

Public Health Advisory Board (PHAB)
June 16, 2016
Portland, OR
Meeting Minutes

Attendance:

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

Board members absent: Prashanti Kaveti

Guest: Zeke Smith, Oregon Health Policy Board

OHA Public Health Division staff: Sara Beaudrault, Cara Biddlecom, Holly Heiberg, Dano Moreno, Angela Rowland

Members of the public: Morgan Cowling, Coalition of Local Health Officials and Charlie Fautin, Benton County Health Department

Changes to the Agenda & Announcements

Jeff introduced the guest attendee, Zeke Smith from the Oregon Health Policy Board.

Akiko gave an update on the recent Cascadia Rising Exercise. She provided a link to a news story about the Cowlitz tribe's work to prepare for a Cascadia event.

Think out loud link:

<https://soundcloud.com/thinkoutloudopb/tribes-prepare-for-the-big-one> .

Muriel provided an overview of her county's work in the exercise.

Approval of Minutes

A quorum was present. The Board voted to approve the May 19, 2016 minutes and the June 3, 2016 webinar minutes. All members approved the minutes.

Public Health Advisory Board subcommittee reports

– *Silas Halloran-Steiner, Incentives and Funding Subcommittee chair*

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The subcommittee met on June 15th. Under House Bill 3100, the funding formula must include county population, burden of disease, health status, matching funds, and incentives and accountability measures. The subcommittee recommends including additional indicators for racial/ethnic diversity, poverty and limited English proficiency indicators, and is considering additional indicators. Silas stated that there is a tension between adding additional indicators vs. maintaining a simple model. In upcoming meetings, the subcommittee will make recommendations on weighting for each indicator, finalize the indicators, look at county allocations in a hypothetical model, consider incorporating a funding floor and collaborate with the accountability subcommittee regarding how to incentivize funds.

Subcommittee members support including the funding formula framework in the report to Legislative Fiscal Office with the caveat that they will continue to refine the model over the coming months.

Public Health Division has developed a model to demonstrate how the model may work. The subcommittee has requested access to the interactive model for use at the next subcommittee meeting.

Teri noted that this framework looks at 34 LPHAs rather than 36 counties. If there is a funding base for each LPHA, counties may be dis-incentivized to regionalize.

Muriel stated that this model does not look a lot different from how counties are funded now and encouraged the subcommittee to look at sharing, equity and meeting the needs of all Oregonians.

Eli would like more information on the methodology and stated that the Accountability Metrics subcommittee considers County Health Rankings to be an appropriate data source for these metrics. The Incentives and Funding subcommittee could consider using the base variables instead of County Health Rankings.

Tricia questioned what the expectation for the Board is around decision making for this formula. OHA will submit the framework to Legislative Fiscal Office, with a statement that this represents work to date and will continue to be refined.

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Silas proposed the Board could potentially provide the Oregon Health Authority input without a full endorsement until there is more fine-tuning. After the Board takes a formal position then they can work with the Oregon Health Policy Board.

Eli asked if the funding formula will apply to all funds used to support public health modernization or cover the additional gap. Silas responded that the funding formula applies to new money made available through the state to support public health modernization.

The next Public Health Advisory Board Incentives and Subcommittee meeting is on July 12th 2016.

– Eva Rippeteau, Accountability Metrics Subcommittee chair

The Accountability Metrics subcommittee met on June 9th. The bulk of the committee's conversation was around measure selection criteria and what principles should be applied to measure selection. The group prioritized the criteria and principles and added additional principles. At the next meeting the subcommittee will look at existing measures for possible consideration.

Teri stated that the Accountability Metrics subcommittee has removed County Health Rankings as a possible data source. The data can change from year to year and some counties are not ranked.

Silas asked whether the subcommittee is thinking about measures that are most likely to be influenced by local public health activities, as there must be a link.

PHD is developing a matrix with potential health measures and selection criteria to be used at the next subcommittee meeting. Jeff stated that the PHAB subcommittees will need to coordinate data sources and measures. Katrina appreciates that both process and outcome measures are included.

Alejandro asked how the principles will be applied to the metric selection in both process and outcome measures. In particular, he is curious how one measures

transformative potential in process and outcome measures and how the measures will account for local priorities.

Eli described the Metrics and Scoring committee's approach to transformative metrics. He suggests a joint meeting of the subcommittees. Alejandro recommends tying the metrics to transformation with the BERK assessment and using the foundational capabilities as a starting point.

Lillian gave an example of transformative potential in some CCO metrics, like the primary care home and team based care metrics. Those metrics allow one to know how people are moving through the system and changes the way one thinks about health care teams. Alignment across sectors is also transformative. Jeff supports the idea of thinking about evaluating transformation in the context of the assessment report and the Board's priorities moving towards implementation.

Silas commented that CCO measures are closely related to health care. Health indicators are tied to the health system and interventions versus trying to move towards population health.

Safina stated that the CCO metrics are the predominant metrics in Oregon and supports the development of another vantage point focusing on population health. For example, food insecurity may fit more appropriately in the public health realm rather than the CCO realm. It will be a benefit to the system and take some burden off of CCOs.

The next Public Health Advisory Board Accountability Metrics Subcommittee meeting will be July 28, 2016.

Public health modernization assessment report and deliverables to Legislative Fiscal Office

Vision Statement

-Holly Heiberg, Public Health Division

Holly presented the draft vision statement and gave an overview of the communications materials under development. The vision statement discusses

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fairness as a core value and describes how a modern public health system will equip all communities with foundational programs. This is consistent with approaches recommended through Robert Wood Johnson Foundation, Berkeley Media Studies and from focus groups. The vision statement and communications tools can be tailored to resonate with individual audiences. The statement will include components of the triple aim and quotes from key informants. The next step is to develop case studies.

Eva recommends that the vision statement should discuss equity, not fairness. Things aren't always going to be fair but we can strive to have it equitable. Holly replied that the concept of fairness has been shown to be a plain-speak way to communicate about equity and most communities respond to fairness. Equity can be a little harder for some people to understand. Other subcommittee members also supported using equity instead of fairness.

Muriel recommends that the vision statement clearly articulate what public health is and what it does to protect Oregonians. Teri gave examples from the Early Learning Council and health system transformation of concrete concepts. Jeff summarized that the group feels the vision should explain what public health is to people who are not public health professionals. Safina would like the vision statement to describe what changes from the current system under modernization.

Holly stated that this document will be reviewed with additional stakeholders and updated in the upcoming months. The Coalition of Local Health Officials legislative committee will review this on June 17th.

Akiko stated that these four bullet points that describe core public health work are on par, but emergency preparedness could be added to the first bullet. The bullets are easy to understand, and Akiko suggests making them more prominent.

Jennifer stated that this could be framed around Oregon's investment to health through CCOs. This currently reads that the public health system is broken. Instead, frame the statement in a positive way and show that public health has more work to do and is not finished yet.

Memo to Legislative Fiscal Office

-Lillian Shirley, Public Health Division

Lillian gave an overview of the table comparing public health modernization reports. This table describes the purpose, timeline and content for four reports: public health modernization assessment report, report to Legislative Fiscal Office, report on health outcomes and cost savings, and the statewide public health modernization plan. The report to Legislative Fiscal Office, due by June 30, 2016, contains a recommendation from the Oregon Health Authority for a \$30 million baseline investment for 2017-2019.

-Cara Biddlecom, Public Health Division

Cara reviewed the components of the memo for Legislative Fiscal Office and requested Board feedback on whether any key components are missing.

Eli questioned whether the report can be submitted even though the PHAB subcommittees have not completed the funding formula and accountability metrics deliverables. The draft funding formula framework and accountability metrics structure, and the recommendation for a baseline funding amount fulfill the legislative requirements. The report also provides context for the modernization assessment. Tricia requested that the funding formula framework be updated to include decisions made at the most recent subcommittee meeting, and that a caveat be added to the executive summary that this work is still in progress.

Teri asked whether implementing modernizing in waves by LPHA readiness is a requirement in HB 3100. Cara stated that HB 3100 states that Oregon Health Authority may establish different timelines for different local public health authorities for submission of a modernization plan, but there is flexibility for other implementation models.

Cara reviewed the draft public health modernization priorities for 2017-19. Priorities were identified based on findings from the public health modernization assessment.

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Eli asked whether Oregon's schools of public health are connected to public health modernization and whether schools will change their curricula. Jeff stated that the current curricula at his school doesn't teach to the modernization framework and discussions about updating the curricula are occurring. The national body that accredits schools of public health is looking at curricula; a window exists now.

Tricia asked why communicable disease and environmental health were prioritized. These areas focus on managing risk and are areas of strength. The state has underinvested in health promotion. The priorities selected address the largest systemic gaps found in the modernization assessment and in systemic gaps identified during the triennial review process. Teri stated that it may be more difficult to garner support for health promotion, and communicable disease work also contains a prevention aspect. Jennifer stated that the most pressing needs for Health Officers relate to prevention and health promotion and there is a need to align modernization work with the work of CCOs. Safina asked whether, if prevention and health promotion is not identified as a priority, the work will continue to fall to CCOs. She suggested that OHA state that this is a starting point, and selecting some areas as priorities does not mean that work will not be happening in other foundational capability and program areas.

Jeff suggested identifying only two programmatic priorities so as not to dilute the system's ability to make progress with available resources, and suggested environmental health as one priority. Akiko stated that communicable disease, across the board, is underfunded, and unfunded mandates exist. Jeff, Akiko and Silas identified the need to show measurable results in two years.

Tricia requested the word "infrastructure" be removed from this priority: "Infrastructure for emerging public health threats, tailored to local needs".

Jeff recommended that OHA use the public health modernization graphic that lists all foundational capabilities and programs but highlight those that are priorities.

Eli recommended including a table in the report for Legislative Fiscal Office with the leading causes of death in Oregon to demonstrate the impact of chronic

diseases. Jeff stated that the report should focus on information from the modernization assessment. Lillian stated that this report should be framed to support the public health system and not a specific health indicator.

The Board supports this report being submitted to Legislative Fiscal Office by June 30th, with a caveat included that OHA and PHAB will continue to develop pieces of the report over the coming months.

Review public health modernization assessment report

-Annie Saurwein and Michael Hodgins, BERK Consulting

Annie reviewed changes to the modernization assessment report. Annie focused on discussion around summary findings, policy implications, and phasing considerations. The assessment report explains the current level of implementation of each program and capability and the funding needed to reach full implementation.

Annie reviewed the three models for implementation: by LPHA, by foundational capability or program and by allowing local flexibility to address local areas of greatest need.

Subcommittee members asked questions to understand the assumptions that were made for these three models. For example, for the first model, Tricia asked what would happen if all extra small counties were funded first.

Eli asked that a key for the sizes of the local public health authorities from extra-small through extra-large be included.

Eva asked how the second model – funding for specific foundational capabilities and programs – compares with the 2017-19 priorities that have been identified. Cara stated that the priorities selected are focused on specific foundational capabilities and programs but allow some local flexibility.

Katrina stated that the third model may look most effective, but additional implementation costs for this model are not reflected on the graphic.

Subcommittee members discussed other concerns for moving these models

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forward without adequate time to develop the models, align the models with the funding formula and accountability metrics work, and understand potential implications. Eli proposed that all models should go forward as options. Alejandro stated that these models are “what-ifs” and are not based on concrete information from the assessment. Akiko recommended overlaying these models with the funding formula framework. Silas expressed concern that these models assume a \$40M investment, but a \$30M baseline is recommended in the report to Legislative Fiscal Office. Differing investments could be confusing to readers.

Tricia requested that the executive summary clearly that this work is still in progress and will continue to evolve. Tricia stated that this report should not move forward in its current state. Lillian stated that it is a required deliverable.

Subcommittee members recommended removing the phasing considerations models. The assessment report should focus on findings from the assessment. PHAB can develop phasing considerations over the coming months.

Zeke provided perspective from the Oregon Health Policy Board. The assessment report includes the “what is,” and future work for PHAB will be to develop the “what do we do with it.” Zeke supports removing the phasing considerations section.

The Board voted to remove the phasing considerations section and fully adopt the Public Health Modernization Assessment Report.

All in Favor.

Jeff commented that this a big step for Oregon. He thanked the Board for their hard work. He made an announcement that there will be a Legislative Briefing on the modernization of public health on July 6th 2016 at the Portland State Office Building.

Public Comment Period

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

Closing:

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Meeting adjourned.

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

July 21, 2016
2:30pm – 5:30 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

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