

AGENDA

PUBLIC HEALTH ADVISORY BOARD

April 21, 2016

2:30-5:30 pm

Portland State Office Building, 800 NE Oregon St., Room 1E, Portland, OR 97232

Conference line: (877) 873-8017

Access code: 767068

PHAB Meeting Objectives

- Discuss the role of PHAB in providing leadership and oversight for grant activities
- Review the preliminary outline of the public health modernization assessment report
- Discuss the incentives and funding subcommittee
- Review Oregon's Preventive Health and Health Services Block Grant and discuss the role of PHAB in providing guidance on work plan activities
- Discuss Oregon's State Health Improvement Plan, with an emphasis on health equity and preventing tobacco use

2:30-2:40 pm	Welcome <ul style="list-style-type: none">• Approve March 17 meeting minutes• Share updates from April 5 Oregon Health Policy Board meeting	Jeff Luck, PHAB chair
2:40-2:55 pm	Robert Wood Johnson Foundation and Public Health National Center for Innovations grant <ul style="list-style-type: none">• Overview• Develop understanding of PHAB role• Questions and comments	Morgan Cowling, Coalition of Local Health Officials Cara Biddlecom, OHA Public Health Division
2:55-3:35 pm	Public Health Modernization Assessment Report <ul style="list-style-type: none">• Structure of the report• Process for final review	Cara Biddlecom, OHA Public Health Division Annie Saurwein and Jason Hennessy, BERK Consulting
3:35-3:45 pm	Subcommittee update <ul style="list-style-type: none">• Incentives and funding subcommittee	Jeff Luck, PHAB chair
3:45-4:05 pm	Preventive Health and Health Services Block Grant <ul style="list-style-type: none">• Overview• Understanding of PHAB role• Questions and comments	Lillian Shirley, OHA Public Health Division

4:05-4:20 pm	Break	
4:20-5:15 pm	Oregon's State Health Improvement Plan	
	<ul style="list-style-type: none"> • Background • Health equity interventions • Prevent and reduce tobacco use priority • Questions and comments 	Katrina Hedberg, Tim Noe and Karen Girard, OHA Public Health Division
5:15-5:30 pm	Public comment	
5:30 pm	Adjourn	Jeff Luck, PHAB chair

Public Health Advisory Board (PHAB)
March 17, 2016
Portland, OR
Meeting Minutes

Attendance:

Board Members Present: Carrie Brogoitti (by phone), Muriel DeLaVergne-Brown, Silas Halloran-Steiner, Katrina Hedberg, Prashanthi Kaveti, Safina Koreishi, Jeff Luck, Alejandro Qeral, Eva Rippeteau (by phone), Joe Robertson, Akiko Saito, Eli Schwarz (by phone), Lillian Shirley, Tricia Tillman, Jennifer Vines

Board Members Absent: Teri Thalhofer

OHA Public Health Division Staff: Sara Beaudrault, Cara Biddlecom, Angela Rowland

Members of the Public: Will Nettleton, Jan Johnson

Opening:

The meeting was called to order, board members were welcomed, and introductions were made.

Changes to the Agenda & Announcements

No announcements or changes to the agenda were made.

Approval of Minutes

A quorum was present so the Board was able to vote to approve the January 29, 2016 minutes.

Public Health Division Update

- Lillian Shirley, Public Health Director, PHD

Lillian announced that the Public Health Division is recruiting many key positions. PHD is working in issues around environmental health regulatory gaps due to the recent response at the Portland glass factories. Michael Tynan took a position with CDC. Cara Biddlecom has been appointed as the interim Policy Officer. The Oregon Public Health Division has received national accreditation.

Public Health Advisory Board
Meeting Minutes – March 17, 2016

Review PHAB Charter

- PHAB Members

This version of the charter used House Bill 3100, a required Oregon Health Policy Board template and the previous PHAB by-laws as the template.

Open for discussion:

- Item (f) around finance of public health.

Formal Vote: Request to add a bullet in the right column of Item (k): “Explore and recommend sustainable ways to expand funding for state and local public health and community health.” All in favor.

Tricia asked how the PHAB connects with other advisory boards.

Action Item: Public Health Division staff will provide an organizational chart of the Oregon Health Policy Board and its subcommittees during the April meeting.

- Jeff pointed out that accountability measures are not listed in the objectives.

Formal vote: Suggestion under Item (j) to add “Develop outcome and accountability measures for state and local health departments.” All in favor.

- Akiko made a recommendation to include health equity and social justice in the objectives.

Formal Vote: Modify the second bullet under item (a) in the objectives, “Use best practices and an equity lens to provide recommendations to the OHPB on policies needed to address priority health issues including social determinance of health.” All in favor.

- Silas made a suggestion to modify the conflict of interest statement in Section V.

Public Health Advisory Board
Meeting Minutes – March 17, 2016

Formal Vote: Propose to adopt the charter with changes made and update the conflict of interest suggestion that Silas will be bringing. Motion to move to accept the charter. All in favor.

Public Health Modernization Assessment

- *Cara Biddlecom, Interim Policy Officer, PHD*

Cara gave a brief overview of the Public Health Modernization Manual, available at

http://public.health.oregon.gov/About/TaskForce/Documents/public_health_modernization_manual.pdf

- *Annie Saurwein and Jason Hennessy, BERK Consulting*

Annie and Jason provided a detailed overview of the public health modernization assessment process. The assessment report is due by June 2016. So far 32 out of 34 local assessments have been submitted.

Alejandro asked if BERK looked into population growth and race. Jason shared that there are 22 drivers included in the tool to assist with the development of projections.

Jeff asked what the PHAB would expect to review and digest. Annie stated that BERK will provide more preliminary information at the April PHAB meeting. The full first draft will be released at the May meeting. Jeff requested any outlines or tables available from BERK would be helpful for Board members at the April meeting.

Overview of Oregon Public Health funding

- *Morgan Cowling, Executive Director, CLHO*

Morgan discussed a basic background of how the local health departments are funded. Currently the statute does not mandate funding for chronic disease work, community health assessments, improvement plans, or policy work. The state and federal intergovernmental agreement (IGA) funding goes towards WIC (34%),

Public Health Advisory Board
Meeting Minutes – March 17, 2016

School Based Health Centers (17%), tobacco prevention (10%), communicable disease (9%), public health preparedness (8%) and so on.

The Office of Rural Health published a report of health care needs in Oregon by county. There is a strong connection with public health. The link to this report will be sent to the board.

Tricia asked if there is a way to look at the 34 local health departments funding with a breakdown by county.

- *Karen Slothower, Program Support Manager, PHD*

Karen provided a brief overview of the state public health budget. Of the \$600 million state budget funds, 58.7% are federal, 31.8% are from private grants, awards, and fees, 6.9% are general fund, and 2.6% are from tobacco tax.

Tricia requested the PHD general fund budget detail.

Action Item: The PHD will provide budget detail on general fund investment information from the PHD Fiscal Officer.

Review PHAB work plan

- *PHAB members*

Jeff requested volunteers to create two subcommittees. One subcommittee could address page 2, item H in the PHAB charter, to “draft recommendations on the use of incentives to encourage the effective and equitable provision of public health services by local public health authorities” (e.g., supporting continued county investment in public health should state general funds become available down the line while also considering a variety of local needs). This subcommittee may also be tasked with developing a straw funding formula for public health modernization.

Another subcommittee could identify the measures we would use to address item J on page 3 of the PHAB charter to “monitor the progress of local public health authorities in meeting statewide public health goals, including employing the

Public Health Advisory Board
Meeting Minutes – March 17, 2016

foundational capabilities and implementing the foundational programs for governmental public health.” Although item J specifically calls out local public health authorities that outcome measures should apply to the entire public health system, including state public health.

Alejandro, Tricia, Akiko, and Silas volunteered for the incentives and funding subcommittee.

Jennifer and Eli volunteered for the metrics subcommittee.

Jeff asked the board if non-members could participate. Katrina feels that subject matter experts are beneficial.

Action Item: Jeff and staff will create an outline of what each group will be working on and bring to the next meeting.

Public Comment Period

-Will Nettleton, Chief Resident OHSU Preventative Medicine

Mr. Nettleton made a recommendation to help increase the funding for preventive medicine physician programs in Oregon. There are problems with funding for preventive medicine training programs unlike hospital resident programs that are reimbursed from Medicare. The preventive medicine training funding currently streams from HRSA, DA, or OHSU. Gaps in training and workforce. He stated that Oregon is an innovative state. He suggested that we finance these programs through OHSU, CCOs and local public health departments in conjunction with their academic partners to help with public health modernization.

Closing:

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

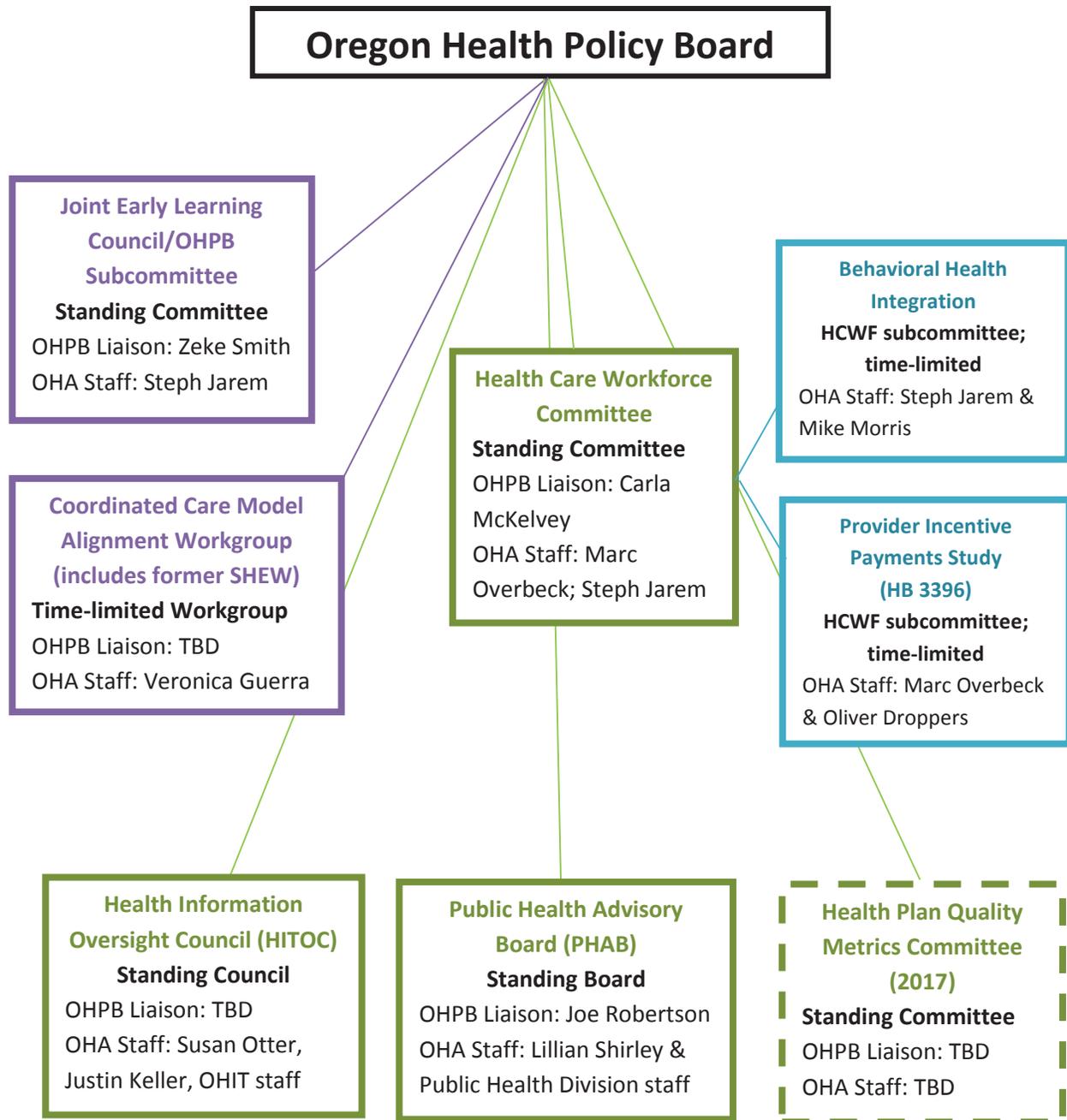
**April 21, 2016
2:30pm – 5:30 p.m.
Portland State Office Building
800 NE Oregon St., Room 1E**

Public Health Advisory Board
Meeting Minutes – March 17, 2016

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.

DRAFT



PURPLE: OHPB-created committees or workgroups
GREEN: Standing committees/councils that are required in statute to report to the OHPB
BLUE: Subcommittees of OHPB workgroups, usually time-limited

**Oregon Health Policy Board
Public Health Advisory Board
Charter**

Approved by the Oregon Health Policy Board on April 5, 2016

I. Overview and Authority

The Public Health Advisory Board (PHAB) is established by House Bill 3100 (2015), Sections 5-7 as a body that reports to the Oregon Health Policy Board (OHPB).

The purpose of the PHAB is to be the accountable body for governmental public health in Oregon. The role of the PHAB includes:

- Oversight for the implementation of Oregon’s State Health Improvement Plan.
- Oversight for the implementation of public health modernization.
- Development and implementation of accountability measures for state and local health departments.
- Development of equitable fund distributions to support governmental public health.

This charter defines the objectives, responsibilities, and scope of activities of the PHAB. This charter will be reviewed periodically to ensure that the work of the PHAB is aligned with the OHPB’s strategic direction.

II. Duties, Objectives, Membership, Terms, Officers

The duties of the PHAB as established by House Bill 3100 and the PHAB’s corresponding objectives include:

PHAB Duties per House Bill 3100	PHAB Objectives
a. Make recommendations to the OHPB on the development of statewide public health policies and goals.	<ul style="list-style-type: none"> • Regularly review state health data such as the State Health Profile to identify ongoing and emerging health issues. • Use best practices and an equity lens to provide recommendations to OHPB on policies needed to address priority health issues, including the social determinants of health.
b. Make recommendations to the OHPB on how other statewide priorities, such as the provision of early learning services and the delivery of health care services, affect and are affected by statewide public health policies and goals.	<ul style="list-style-type: none"> • Regularly review early learning and health system transformation priorities. • Recommend how early learning goals, health system transformation priorities, and statewide public health goals can best be aligned. • Identify opportunities for public health to support early learning and health system transformation priorities. • Identify opportunities for early learning and health system transformation to support statewide public health goals.

<p>c. Make recommendations to the OHPB on the establishment of foundational capabilities and programs for governmental public health and other public health programs and activities.</p>	<ul style="list-style-type: none"> • Participate in the administrative rulemaking process which will adopt the Public Health Modernization Manual. • Verify that the Public Health Modernization Manual is still current least every two years. Recommend updates to OHPB as needed. •
<p>d. Make recommendations to the OHPB on the adoption and updating of the statewide public health modernization assessment.</p>	<ul style="list-style-type: none"> • Review initial findings from the Public Health Modernization Assessment. • Review the final Public Health Modernization Assessment report and provide a recommendation to OHPB on the submission of the report to the legislature. • Make recommendations to the OHPB on processes/procedures for updating the statewide public health modernization assessment.
<p>e. Make recommendations to the OHPB on the development of and any modification to the statewide public health modernization plan.</p>	<ul style="list-style-type: none"> • Review the final Public Health Modernization Assessment report to assist in the development of the statewide public health modernization plan. • Using stakeholder feedback, draft timelines and processes to inform the statewide public health modernization plan. • Develop the public health modernization plan and provide a recommendation to the OHPB on the submission of the plan to the legislature. • Update the public health modernization plan as needed based on capacity.
<p>f. Make recommendations to the Oregon Health Authority (OHA) and the OHPB on the development of and any modification to plans developed for the distribution of funds to local public health authorities.</p>	<ul style="list-style-type: none"> • Identify effective mechanisms for funding the foundational capabilities and programs. • Develop recommendations for how the OHA shall distribute funds to local public health authorities.
<p>g. Make recommendations to the OHA and the OHPB on the total cost to local public health authorities of applying the foundational capabilities and implementing the foundational programs for governmental public health.</p>	<ul style="list-style-type: none"> • Review the Public Health Modernization Assessment report for estimates on the total cost for implementation of the foundational capabilities and programs. • Support stakeholders in identifying opportunities to provide the foundational capabilities and programs in an effective and efficient manner.
<p>h. Make recommendations to the OHPB on the use of incentives by the OHA to encourage the effective and equitable provision of public health services by local public health authorities.</p>	<ul style="list-style-type: none"> • Develop models to incentivize investment in and equitable provision of public health services across Oregon. • Solicit stakeholder feedback on incentive models.

<p>i. Provide support to local public health authorities in developing local plans to apply the foundational capabilities and implement the foundational programs for governmental public health.</p>	<ul style="list-style-type: none"> • Provide support and oversight for the development of local public health modernization plans. • Provide oversight for Oregon’s Robert Wood Johnson Foundation grant, which will support regional gatherings of health departments and their stakeholders to develop public health modernization plans.
<p>j. Monitor the progress of local public health authorities in meeting statewide public health goals, including employing the foundational capabilities and implementing the foundational programs for governmental public health.</p>	<ul style="list-style-type: none"> • Provide oversight and accountability for Oregon’s State Health Improvement Plan by receiving quarterly updates and providing feedback for improvement. • Provide support and oversight for local public health authorities in the pursuit of statewide public health goals. • Provide oversight and accountability for the statewide public health modernization plan. • Develop outcome and accountability measures for state and local health departments.
<p>k. Assist the OHA in seeking funding, including in the form of federal grants, for the implementation of public health modernization.</p>	<ul style="list-style-type: none"> • Provide letters of support and guidance on federal grant applications. • Educate federal partners on public health modernization. • Explore and recommend ways to expand sustainable funding for state and local public health and community health.
<p>l. Assist the OHA in coordinating and collaborating with federal agencies.</p>	<ul style="list-style-type: none"> • Identify opportunities to coordinate and leverage federal opportunities. • Provide guidance on work with federal agencies.

Additionally, the Public Health Advisory Board is responsible for the following duties which are not specified in House Bill 3100:

Duties	PHAB Objectives
<p>a. Review and advise the Director of the OHA Public Health Division and the public health system as a whole on important statewide public health issues or public health policy matters.</p>	<ul style="list-style-type: none"> • Provide guidance and recommendations on statewide public health issues and public health policy.
<p>b. Act as formal advisory committee for Oregon’s Preventive Health and Health Services Block Grant.</p>	<ul style="list-style-type: none"> • Review and provide feedback on the Preventive Health and Health Services Block Grant work plan priorities.
<p>c. Provide oversight for progress toward implementing recommendations outlined in Public Health Division’s cultural competency assessment (once released).</p>	<ul style="list-style-type: none"> • Receive progress reports and provide feedback on implementation of cultural competency assessment recommendations.

Membership Composition

Per House Bill 3100, Section 5, the PHAB shall consist of the following 13 members appointed by the Governor:

1. A state employee who has technical expertise in the field of public health;
2. A local public health administrator who supervises public health programs and public health activities in Benton, Clackamas, Deschutes, Jackson, Lane, Marion, Multnomah or Washington County;
3. A local public health administrator who supervises public health programs and public health activities in Coos, Douglas, Josephine, Klamath, Linn, Polk, Umatilla or Yamhill County;
4. A local public health administrator who supervises public health programs and public health activities in Clatsop, Columbia, Crook, Curry, Hood River, Jefferson, Lincoln, Tillamook, Union or Wasco County;
5. A local public health administrator who supervises public health programs and public health activities in Baker, Gilliam, Grant, Harney, Lake, Malheur, Morrow, Sherman, Wallowa or Wheeler County;
6. A local health officer who is not a local public health administrator;
7. An individual who represents the Conference of Local Health Officials created under ORS 431.330;
8. An individual who represents coordinated care organizations;
9. An individual who represents health care organizations that are not coordinated care organizations;
10. An individual who represents individuals who provide public health services directly to the public;
11. An expert in the field of public health who has a background in academia;
12. An expert in population health metrics;
13. An at large member.

PHAB shall also include the following nonvoting, ex-officio members:

1. The Oregon Public Health Director or the Public Health Director's designee;
2. If the Public Health Director is not the State Health Officer, the State Health Officer or a physician licensed under ORS chapter 677 acting as the State Health Officer's designee;
3. If the Public Health Director is the State Health Officer, a representative from the Oregon Health Authority who is familiar with public health programs and public health activities in this state; and
4. A designee of the Oregon Health Policy Board.

Membership Terms

The term of office for a board member appointed under this section is four years, but a member serves at the pleasure of the Governor. Before the expiration of the term of a member, the Governor shall appoint a successor whose term begins on January 1 next following. A member is eligible for reappointment. If there is a vacancy for any cause, the Governor shall make an appointment to become immediately effective for the unexpired term.

Of the PHAB members beginning their term in January 2016:

- Four shall serve for terms ending January 1, 2017.
- Three shall serve for terms ending January 1, 2018.
- Three shall serve for terms ending January 1, 2019.
- Three shall serve for terms ending January 1, 2020.

Officers

PHAB shall elect two of its voting members to serve as the chair and vice chair. Elections shall take place in January of each even-numbered year.

The chair and vice chair shall serve two year terms. If the chair were to vacate their position before their term is complete the vice chair shall become the new chair to complete the term. If a vice chair is unable to serve, or if the vice chair position becomes vacant, then a new election is held to complete the remainder of the vacant term(s).

The PHAB chair shall facilitate meetings and guide the PHAB in achieving its deliverables. The PHAB chair shall represent the PHAB at meetings of the Oregon Health Policy Board as directed by the Oregon Health Policy Board designee. The PHAB chair may represent the PHAB at meetings with other stakeholders and partners, or designate another member to represent the PHAB as necessary.

The PHAB vice chair shall facilitate meetings in the absence of the PHAB chair. The PHAB vice chair shall represent the PHAB at meetings of the Oregon Health Policy Board as directed by the Oregon Health Policy Board designee when the PHAB chair is unavailable. The PHAB vice chair may represent the PHAB at meetings with other stakeholders and partners when the PHAB chair is unavailable or under the guidance of the PHAB chair, or may designate another member to represent the PHAB as necessary.

Both the PHAB chair and vice chair shall work with OHA Public Health Division staff to develop agendas and materials for PHAB meetings.

III. Actions and Deliverables

Actions

The PHAB may take the following actions:

- Make formal recommendations, provide informal advice, and reports to the OHPB;
- Review and advise the Director of the OHA Public Health Division and the public health system as a whole on important statewide public health issues or public health policy matters;
- Identify priorities for Oregon's governmental public health system;
- Charter committees (for ongoing work) and/or work groups (for short-term work) on various topics related to governmental public health;
- Request data and reports to assist in preparing recommendations to the OHPB;
- Provide a member to serve as a liaison to other committees or groups as requested.

Deliverables/Actions

The PHAB shall deliver the following:

Deliverable	Time Frame
• A work plan for the PHAB for 2016-2017	Spring 2016
• A proposal for reporting to the OHPB (e.g., frequency, format, etc.)	Spring 2016
• Report(s) to the OHPB (as agreed to with the OHPB)	At least annually
• Recommendations to the OHPB	As needed
• Public Health Modernization Assessment report	June 2016
• Public Health Modernization Plan	December 2016
• Report(s) to the legislature as requested	As needed

In addition to the deliverables listed above, the PHAB shall charter committees and work groups as needed and take direction from the OHPB.

IV. Staff Resources

The PHAB is staffed by the OHA, Public Health Division, as led by the Policy Officer. Support will be provided by staff of the Public Health Division Policy Team and other leaders, staff, and consultants as requested or needed.

V. Expectations for PHAB Meetings

The following expectations apply to all PHAB meetings:

- The PHAB will meet monthly for the first six months of 2016. In July 2016, the PHAB will determine if meetings should continue monthly or move to an alternate schedule, with meetings occurring at least quarterly. More frequent and ad hoc meetings may be called for by the chairperson.
- The PHAB shall meet at times and places specified by the call of the chairperson or of a majority of the voting members of the board.
- A standard meeting time will be established (with special exceptions).
- Meetings shall be conducted in accordance with Oregon's Public Meetings Law (ORS 192.610 through 192.710) and Public Records Law (ORS 192.001 through 192.505) and documented on the PHAB website: www.healthoregon.org/phab.
- Official subcommittee meetings shall also be conducted in accordance with Oregon's Public Meetings Law (ORS 192.610 through 192.710) and Public Records Law (ORS 192.001 through 192.505) and documented on the PHAB website: www.healthoregon.org/phab.
- A public notice will be provided to the public and media at least 10 days in advance of each regular meeting and at least five days in advance of any special meeting.
- A majority of the voting members of the PHAB constitutes a quorum for the transaction of business during PHAB meetings.
- PHAB members are expected to review materials ahead of the meeting and come prepared to discuss and participate.
- Written minutes will be taken at all regular and special meetings. Minutes will include: members present; all motions, proposals, resolutions, orders, ordinances and measures proposed and

their disposition; the substance of discussion on any matter; and a reference to any document discussed or distributed at the meeting.

Conflicts of Interest

The purpose of this conflict of interest policy is to maintain the transparency and integrity of the PHAB and its individual members, understanding that many voting members have a direct tie to governmental public health or other stakeholders in Oregon.

PHAB members shall verbally disclose any actual or perceived conflicts of interest prior to voting on any motion that may present a conflict of interest. If a PHAB member has a potential conflict related to a particular motion, the member should state the conflict. PHAB will then make a decision as to whether the member shall participate in the vote or be recused.

If the PHAB has reasonable cause to believe a member has failed to disclose actual or possible conflicts of interest, it shall inform the member and afford an opportunity to explain the alleged failure to disclose. If the PHAB determines the member has failed to disclose an actual or possible conflict of interest, it shall take appropriate corrective action including potential removal from the body.

Lastly, PHAB members shall make disclosures of conflicts using a standard conflict of interest form at the time of appointment and at any time thereafter where there are material employment or other changes that would warrant updating the form.

VI. Amendments and Approval

This charter may be amended or repealed by the affirmative vote of two-thirds of the members present at any regular PHAB meeting. Notice of any proposal to change the charter shall be included in the notice of the meeting.



21st Century Public Health:
Robert Wood Johnson Foundation
Grant

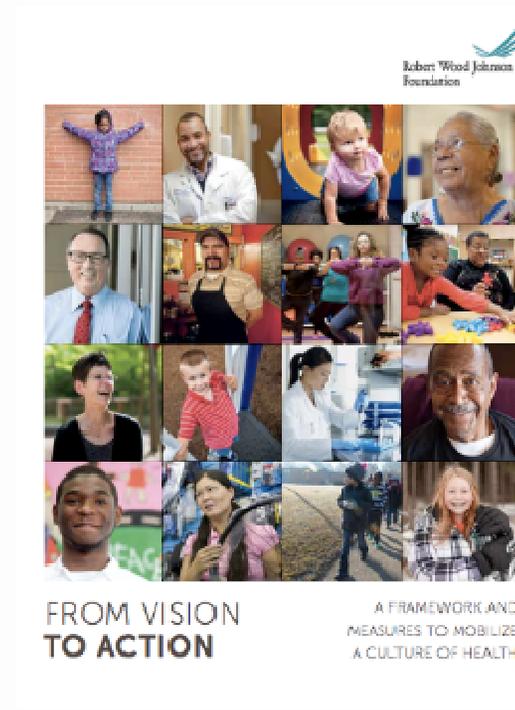
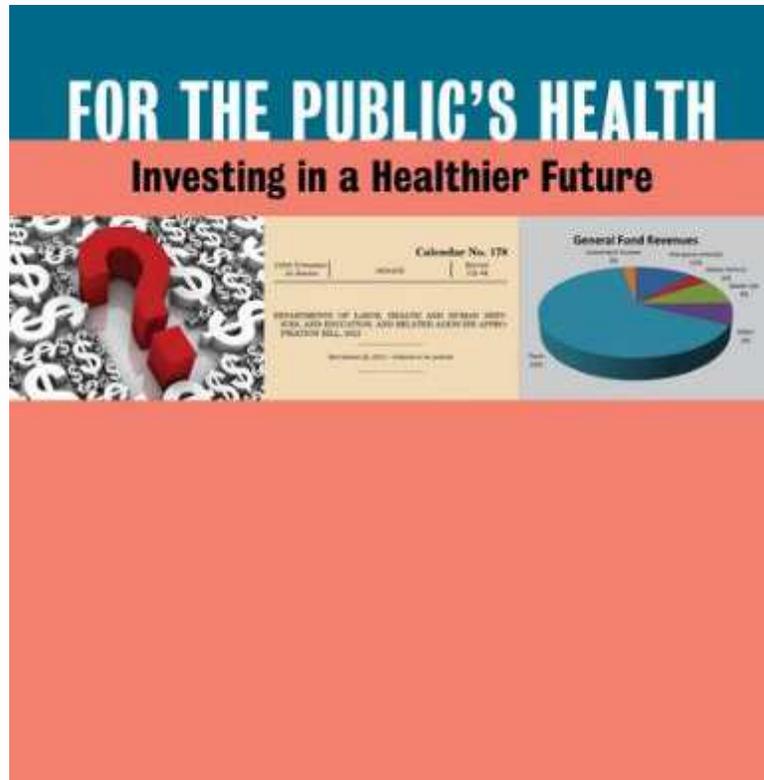
Public Health Advisory Board
April 21st, 2016

Morgan Cowling, CLHO
Cara Biddlecom, OHA





Robert Wood Johnson Foundation: Building a Culture of Health



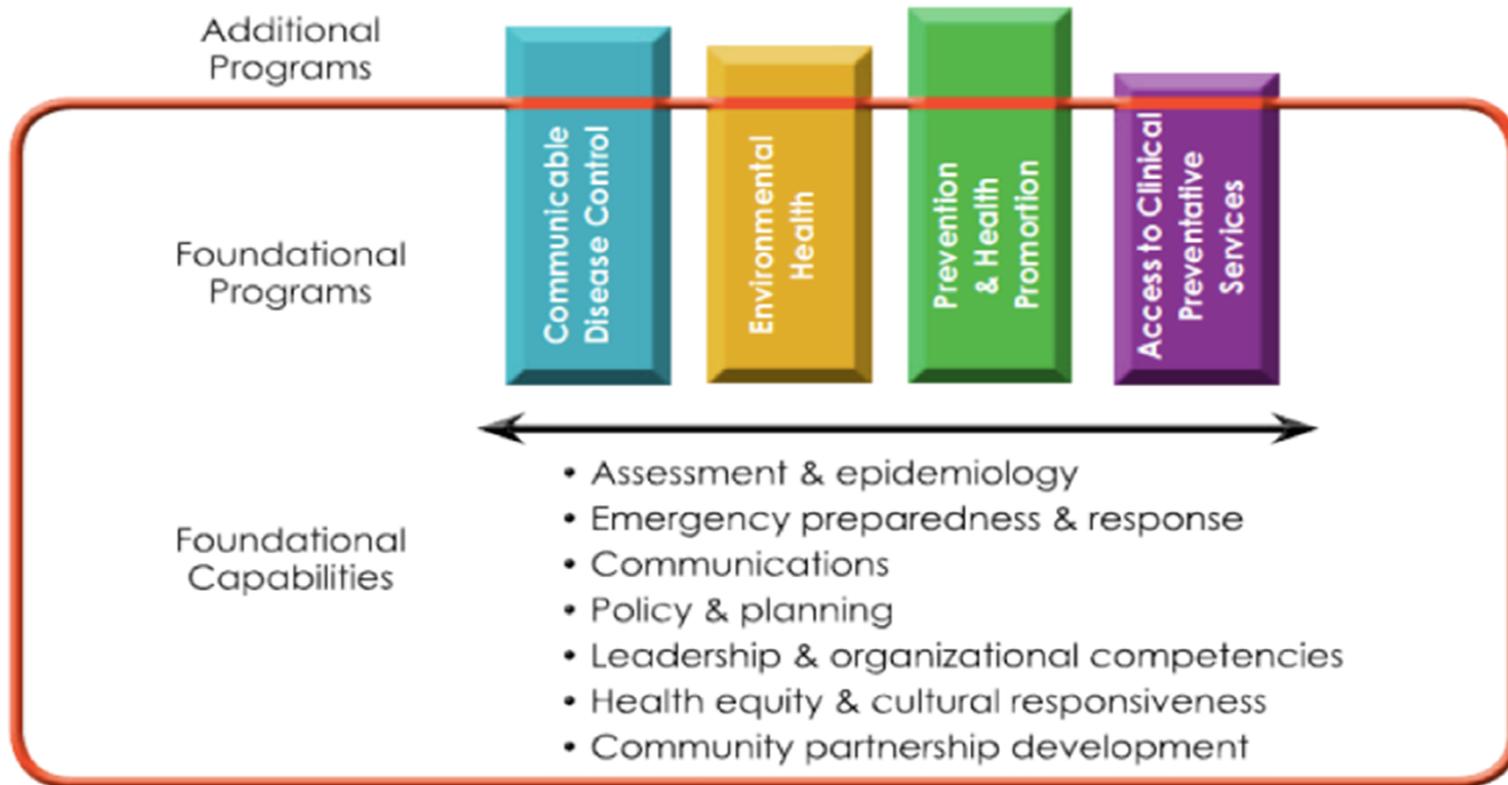


Public Health National Center for Innovations

- Created as a Center at the National Public Health Accreditation Board
- Funded by the Robert Wood Johnson Foundation
- National Public Health Innovations:
 - Move forward the Foundational Public Health Services Model identified by IOM report and further refined by RESOLVE
 - Cross-jurisdictional sharing
 - Public Health Accreditation alignment with Foundational Public Health Services Model
 - Public Health & Health Care Transformation



Foundational Public Health Services



Source: HB 2348 Task Force Report: Modernizing Oregon's Public Health System, September 2014

 = Present @ every Health Department



Oregon's RWJF Proposal

- Participate in a Learning Community of Oregon, Ohio, and Washington moving forward this model.
- 10 regional meetings across Oregon engaging local communities, health and education stakeholders, and local elected officials in moving forward the new model for public health
- A step-by-step roadmap for modernizing Oregon's public health system is created; state and local communities can use to identify readiness steps
- Set of tools to overcome modernization barriers is created
- Modernization plan template is developed
- Public health outcomes are adopted by the Oregon Public Health Advisory Board



Public Health Advisory Board's Role

- Utilize newly appointed Public Health Advisory Board with oversight for the public health system in Oregon for RWJF grant purposes including:
 - Identify areas where the PHAB can support additional outreach and engagement of communities and other stakeholders
 - Assure strong connections with grant work and other stakeholders: CCOs, primary care, early learning, education and others to facilitate collaboration
 - Assist with recruitment efforts to 10 regional meetings
 - Oversee public health outcomes and metrics work to connect with RWJF's Culture of Health goals
 - Provide feedback on modernization tools



Timeline & Deliverables

- March 2016 – May 2016 – Planning for grant deliverables.
- June 2016 – May 2017 – Regional meetings, roadmap & tools.
 - 10 regional meetings
 - Roadmap developed
 - Suite of tools identified and developed
 - Modernization implementation plan template developed
- June 2017 – February 2018 – Technical assistance & modernization plan development.
 - Technical assistance provided to state & local public health to use tools, roadmap and implementation plan template



Proposed Next Steps for PHAB

- PHAB will be involved in this work through regular updates at monthly meetings
- Provide guidance with regard to engaging stakeholders in regional meetings
- Participate regional meetings
- Develop public health outcomes and metrics for accountability of the system while moving to a culture of health
- Identify opportunities for alignment with the health and education systems



Questions?

Morgan Cowling, CLHO – morgan@oregonclho.org

Cara Biddlecom, OHA –
cara.m.biddlecom@state.or.us

Public Health Modernization Manual and Assessment

UPDATED: April 13, 2016



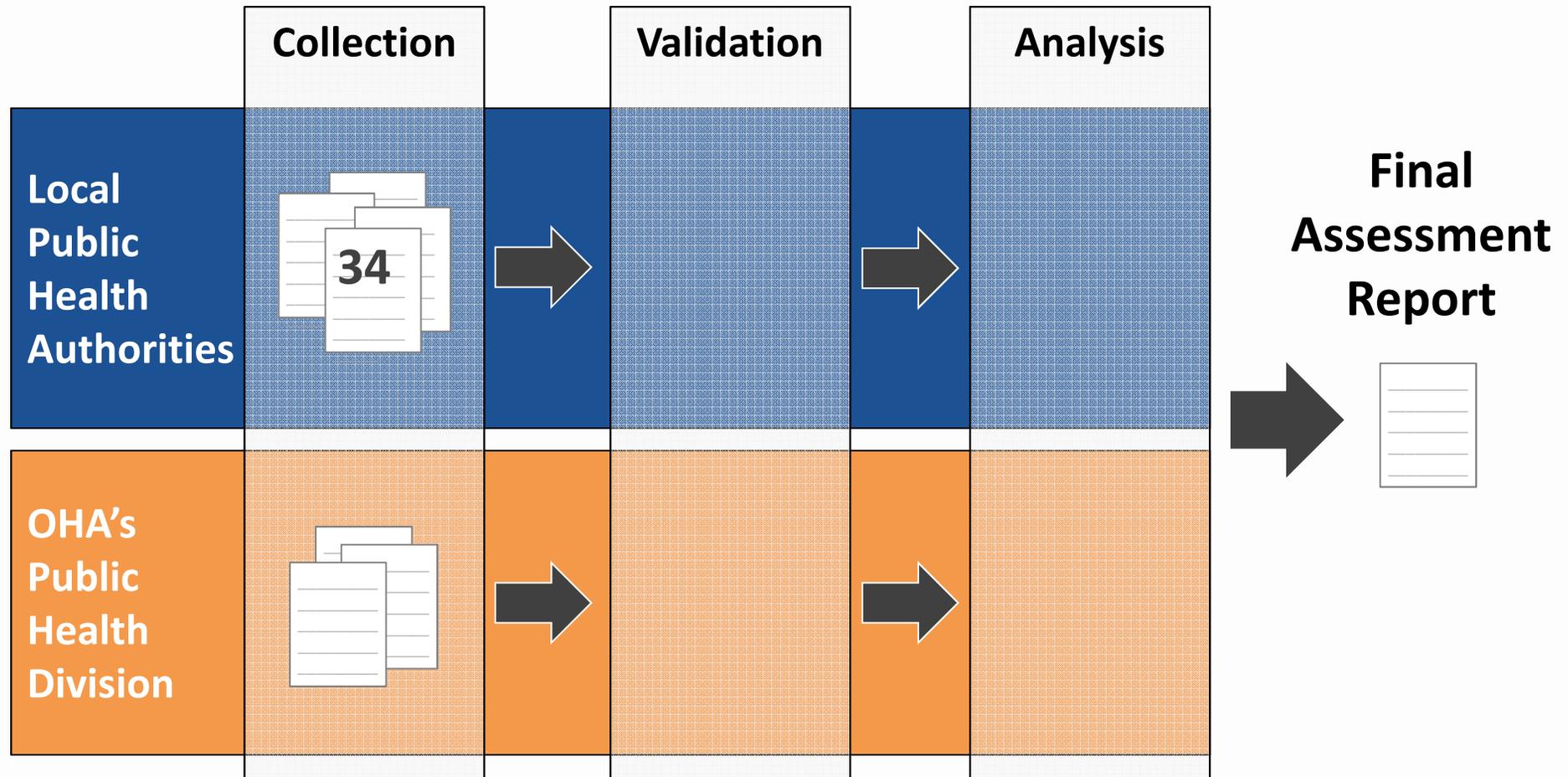
PUBLIC HEALTH DIVISION

Office of the State Public Health Director

Review: Overview

- BERK Consulting was engaged to meet the requirement in HB 3100 that Oregon Health Authority's Public Health Division and local public health authorities (LPHAs) assess their current provision of and the cost to fully implement the Public Health Modernization framework as defined by the identified Foundational Capabilities and Programs. To do this we:
 - Collected information to answer two questions:
 - To what extent are the roles and deliverables of Public Health Modernization being provided today? (*Qualitative and quantitative*)
 - What resources are needed to fully implement the roles and deliverables of Public Health Modernization? (*Quantitative*)
 - Will report these findings to the legislature by June 2016

Public Health Modernization Assessment Process Overview

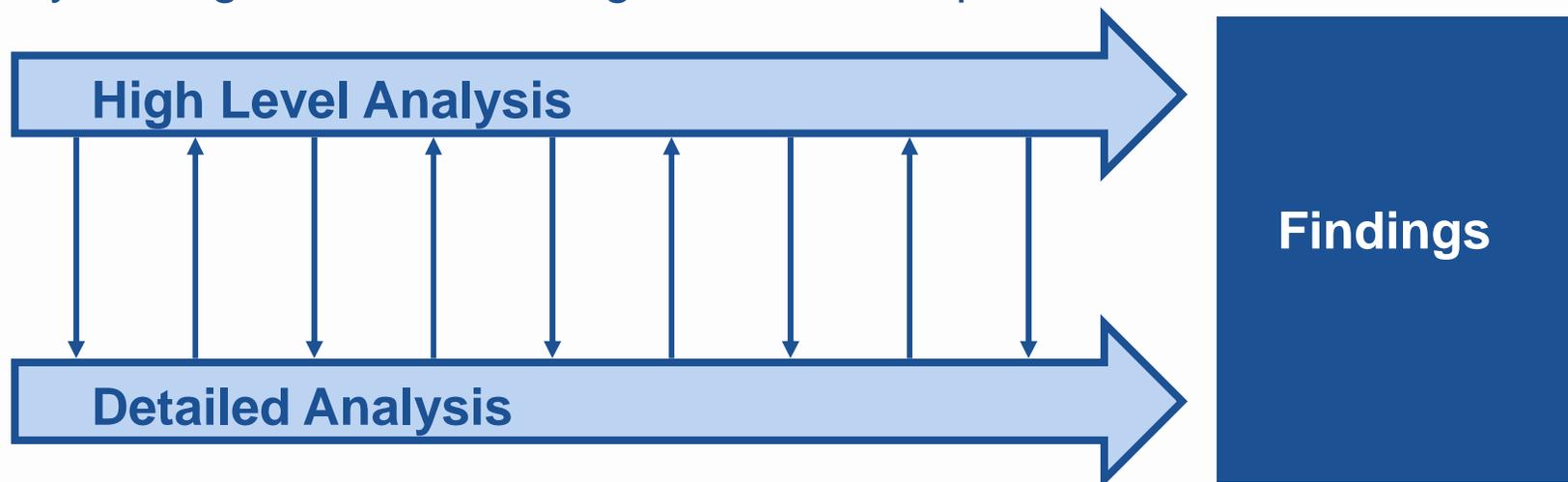


Review: Collection and Validation Processes

- Collected two types of information:
 - Current capacity and expertise
 - Resources, including
 - Current spending on public health modernization
 - Estimated need for full implementation
- Using a variety of approaches, we have worked to validate our results, including but not limited to:
 - Internal validity, such as:
 - Do the results make sense in the context of each LPHA's demographics?
 - External validity, such as:
 - Do individual results make sense in the context of overall and other national results?

Where We are Now: Cost Analysis Process

- We have started the Cost Analysis.
 - This process is designed to be inductive
 - This process is iterative.
- We don't have results to share yet, and we need to understand our key findings before we bring forward example exhibits.



Public Health Modernization Assessment

Approach to Cost Analysis



- Analyze validated state and local data through an exploratory process, rather than a deductive process focused on confirming existing hypotheses.
 - Our intention is to maintain flexibility in analytic process to allow for investigation of most important findings as they are identified.
- All Assessment efforts have been targeted to answer our key questions.

Public Health Modernization Assessment

Approach to Cost Analysis



- Public Health Modernization is still a fairly new concept for all of the agencies participating in this effort.
 - There is a level of subjectivity in interpreting the Public Health Modernization framework.
 - As much as possible, we developed the Assessment Tool to build a shared understanding of Public Health Modernization within Oregon’s public health community.
 - Data collected present planning level estimates that provide order of magnitude precision.
 - Data are self-reported, which include any respondent biases
 - We built in checks and balances during the data collection process and as part of validation to identify and, where necessary, correct for these biases at the planning-level.

Public Health Modernization Assessment

Approach to Cost Analysis



- We are analyzing data at several different altitudes:
 - By Agency, geographic region, community characteristic, etc..
 - By roles and deliverables, Functional Areas, and Foundational Capability or Program.

	Statewide	PHD and All LPHAs	Community Characteristics	Individual Agencies
Overall	Most Detailed			
Foundational Capability or Program				
Functional Area				
Role and Deliverable				Least Detailed



Public Health Modernization Assessment: Key Question Considerations



Key Question 1. To what extent are the roles and deliverables of Public Health Modernization being provided today?

Considerations

- To what extent is current provision consistent across agencies, including PHD?
- Are there patterns to degree services are being provided at each altitude?
- What does current provision suggest about current service delivery and full implementation possibilities?

Public Health Modernization Assessment: Key Question Considerations



Key Question 2. What resources are needed to fully implement the roles and deliverables of Public Health Modernization?

Considerations

- What is the relative magnitude of the roles and deliverables yet to be implemented?
 - Is there a consistent resource need across roles and deliverables, Functional Areas, and Foundational Capabilities and Programs?
 - Are there functional areas or Foundational Capabilities and Programs that require greater resources to support?
- How do resource needs scale across agencies?

Key Question Considerations, Cont.

Key Question 2. What resources are needed to fully implement the roles and deliverables of Public Health Modernization?

- What considerations bound possible implementation strategies?
 - Funding
 - Feasibility for program implementation
 - Availability
 - Health equity
 - Policy
 - Agency readiness
 - Service delivery models
- Within those bounds, how can Public Health Modernization be implemented to optimize efficiency and effectiveness?

Public Health Modernization Assessment

Presenting the Cost Analysis



- The level of detail of the results presented in the Report will be determined in response to the needs of stakeholders.
 - As much as possible, the level of detail of the results documented in the Report will respond to the needs of PHD and stakeholders.
- Data and findings will be presented in a format that is easy for legislators and others to use in making informed decisions.
 - Data visualization and graphics will be used to aid in this.

OREGON HEALTH AUTHORITY

PUBLIC HEALTH MODERNIZATION FINAL REPORT

PRELIMINARY DRAFT: APRIL 13, 2016

1.0	INTRODUCTION	3
1.1	Public Health Modernization	3
	Foundational Capability.....	3
	Foundational Program.....	4
	Additional Programs.....	4
1.2	Public Health Modernization Assessment Overview	4
2.0	PUBLIC HEALTH MODERNIZATION ASSESSMENT PROCESS	5
	Planning Process.....	5
	Collection	5
3.0	LPHA ASSESSMENT PROCESS	6
3.1	LPHA Process Development.....	6
	LPHA Assessment Process	6
	LPHA Tool Development.....	6
3.2	LPHA Assessment Tool Methodology.....	6
	Assumptions.....	7
	Limitations.....	7
3.3	Final LPHA Assessment Tool	8
	Assessment Tool Description and Components.....	8
	Assessment Tool Dissemination and Completion	13
3.4	LPHA Assessment Results and Validation.....	15
4.0	PHD ASSESSMENT PROCESS.....	15
4.1	PHD Assessment Process Development	15
	PHD Assessment Process.....	15
4.2	PHD Assessment Methodology	19
	Programmatic Self-Assessment	19
	Current Spending.....	19
	Cost Estimates.....	19

4.3 PHD Assessment Results and Validation 19

5.0 **COST ANALYSIS PROCESS** **19**

5.1 Cost Analysis Overview 19

 Methodology 19

5.2 Cost Analysis Findings 20

5.2 Implementation 20

6.0 **RECOMMENDATIONS** **20**

7.0 **APPENDICES** **20**

Preventive Health & Health Services Block Grant

Oregon Public Health Advisory Board

April 21, 2016



OFFICE OF THE STATE PUBLIC HEALTH DIRECTOR
Public Health Division

Background

- Non-competitive grant through Centers for Disease Control and Prevention
- Issued to all states and territories to address state determined public health priorities
- Work plan tied to Healthy People 2020 Objectives
 - Oregon has typically used for infrastructure and tied to
 - PHI-16: Quality improvement
 - PHI-17: Public health accreditation
- Portion of funding allocation for rape prevention and victim services
 - Oregon Coalition Against Domestic Violence and Sexual Violence
 - PHI-40: Rape Prevention

Funding

- October 2016 – September 2017: \$1,025,320 available for work plan implementation
- October 2015 – September 2016: \$1,089,202 available for work plan implementation
- Annually \$85,660 of allocation for rape prevention and victim services

Funding Supports

- Public health accreditation
- Training, consultation and technical assistance for local health departments
- Contract compliance reviews of local health departments
- Partnership development and support (includes tribes)
- Performance management and quality improvement
- Workforce development for PHD managers and staff
- Rape prevention and victim services

Role of Public Health Advisory Board

- Acts as block grant advisory board as required by federal code
- Must meet at least two times/year to exercise its duties as the block grant advisory board
- Provide input into the work plan prior to submission to CDC

Next Steps

- Meeting with Oregon Coalition Against Domestic and Sexual Violence – align work plan and PHD work in rape prevention
- May PHAB meeting – Overview of draft work plan, provide input
- May 26, 2016 – Public hearing
- June 2016 – Submit work plan to CDC

Questions or Comments

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April 2016

Preventive Health & Health Services Block Grant – Fact Sheet

Background

- Non-competitive grant issued to all states and territories to address state determined public health priorities.
- Public Health Advisory Board (PHAB) is designated as the Block Grant Advisory Committee.
 - Federal code requires the PHAB meet at least twice per year to perform its duties as the Block Grant Advisory Committee.
 - Makes recommendations regarding the development and implementation of the work plan.
- Federal code states that a portion of the allocation (pre-determined) be used for rape prevention and victim services. This funding currently goes to the Oregon Coalition Against Domestic and Sexual Violence.
- Work plan must be tied to Healthy People 2020 objectives. Oregon has historically used the block grant to support infrastructure
 - Public health agency quality improvement program (*PHI-16. Increase the proportion of Tribal, State and local public health agencies that have implemented an agency-wide quality improvement process.*)
 - Accredited public health agencies (*PHI-17. Increase the proportion of Tribal, State and local public health agencies that are accredited.*)
 - Sexual Violence (*IVP-40. Reduce sexual violence.*)

Funding

- For October 2015 – September 2016 work plan, \$1,089,202 is available (\$85,660 for rape prevention and victim services).
- For October 2016 – September 2017 work plan, \$1,110,980 is available (\$85,660 for rape prevention and victim services).

Funded Work Plan and Activities

- Public health accreditation
 - Coordination and leadership for PHD accreditation
 - Support for LHD accreditation documentation needs

- Training, consultation and technical assistance for Local Health Departments (LHDs)
 - Oregon Public Health Association annual conference
 - Oregon Epidemiologists' annual conference
 - Portland State University project management training
 - Ongoing consultation for LHD-specific needs
 - Assistance when counties transition part of their services to sub-contractors
- Contract compliance with LHD Financial Assistance Agreements
 - Triennial review coordination, consultation and implementation
 - Improvement efforts to streamline the triennial review process
- Partnership development and support
 - Coordination of PHD's work with the nine federally-recognized tribes in Oregon
 - Support for Conference of Local Health Officials meetings and subcommittees
- Performance Management and Quality Improvement
 - Monthly PHD dashboards for each section, center and division to track SHIP, strategic and operational objectives
 - Quality improvement projects (IT project prioritization, triennial review, vital records registration)
 - PHD quality improvement plan and implementation
- Workforce Development for PHD Managers and Staff
 - PHD workforce development plan and implementation
 - Leadership training for all managers
 - Annual PHD all-staff meeting
 - Portland State University project management training
 - Annual PHD employee engagement survey and consultation
 - PHD new employee orientation
- Rape Prevention and Victim Services
 - Public awareness campaign on impact of sexual violence in Oregon
 - Technical assistance, training and service coordination to 32 local sexual violence crisis programs

Next Steps

- PHD meeting with Oregon Coalition Against Domestic and Sexual Violence to identify ways block grant funding to the coalition can align and complement work PHD does in the areas of rape and violence prevention.
- May 19, 2016 PHAB meeting: Present overview of draft October 2016 – September 2017 work plan for discussion and input.
- May 26, 2016 Public hearing (2:00-2:30 p.m., Portland State Office Building, Room 1C): Opportunity for other stakeholders and members of the public to comment on work plan priorities.
- June 10, 2016: Final work plan submitted to Centers for Disease Control and Prevention



Oregon's State Health Improvement Plan, 2015-2019

WHAT IS OREGON'S STATE HEALTH IMPROVEMENT PLAN?

Oregon's state health improvement plan is Oregon's plan for improving the health of everyone in the state. Everyone in Oregon should have the opportunity to lead long, healthy and meaningful lives. This means that our communities are safe and supportive of optimal health and that individuals are protected from disease. The state health improvement plan is designed to bring individuals, communities and organizations together in order to improve the health of all people in Oregon. It addresses the leading causes of death, disease, and injury in Oregon through evidence-based and measurable strategies. The plan is also designed to reduce avoidable differences in health experienced by many diverse communities in Oregon.

WHAT ARE THE HEALTH PRIORITIES IN OREGON'S STATE HEALTH IMPROVEMENT PLAN?

The state health improvement plan focuses on seven priority areas:

- Prevent and reduce tobacco use
- Slow the increase of obesity
- Improve oral health
- Reduce harms associated with alcohol and substance use
- Prevent deaths from suicide
- Improve immunization rates
- Protect the population from communicable diseases

WHO IS THIS PLAN DESIGNED FOR?

Oregon's state health improvement plan is a tool for governmental and community public health agencies, CCOs, hospitals, health systems, private insurers, businesses, social service agencies, and any other group that works to improve health. It is designed to bring these organizations together towards shared health outcomes.

The strategies outlined for each priority area include population-level interventions, interventions specifically intended to address health equity and interventions that occur within the healthcare delivery system. We will never substantively improve population health in Oregon if some of our residents are left to experience a disproportionate burden of death, disease, and injury.

WHAT IS THE TIME FRAME FOR OREGON'S STATE HEALTH IMPROVEMENT PLAN?

This is a five year plan. Implementing the strategies in this plan will lead to measurable improvements in the seven priority areas by the end of 2019.

WHO IS RESPONSIBLE FOR OREGON'S STATE HEALTH IMPROVEMENT PLAN?

The Oregon Health Authority, Public Health Division (PHD) is responsible for working with partners to implement the state health improvement plan. PHD will convene partners to implement the strategies in the plan, monitor progress toward goals, and make adjustments when desired outcomes are not

met. The Public Health Advisory Board (PHAB), the oversight body for Oregon's state public health system, will hold PHD accountable for achieving the health improvements laid out in this plan.

HOW WERE THE PRIORITY AREAS SELECTED?

This state health improvement plan builds upon the work of previous groups, including the Oregon Health Improvement Plan Committee and *Oregon's Healthy Future* Advisory Group, which was convened in 2012.

Recognizing a need to solicit additional input from stakeholders, community members, and other partners, PHD held community engagement meetings across the state from May through September 2014. Based on feedback from these meetings and a review of the most recent state population health data, PHD updated the state health improvement plan. This revised version of Oregon's state health improvement plan is expected to be released in 2015.

WHY MUST WE WORK TOGETHER TO ADDRESS OREGON'S HEALTH PRIORITIES?

We are proud that Oregon ranks 12th among U.S. states for overall health (America's Health Rankings, 2014). Yet, we realize that more must be done to improve the health of all people in Oregon and to address persistent health inequities experienced by people of color; LGBT communities, and people with disabilities. Improving the health of everyone in Oregon is complex and takes time, and no single sector or agency can solve them on its own.

Our state health improvement plan advances our shared vision for a state where every individual, family, and community can attain the highest level of health possible.

WHERE CAN I LEARN MORE?

Information about Oregon's state health improvement plan is available on the PHD website at: www.healthoregon.org/ship.

Or contact the PHD Policy Team at: PublicHealth.Policy@dhsosha.state.or.us.

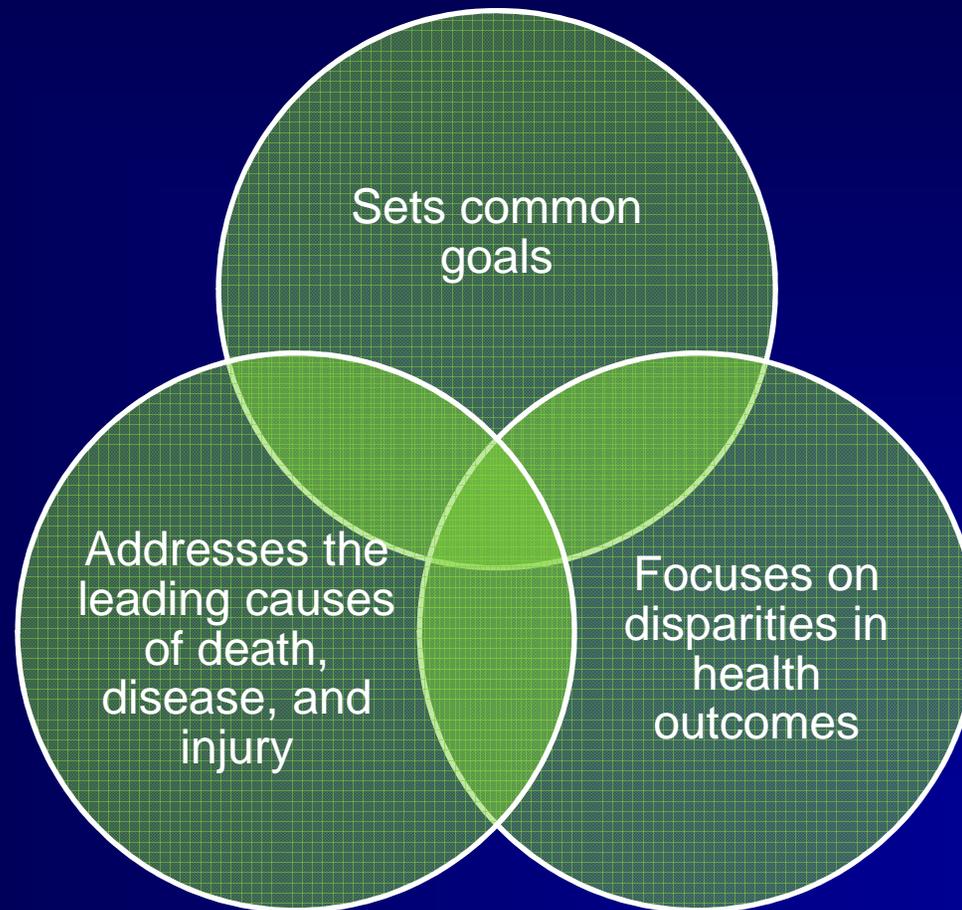
Health Status of Oregonians: Directing the SHIP

Katrina Hedberg, MD, MPH
Health Officer & State Epidemiologist

Oregon
Health
Authority

April 4, 2016

Oregon's State Health Improvement Plan



Oregon Public Health

>> State Health Improvement Plan



2015–2019

Oregon
Health
Authority

- Public Health Division has oversight of SHIP
- Accountable to the: Public Health Advisory Board
- Partners include: community organiz, local public health, state agencies, policy makers, and others

2015-19 SHIP development

- The 2015-19 SHIP is a revision of *Oregon's Healthy Future, 2013*.
- Purposes of revision:
 - Ensure transparency in selection of priorities
 - Engage communities in priority selection
 - Account for changes in Oregon related to health system transformation

State Health Improvement Plan priorities

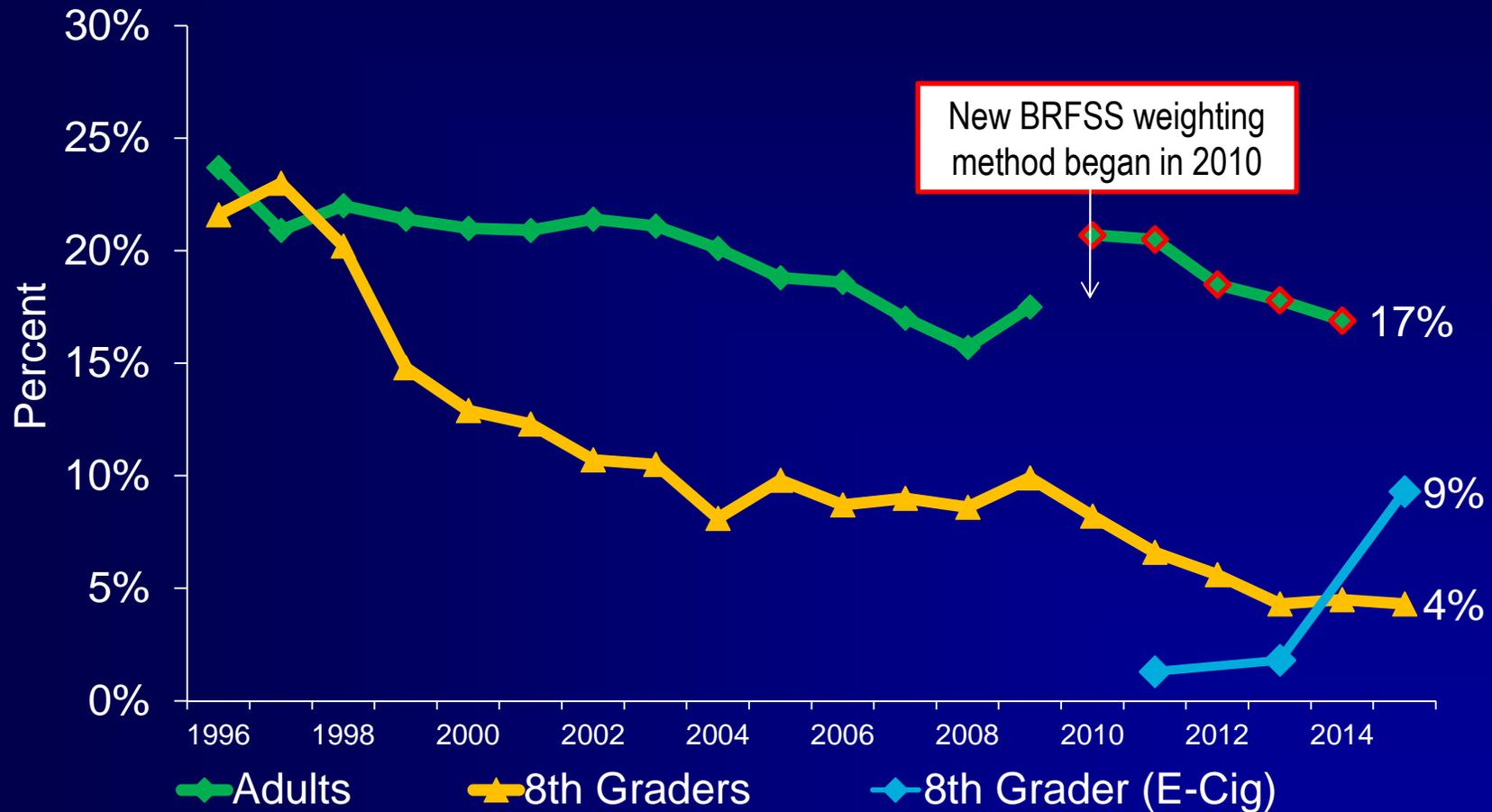
- Prevent and Reduce Tobacco Use
- Slow the Increase of Obesity
- Improve Oral Health
- Reduce Harms Associated with Substance Use
- Prevent Deaths from Suicide
- Improve Immunization Rates
- Protect Population from Communicable Disease

Approach to meet goals

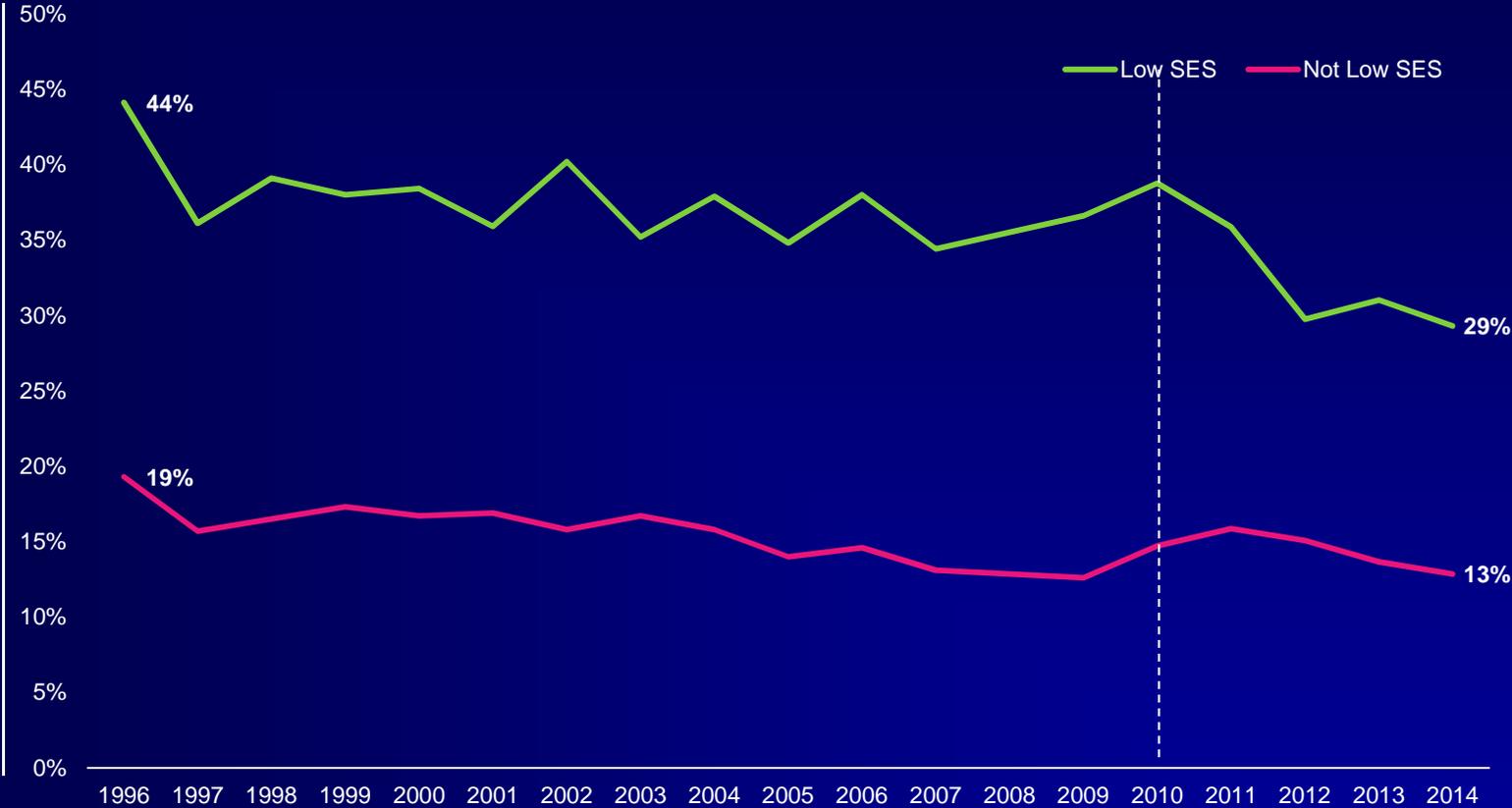
- Priorities need to be understandable, measurable, and achievable within 5 yrs
- Each priority area contains interventions on multiple levels:
 - Population health
 - Clinical & health system
 - Health equity

Prevent & reduce tobacco use

Cigarette Smoking Prevalence, Oregon, 1996 - 2015



Smoking by SES, Oregon



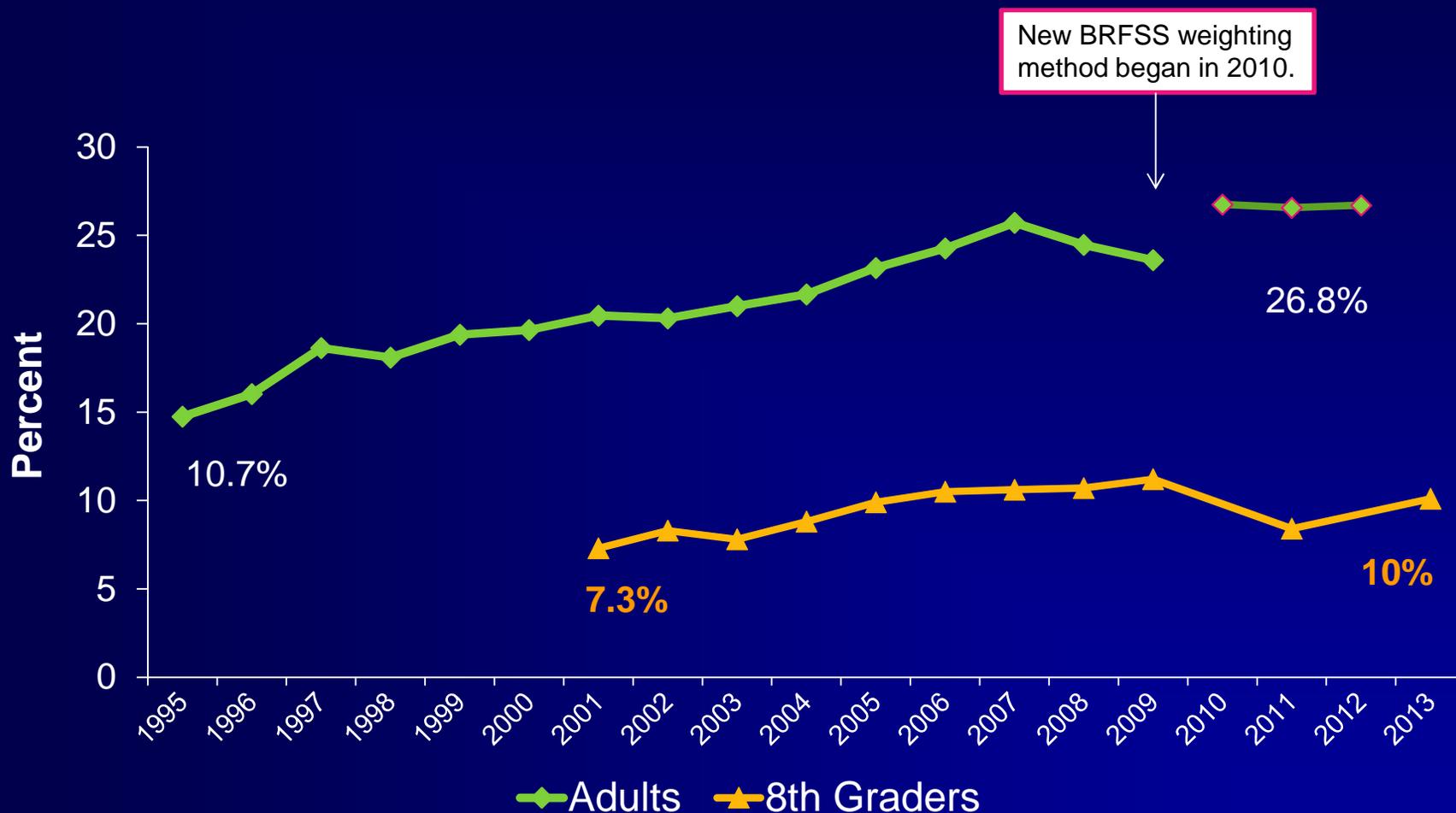
Prevent and reduce tobacco use

Priority targets:

- Cigarette smoking prevalence among youth
- Other tobacco product (non-cigarette) use among youth
- Cigarette smoking prevalence among adults

Slow the increase in obesity

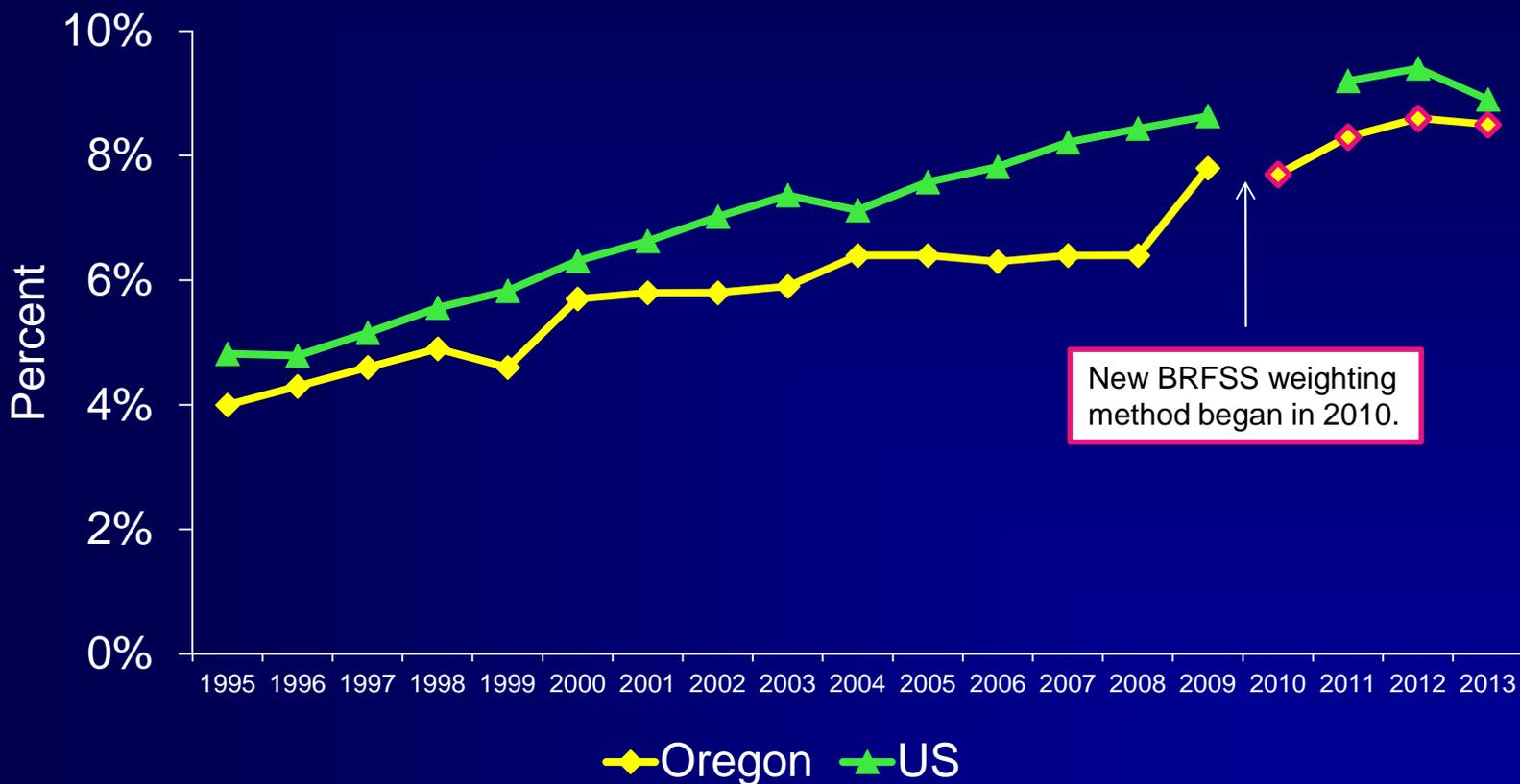
Obesity in Oregon Adults and 8th Graders



Public Health Division



Diabetes Prevalence, Oregon & U.S., 1995 – 2013



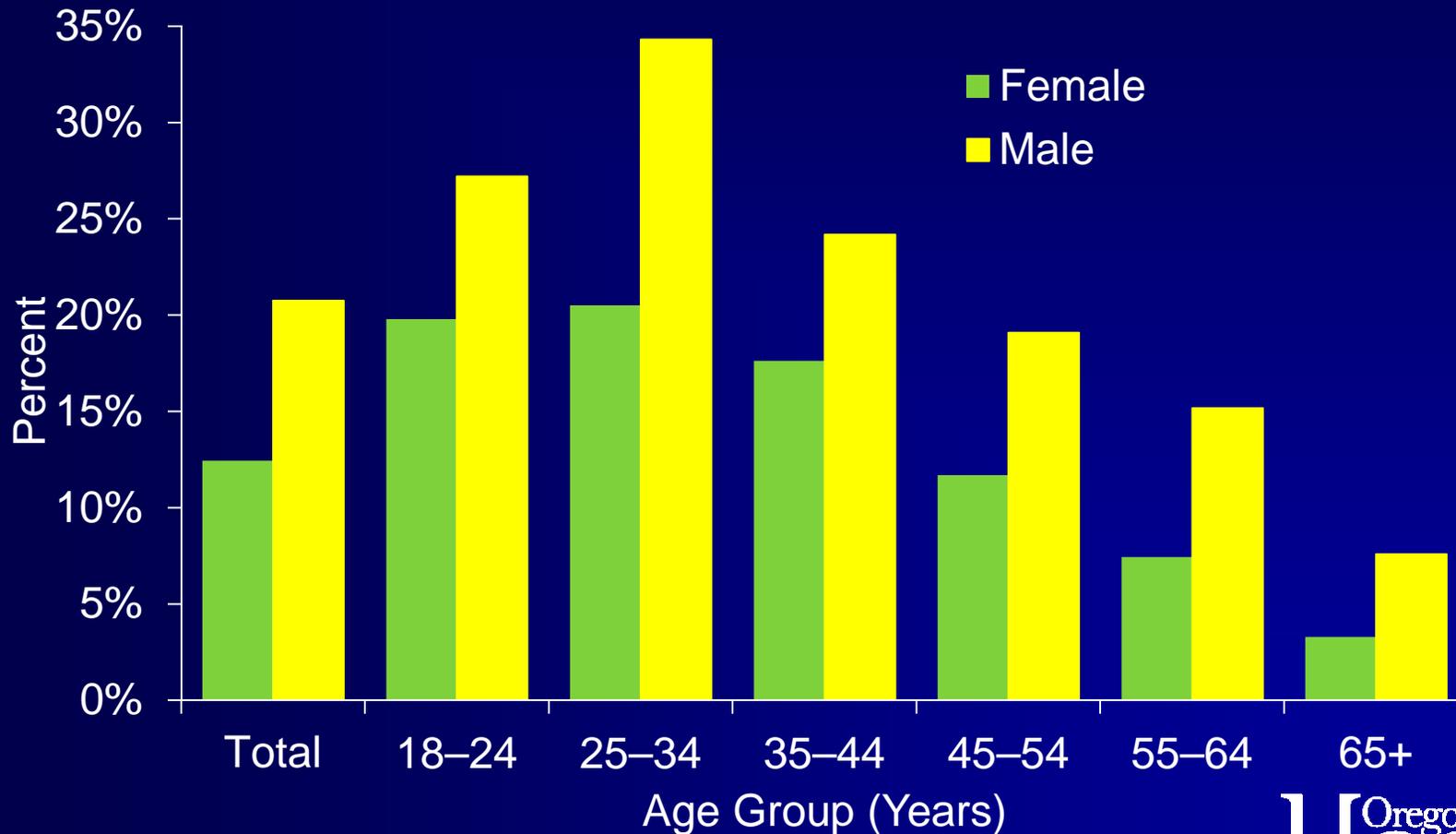
Slow the increase of obesity

Priority targets:

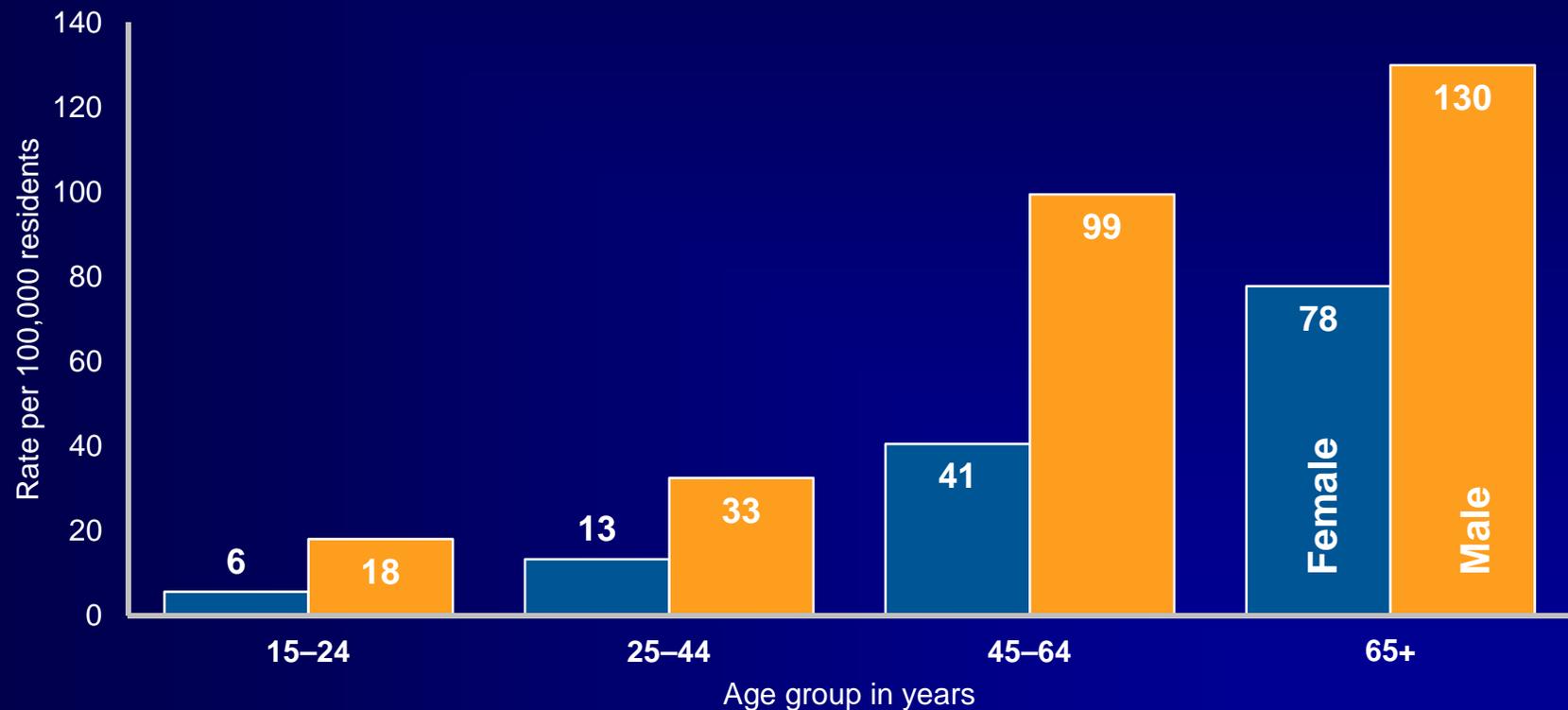
- Obesity prevalence among 2- to 5-year olds
- Obesity prevalence among youth
- Obesity prevalence among adults
- Diabetes prevalence among adults

Reduce harms from alcohol & substance use

Binge Drinking in Adults by Sex and Age, Oregon, 2013

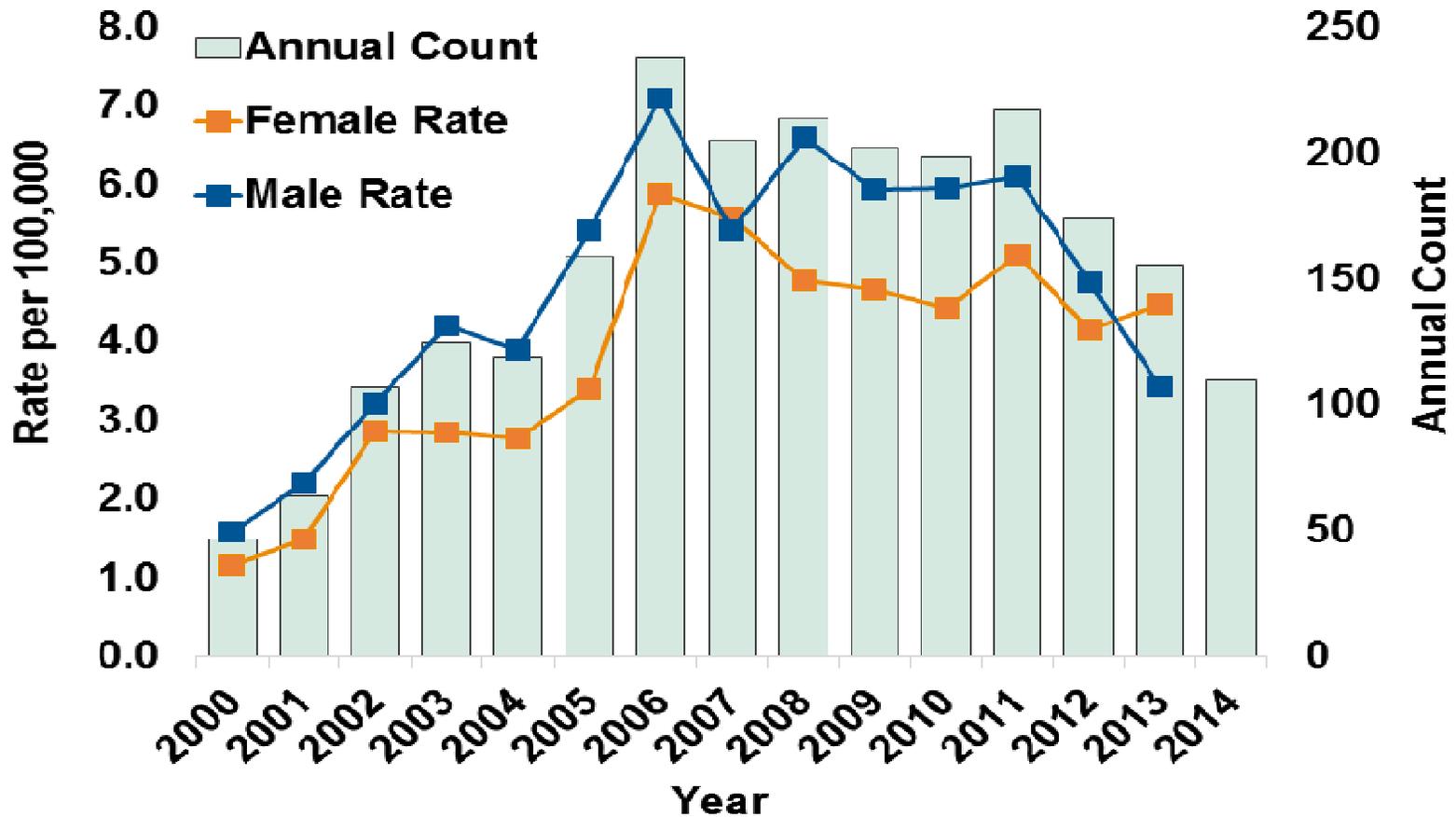


Alcohol-related deaths by age group and sex, Oregon, 2013



Source: Oregon Death Certificate Data

Unintentional and Undetermined Prescription Opioid Poisoning Deaths and Death Rates, Oregon, 2000–2014



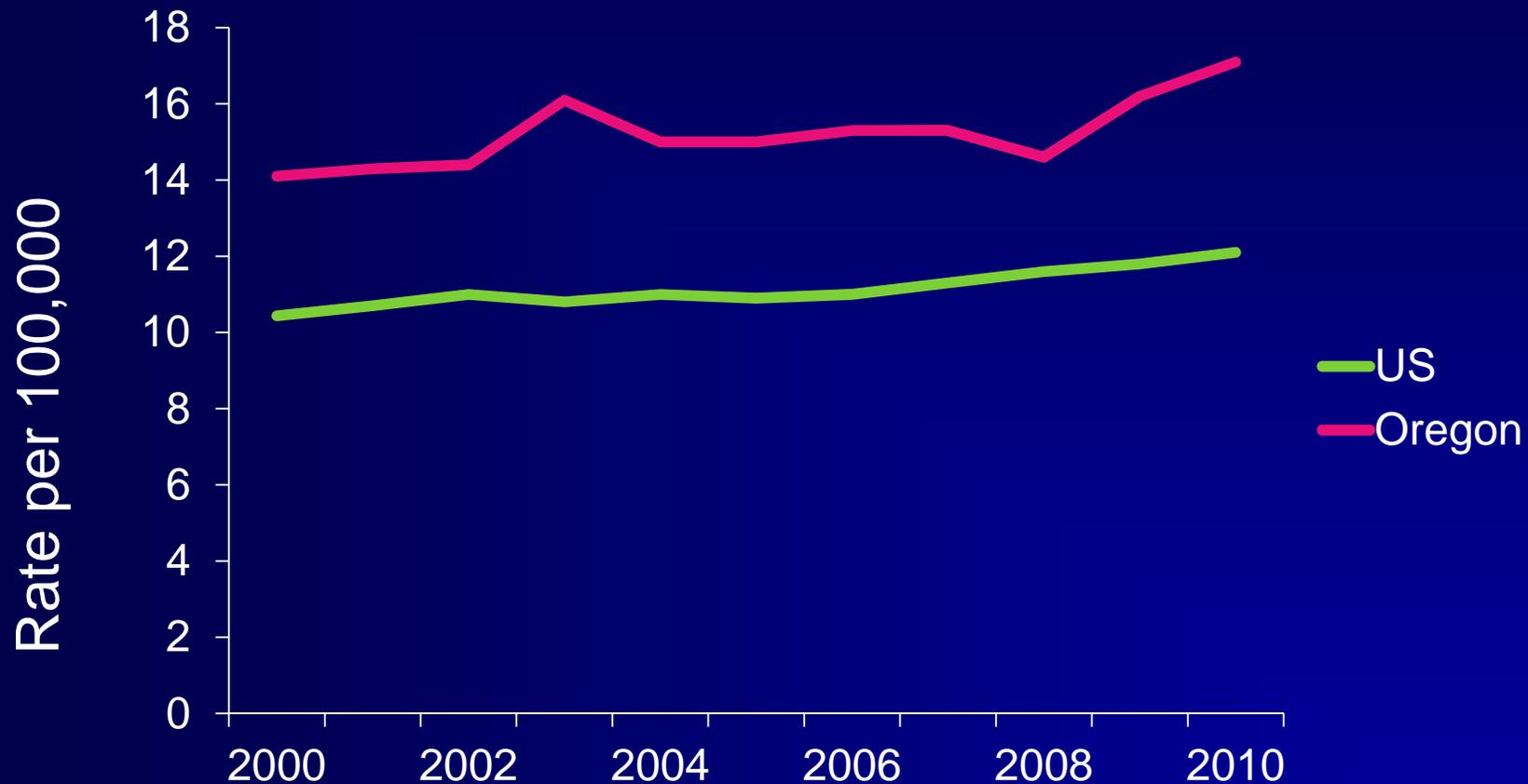
Reduce harms associated with alcohol and substance use

Priority targets:

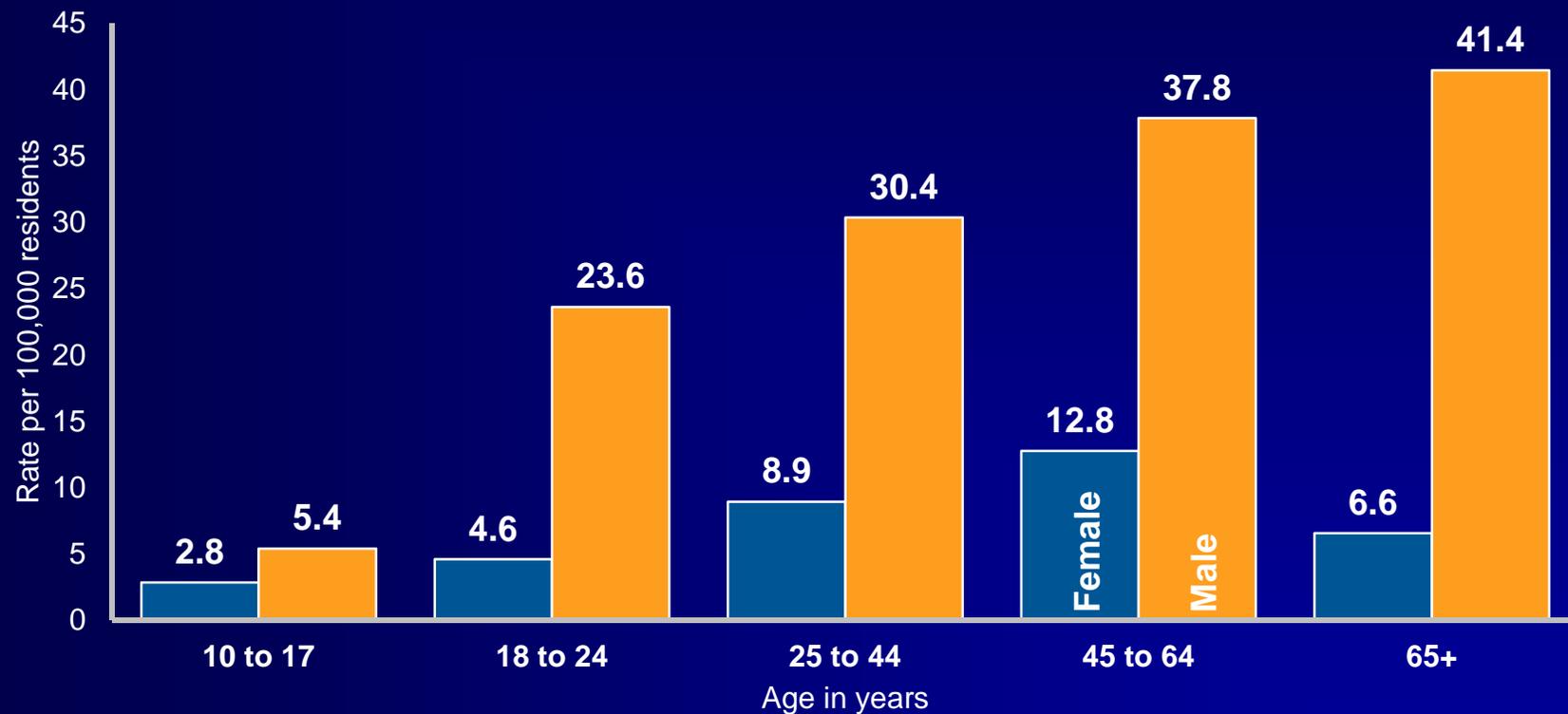
- Prescription opioid mortality
- Alcohol-related motor vehicle deaths

Prevent deaths from suicide

Suicide Deaths; Oregon and US



Suicide deaths by sex and age, Oregon, 2007-2013 average



Source Oregon Death Certificate Data

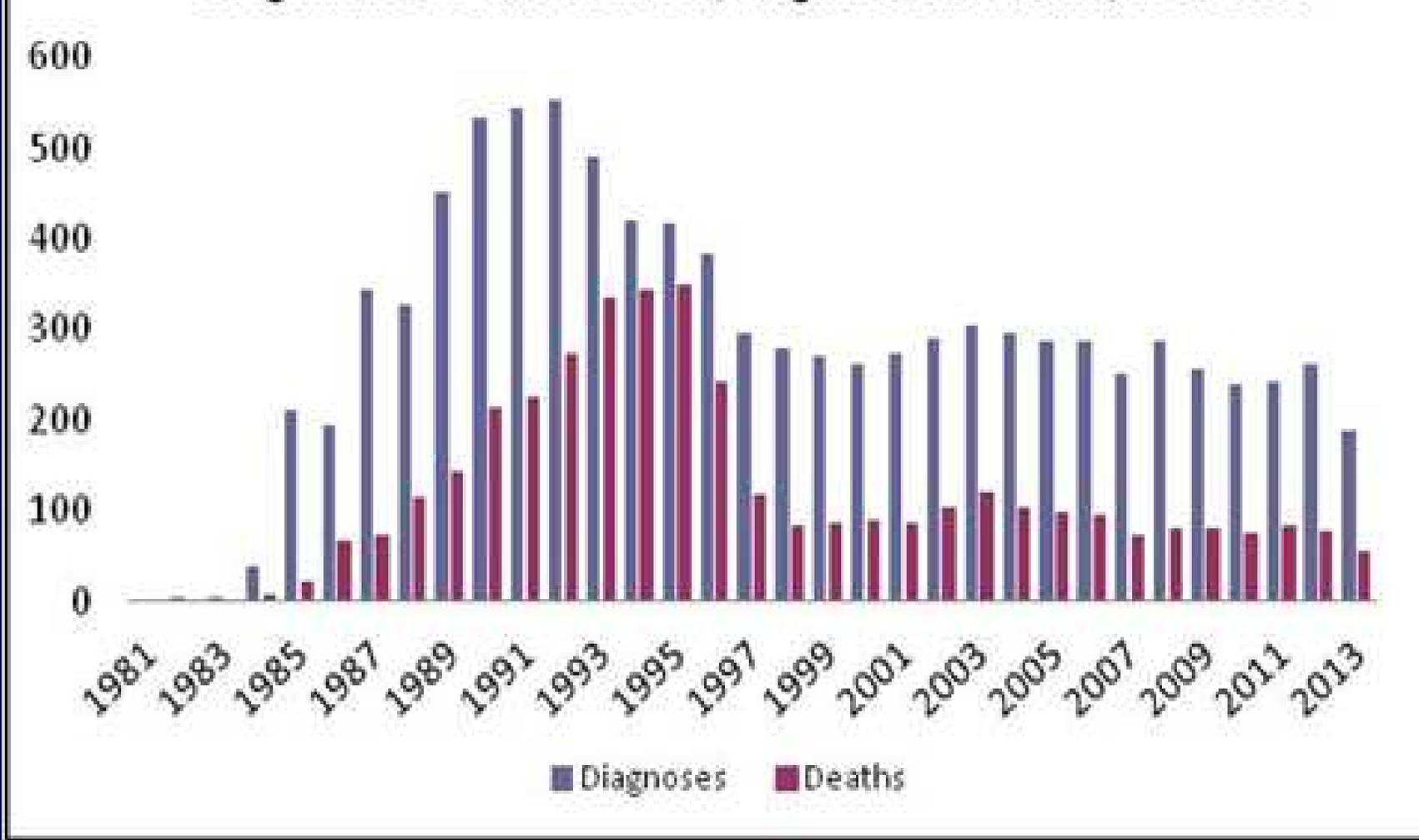
Prevent deaths by suicide

Priority targets:

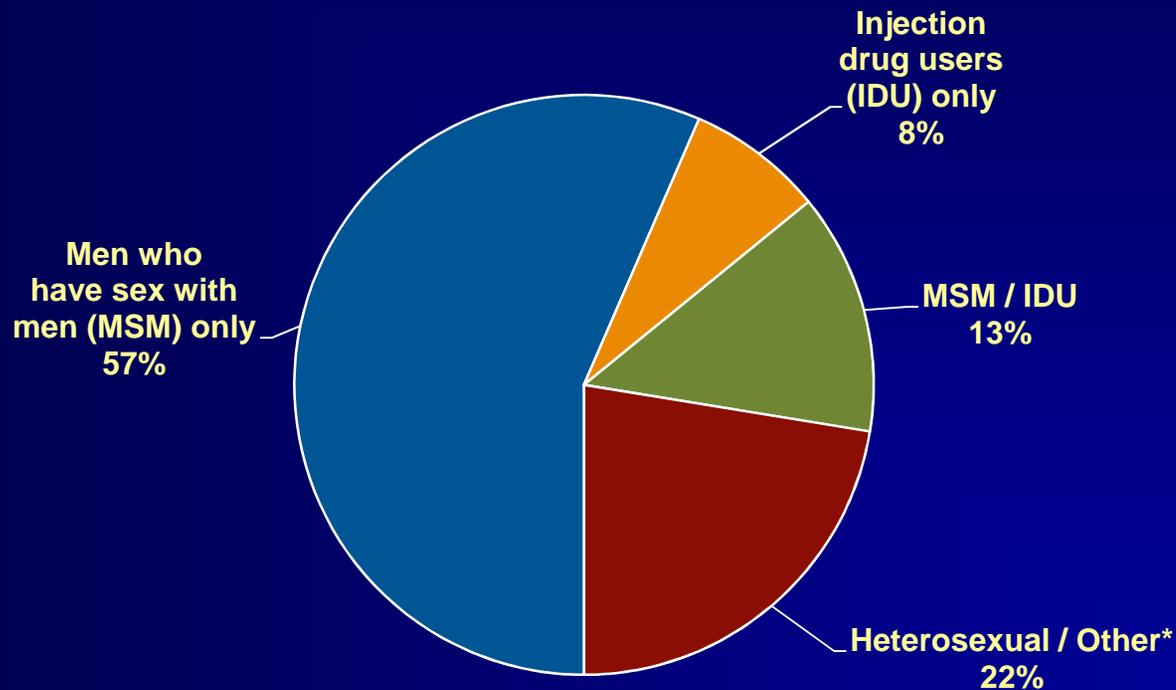
- Rate of suicide
- Suicide attempts among eighth graders
- Emergency department visits for suicide attempts

Protect population from communicable diseases

Oregon cases of HIV infection, diagnoses and deaths, 1981-2013



Newly-diagnosed HIV infection by risk group, Oregon, 2014



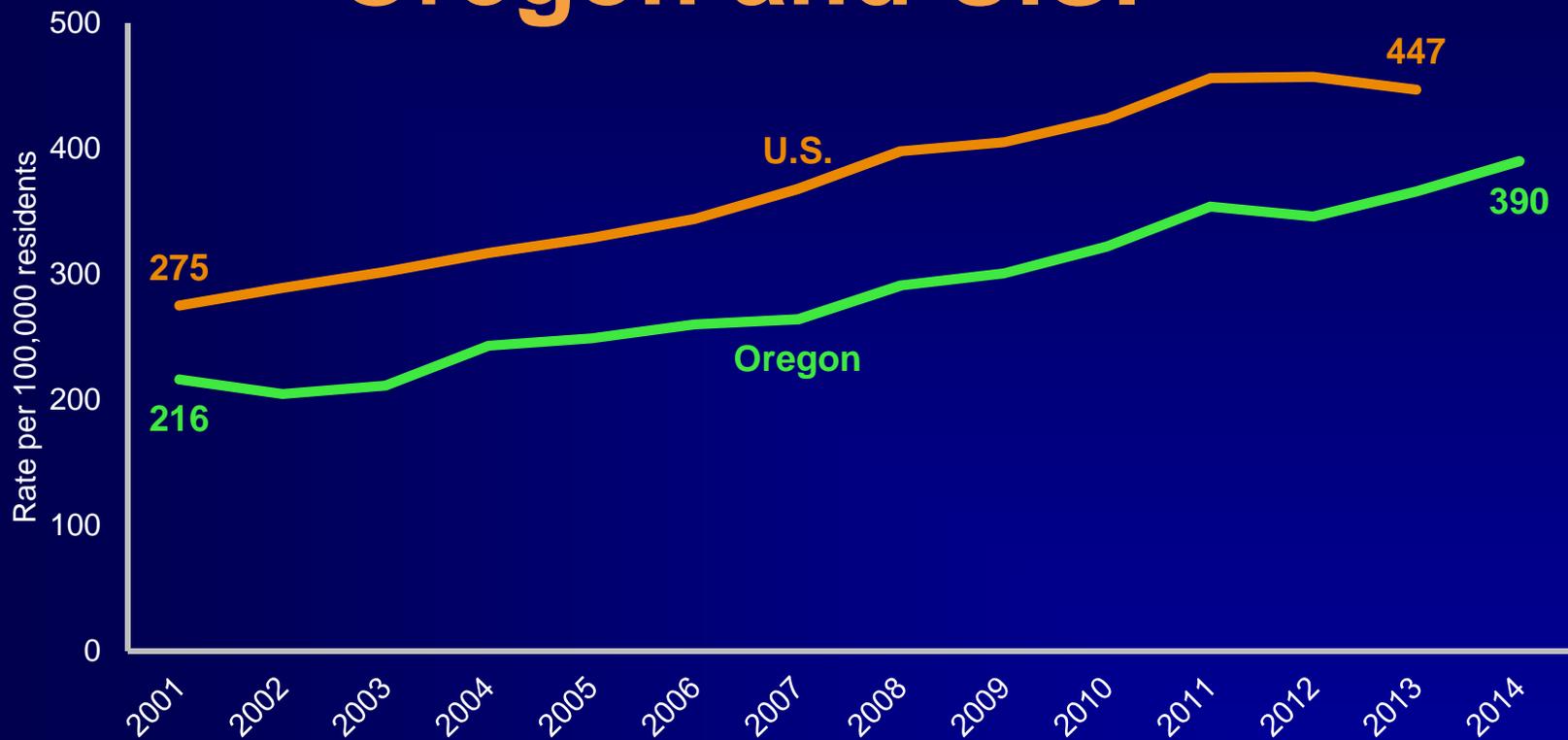
**Includes cases for which no other known risk factor was collected*

Source: Oregon Reportable Diseases Database

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Chlamydia infection by year, Oregon and U.S.



Notes: 2014 U.S. data not available.

Source: Oregon Reportable Diseases Database and CDC (U.S. data)

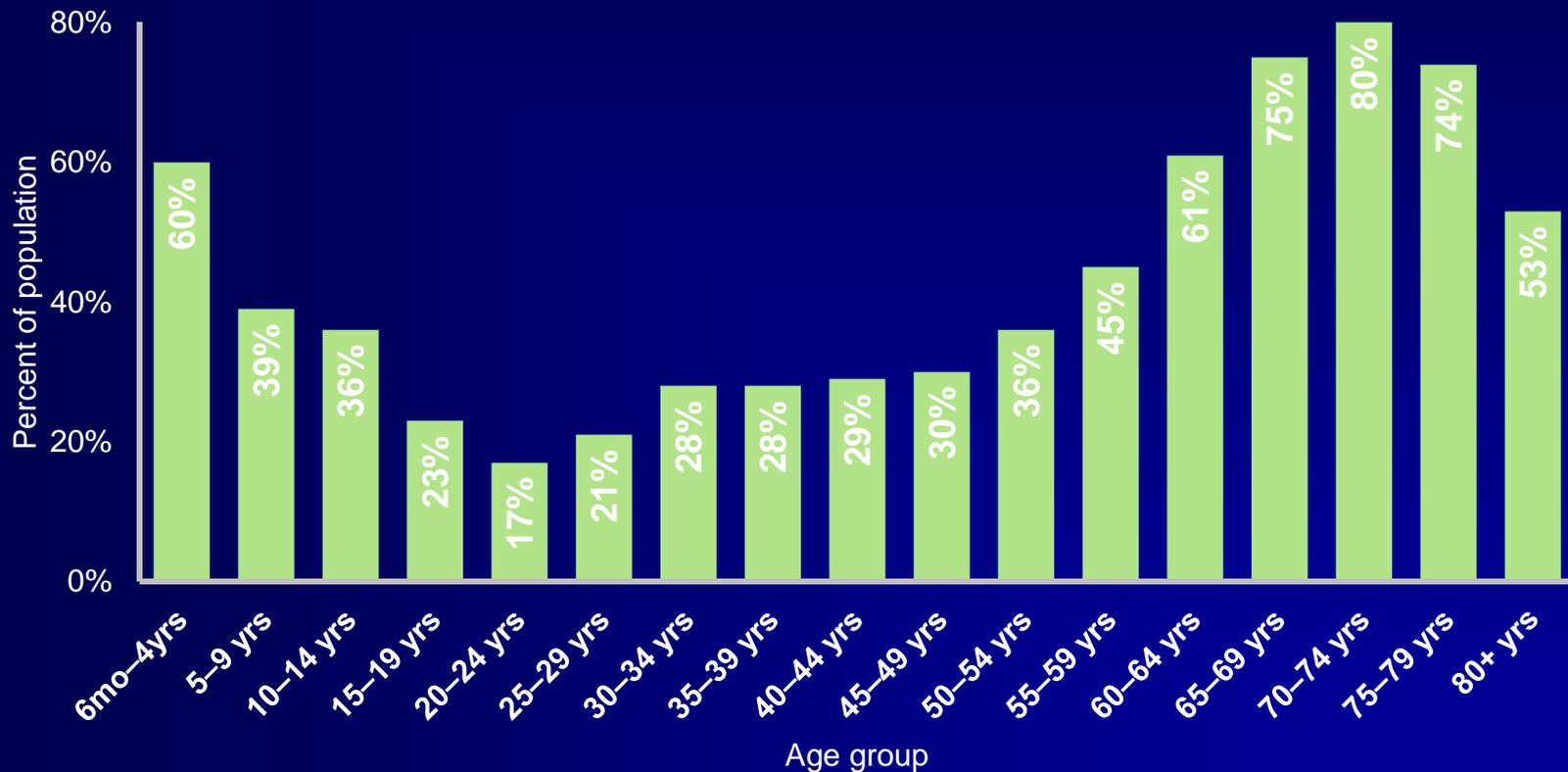
Protect the population from communicable diseases

Priority targets:

- Gonorrhea in women aged 15-44 years
- HIV infections in Oregon residents
- Hospital-onset *Clostridium difficile* infections
- Shiga toxin-producing *Escherichia coli* infections in children <10 years old

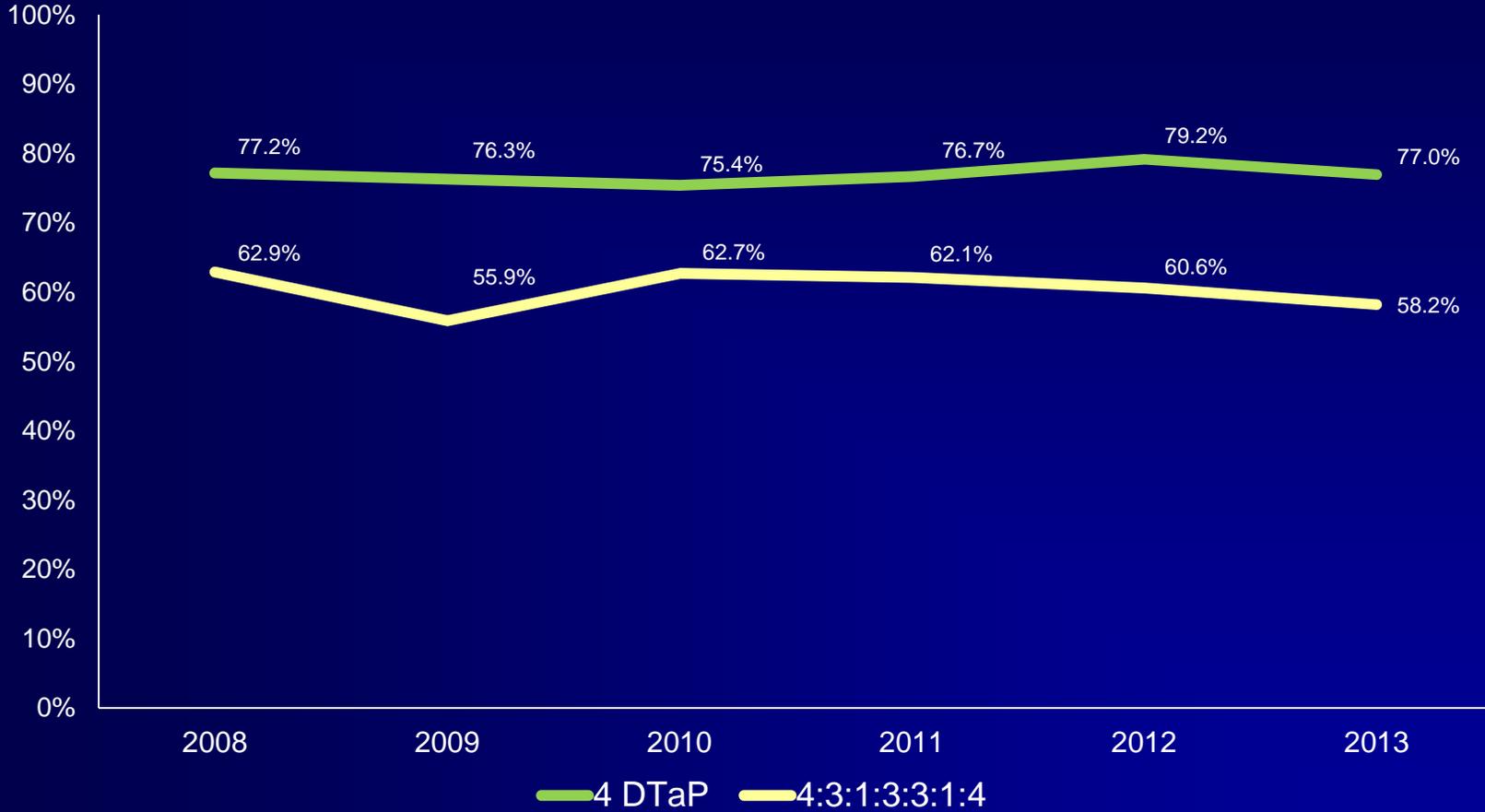
Improve immunization rates

Influenza vaccination by age, Oregon 2014-2015



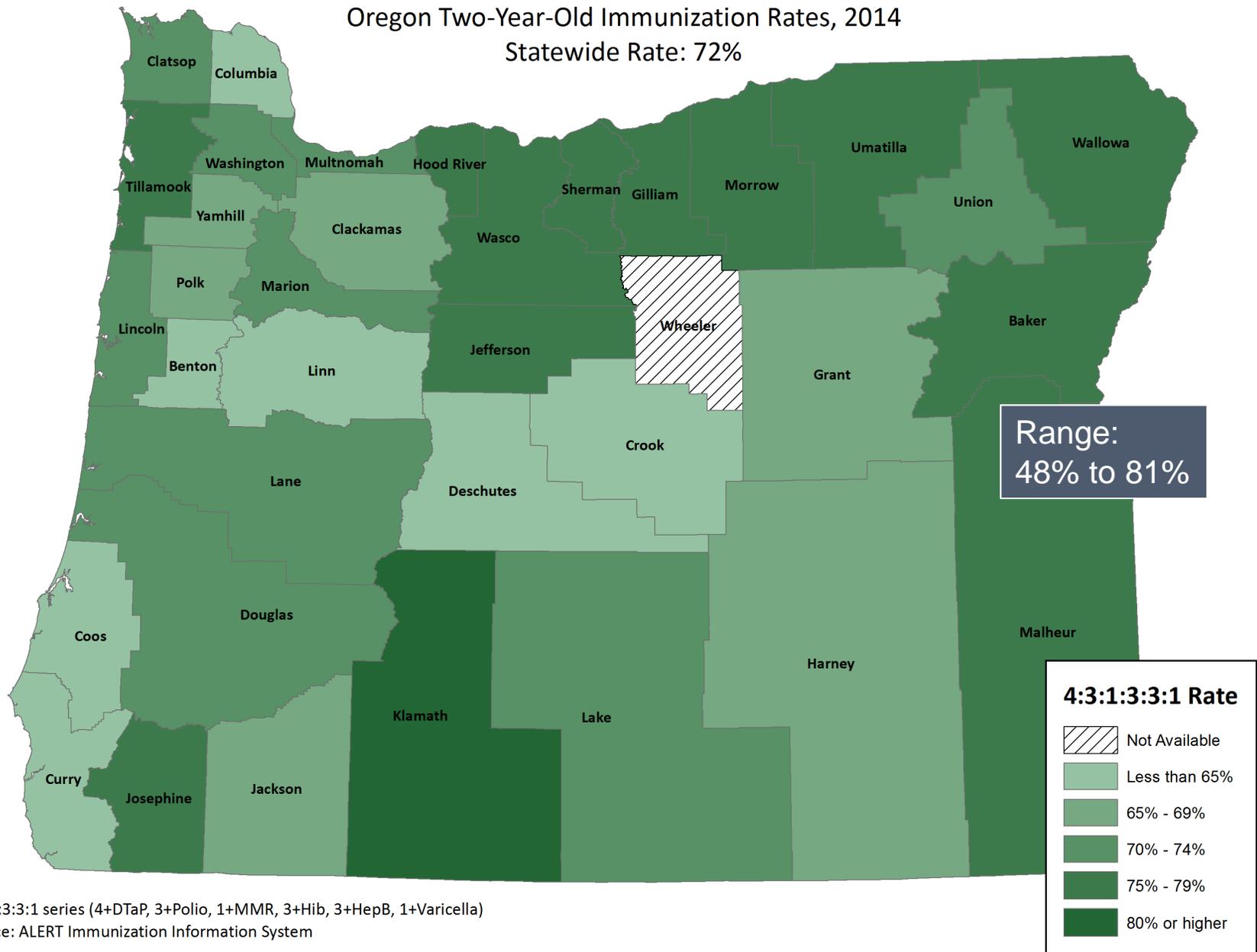
Source Oregon ALERT Immunization Information System

Immunization Rates: Oregon 2 year Olds



Oregon Two-Year-Old Immunization Rates, 2014

Statewide Rate: 72%



4:3:1:3:3:1 series (4+DTaP, 3+Polio, 1+MMR, 3+Hib, 3+HepB, 1+Varicella)
 Source: ALERT Immunization Information System

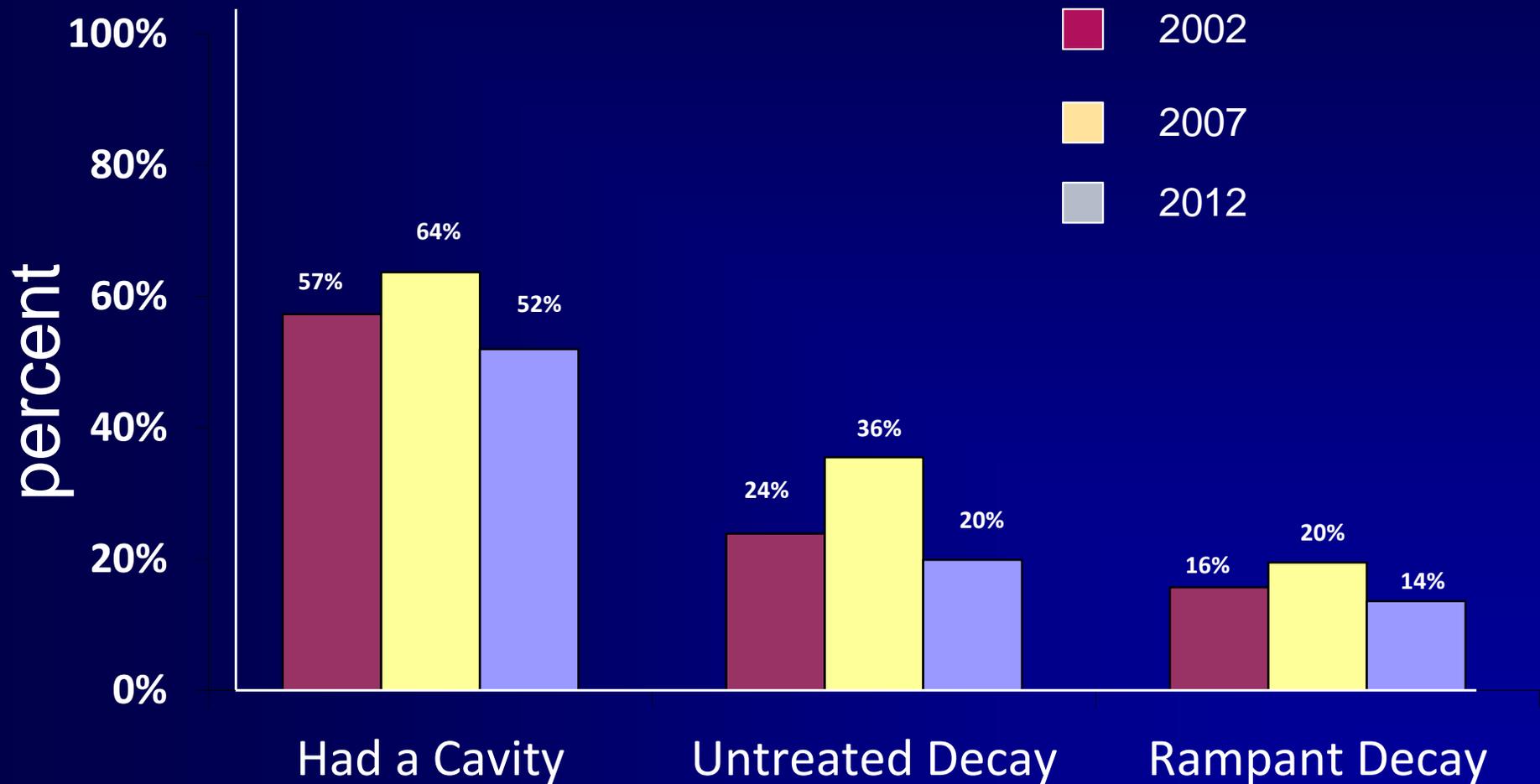
Improve immunization rates

Priority targets:

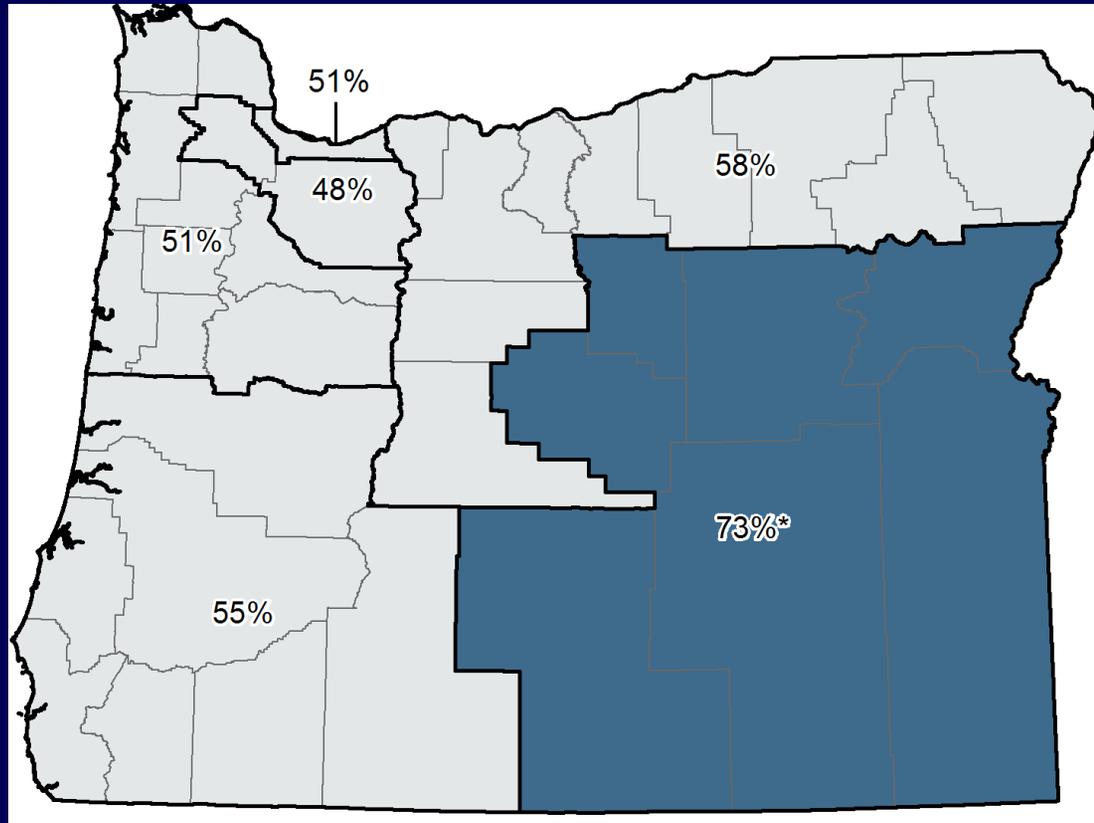
- Rate of 2-year-olds who are fully vaccinated
- HPV vaccination series rate among 13- to 17-year-olds
- Seasonal flu vaccination rate in people \geq months of age

Improve oral health

Tooth Decay, 6-9 year olds, Oregon 2002-2012



Cavities rates by geographic region, Oregon, Smile Survey, 2012



^ 6- to 9-year-olds, primary and permanent teeth

* Statistically different from the statewide average of 52%

Public Health Division

Improve oral health

Priority targets:

- Third graders with cavities in their permanent teeth
- Adolescents with one or more new cavities identified during a dental visit in the previous year
- Prevalence of older adults who have lost all their natural teeth

Progress to date

- Alignment with SHIP strategies:
 - CCO incentive measures: childhood immunization; tobacco us
 - School dental sealant training and certification program;
 - Youth suicide prevention plan
 - Hospital Metrics Committee: considering an opioids measure

For more information

healthoregon.org/ship

[http://public.health.oregon.gov/About/Pages/HealthStat
usIndicators.aspx](http://public.health.oregon.gov/About/Pages/HealthStat
usIndicators.aspx)

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Prevent and Reduce Tobacco Use

Karen Girard

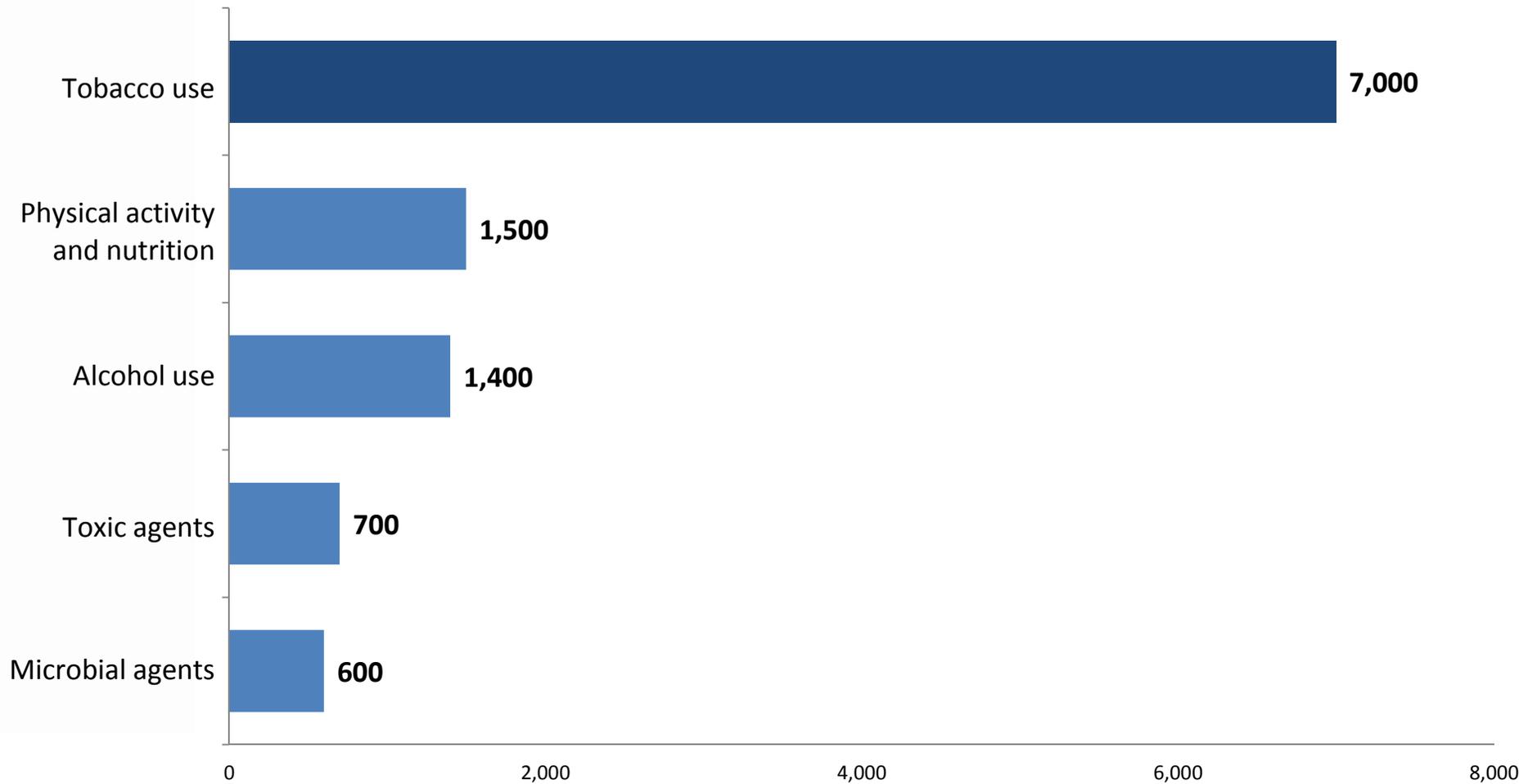
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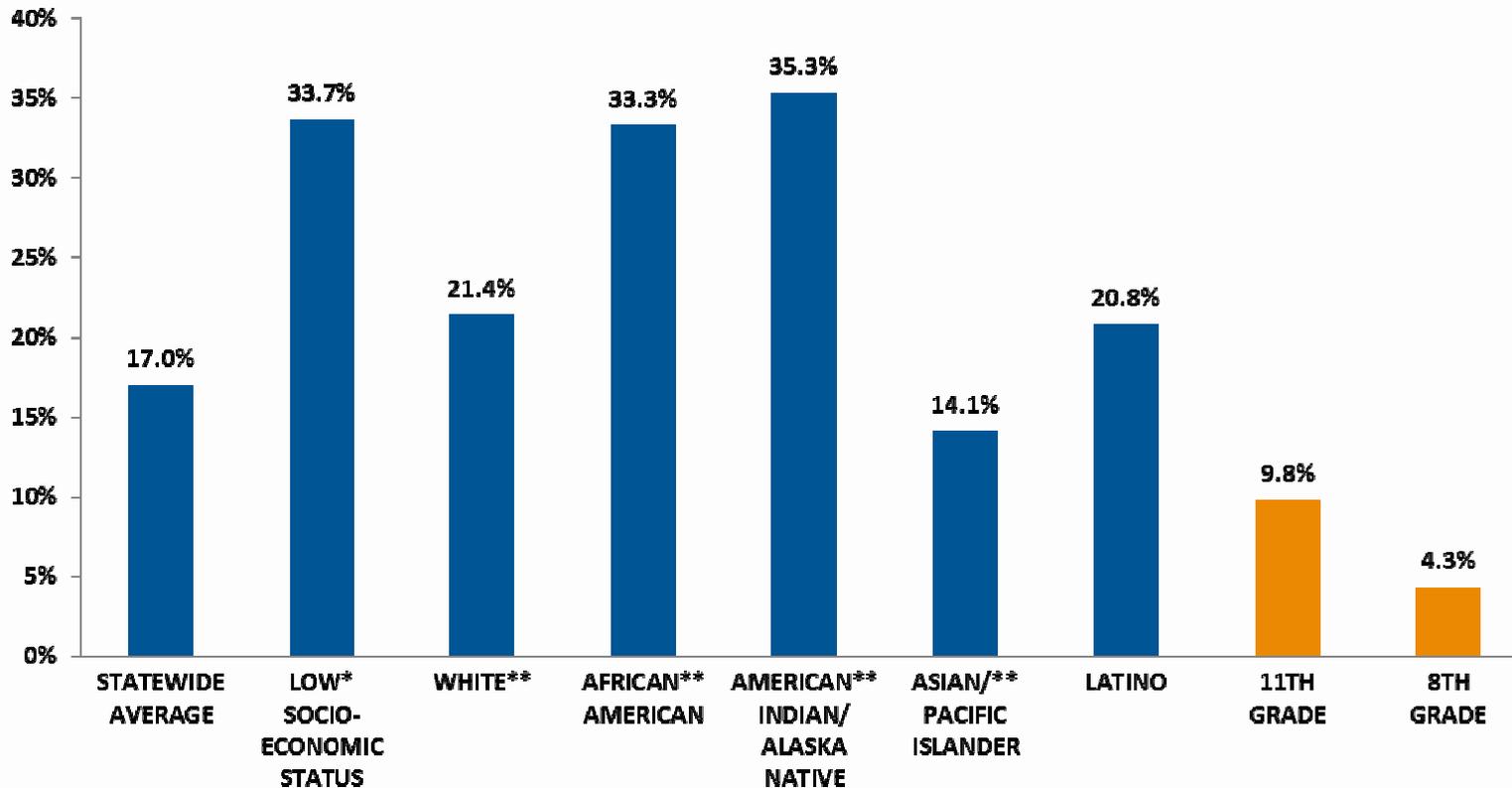


HEALTH PROMOTION AND CHRONIC DISEASE PREVENTION
Public Health Division

Tobacco use is the leading cause of preventable death in Oregon



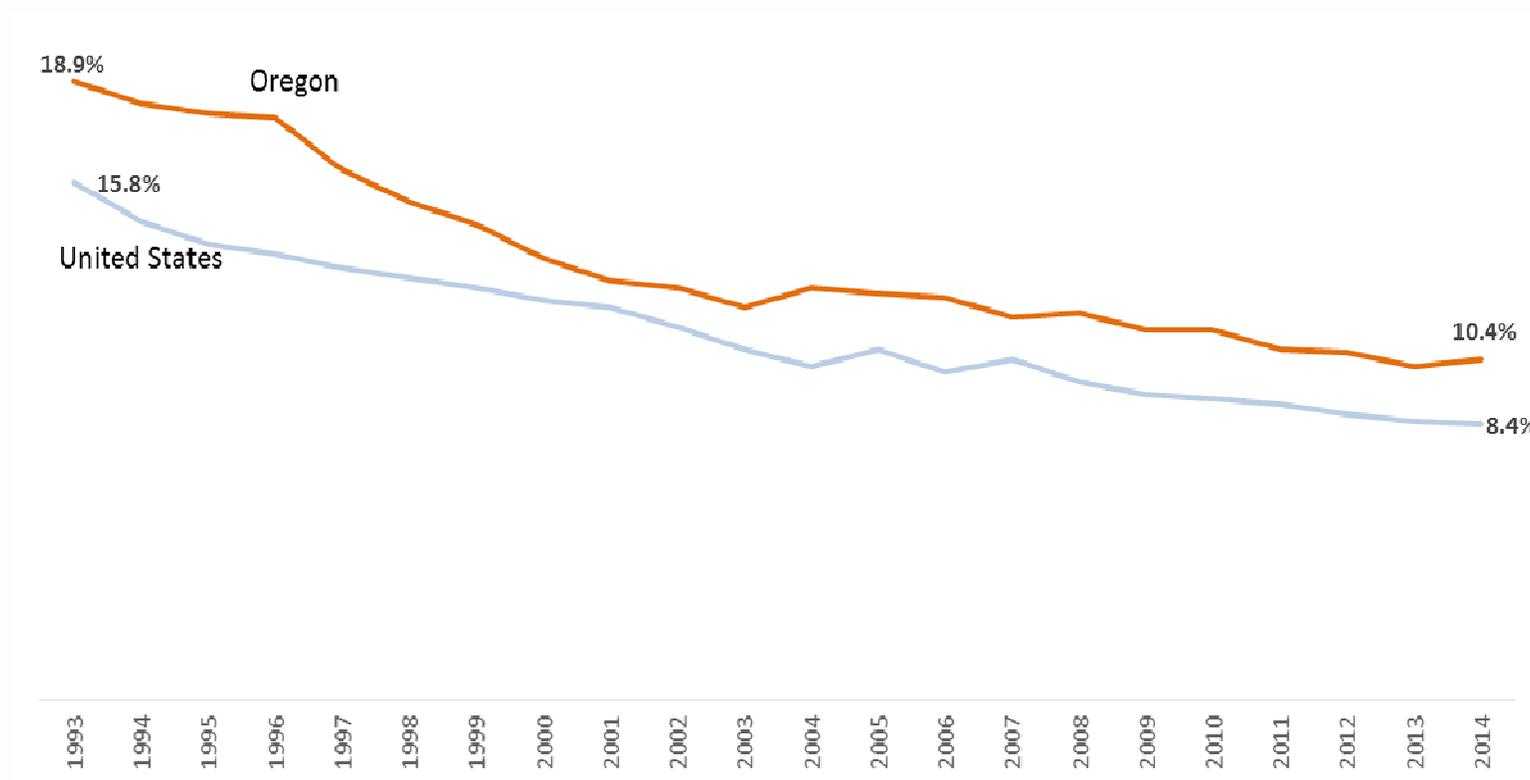
PERCENTAGE OF ADULT OREGONIANS WHO SMOKE, AMONG SELECTED GROUPS; AND TEEN SMOKING RATES



*Household income less than \$15,000/year. **Non-Latino
Oregon Behavioral Risk Factor Surveillance System (BRFSS)
Oregon Healthy Teens Survey (OHT)

HEALTH PROMOTION AND CHRONIC DISEASE PREVENTION SECTION
Public Health Division

Cigarette smoking among pregnant mothers in Oregon and the United States, 1993-2014



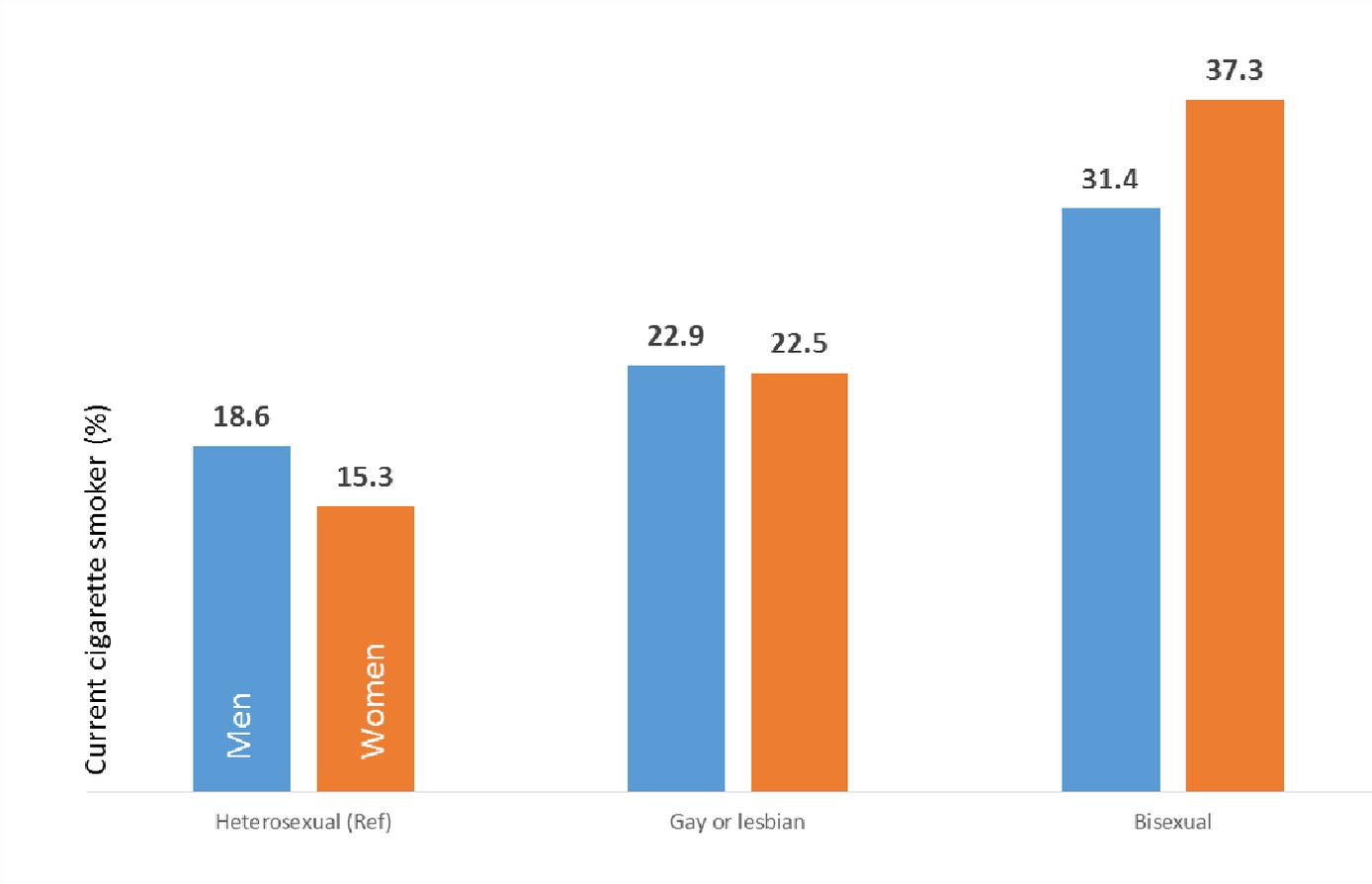
Source: Behavioral Risk Factor Surveillance System, race oversample (2010-2011)

Age-adjusted results

HEALTH PROMOTION AND CHRONIC DISEASE PREVENTION SECTION
Public Health Division

Oregon
Health
Authority

Prevalence of cigarette use by sexual orientation, by sex



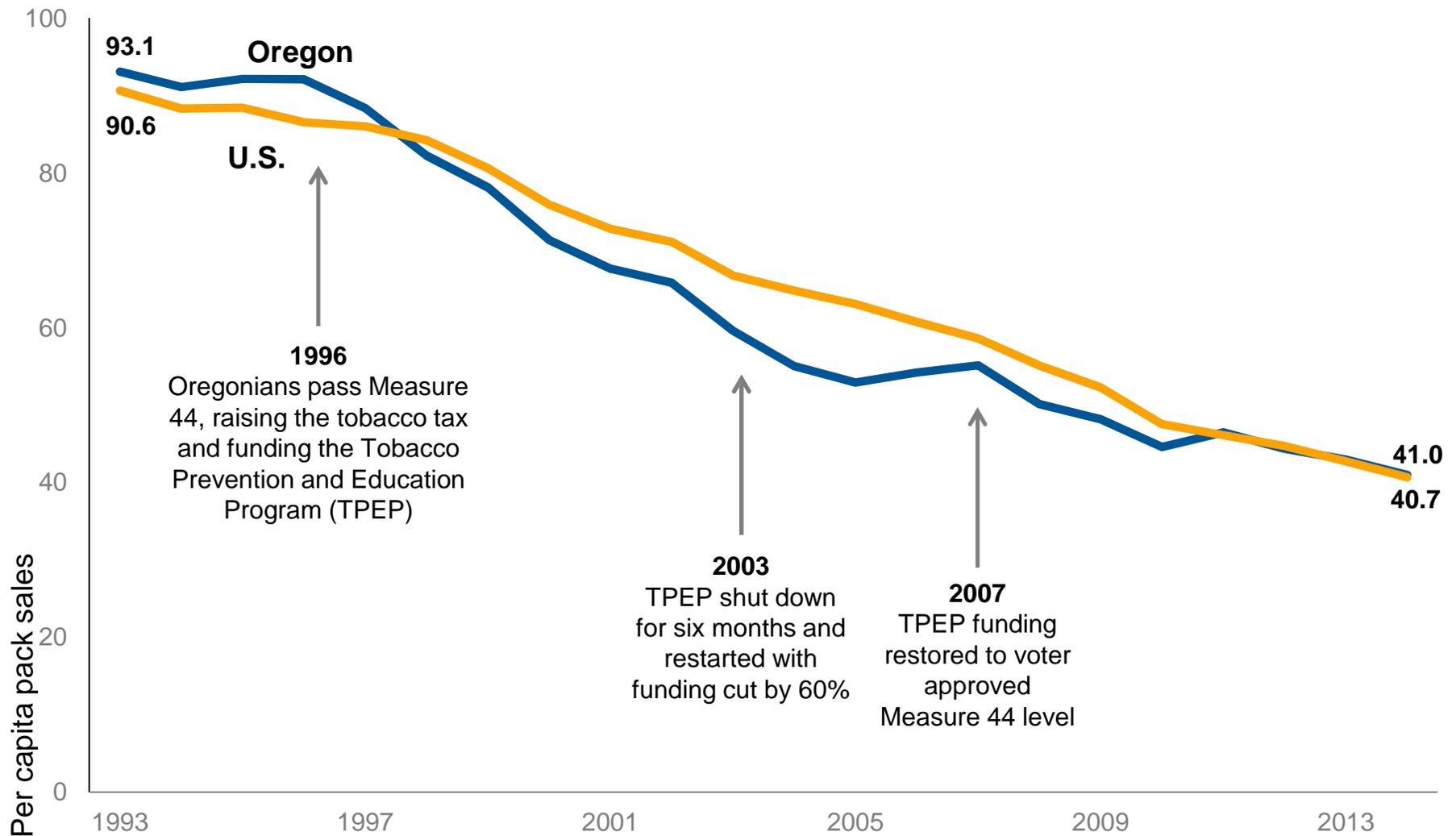
Source: Oregon Behavioral Risk Factor Surveillance System, 2005–2008

Tobacco targets

By June 2019:

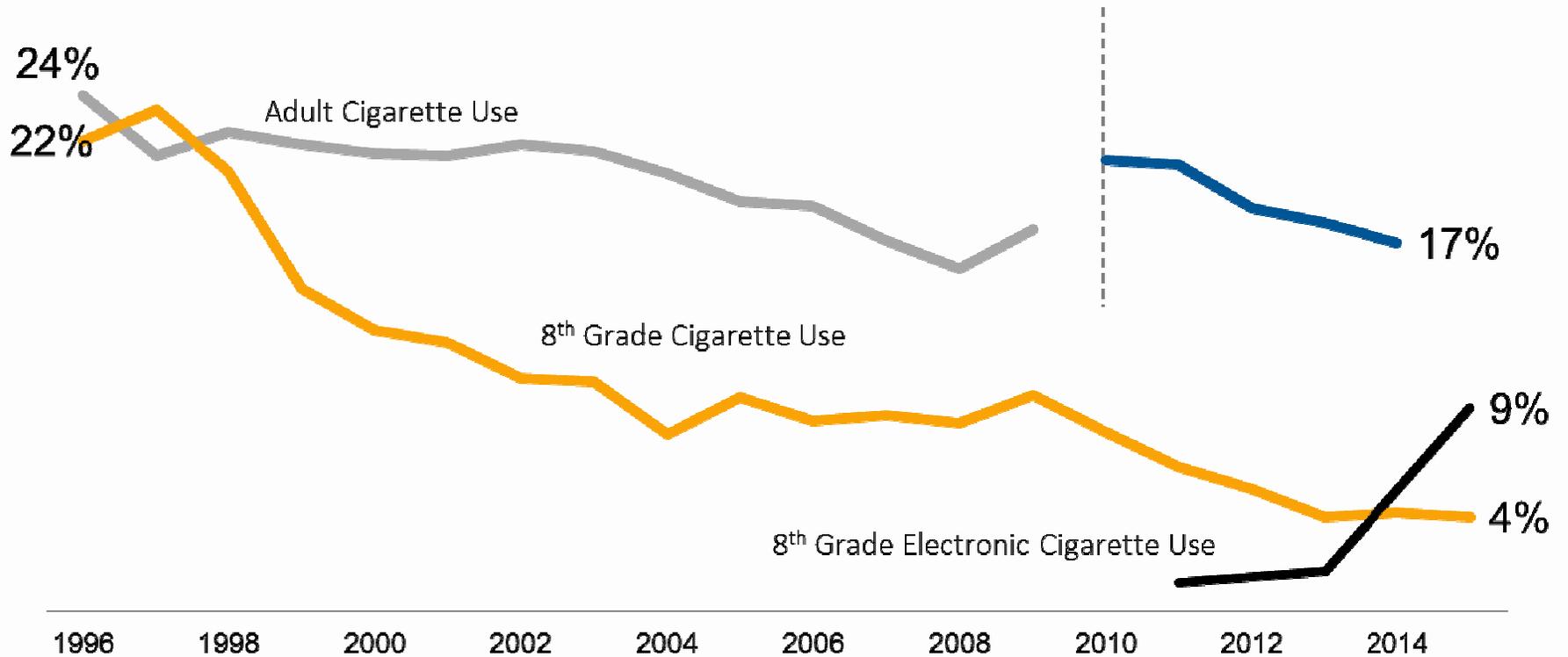
- 1** Adult smoking prevalence will be reduced to **15 percent**. 16.1% in 2014
- 2** Smoking prevalence among 11th graders will be **7.5 percent**. 8.8% in 2015
- 3** Smoking prevalence among 8th graders will be **2 percent**. 4.3% in 2015
- 4** Fewer than **38 packs** of cigarettes per capita will be sold in Oregon each year. 40.7 packs in 2014

Per capita cigarette pack sales in Oregon and the United States, Fiscal Year 1993–2014



Source: Orzechowski and Walker (2014). *The Tax Burden on Tobacco*.

Cigarette Smoking Prevalence, Oregon, 1996 - 2015



Data Source: Behavioral Risk Factor Surveillance System
Oregon Healthy Teens

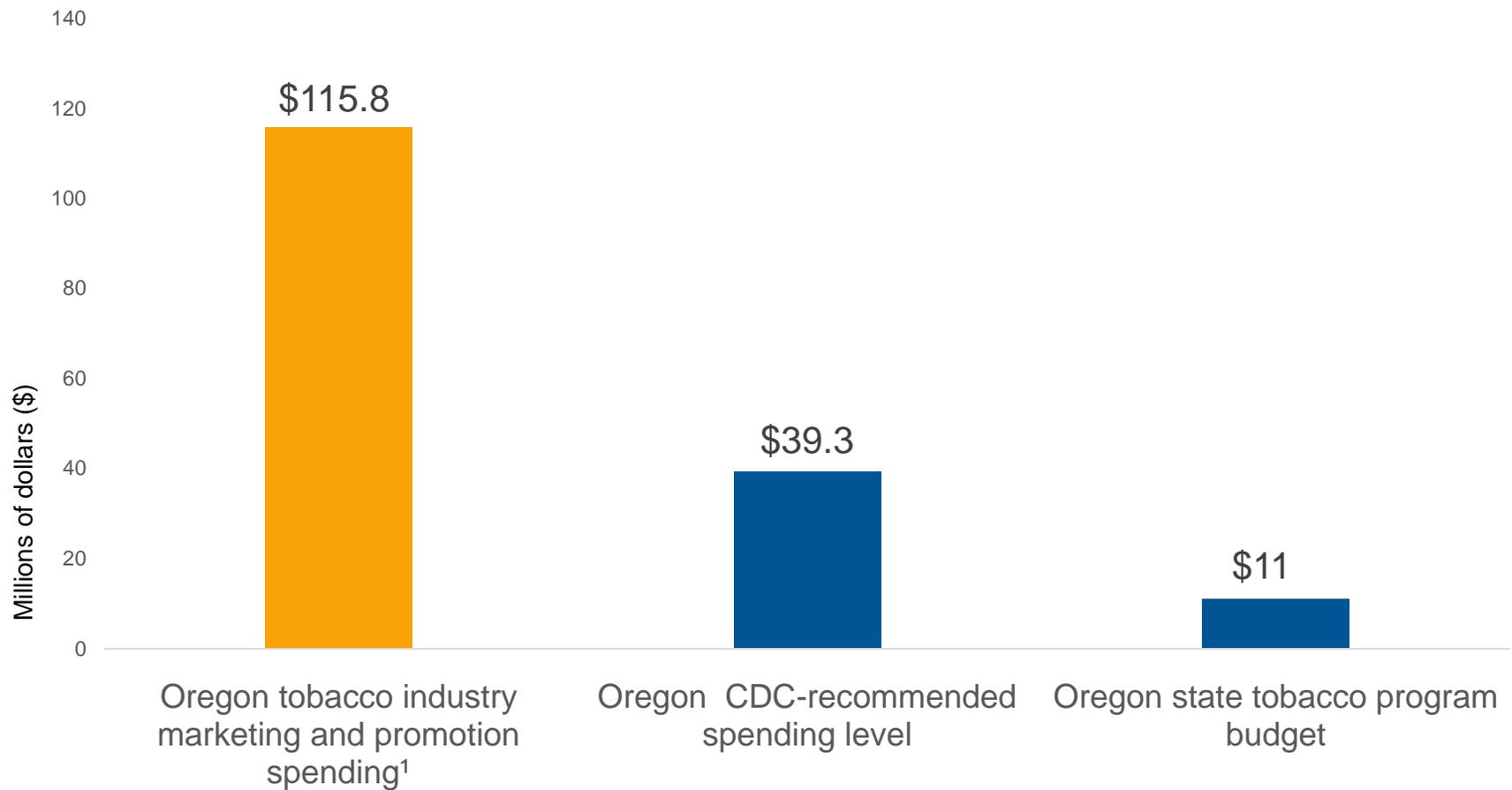
Addiction

- Addiction to tobacco starts during childhood
 - Half of current and former adult smokers surveyed in Oregon responded that they started smoking before they turned 18.¹
 - 90% of adult smokers began while in their teens; and two-thirds become regular, daily smokers before they reach the age of 19.²
- Most people want to quit
 - 3 out of 4 smokers surveyed in Oregon report they want to quit, and more than half report attempting to quit during the past year.

1. Behavioral Risk Factor Surveillance System (2014).

2. SAMHSA, Calculated based on data in 2013 *National Survey on Drug Use and Health*.; See also, HHS, *Preventing Tobacco Use Among Youth and Young Adults, A Report of the Surgeon General*, 2012. HHS, *Youth and Tobacco: Preventing Tobacco Use among Young People: A Report of the Surgeon General*, 1994, http://profiles.nlm.nih.gov/NN/B/C/F/T/_/nnbcft.pdf (pg 49).

Tobacco industry is outspending prevention efforts in Oregon



Sources: ¹Calculation based on CTFK state specific figures (2012), Federal Trade Commission Report (2013), and Best Practices for Comprehensive Tobacco Control Programs (2014).

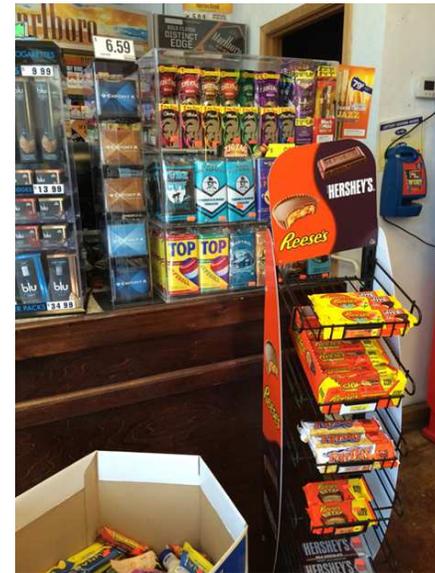
SWEET



CHEAP



EASY TO GET



The Surgeon General's Report on *Preventing Tobacco Use Among Youth and Young Adults* concluded that, "Advertising and promotional activities by tobacco companies have been shown to cause the onset and continuation of smoking among adolescents and young adults."

We know what works to prevent tobacco use

- 1) Sustained funding of comprehensive prevention programs
- 2) Tobacco price increases
- 3) 100% tobacco-free policies
- 4) Cessation access
- 5) Hard-hitting media campaigns
- 6) Comprehensive point of sale restrictions



SHIP Tobacco Priority Areas

- Raise the price of tobacco
- Transform the retail environment
 - Increase the age to purchase tobacco products to 21
 - Establish Tobacco Retail Licensure Systems
- Expand Tobacco Free Environments
 - Cross Agency Health Improvement Project (CAHIP)
 - Indoor Clean Air Act Expansion
- Support Health System Transformation

Increase the Price of Tobacco

Increased prices of tobacco and nicotine products result in **decreased use**

Higher price

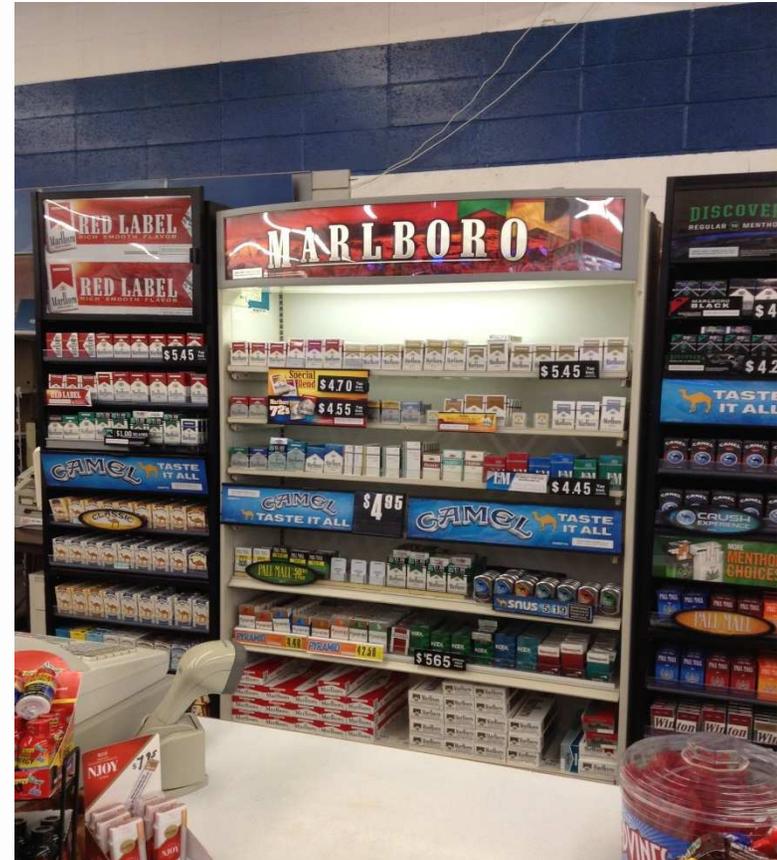


Lower use



Transform the Retail Environment

- Increase the age to purchase tobacco products to 21
- Establish tobacco retail licensure systems
- Implement other retail prevention policies such as prohibiting or restricting:
 - flavored products
 - free sampling
 - tobacco coupon redemption



Expand Tobacco-Free Environments

- Expand Indoor Clean Air Act (ICAA) to increase protections for secondhand smoke among low-income and service industry employees.
- Increase the number of DHS and OHA mental and behavioral health service providers that adopt tobacco-free campus policies, adopt tobacco-free contracting rules and refer clients and employees who smoke to evidence-based cessation services.



HEALTH PROMOTION AND CHRONIC DISEASE PREVENTION
Public Health Division

Oregon
Health
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