

Public Health Advisory Board (PHAB)
June 6, 2014
Portland, OR
Meeting Minutes

Attendance:

Board Members Present: Shawn Baird, Betty Bode, Josie Henderson, Joe Ichter, Brooke Kyle, Priscilla Lewis, Jeff Luck, Pat Luedtke (phone), Tran Miers, Loreen Nichols, Joanne Noone, and Liana Winett

Board Members Absent: Jim Coffee, Mike Plunkett, Alejandro Qeral

OHA Public Health Division Staff: Lillian Shirley, Michael Tynan, Brittany Sande, Jan Kaplan, Danna Drum, Vicki Guinn, Katrina Hedberg and Alayna Nest

Members of the Public: Morgan Cowling, Jan Johnson, Jeff Newgard, Lurelle Robbins

Opening:

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

Changes to the Agenda & Announcements

-Betty Bode, PhD, RN (PHAB Chair)

By the end of this year, a public member and an elected official position will be open as Betty Bode & Liana Winett's terms are coming to an end. The Chair & the co-Chair positions will also need to be voted on. The nomination process will begin in September and we will vote in December. **Action (All): If you are interested in the Chair position please e-mail either Betty Bode or Michael Tynan.**

Suzanne Hoffman, interim Director of OHA, will be here around noon today.

We will be hearing about changes to the Public Health Preventive Block Grant and a hearing will be held in this room (1A) at 1:30 today to solicit feedback from interested parties

Alejandro will not be in attendance today so Michael Tynan will give the update on the Future of PH Services Task Force

Approval of Minutes

(Handouts: *PHAB Meeting Minutes, March 2014*)

Betty Bode moved to approve the March 2014 meeting minutes as written; Liana Winett seconded the motion; the Board voted all in favor with no opposition or abstentions. The March 2014 minutes will stand as written.

Public Health Division Update

-Lillian Shirley, BSN, MPH, MPA (Director, PHD)

Leadership changes & vacancies: Suzanne Hoffman is the Acting Director of OHA now as Tina Edlund is managing changes related to Cover Oregon and the federal exchange. Jae Douglas, our Center for Prevention and Health Promotion Administrator has accepted a new position with Multnomah County's Environmental Health Department; we will be looking to recruit for this position as soon as possible. We currently are recruiting for the Deputy Public Health Director, the Legislative Coordinator position, and the Center for Health Protection Administrator.

Relinquishment of LPHA: Douglas County is considering returning the public health authority from the county to the state. They are in the process right now of returning the mental health authority to the non-profit, Community Health Alliance (CHA). The board of this non-profit has representation from two of the CCO's in the area. We have not officially been notified by the Douglas County Commission that they are in fact going to do this but we are in negotiations. This is the first time we have had to deal this; we do certain things for counties that have resource issues, however this is a first and we do not know yet what the consequences will be.

- They have already moved some of their core functions out of their public health department:
 - o Environmental Health moved to their Planning Department
 - o Vital Statistics moved to their County Clerk's Office
 - o Emergency Preparedness moved to Emergency Management
- We need to look at this as a collective consensus decision for the good of the residents, regardless of who is providing services.

2015-2017 Budget: We are in the process of developing our '15-'17 budget and making sure it aligns with the needs of public health and the Governor's priorities. Our current plan is to request a significant portion of the Tobacco Master Settlement Agreement funds; dedicate half of it to tobacco prevention and the other half to what the state needs for core public health services. If this is approved, our Division will be able to engage in activities that are based on our

state needs rather than performing activities that are simply outlined in the federal categorical funding.

State Health Improvement Plan: We are in the process of engaging the public in initial steps on our updated State Health Improvement Plan (SHIP). We are holding meetings across the state and we have already identified certain populations that we need to do more outreach for. This plan is based on the one that was developed in 2010, which focused on chronic diseases. We want to make sure the state's plan aligns with the community health improvement plans that are going on throughout the state.

Accreditation: Based on our discussion at the March PHAB meeting, we did some thinking about the accreditation standards on governance and how they apply to this body (PHAB). We had a conversation with the Public Health Accreditation Board and we decided that for the purposes of the elements and criteria for accreditation, it really is the OHA Director as the direct appointee of the Governor that most closely aligns to the standards of accreditation. Therefore the Public Health Advisory Board does not need to partake in our accreditation process.

- At the last PHAB meeting, it was requested that Michael Tynan & Danna Drum develop a chart that outlined the different government structures. Due to the above decision regarding accreditation, this request was put on hold. We can still do this work but we wanted to check in with PHAB to see if it would still be wanted:
 - o *Action (Danna Drum & Michael Tynan)*: PHAB requested that this still take place. A flow chart showing the different structures would allow them to take a broader look at the different bodies, how they interact with one another, and how they can support one another.

Update on Strategic Plan

-Danna Drum (Performance Manager, PHD)

Introduction: Vicki Guinn, our new Workforce Development Coordinator within the Director's Office, is at today's meeting. We have created a Workforce Development Workgroup; made up of internal PHD employees, PSU and OSU representatives, and a number of local public health department folks. This workgroup will be going over the results of the training needs assessment that was put forth by the Northwest Center for Public Health Practice at the PHD. We will look at the data received and figure out what we need to do in terms of strengthening our current workforce competencies and how to plan for a stronger future workforce.

Strategic Plan: A few years ago we went through the process of creating this plan very quickly. We received a lot of feedback from staff that there was not much clarity provided in this plan. We decided to take a step back and educated the PHD staff about what the actual role is of our strategic plan. It is one of our tools that help guide us, leverage opportunities, and spur work across sections within the Division.

- We are in the midst of taking this previous work to all the PHD staff so they can provide input. Each section will take a look at the current plan as is, provide feedback, and our team will then group the feedback together to present to our Executive Leadership Team. We want this to be a transparent process; we will be sharing the feedback we receive Division-wide and will let our staff know how their comments were considered in the process of creating our final plan.
- We plan to have our recommendation to the Executive Leadership Team by July 10. We then will move into an implementation planning phase.
- **Action (Danna Drum): Once we have received all the feedback and recommendations, we will bring it back to PHAB.**
- Our final product will be adaptable to our changing Public Health landscape. We are working very closely with our Publications Department so that we can publish updates to it on a regular basis.

PHAB Priorities “Visioning” Discussion

-Liana Winett, DrPH (PHAB Member)

Today’s questions: What should be the guiding principles for PHAB projects in future? Are there any specific topics or health issues we would like to focus on? And, what type of product do we want to produce?

Our objective for today is to decide what we want to do as a body; what we want our signature products to be. Our bylaws state that we will create an annual report to the Legislature. This “report” can take a number of different formats: a formal document, an oral presentation, press releases, etc. The format is flexible, and our experience suggests we need to consider viable formats given members’ availability.

Prioritization “Card Sort” Results

Principles – a focus on:

- *Cross-sectoral partnerships, extending across systems (Local->State and other)*

- *To be an amplifier of voice and advocate for both communities and public health*
- *Act with independence, objectivity, and providing a critical eye*
- *Know state health rankings and plans, and act in accordance*

Focal Topics:

- *Strong/stable/sustainable PH system (including resources)*
- *Health equity*
- *Communication – Expressing the value of public health, as well as health education/health promotion*
- *System transformation (and support of it)*

Potential product formats:

- *Letters of support / testimony*
- *Products that are transparent to and usable by the Legislature*
- *Work with PIO on press releases and public information*

Once we clarify our activities, it would be helpful to have the PHD's Communication Lead come to a meeting of ours, help us assemble our main message, and figure out which avenues we want to use to get our statement out to the legislature and the public at large.

- We may just want to write up some verbal letters of support instead of a formal report. This seems much more pro-active for us as it will suggest transparency to the Legislature.
- The PHD releases a report every week on any important public health issues that may arise. One thing we can potentially do for PHAB is pull together an inventory of the events we have reported on in between your quarterly meetings so that you are aware. This would make it easier for PHAB to communicate with their stakeholders about what is going on in the PHD.

We want to make sure that we are cross-sectoral and maintain our partner systems between local public health, the state, and others.

We want a strong, stable, and sustainable Public Health system. Beyond this we need to be supporting the Health System Transformation and health equity across the state. This board was established as an amplifier of voice and an advocate for Public Health within our communities. We need to stay objective and apply a critical eye while looking at the public health system in Oregon's communities.

Action: At the next meeting, we can entertain a motion: if we want to do an add/subtract on the bylaws on the issue of our annual report.

Update on State Health Profile Indicators

-Katrina Hedberg, MD, MPH (Health Officer & State Epidemiologist, PHD)

At the state level we have put together a list of population health indicators that were a part of our state health profile done about 3 years ago. We are updating these indicators every year. We'd like to get feedback from PHAB about whether or not these indicators resonate with you or not.

To the extent possible, we are using national data and metrics. We state what our Oregon trends are and compare them to national rates.

There have been two sub-projects to this.

- Look at these indicators by the CCO area.
- Look at these indicators by race & ethnicity.
 - o The issue around this however is that some of these indicators are more so environmental conditions. Beyond this, some of our sources of data like the Behavioral Risk Factor Surveillance System, we do ask for race and ethnicity every time but we don't have a large enough population so we do an over sample every five years and combine them. So we do not get updated race & ethnicity data every year just because it is not scientifically valid. We do want to look at these indicators, at the extent possible, by race and ethnicity however.

We have put together a short survey about these indicators that we'd like you to participate in. Alayna Nest will send you all the PDF that includes the link to this survey.

Preventative Health Block Grant

-Jan Kaplan, MSW (Community Liaison Manager, PHD)

This is a block grant to all states and territories from the CDC that has tremendous flexibility. Historically for about the last ten years, this grant has funded the Office of Community Liaison to work with our local health departments under the national health objective of supporting their efforts toward accreditation.

With the increase in funding this year, the Division is proposing to continue this work and to use the additional funds to fund .5 of a State Dental Director position that would be shared with DMAP. We also want to utilize this grant to backfill some of the funding we have lost since the CDC grant, National Public Health Improvement Initiative, went away. This will allow us to backfill some of the funding that goes to the Performance Management Program, which has been supporting the state's Health Division efforts toward accreditation. Additionally, to support the work that Lillian Shirley & Michael Tynan have been doing to try to align our state health improvement efforts with the community health improvement efforts by creating a community engagement position within the Director's office that would work with communities and the state toward this alignment.

PHAB is the advisory committee to this grant so you all have the opportunity for comments, questions, or recommendations now.

Comments: It is a good idea to continue funding the performance management work. The dental piece is compelling; we would love to see what public health's measures of success are for this. It's a bit concerning that this position is being shared with DMAP because the public health focus can disappear quickly without some specific measures called out. The community engagement piece, we would like to hear more about because engaging local communities seems to be just that, local work. There is so much money going out through the health systems transformation (via innovator agent positions) for this work; and so little money coming into public health, that we really need to take a closer look at this idea with CLHO.

Public Health's response: It is really important to do this here because although the community work is on community level, we want to engage ourselves and think about how we are approaching this as a system within our evolving environment. We need a broader view of what is happening in our communities, rather than just having our Office of Community Liaison work with them. We need a Community Engagement Manager created within our Director's Office for this reason. Yes, we have little money coming into public health, however there are several federal grants coming out for specific work; if we are awarded we expect large amounts of these funds. In regards to the Dental Director position, this person will be keyed in and will work off of the Oral Health Strategic Plan that the Coalition of Oral Health in the state has developed. They will help us work with the dental community to identify what the issues are around oral health and how

we can measure whether or not we are seeing any improvement with these issues.

This has always been a grant we have used for the Office of Community Liaison however, Public Health has changed and we need to rethink how we liaison.

Oregon Health Authority Update

-Suzanne Hoffman, MPH (Interim Director, OHA)

Cover Oregon: Tina Edlund has been asked by the Governor to lead the Cover Oregon IT Transition Project. We still plan to be a state based insurance exchange with all of the business side of things remaining in Oregon's hands. The Cover Oregon Board made the decision to move the Medicaid back to the OHA and the IT aspect back to the Federal Exchange. This is on a very tight time-frame, the goal is to be complete by November 15th when open enrollment begins again for the private market.

- The technology and project management failure was very real and very difficult. However, the policy has been successful. More than 300,000 people have come onto the Oregon Health Plan since January 1.
- It is challenging, because right now the local media is more interested in covering the debacle rather than explaining that yes, it is still possible to apply. Enrollment is open. Many people in the general public think it is not even possible to apply to Cover Oregon because they believe it simply is not working.
- The CEO's of the CCO's met with the Governor yesterday to discuss what they all are doing in order to increase their capacities.
 - o Recruiting additional primary care physicians, opening new clinics, or temporarily sharing services with another area.
 - o This population so far, anecdotally is seemingly not as healthy as the people who were already on the OHP.
 - o Already the data, through 2013, is looking pretty good. Primary care is going up, emergency department visits are going down, and there is a lower rate of re-admissions to hospitals for serious chronic illnesses.
 - Those that are hitting the ER for the most part do have coverage so hospitals charity care is going down.

Chief of Policy: Leslie Clement. Holds years of experience in public health and Medicaid and has now been with OHA for about 2 years.

Chief Operation Officer: Linda Hammond. She led the Addictions and Mental Health Division for over a year and was the lead for building the new Oregon State Hospital.

Our Coordinated Care Model is moving beyond Medicaid. Not just with PEBB & OEBC but there is a real desire to look at the private sector overall and how that manages. If we can bring the cost of health care down, that money can be used for so much more. Even in the areas where CCO's seem to be all about the Medicaid population, the public health conversation is actually emerging in very powerful ways right now.

2015 Legislative Concepts

-Brittany Sande (Legislative Coordinator, PHD)

Back in September, Michael Tynan worked with our programs to put together ideas for their concepts. We brought a list of about 25 LC's to the PHD Executive Team, narrowed it down, and brought it to OHA Leadership at the end of March. We ended up with 3 LC's which we brought forward to DAS and the Governor's Office for further consideration. All of these have been approved for drafting which means the Legislative Counsel will now begin drafting these into bills. Once these are drafted, we still have time to revise them before they are introduced into session.

1. Trauma Registry Bill: We do have an Oregon Trauma Registry however we are very limited on how we can use its data. It collects traumatic brain injury data and we want to make sure the individuals who have these injuries are aware of the resources available for them. Our proposal is to amend the statute to allow us to use the data in different ways and also to put the Traumatic Brain Injury Registry into statute.
2. Our Radiation Protection Services Section has three programs: Radioactive Materials Licensing Program, X-Ray Program, and the Tanning Devices program. They are a 100% fee-based program. They use these fees to regulate industries and other areas that use radioactive materials and electronically produced radiation. They also use these fees for radiation emergency response services and to conduct radiological environmental surveillance activities.
 - a. They are proposing to raise their fees that are in statute.

- b. The RML Program has a cap of \$3,000 and proposing to raise this to \$5,000
 - c. The X-Ray Program's fees are set in statute and they want to raise them by 25%
 - d. The Tanning Devices Program fees are also set in statute and they want to raise them by 50%
3. The State Public Health Officer is currently in statute. As it stands now, the statute is too limiting as it says the Officer must be a physician certified by the American Board of Preventative Medicine. We have other physicians who have the qualifications and experience to perform this Health Officer function.
- a. We want to propose to change this so that the qualifications are expanded. This way when we recruit for a new Health Officer we will be able to have a broader pool of applicants and if for some reason the Health Officer cannot perform his/her duties for an extended amount of time, it will allow for someone else in the Division to fill in for them.

In regards to those LC's that were rejected, OHA's Legislative Coordinator has those and we will scan through them to see which ones we want to bring directly to a lawmaker to sponsor vs. being an agency concept. As we start to have those conversations about who we can reach out to and partner with, Brittany Sande will keep PHAB and CLHO in mind.

Update on Future of Public Health Services Task Force

-Michael Tynan (Policy Officer, PHD) (see presentation)

We have spent time at our meetings explaining to this Task Force what the Public Health System looks like, what is going on with the Health System Transformation, what funding we receive from the federal level, and how our local programs are funded.

The framework we are putting forward shows the foundational capabilities and the foundational programs that all public health departments (state and local level) must have. There are core programs and there are additional programs. What we find now is that we are getting a lot of money to do these additional programs, so we use those programs to give us the capacity to do the core things that we want to do vs. being able to do what we need to do well.

There is a large document that goes along with this framework but it is still being drafted right now. This report is due in September/October and the original legislation states that our Task Force may recommend legislative changes to the legislature. That is what we will be spending time at our next meeting figuring out. Regionalization is a means to achieve something and we did not even know what the problem was that needed to be defined. Regionalization may be the answer, but we are still trying to define what the question is.

Public Comment

Morgan Cowling (CLHO)

- There is phenomenal work happening throughout our local health departments.
 - Marion County is the first local public health department that is accredited in Oregon.
 - Our health departments are working hard to engage with CCO's through the community health assessments and the community health improvement plans.
 - CLHO is working to figure out how maternal & child health can be a point of intersection.
 - However, this is all being done in light of huge turnover right now to our academic partners. There are a lot of retirements in our workforce right now and significant funding cuts.
 - The National Public Health Improvement Initiative funding decreased and although the Performance Management Team here at the state will continue; this brought us funding for our local CHA & CHIP work but now the money is going away. We need to figure out how local communities are going to continue doing this work.
 - We just got a 30% reduction in Maternal and Child Health capacity in our local health departments as well.
 - People are getting on OHP yes, but this means that women who were in our clinics are now transitioning to OHP. This is great policy however we now are grappling with figuring out what this means for our core family planning infrastructure that we were providing in our communities.
 - We are seeing more funds come out from the Health Division through RFP and there are not across the board resources to do grant writing especially with diminishing funds.

Closing:

The next Public Health Advisory Board meeting is:

**Friday, September 5, 2014
9:00 a.m. – 12:30 p.m.
Portland State Office Building
800 NE Oregon St., Room 1A
Portland, OR 97232**

If you would like these minutes in an alternate format or for copies of handouts referenced in these minutes please contact Brittany Sande at (971) 673-1291 or brittany.a.sande@state.or.us.