboration

This agenda item was slated for a later meeting.

Subcommittee updates

-Incentives and funding subcommittee July 11, 2017

The subcommittee discussed using general fund investment for local public health authorities in a two track funding award. This approach received general approval from the subcommittee.

- **Track 1** Funding on communicable disease control and reducing health disparities with regional partnerships
- **Track 2** Capacity building

CLHO would like more outcomes driven in track 2 with more flexibility to align with the local need. There was an overall consensus with this model.



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Katrina asked why health disparities and communicable disease control is not separated. Cara stated that the subcommittee felt since this will be a small initial investment, it would be best to combine them by using data within each jurisdiction for targeting those communicable disease issues and where disparities exist.

Katrina asked which specific communicable diseases is the state looking to improve. Teri stated there was a discussion at CLHO and under Collette Young's advice not to pick just one disease for the entire public health system. This will allow local public health authorities to focus on individual needs while building a communicable disease control system that will work for any disease they encounter in the future.

Track 2 is focused on counties ready to implement public health modernization but are in need of partners. If no one applies for track 2 then all funds go to track 1. And in reverse, if many counties apply for track 2, possibly more money could go to track 2. Carrie commented that there is a need to go to legislature to show how investment makes outcomes.

Public Health Modernization implementation updates

Public Health Modernization Timeline:

- July - PHAB and JLT funding concept developed
- August - OHA finalizes RFP
- September - RFP released
- October - proposals submitted
- November - notices to award issued
- December - finalize contracts
- January 2018 - funds allocated

Action item: Provide a brief email highlighting this discussion.

Cara noted the successes so far include that HB2310 passed unanimously in both chambers and the legislature made a \$5M initial investment in public health modernization.

Public Comment Period

No public testimony was provided.

Closing

The meeting was adjourned.

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

September 5, 2017
1pm – 4pm



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**Portland State Office Building
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