

Future of Public Health Task Force
MEETING SUMMARY
Wednesday, August 20, 2014

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

Sen. Bill Hansell	Rep. Jason Conger	
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OHA Executive Sponsor: Lillian Shirley (Attending in her place Katrina Hedberg)

Meeting Summary:

- **Roll was taken; a quorum was present (Tammy Baney)**
- **Announcements**
 - The work the Task Force was charged with is winding down; if you have any questions or concerns, please let us know today.
- **Public Comment:**

Josie Henderson, Executive Director of the Oregon Public Health Association

- Josie read from a prepared statement which was submitted for the record; thanked the Task Force for their groundbreaking work
- Urged the Task Force to recommend adequate and sustainable funding as part of Oregon’s public system future in their report.

Morgan Cowling, Executive Director Coalition of Local Health Officials (CLHO)

- CHLO has not had an opportunity to discuss the straw draft proposal being discussed today, but a webinar is scheduled with Gary Oxman enabling CLHO to comment on the proposed changes at the next Task Force meeting.
- There are a few general comments I can make now:
 - The proposal does not address the overall timeline for reform; there is language around the first wave of implementation but would like to see a plan for how many waves, important to detail the timeline so the whole state will be operating under the same framework.
 - Work is being done with CCOs around health systems transformation across the state; how does the connection to health system transformation happen?
 - We all need to be moving along the same direction in regard to health systems transformation.

Carlos Crespo asked Morgan to find out what percent of public health directors are appointed by a human services director and what percent are appointed by a county counsel group; turnover may affect the continuity around implementation. Morgan will look into this and report back to the Task Force.

- **Conceptual Framework for Governmental Public Health**

Based on the discussion at the July Task Force meeting, the Conceptual Framework for Governmental Public Health has been updated. The version in the meeting packets incorporates all the discussed changes and is the final version.

- In this version, please note the inclusion of a bullet point on Page 8 beginning with “Foster a culture of listening and cultivate an environment that honors the wisdom and multiple intelligences of communities...” Task Force acknowledged their agreement with that additional bullet.
- This document is now done.

- **Implementation Proposal Draft**

Since the July Task Force meeting, the task force workgroup meet twice to develop an implementation proposal for the full task force to discuss. Gary Oxman, a member of the workgroup, provided an overview of the proposal to the task force. The task force provided feedback to be incorporated into an updated implementation proposal.

Governance Structures

- Governmental public health transformation is an integrated process and is connected with the health care delivery transformation and early childhood transformation.
- There needs to be clear commonality of direction but there must also be room for flexibility.
- Figure 1 (page 7) reflects the proposal that the legislature adopts the foundational framework for governmental public health in Oregon and provide funding specifically to achieve public health goals.
- The Oregon Health Policy Board and the Public Health Advisory Board (PHAB) will have expanded duties and responsibilities as reflected in the proposal. The goal of an updated PHAB is to have a more diverse and better defined membership, as well as bring a well-defined governance approach to governmental public health. The proposed governance structure will link to other transformation efforts in Oregon through inclusion of the Oregon Health Policy Board as the oversight body.
- Under Local Governance Structures
 - Change the last bullet point from “local advisory group” to “local entity with an advisory role.”

Implementation Pathways

The goal of the implementation plans will be to achieve PHAB 2.0 determined population health outcomes. LHAs and LHDs will receive funding and technical assistance for implementation. There are four primary pathways that localities could propose to implement the foundational capabilities and programs. All of these pathways are intended to allow for significant local flexibility.

1. Single County – A single county may implement the Foundational Framework approach in a way that the local health department (LHD) is solely responsible for assuring that foundational capabilities and foundational program services/activities are available within that jurisdiction. This pathway is what is currently in place in many counties in Oregon.
2. Single County With Shared Features –A single county may implement the Foundational Framework approach in a way that the LHD is primarily, but not solely responsible for foundational capabilities and foundational program services/activities. However the LHD shares responsibility for certain operations with other jurisdictions or other organizations. This is similar to the current system; a number of counties sharing funding but this allows for a more formal process. Under this model County A provides a service to B and C. We

would need to take a look at whether that would require an IGA, and whether there is a need for ongoing involvement and supervision of County Board to all three counties. This is designed to be explicit in what is shared and in areas of governance.

3. Multi-County District – Two or more counties may implement the Framework for Governmental Public Health Services through forming a legally binding partnership. This is similar to health districts. North Central is the best example of where this happens; there is broad shared responsibility with the three counties.
4. Devolution of Local Authority to the State – While not a desired implementation pathway, there is the possibility that a county governing body may choose to relinquish its authority and responsibility for GPH to the state. In this circumstance, the Oregon Public Health Division (OPHD) may implement the Foundational Framework approach in a way that OPHD is primarily responsible for foundational capabilities and foundational program services/activities. After a thorough discussion of this option, the Task Force decided that devolution is not a desired outcome and agreed not to consider this as a potential pathway, but the concept will be addressed in the final report.

The workgroup recognizes that under a wave implementation scenario (as opposed to all counties adopting the foundational framework at the same time) there will be two public health systems working in parallel: the current system and the experimental wave counties that are chosen for the first wave implementation.

Funding and Incentives

Goals of the funding approach are to:

1. Develop an accountable public health system that encourages shared responsibility by non-governmental partners in order to achieve health improvement goals
2. Maintain current local funding and policy/political investment
3. Increase state funding to support governmental public health with an emphasis on measuring and paying for performance
4. Maintain or increase current federal funding and promote flexibility on how federal funds can be used

Comments from Task Force:

- Non-governmental entities include the CCOs and the larger health systems.
- Maintain current local funding and policy and political investment and increase state funding.
- Encourage local jurisdictions to continue to provide services at a minimum to what they are currently funding.
- The state could use an “accomplishment pool” with a hold back of funds to be paid later for successful achievement of public health goals.
- The goal is to put the money together in a global budget, set accomplishments to achieve, and match the two up.

Criteria: Choosing participants for first implementation wave

- There will be a competitive process where applicants apply to the first wave and include multiple pathways (shared, single, and districts) to see what is working best and further shape the more desirable approach.

- There should be a balance among a number of factors: counties offering basic vs. comprehensive services; variety of locations, balance of local investment (those counties investing significantly and those investing moderately); large vs. small; urban vs. rural.

Overall comments from the task force on the implementation proposal:

- The Task Force has set forth a philosophical understanding of what public health should look like and defined how the system should evolve to reach achievable goals; it has recommended that the state put some money into this proposal that would allow a systematic move area by area by modern public health system and look at a way to move into the future. This is an exciting time and the vision we have created is feasible to attain.
- This proposal along with the foundational framework looks at the entire public health system and defines the best way to get there.
- Task Force suggested this proposal must include a reference to federal partners we work with.
- Expanding the role of PHAB may need to include a legislative adjustment to strengthen the PHAB.
- Suggestion that the legislation proposed include a requirement for a local parallel advisory function that may now exist in the county, recognizing there is a strong shared governance between local and state.
- In the new governmental public health system, everything must be transformed and there needs to be a discussion and recommendation of how CLHO changes.
- Task Force would like to include the wording on page 4 "...including institutions, CCOs, businesses"
- If a county cannot perform the duties of Public Health, there should be a system where they can work with the state in addressing some of the concerns.
- Include "devolution" in the report rather than as a 4th option.
- There needs to be a parallel process where the state would assist counties to develop the capacity to move into this framework for implementation.
- The proposal in the first bill in the first session should include a modest financial investment. Moving this forward, the first bill would include acceptance of this plan for the future, including a requirement that OHA consult with CLHO to produce a plan in the short session in 2016 or the long session in 2017 that would move the whole system in incremental pieces and that gives every county the ability to access foundational public health capabilities and programs; it would be consistent with this proposal and take a year or two to get to implementation; after a decade the financial investment could be \$40-50 million.
- In the implementation model, there is information about criteria, funding, incentives, assumptions and definitions that would stay because it provides guidance to the statute.
- Baseline funding should be included.
- Recommendation that an executive summary be developed that can explain the proposal and recommendations.

NEXT STEPS

1. Revise the implementation proposal document with the proposed changes, send it to the Task Force for additional edits and comments; make adjustments as needed, and put it out for public comment to be discussed at the September 10 Task Force meeting.
2. At the next meeting we should have the final implementation document we are moving forward with.
3. Legislative Counsel will work with the Task Force on the concept, concentrating on the process by which the state and local government will interact to achieve public health goals. Legislative Counsel needs to know what the law should look like—Legislative Counsel will review the inconsistencies and come back with a refined document.
4. Recommendation/request that a subset of the task force be available after the October 1st deadline to serve as a sounding board as the legislative concept moves forward.

- **Public Comment:**

Judy A. Sundquist, *Benton County Public Health Planning and Advisory Committee*

Appreciates the work of the task force to improve public health. Suggests there be an ongoing dialogue with community members so they become well informed and can have input.

Morgan Cowling, *Executive Director Coalition of Local Health Officials (CLHO)*

1. Regarding governance: ensure there is a connection between public health and health transformation. Recommendation for a more formal connection between the governance board, advisory board, and policy board.
2. There should be a new and evolved role for CHLO in this new framework.
3. When a county gives its public health authority back to the state, there could be a 4th pathway of establishing how to get it back.
4. Regarding technical assistance: counties may need technical assistance to help facilitate and mediate connections between local boards and county commissioners.
5. Currently, local public health authorities have to deliver a set of required programs; they cannot pick and choose. This keeps public health services from becoming political.
6. Timeline – the assessment to determine gaps in foundational capabilities could take a really long time. To do this right we will need to determine what the minimum amount of services are to implement the conceptual framework, what is needed to get there, and what technical assistance is necessary.

The next Task Force meeting: September 10, 2014 in Portland.