FUTURE OF PUBLIC HEALTH SERVICES TASK FORCE
MEETING SUMMARY

Wednesday, June 18, 2014

Task Force Members in Attendance:

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

OHA Executive Sponsor: Lillian Shirley

Task Force Members Not in Attendance:

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| Rep. Jason Conger | Sen. Bill Hansell |

*Meeting Summary*:

- **Roll was taken; a quorum was present (Tammy Baney).**
- **Announcements:**
    - Changes to the July and September meetings:
        - July 23rd meeting will be in Salem at 1:30 pm.
        - September meeting is now September 10th in Portland at 10:00 am.

- **Feedback members have heard from external stakeholders on revised straw model**

Since the May meeting, task force members have been meeting with external stakeholders to solicit feedback on the straw framework.

Association of Oregon Counties (AOC) Local Government Advisory Council presentation, June 13, 2014.

- Task Force members participating: Tammy Baney, Rep. Mitch Greenlick, Charlie Fautin, Carrie Brogoitti and Lillian Shirley.
- Feedback from AOC included:
    - Concern that the task force was setting up service regions and focusing on consolidation.
    - Request to have recommendations based on data and natural alignments.
    - Counties want to retain ability to invest in the local public health system, maintaining local opportunities for people to have access to health care services.
    - Generally positive about the straw model.

Health officer caucus with Conference of Local Health Officials (CLHO) at Oregon Epidemiologists' Meeting, May 21, 2014

- Gary Oxman met with county health officers.
- Feedback from health officers included:

        - Is there an opportunity as part of this process to establish definitive roles for the Board of Health and clarify the overlap between county judges and county boards of commissioners? The health officers want to see the public health system embrace more high-level decision making in the actual governance structure.
        - Need a clear set of expectations around qualifications and behaviors of health officers.
        - Some openness to regionalization around the health officer function, but also recognize the importance of the local connection and practice in the communities.
    - There was overall support for the foundational approach.
    - The public health system needs to embrace population-based approaches and not just clinical care for individuals. The current system embraces too much individual care.

Conference of Local Health Officials (CLHO), June 4, 2014

- CLHO held a webinar where Charlie Fautin and Carrie Brogoitti presented to leadership from county health departments.
- Feedback from CLHO were included in a document provided to the task force. Some comments were discussed during public comment on the straw model, as identified below.

- **Public Comment on Straw Model**

In order to inform the task force conversation on possible revisions to the draft straw framework, public comment on the framework was taken at the beginning of the task force meeting instead of at the end.

**Morgan Cowling, Executive Director Coalition of Local Health Officials (CLHO):** An overview of the comments from the webinar hosted by CLHO on the draft straw model was presented.

- Add workforce development into the foundational capabilities document and remove the specific focus on traditional health workers.
- Include "Evaluation" in the Assessment & Epidemiology foundational capabilities.
- Reference the importance of best practices development through innovation.
- Data collection, assessment and epidemiology should be kept into foundational capabilities and not specifically called out in prevention and health promotion.
- The language around the role of public health in assurance and clinical services needs to be narrower.
- Public health enforcement should be a foundational capability.

**Jennifer Pratt, Oregon Primary Care Association**:

- Suggest changing the first sentence on page 6 from "foster and maintain relationships with governmental and non-governmental partners both within and external to the public health system" to "foster or leverage."
- Revise "elements with this capacity include the ability to convene and sustain strategic non-promotion specific relationships with other public health organizations as well as key health-related organizations" to include "traditional and non-traditional partners or stakeholders to collectively advance health." Make it clear that this is about health and not just health care.

- There needs to be an outcome for community partnership development. “To improve the triple aim and health equity and other goals of public health.”
- From the health equity section, pull out ““Structure that supports true community partnerships.” And add into the community partnerships section. The structural elements in community partnerships, not just around health equity, are critical.

- **Feedback from task force on revised straw model**

A discussion was had amongst the task force members, focused on identifying possible revisions to the straw model. The goal of the discussion is for the task force to decide if the straw model--with the visual elements and supplemental materials--captures what the foundational pieces should be.

*Summary of suggested revisions and potential recommendations:*

- The current straw model is a great description of the responsibilities that public health has traditionally assumed but it doesn’t speak to what public health needs to look like in this world where substantial health care is being delivered; and substantial public health care is being delivered by governmental health organizations like CCOs. Questions that should be addressed in this model:
  - What is the proper role of a public health department in a community where there are strong and functioning CCOs and other highly coordinated health plans?
  - There is tremendous overlap between the responsibilities of the CCOs in terms of population health and public health departments in terms of oversight, management and delivery of services.
    - What does public health department in the 21st century need to look like?
    - How does this happen more effectively and efficiently?
- Need examples for community partnership development. A lot of these things happen not just at the government level but some of these are happening with nonprofits and pseudo public health agencies and public service corporations, etc.
- There needs to be a component on workforce development:
  - Workforce development does not necessarily fit in with foundational capabilities. Foundational capabilities are oriented around behavior that a public health worker or department would do. It is important to acknowledge but it is not foundational.
  - It is important to acknowledge--perhaps as a policy statement--that in Oregon there is a good and growing array of capabilities in the academic community to help with workforce development.
  - Workforce development is an issue throughout the entire state, but it isn’t necessarily a foundational public health capability.
- How is this going to be paid for?
- How do CCOs fit into this? What are they providing, what do they offer and what does public health contribute, and what are the gaps; and how those gaps are filled and what is not. It would be helpful to have a conceptual framework in place about CCOs that are true across the board. There are certain components of coordinated care organizations that is true across the board so how does that then compare to this framework.

- This model cannot get into the weeds-- a lot of this can be developed by Oregon Health Authority rules and they have a much broader understanding of the various local CCOs; the various local health departments. The details should be done by rule with input in the rule making process from the various entities.
- The foundational capabilities established in the straw model are an extremely important step in defining what we want as public health in the state. We haven't had this before. We now have something in writing. How do we go from this to a next step? To get this implemented statewide there has to be another step.
- With "Access to Clinical Services" what takes place above the line and with whom do we partner for things above the line? It's not just CCOs – in fact it's not primarily CCOs but rather the whole healthcare system, and personal healthcare services. They may overlap and we need to get to the overlap and what we will create is the way to get partnership with providers.
- Identification of how innovation informs the work
- Enforcement of public health laws needs to be included.
- Need to define what is meant by "assurance." The question is how do we assure accuracy?
- Narrowing access to clinical services to access to clinical preventive services.
- Need to emphasize that public health is community or population-based health. Differentiate the public health population-based focus from the functions of the reforming medical care system which are much more around individual health with some community overlays.
- Document should acknowledge that the medical system is reforming and the CCOs are a part of it. Over time, it is expected that this reform will be successful and there needs processes in place for public health and CCOs to work with each other to establish clear expectations from that transition in providing individual medical/clinical services.
- At some point we need to have a discussion around equity and uniformity around public health services – are we going to allow different communities to choose different levels of public health services; are we going to have a platform that is uniform across the state?
- Page 3: Additional Programs: additional programs need to be described as enhancements of an existing core program or talked about as being a new area that is not currently within the core.
- Be consistent in where "cultural competency" is mentioned. At some places it is last and some places it is next to last.
- Throughout the document, add "knowledge and skills" to abilities. Example: "Elements for this capacity include the knowledge, skills and ability to…"
- Page 5: Bullet 6- access and appropriately use legal services
    - Legal services are not just policy and planning--it is a broader capability that belongs under Leadership and Organizational Competencies.
    - Need to include access and appropriately use public health law principles as well as the lawyer services.
- Page 5: under Organizational Leadership - The state's public health administrator and the public health officer should have public health training and the universities should provide the training. Also the Board of Health should have some public health training as well as and training for staff. Suggestion that legislators address this.

- Page 6: Workforce development fits under Human Resources and should refer to workforce expertise and development and continuity of operations, etc.
- Page 6: Community partnerships: include the ability to foster leverage that Jennifer Pratt addressed in her comments. Also add language about private sector or partnerships.
- Language is light on our ability to work with the legislature and other decision makers and the focus needs to be kept on that work.
- Health Equity and Cultural Competency: There were comments around the importance of expanding budgets for health and medical systems and that needs to be incorporated here.
- Page 7: Would like a much stronger statement under environmental health and role of public health in dealing with the health implications of environmental degradation. This doesn't talk about the responsibility for dealing with diesel in air, manganese and other heavy metals and the clear health implications of that. Would like to give the state agencies some cover for planning ways to expand while they work on this. This section needs to be strengthened.
- Page 8: Under Prevention and Health Promotion there needs to be a decision about having homicide listed.
- During the May discussion in Bend, there was conversation about listing the core health issues public health would be heavily involved in within the next 10 -15 years. Those need to be added to Prevention and Health Promotion in that context.
- Last title will read "Access to Clinical Preventative Services"

- **Discussion of task force role and responsibility regarding sustainable funding and governance structures**

Staff presented a draft model for how to operationalize the straw framework.

After feedback from the task force, the overview of the draft model was discontinued in favor of the task force forming a workgroup to develop proposals to review at the July task force meeting.

The workgroup will meet before the July 23 task force meeting. The workgroup will include: Tammy Baney, Gary Oxman, Eva Rippeteau, Carrie Brogoitti and Alejandro Queral. The workgroup will develop several plans or options for how to operationalize the straw model including governance, structure changes, and regionalization. The options will be based on the charter, the legislation, and information that has been presented to the task force. The workgroup options will be brought back to the July 23 task force meeting for discussion.

- **Public Comment**

  **Morgan Cowling, Executive Director Coalition of Local Health Officials (CLHO):** The model for public health is not a local or state model but a system model. There is a role for a local and statewide piece.

- **Meeting adjourned**