Public Health Advisory Board (PHAB)
August 18, 2016
Portland, OR
Meeting Minutes

Attendance:

Board members present: Carrie Brogoitti (by phone), Muriel DeLaVergne-Brown, Silas Halloran-Steiner (by phone), Katrina Hedberg, Prashanti Kaveti (by phone), Safina Koreish, Jeff Luck, Alejandro Queral, Eva Rippeteau, Akiko Saito, Eli Schwarz, Lillian Shirley, Teri Thalhofer (by phone), Tricia Tillman, and Jennifer Vines

Oregon Health Authority -Public Health Division staff: Sara Beaudrault, Cara Biddlecom, Angela Rowland

Members of the public: Morgan Cowling, Coalition of Local Health Officials, Charlie Fautin, Coalition of Local Health Officials, and Stacy Michaelson, Area of Counties

Changes to the Agenda & Announcements

There were no changes to the agenda.

Myde Boles and David Solet presented the modernization economic and health outcome report at the last PHAB meeting. They wanted to reiterate with the Board that the final report will not demonstrate return on investment but will demonstrate the health and economic benefits of investing in public health.

Morgan Cowling from Oregon Coalition for Local Health Officials (CLHO) announced the progress on regional meetings for the Robert Wood Johnson Foundation grant deliverables. The 2 year grant award of $250, 000 will help advance public health modernization across the state. CLHO has contracted with the Rede Group to hold the regional meetings. A schedule of the 10 regional meetings will be provided at the next PHAB meeting. PHAB members are strongly encouraged to attend regional meetings in your area. Materials and information are available by following the link to the Aligning Innovative Models for Health Improvements in Oregon (AIMHI) page of the CLHO website http://oregonclho.org/public-health-issues/aimhi-in-oregon/

Approval of Minutes

Jeff made one edit to the July 21, 2016 meeting minutes.

A quorum was present. The Board voted to approve the July 21, 2016 minutes. All members approved the edited minutes.

Public Health Advisory Board Accountability Metrics Subcommittee report

-Jennifer Vines, Accountability Metrics member

Jennifer provided a brief overview of the July 29th subcommittee meeting. The group is working through existing measure sets to develop a list of possible measures for public health modernization. The goal is to have a final measure set in Q1 2017 with at least one measure for each prioritized foundational capability and program.

There will be an opportunity for Local Public Health Authorities (LPHAs) and PHAB to review recommended measures. LPHAs won't be accountable for measures if funding in those areas isn't available. Muriel also suggested discussing measures with other partners to help gain perspective across a spectrum of services among agencies. What would it look like if partners were all working toward common goals?

Tricia asked how the subcommittee's work around the 2017-2019 priority areas is related. Preventable measures should be included as part of the winnable battles. Jennifer stated they are still whittling through these sets.

Cara stated that after the subcommittee completes its review of existing data sets, a public survey will be conducted to solicit feedback from partners. All potential measures will be reviewed against the criteria developed by the subcommittee. Health equity is one of the criteria.

Please note: The Incentives and Funding subcommittee will meet on August 31st and September 13th.

Phasing of public health modernization priorities over the next three biennia (2017-19, 2019-21 and 2021-23)

-PHAB members

Jeff provided an overview of activities so far. As required under HB3100, state and local health departments completed assessments to determine the gaps in public health services and the related resources needed to fill those gaps. There is a need to determine a formula for funding local health departments. The policy option package is due by September 2016 to move on to Governor Brown. If approved, on to the Legislature.

Teri voiced concern about the narrow language of *local health departments* in the funding formula instead of for the broader *public health system*. There needs to be a broader look in governmental public health system overall.

PHAB was instructed to consider these three questions when looking at the priorities for the next three biennia:

- What is an appropriate amount of new work for the governmental public health system to take on within a biennium?
- What is the balance between the breadth of work and a narrow enough focus to make a meaningful impact on outcomes within a short timeframe?
- How do we balance the need for flexibility in implementation, knowing from the assessment that different health departments have different strengths and needs?

Alejandro said that the second question seems vague. What level of implementation is meaningful? How to tailor the greatest level of impact needed at the local level? Jeff stated the question is asking how to address local health department's highest needs as well as the foster the state's impact. Cara commented that the task force was created to develop a public health system to serve the needs of everyone in Oregon, so regardless of where you live you have access to basic public health protections. It may look different because each department is not starting at an even playing field.

Programmatic gaps in current governmental public health system are uneven across the system. The work is prioritized around communicable diseases,

environmental health, emergency preparedness, health equity, population health data (assessment and epidemiology), and public health modernization planning (leadership and organizational competencies)

Communicable disease

Currently, 25% of Oregonians live in an area where communicable disease control activities are limitedly implemented.

Jennifer commented that historically communicable diseases were a result of people in densely populated areas. The communicable disease numbers vary widely between jurisdictions with some small counties that don't have any communicable diseases. Muriel cautioned against assuming the need isn't there in smaller counties. Small and extra small counties need the capacity to respond when communicable disease cases occur and to do prevention work.

Tricia stated that if significant implementation is occurring, health outcomes might not follow. It's difficult to put out there the implementation without the companion of burden of disease. Safina recommended overlaying the epidemiology with the priorities.

Environmental health

There are significant differences in implementation across the three functional areas. Overall, our mandated work is well implemented.

Alejandro asked why promoting land-use planning is included under environmental health. Cara added that this is a new body of work for environmental health. Tricia stated that it includes looking at the built environment, population and business density, and transportation planning. Jen noted land-use planning is a nice bridge for health officers to communicate with legislators about chronic disease and environmental health. Muriel stated that public health can conduct the health impact assessment and then work with the transportation department to make improvements.

Tricia noted that the most implemented functional area is also where public health has the authority to generate its own revenue with fees.

Emergency preparedness and response

Cara reviewed the prioritized functional areas. The Board did not have substantial discussion about the prioritized areas for emergency preparedness and response.

Health equity and cultural responsiveness

Health equity and cultural responsiveness is the least implemented foundational capability or program. The Board did not have substantial discussion about the prioritized areas for health equity and cultural responsiveness.

Assessment and epidemiology

Katrina questioned why the use of community and statewide assessment data was removed from the prioritized list. Coalition of Local Health Officials (CLHO) decided to remove this at their 8/18 meeting. This work is already happening, and many LPHAs are in the middle of their Community Health Improvement Plan (CHIP) cycle. There is a window of time to focus elsewhere. Katrina responded that the important component is using Community Health Assessments (CHA)/CHIP data to inform decisions.

Jennifer stated the functional area for responding to data requests and translating data for intended audiences is the most important area for health officers.

Alejandro asked how differences between CLHO and PHAB prioritized would be resolved. Jeff asked Oregon Health Authority (OHA) to take PHAB's feedback back to CLHO.

Morgan Cowling from CLHO talked about the program areas and costs. The assessment and epidemiology cost of implementation is estimated around $14.4 million. CLHO discussed how to scale this back and focus on measureable achievements.

Safina stated a gap for Coordinated Care Organizations (CCOs) is access to population health data. Muriel state a gap for LPHAs is expertise to take data use to the next level. Safina commented that CCOs are doing this but if they had the same access to data as public health has, could take it to the next level.

Jeff remarked that he would like to figure out how to capture and summarize the

work happening in different health departments, as well as track how each LPHA plans to use modernization funding.

Silas supports a principle around local design and what is measureable. Could LPHAs choose which functional areas to prioritize? If IP 28 passes there needs to be a strategy to increase the funding request.

Alejandro asked for information about how the $30M funding request was determined. Lillian replied that the funding request is a part of OHA's budget submission to the Governor for inclusion in the Governor's Recommended Budget. In addition to working within monies that may be available, we also need to think about what the system can realistically absorb in two years.

Jeff suggested revisiting this topic at a future meeting to discuss 1. How many functional areas would each LPHA be expected to address and 2. If more money becomes available, how could the governmental public health system use additional funds.

Leadership and organizational competencies

Cara reviewed the prioritized functional areas. The Board did not have substantial discussion about the prioritized functional areas for leadership and organizational competencies.

Priorities for 2017-19, 2019-21, and 2021-23

Tricia asked what is being requested of the Board regarding this agenda item. Cara stated that this is largely an update. At a 30,000 foot level how will we broadly quantify what to do in each of the next three biennia? Cara reviewed a proposal for how to scale up public health modernization between now and 2023.

Role of the Public Health Advisory Board in promoting health equity

-PHAB members

Cara reviewed how the PHAB has been incorporating health equity into its work. The Board has specifically incorporated a health equity lens in decision making in factors of the local public health authority funding formula: racial and ethnic diversity, limited English proficiency, and poverty. Also the accountability metrics

review process includes health equity as one of the criteria for measure selection. Health equity and cultural competency has been chosen as a foundational capability for the 2017-2019 priority list. Updates were made to the PHAB charter to include health equity. Last month there was a report on the Public Health Division (PHD) health equity committee work.

Cara asked for input on what the Board would like to focus on, particularly for the committee policy decisions and recommendations.

Muriel had staff who participated in the Developing Equity Leadership through Training and Action (DELTA) trainings and brought back information that her county was unaware of. They are reviewing their strategic plan and planning for ongoing conversations.

Eva asked if there is an agreed upon health equity lens for Oregon. Akiko is a member of the PHD health equity committee. They are working on documentation now. She would like to make sure health equity is always in our conversation and tribes should continue to be engaged. Muriel recommends that the tribes should be included in the regional meetings with the Rede group.

Tricia stated there are guidance documents created by the Oregon Health Policy Board while initiating the health system transformation charge, and the Portland Parks Bureau has an accountability document with equity principles. It is broader than the modernization scope, but might be worthwhile to review.

Teri mentioned the Early Learning Council Hubs use health equity in their shared vision and goals. Eva also mentioned there is also a health equity subcommittee. She stated there are 8 questions including providing robust community engagement.

Eli stated that more needs to be done to make health systems more equitable. Specifically the outcomes show inequities of health and access.

Alejandro stated that there are tools that have been built but need to access how these tools have addressed health disparities. The PHAB can set a standard and

determine what is needed to accomplish these goals. Katrina suggested a PHAB statement or check list with shared definitions.

Public Comment Period
No public comments were made in person or on the phone.

Closing:
Cara provided an overview of topics to be covered at the next PHAB meeting. The next meeting will focus on developing a comprehensive plan for 2017-19 as well as public health modernization priorities to be implemented over the next three biennia.

The meeting adjourned.

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

September 12, 2016
1:00pm – 4:00 p.m.
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 Angela Rowland at (971) 673-2296 Or angela.d.rowland@state.or.us. For more information and meeting recordings please visit the website: healthoregon.gov/phab