

Future of Public Health Services Task Force  
Monday, May 12, 2014

Task Force Members in Attendance:

Tammy Baney	Gary Oxman	Liz Baxter
Charlie Fautin	Alejandro Queral phone	Nichole Maher phone
Carrie Brogoitti	Jennifer Mead	Carlos Crespo phone
John Sattenspiel	Rep. Mitch Greenlick	Sen. Laurie Monnes Anderson phone
Eva Rippeteau phone		

OHA Executive Sponsor: Lillian Shirley

Task Force Members Not in Attendance:

Rep. Jason Conger	Sen. Bill Hansell
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*Meeting Summary:*

- **Roll was taken; a quorum was present (Tammy Baney).**
  - July meeting date has been changed to July 23; stay tuned for venue information.
  - The Agenda was reviewed and there were no changes.
  - The Meeting Summary of the April 16<sup>th</sup> meeting was approved.
  
- **Early Childhood Presentation (Dana Hargunani, Child Health Director for OHA, serves on the Early Learning Council, and is a pediatrician in the Portland area; Teri Thalhofer, Director of North Central Public Health District serving Wasco, Sherman and Gilham Counties)**
  - **Why the focus on early health?**
    - The early years have a significant impact on long-term education and health outcomes.
    - Early learning and early health are a form of preventative health.
    - The Early Learning Council oversees transformation efforts for children for 0-6; driven by three main goals: (1) children arrive in kindergarten ready to succeed; (2) children are raised in a stable and attached family; and (3) services are integrated and aligned into one early learning system focused on results.
    - 45,000 children born in Oregon each year; 315,000 children in Oregon are 0-6 yrs old; 40% are children at risk.
    - 2013-14 instituted a statewide assessment for kindergarteners; assessment done in first six weeks of school; components are math, literacy, school readiness.
  - **The Hub**
    - Organized around neighborhoods to meet children’s needs; services are coordinated; provides a systems approach to early learning.
    - Brings public schools, early learning provides, health care social services and the private sector together around shared outcomes; limited funding streams.
  - **Public Health’s Role**

- Monitoring progression; assuring safe and nurturing environments by doing community assessments and planned interventions; identify risks to health development; making sure resources are in place, the environment is stable, healthy foods are available, immunizations are current, dental care is available, etc.
  - As we improve early learning experiences we are going to improve long-term health outcomes.
- **Future Insights**
    - Identify shared outcomes between the Early Learning Council and the Health Policy Board.
    - The public health system can coordinate activities with other sectors.
    - Communication among providers is essential.

### **Questions and Observations**

The Task Force shared observations and identified opportunities and challenges arising from integrating public health systems and early childhood systems. Discussion focused on the following issues:

- Understanding the overlap in populations served by Hubs, public health, CCOs, and Medicaid
  - Recognizing the challenges in sharing relevant data across these different systems
  - Identifying the different personal health care services provided only by public health, as opposed to services offered by the “system” overall or CCOs
  - Opportunities for providing programs for parents of at-risk kids around literacy
  - The importance of home-visiting programs (nursing and traditional health workers) and the potential to integrate health and early childhood education through home visits
  - Collecting, analyzing, and using data to inform decisions
  - How to best coordinate efforts in the local community to get families what they need and get the outcomes that we need?
  - Recognizing the school as a center of activity (e.g., may be more efficient to offer immunizations at a school)
- **Facilitated Discussion: Diana Bianco**

#### *Timeline and Process Review*

The Task Force reviewed the document entitled “Future of Public Health Services Task Force – Proposed Timeline and Work Plan.” This plan lays out the topics that will be discussed in the coming months as well as the plan to solicit and incorporate public input throughout the process. There will be opportunity for and intentional outreach to solicit public comment at several phases in the process, prior to the final report.

Comment: Interim reports to the legislature should be part of the process moving forward.

#### *Problem Statement*

The Task Force reviewed and discussed a staff prepared draft problem statement. Four issues were identified: resources, roles, structure, and foundational elements of public health. After discussion

the Task Force informally agreed to not use a problem statement and instead rely on clear direction from the Task Force Charter and establishing legislation.

#### *Straw Model Overview and Discussion*

Diana Bianco guided a discussion about the first draft straw model on the foundational elements of a public health system. This included materials (graphic, narrative) built upon the Institute of Medicine model presented by Dave Fleming at the April meeting.

The task force discussed the five model “Foundational Capabilities”: emergency preparedness & response, business competencies, communications, policy development and planning, and community partnership development. The Task Force agreed preliminarily that these are the core, foundational capacities that are necessary to provide basic health protections in every area of the state.

The Task Force then began work on identifying programs essential for the communities’ health (“foundational programs”). The straw model presented differs from the Fleming model by combining Maternal & Child Health and Chronic Disease into the single category of Prevention and Health Promotion. The other Foundational Programs identified were Communicable Disease Control, Environmental Health, and Access to Clinical Services. The Foundational Capabilities cut across all of the Foundational Programs (e.g., the Foundational Capability of “communications” must be a competency of public health that stretches across all of the foundational programs). The Foundational Capabilities and the Foundational Programs are the core functions that governmental public health must assure are available for the entire population.

The task force requested inclusion of “community engagement” inside the box of foundational capabilities, and to include capacities related to health equity as both a specific foundational capability and embedded throughout the other capabilities and foundational programs.

The task force requested that it be clear that the foundational pieces apply population-wide and that the foundational elements are from a population health perspective.

There was discussion that this model needs to address current needs, but also allow for adaptation and innovation moving forward.

Based on Task Force guidance, staff will develop an updated model and explore adding sections to the model, e.g. governance, financing. Staff will add language to the model descriptions, including introductory statements before each of the sections and will make edits and additions as requested, specifically adding language that was abbreviated from the Washington state source documents.

- **What’s Next?**

The next step is to revise the straw model document and share an updated copy with the Task Force within two weeks. The Task Force will have several days to review the updated straw model and provide high-level feedback to staff.

The regionalization discussion needs to be readdressed. There is a difference between regionalization and consolidation.

The Task Force Chair and Co-Chair asked task force members to reach out to stakeholders they may know or represent to communicate the Taskforce's progress and solicit feedback.

### **Public Comment**

***Association of Oregon Counties (AOC):***

A letter from AOC is in today's packet; they are interested in what is going on.

***Gloria Krahn, Oregon State University:*** What this group is doing is great; she challenges the Task Force to keep the vision of where health systems will be and the role of public health going forward.

***Sherri Smith, Morrow County***

Morrow County is rural and medically underserved. The County does not do primary care but they do family planning services and immunizations. The County court takes their position of local public health authority very seriously and they are very supportive of public health. Our local public health department has been involved in this whole process with the CCOs the Early Learning Hub and are trying to collaborate because we want a better system to better serve our communities.

***Muriel DeLaVergne-Brown, Health Director of Crook County***

We should keep in mind the role of accreditation and what we need to do around it.

Meeting adjourned.