

Future of Public Health Task Force
MEETING SUMMARY
Wednesday, September 10, 2014

Task Force Members in Attendance:

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

Task Force Members Not in Attendance:

Sen. Bill Hansell	Rep. Jason Conger	Jennifer Mead
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OHA Executive Sponsor: Lillian Shirley

Meeting Summary:

- **Roll was taken; a quorum was present; minutes were approved. (Tammy Baney)**

- **Public Comment**
 - **Lila Wickham, President-Elect Oregon Public Health Association (OPHA)**

OPHA is looking forward to legislation that addresses the changing medical system. OPHA believes we need to educate people on how to use medical/dental/behavioral health/medication while educating doctors on how to deal with patients in a different way and hopes there will be flexibility with the way public health is provided. OPHA hopes the legislature becomes fully aware of the various ways that public health provides services.
 - **Muriel DeLaVergne-Brown, Chair of Conference of Local Health Officials (CLHO)**

The conceptual framework presented in this model will require additional resources. CLHO is ready to work with public health to improve the health of Oregonians. The implementation pathways are needed as we look toward the future and it is important that we all work together.

-Written public comment was provided and included in Task Force member packets.
 - **Stacey Michaelson , Association of Oregon Counties**

She would like the changes compiled in a final document to share with commissioners and community partners; does not see a timeline or language that said the legislature would agree to foundational capabilities or the time an agency would come up with the process and believes that is needed. If this turns out into a regional process, what does funding look like? The unfunded mandate causes some concern. She would like to see those areas addressed in the final report.

- **Task Force response to public comment:**
 - The timeline will not be specified in the report but rather will state that there is a need for resources. The full timeline should be determined during the legislative process.
 - Time will be needed to operationalize this and get the support for this change, realizing that finding money may be a problem.

- The report provides instructions on how to go forward; we are proposing a 10-year plan to modernize public health in the future. In the first biennium we will need to come up with a plan that provides the structure and details on where we are going and what the nature of what public health is going to be in the future. The Task Force agreed that implementation does depend on state investment and should only take as long as necessary in order to prevent the possibility of two separate public health systems operating simultaneously.

- **Task Force Discussion on Implementation Plan**

- The Implementation Plan must reflect the intent of the Task Force and shows where we want to go and some processes to get there; it also shows the legislature where public health needs to be. The Implementation Plan does not stand alone; rather it stands with the report.

Specific changes:

Page 1 - State the purpose of Public Health “to promote and protect the health of all Oregonians” so it adds background of why the change is necessary.

Beginning with the section that starts: “This draft plan provides guidance...” The Task Force believes the implementation plan must reflect public health modernization and medical care transformation while also showing that Public Health has a number of roles. Instead of listing these as a question, show these as topics that should be further explored.

Other things to consider:

- Once implementation starts, it is deliberate, inclusive, and helps close the gaps.

Page 3 – Under *Notes* the Task Force discussed:

- CLHO is mentioned on Page 1. Suggestion to state here that “Based on discussions between Public Health and CLHO we say this is a critical partnership that will be fleshed out and included in a separate section. ”
- There should be additional discussion of what CHLO does and its role in the future.
- Do not call out the specific roles for CLHO in the implementation plan. The role of CLHO in a modern public health system is not determined yet.
- The statement should not dilute the value of CHLO but strengthen it as we get into the next iteration of public health in Oregon.
- Decision: leave CHLO on page 1 as one of the issues that needs to be discussed, and remove CLHO from everything under Local Governance Structures in the narrative and in the figures.

Page 4 – Under Implementation Pathways

- At the August meeting we talked about the importance of technical assistance as this process moves forward and wording and now that has been included.
- With regard to the multi-county district, a suggestion that we explicitly call out the ability for a county to join another health district in future waves.

Page 5 – change CRITERIA to “Choosing participants for first and additional implementation waves”

Page 6 – The last bullet under the first section beginning with “Existence of a local group that will serve an advisory role...”

- Correct implantation to implementation
- “local group” – the advisory role doesn’t need to be a group – suggestion to change to “a local resource that serves an advisory role”

Page 7 – Assumptions and Definitions

- 1. The intent of this is to capture the idea that the literature seems to show that there’s a better level of engagement when the services are organized locally and understood locally and there is an opportunity for input locally. Suggestion to delete the phrase “Regardless of implementation pathway chosen by a county or district” and begin with “To achieve effectiveness and efficiency” and then state the intent. Staff will develop appropriate wording.

- Report – 1st Draft

This first draft of the report attempts to capture what has occurred in this Task Force over the past year. This is an opportunity to make substantive comments. There are three documents that are included in the report: the Foundational Framework, Implementation by Wave, and Implementation Plan. These documents are appendices to the report. The report binds together the documents and recommendations that have been approved up to this point. The final version of this report, pending approval by the task force, will go to the legislature.

- Cover page: change the title to be “The Modernization of Public Health.”
- Pages 4 and 5 are the Executive Summary. The case needs to be made upfront about why a change is needed to the public health system: Why is it important to modernize governmental public health? It needs to show we are facing new and emerging threats and then show the importance of the ongoing work.
 - Include how health occurs in the community. What makes people healthy? What is the role of governmental public health services? What is the role of medical care? What is the role of basic resources such as housing, income, etc. so that the legislature knows there is a compelling reason to support and modernize governmental public health.
- We need to show the reason why this task force was brought together and that is in recognition of a change in the health system and other reasons as well. This will be called out in the report and in the Executive Summary.
- Under History and Current Structure include a paragraph that public health has a lengthy legislative history that goes back to the 19th century; the statutes predate codification; they are older than 1955 for the most part.
- Page 7 – Second paragraph “For this reason, the foundational elements of governmentally assured public health require coordination and alignment...” there is a concern alignment is going to mean that all of this needs to run through a CCO. Change to “require coordination and alignment with existing health transformation initiatives.”

- Page 9 top of page – Need to state that Oregon is 46th out of 50 states for public health funding. Include real numbers in the appendices.
- Page 9 – under Future of Public Health – this misses the fact that the bugs are gaining on us; needs to include a paragraph that will help market the report; add a piece about what keeps Health Officers up at night such as emerging threats, the landscape of technology; staff will write a compelling paragraph. Rep. Greenlick offered to provide feedback on the language.
- Page 13 - Do we need to include the words “taskforce workgroup”? Change to work of the task force and delete references to the workgroup.
- Change wording “all Oregonians” to “everyone in Oregon.” We want to be inclusive.
- Page 15 – first full paragraph, “The benefits must be available to everyone in Oregon” need to make it clear the part “they are essential governmental public health capacities.”
- Page 15 – we need to add: we will not be successful without significant and sustainable state funding and appropriate partnerships to be successful.

- **Public Comment**

- **Kathleen Johnson, Program Manager, Coalition of Local Health Officials (CLHO):**

1. CHLO would like to emphasize and encourage a shorter timeline for implementation; a longer timeline may result in a bifurcated system and a situation of “haves and have nots.”
2. We would like to see additional phases mentioned (not just Phase 1); include a statement that there is a plan to move beyond Phase 1.
3. It is important to have a place for our health division partners and health departments to come together to work on public health issues as a partnership which includes innovation, bidirectional problem-solving and mutual respect; that opportunity and place should be explicitly stated in the report.
4. This provides a wonderful opportunity to improve our public health system; keep in mind there are potential risks associated with opening the statutes.

- **Next steps:**

- Staff will make final edits to the report to the legislature and supporting documents before a final vote via conference call.
- The Agenda would include approving the meeting summary and then vote on the document. This will be a 30-minute phone meeting.
- The final document will be sent to the Task Force early next week for an opportunity to see the final draft. Once approved, the report will be finalized and submitted to the legislature.

- **Meeting adjourned**