

# AGENDA

## PUBLIC HEALTH ADVISORY BOARD

**February 21, 2019**

Portland State Office Building  
800 NE Oregon St., conference room 1B  
Portland, OR 97232

Join by webinar: <https://register.gotowebinar.com/rt/4888122320415752707>

Conference line: (877) 873-8017

Access code: 767068

Meeting objectives:

- Review requested changes to 2019 work plan
- Hear an update on CCO 2.0 process
- Hear and discuss final priorities for the 2020-2024 State Health Improvement Plan
- Hear updates from PHAB subcommittees

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<b>2:00-2:20 pm</b>	<b>Welcome and updates</b> <ul style="list-style-type: none"><li>• Approve January meeting minutes</li><li>• Legislative update</li><li>• OHPB Digest</li></ul>	Rebecca Tiel, PHAB Chair
<b>2:15-2:20 pm</b>	<b>Review PHAB Work plan</b> <ul style="list-style-type: none"><li>• Review requested changes to PHAB work plan, which is a living document</li></ul>	Rebecca Tiel, PHAB Chair
<b>2:20-2:40 pm</b>	<b>Update on CCO 2.0</b> <ul style="list-style-type: none"><li>• Update PHAB on CCO2.0 process</li></ul>	Lillian Shirley, OHA Staff
<b>2:40-3:05 pm</b>	<b>2020-2024 State Health Improvement Plan</b> <ul style="list-style-type: none"><li>• The Public Health Block Grant supports our work on the SHIP. The PHAB advises OHA on implementation of the PH Block Grant.</li><li>• Hear SHIP priorities as determined by the PartnerSHIP on February 12.</li></ul>	Christy Hudson, OHA Staff
<b>3:05-3:15 pm</b>	<b>Break</b>	
<b>3:15-3:35 pm</b>	<b>Incentives and Funding Subcommittee</b> <ul style="list-style-type: none"><li>• Discuss work of subcommittee</li></ul>	Alejandro Queral, PHAB Member
<b>3:35-4:00 pm</b>	<b>Accountability Metrics Subcommittee</b> <ul style="list-style-type: none"><li>• Discuss work of subcommittee</li></ul>	Teri Thalhofer, PHAB Member
<b>4:00-4:15 pm</b>	<b>Public comment</b>	Rebecca Tiel, PHAB Chair
<b>4:15 pm</b>	<b>Adjourn</b>	Rebecca Tiel, PHAB Chair

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**Public Health Advisory Board (PHAB)**

**January 17, 2019**

**DRAFT Meeting Minutes**

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**Attendance:**

Board members present: Kelle Adamek-Little, Dr. David Bangsberg, Carrie Brogoitti (by phone), Dr. Bob Dannenhoffer, Muriel DeLaVergne-Brown (by phone), Dr. Katrina Hedberg, Dr. Jeff Luck (by phone), Tricia Mortell, Alejandro Qeral, Eva Rippeteau, Akiko Saito, Dr. Eli Schwarz, Dr. Jeanne Savage, Teri Thalhofer, Rebecca Tiel (by phone).

Oregon Health Authority (OHA) staff: Dr. Tim Noe, Danna Drum, Laura Chisholm, Sara Beaudrault, Katarina Moseley.

Members of the public: Andy Smith (AOC), Carrie Sampson (Confederated Tribes of the Umatilla Indian Reservation), Sharon Stanphill (Cow Creek Band of Umpqua Indians), Victoria Warren Mears (Northwest Portland Area Indian Health Board).

**Welcome and updates**

*Rebecca Tiel, PHAB Chair*

Ms. Tiel welcomed the PHAB and asked the PHAB members to introduce themselves.

- Approval of November 2018 Minutes

A quorum was present. Ms. Tiel moved for approval of the November 15, 2018, meeting minutes. The PHAB approved the meeting minutes unanimously.

- Legislative Update

Ms. Moseley informed the PHAB that the legislative session has officially started. The first few bills have dropped. The Legislative Committee will begin convening during the week of January 22, 2019. Ms. Moseley noted that the meeting packet for the October 2018 PHAB meeting contains information from Angie Allbee about the legislative session. In terms of specific bills that may be of interest to the PHAB, Ms. Moseley will check and notify the PHAB.

Ms. Tiel asked the PHAB for any questions or comments about OHA's response to the opioid crisis, discussed during the November 2018 PHAB meeting.

Dr. Dannenhoffer remarked that OHA is sponsoring an Opioid Summit in Roseburg, Oregon, on February 5, 2019. A noted speaker at the summit will be Sam Quinones, the author of *Dreamland: The True Tale of America's Opiate Epidemic*.



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Dr. Hedberg added that these are regional summits occurring around the state. There will be a statewide summit in May 2019.

### **Review of PHAB Charter, Bylaws**

*Rebecca Tiel, PHAB Chair*

Ms. Tiel briefly summarized the PHAB Charter. She explained that the PHAB is the accountable body for public health in Oregon. The PHAB advises and makes decisions on behalf or for the public health system. Board members contribute to the discussion with their own expertise. The PHAB comes forward with unique ideas and perspectives, which are a synthesis of the unique perspectives expressed by PHAB members.

Ms. Tiel added that several bylaws changed in 2018. The PHAB members should review the track changes in the document and check whether the changes align with the points discussed in 2018. New ideas and additions to the Charter are welcomed.

PHAB members asked questions about several changes in the bylaws and noted a few typos in the document. Ms. Tiel moved for approval of the Charter changes. The PHAB approved the changes unanimously.

### **Review of PHAB's draft 2019 Work Plan**

*Rebecca Tiel, PHAB Chair*

Ms. Tiel reminded the PHAB that the workplan was designed to provide a visual representation of where major decision points were to be made (green circle), what deliverables needed to be completed (blue diamond), and when (month). She asked the PHAB if any changes needed to be made.

Dr. Schwarz remarked that the unknown amount of money that would be received in 2019 for Public Health Modernization would influence the workplan for the year. Ms. Moseley responded that this topic will be addressed by the Incentives and Funding Subcommittee. By the end of the legislative session, OHA will know where it stands, depending on the state budget. Some of the money may be received in the second half of the second year of the biennium, and the subcommittee will consider how to best distribute these funds should they come to be.

Ms. Tiel noted that the workplan does not reflect the work of all subcommittees. The PHAB can discuss how the work of the subcommittees could be added to the workplan in this visual form.

Ms. Thalhoffer stated that the CCO 2.0 RFA did not reflect the recommendations PHAB put forward around partnership between CCOs and Public Health and the local public health



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authorities. While the PHAB statement was specific, the RFA was vague about the partnership around the social determinants of health and health equity work. Dr. Bangberg agreed to bring this point to the attention of the Policy Board.

Dr. Luck asked about the recommendations regarding sharing of incentive payments and reimbursement of health departments for specific services they offered. Ms. Mortell responded that, to her knowledge, there was no language on incentives and metrics in the sections on health care providers.

Ms. Tiel noted that PHAB can request an update from staff on the CCO 2.0 process. The PHAB should have a planned agenda item about that soon. Ms. Moseley remarked that an update can be presented in the February PHAB meeting. Dr. Schwarz added that an update in February would not impact the RFA.

Dr. Bangberg agreed to bring these concerns to the attention of the Policy Board and noted that exceptions could be made to changing the contract.

Dr. Luck wondered whether all 42 policies made it in the contract. Dr. Bangberg confirmed that all policies were approved by the Policy Board, but he was uncertain as to whether the policies made it into the contract language. Dr. Savage remarked that even though she did not read the whole document, she was told that the policies were in the contract. Dr. Bangberg and Dr. Savage will check and, if some of the policies are not in the contract, the PHAB will discuss the issue during the February 2019 meeting.

Dr. Luck asked about the difference between the 2015-2019 State Health Improvement Plan (SHIP) and the 2020-2024 State Health Improvement Plan in the workplan. Dr. Hedberg explained that the 2015-2019 SHIP is the current state improvement plan, while the 2020-2024 SHIP is being developed. These are two separate documents. A steering committee is receiving feedback from PHAB members and the broader health care community about the priorities that should be included in the 2020-2024 SHIP.

Dr. Schwarz noted that there are 14 priorities in the 2020-2024 SHIP draft posted online and the goal is for these 14 priorities to be reduced to approximately five. As some priorities, such as oral health, are not included in this initial list of 14 priorities for the 2020-2024 SHIP, Dr. Schwarz was unsure how OHA will talk about these new priorities while transitioning to the 2020-2024 SHIP.

Dr. Hedberg explained that the 2015-2019 SHIP has seven priorities. The final priorities for the 2020-2024 SHIP are posted online and an online survey is open until January 31 to allow community members to weigh in on the final priorities. The received feedback is much more upstream, which is different from the 2015-2019 SHIP. Some of the key areas include jobs and housing, which are upstream social determinants of health. In addition, the fact that some

health care areas are not included in the 2020-2024 SHIP does not mean that the work that is currently being done, such as oral health, tobacco control, and obesity, will stop.

Ms. Moseley remarked that the shift to the 2020-2024 SHIP provides opportunities for more actors to get involved with these goals and create a shared responsibility and collective action. The 2020-2024 SHIP is a progression in rallying more people in Oregon around health and not rallying only health care professionals already committed to improving health in the state.

Ms. Mortell stated that Washington County's experience developing their Community Health Improvement Plan, for example, the steering committee was not able to reduce the 14 priorities to five, as all 14 priorities were deemed important. Washington County is adopting a tiered approach to these priorities, whereby the county is leading on some priorities, such as housing, and supporting partners on other priorities.

Dr. Schwartz expressed a hope for the 2020-2024 SHIP to integrate the physical, behavioral, and oral health determinants of health, thus covering the entire health domain.

Dr. Hedberg reiterated that the main differences between the 2015-2019 SHIP and the 2020-2024 SHIP are the opportunity for collective action and looking at the upstream determinants of health.

Ms. Mortell pointed out that it is important to marry the public health population data with the community voice, so it can be determined what makes the community healthy or unhealthy. For example, certain populations in the community do not have enough money and transportation to get to a doctor, or pay for a copay, due to low wages.

Dr. Hedberg stated that quantitative data were collected during the State Health Assessment. In addition, surveys have been sent in the community, one of which is closing at the end of January, that will capture the community voice. A survey was also sent to OHA employees to obtain their feedback on these priorities.

Ms. Tiel remarked that the SHIP is a living document, which is constantly evolving. Ms. Moseley added that she and Ms. Hudson will incorporate the suggested changes into the document.

### **Tribal Public Health Modernization**

*Carrie Sampson, Confederated Tribes of the Umatilla Indian Reservation; Kelle Little, Coquille Tribe; Sharon Stanphill, Cow Creek Band of Umpqua Indians; Victoria Warren Mears, Northwest Portland Area Indian Health Board; Danna Drum (OHA Staff)*

Ms. Tiel invited the tribal public health officials to introduce themselves to the PHAB and encouraged the PHAB members to engage in a discussion. Ms. Drum recommended holding off any questions until the tribal public health modernization presentation ended.

Ms. Mears presented an overview of the tribal population in Oregon and listed the tribal governments in the state. Ms. Stanphill defined the meaning of tribal sovereignty and explained the policy foundation of the tribal population and its government-to-government relations through legislation.

Ms. Little reviewed the structure of the Indian Health Delivery System and highlighted the Indian health care challenges. Ms. Mears discussed the leading causes of death in the tribal population of Oregon.

Ms. Sampson articulated the process of establishing public health collaborations and gave examples of such collaborations. Ms. Drum noted how the public health modernization efforts related to tribal public health and explained the design of the tribal public health modernization assessment.

Ms. Sampson elaborated on the outcomes of the tribal public health modernization assessment and pointed out the tribal strengths that can be leveraged. Ms. Drum concluded the presentation by outlining the next steps in the tribal public health modernization initiative.

Dr. Hedberg asked about the meaning of “rare disease expertise” as a tribal strength and Ms. Drum explained that such expertise is related to rare communicable diseases that are not often seen.

Dr. Savage asked the tribal representatives about their experience with the CCOs, both good or bad, in terms of collaboration or as a wish list. Ms. Little and Ms. Stanphill agreed that their relationship with the CCOs is very positive. Ms. Stanphill explained that the contracts the tribes have with the CCOs are very different, because the tribes are different in the way they manage their health care. Some tribes have malpractice issues, while others have malpractice insurance. Overall, the relationship most tribes have with the CCOs is good, although it took some time to develop the relationship.

Ms. Saito commented that emergency preparedness is a great example of a collaboration between the tribes and, local public health, CCOs and state public health. In 2016, the tribes established a Tribal Preparedness Coalition; they work on exercises together and share information.

Ms. Thalsofer pointed out that Public Health Modernization has allowed the local public health organizations to work with tribal partners. In the past, local health authorities did not have enough time to work with tribal partners, but modernization funding has given them staff and work has started on projects.

Ms. Drum clarified that none of the tribes are receiving modernization funds, but the tribes see the value in public health modernization and are early adopters of the modernization initiatives. The participation of more tribes depends on resources to build capacity to do that work.

### **2015-2019 State Health Improvement Plan Update**

*Karen Girard, Laura Chisholm, Sue Woodbury (OHA staff)*

Ms. Girard noted that a key priority of the Center for Prevention and Health Promotion is to slow the increase of obesity in the state. The key questions that guide the center's work relate to better communication of the health and economic burdens of obesity and better communication of the need for a comprehensive prevention strategy.

Ms. Woodbury summarized the priority targets, based on collected data. Obesity prevalence among 2-to-5-year-olds is flat, while obesity prevalence among youth, obesity prevalence among adults, and diabetes prevalence among adults are increasing.

Ms. Girard explained that obesity prevention faces many significant challenges. Currently, there is no public health capacity or funding to comprehensively address the problem of obesity in a holistic way. The starting point and most effective strategy is to reduce the consumption of sugary drinks. Oregon is the only state on the West Coast in which local jurisdictions can increase the price of sugary drinks.

Mr. Queral expressed a concern about the reversal of the economic burden of obesity and asked if the data showed the disparate economic impact of obesity on communities of color.

Ms. Girard replied that the Center for Prevention and Health Promotion had the data and would work on communicating the information to the public.

Dr. Hedberg added that, unlike tobacco use, the impact of obesity is more complicated to assess, especially among the overweight population.

Ms. Thalsofer pointed out that the consumption of sugary drinks is just one of many causes of obesity, because obesity is not only about what people eat, but also about how they move. The reduction of sugary drinks consumptions should be the first step of a larger, articulated strategy that involves initiatives not only by the Oregon Health Authority, but also by the Transportation Authority, and other state agencies. Ms. Girard clarified that a sugary beverage tax with funds dedicated to comprehensive obesity prevention activities would answer this issue.

Dr. Savage commented that the communication of the health burdens of obesity must start at the school level. School food is poor quality and it contributes greatly to childhood obesity. The WIC program should be involved in these efforts.

Ms. Woodbury explained that a Presidential Order brought back the school nutrition standards. Schools do not have enough food, and a roll back on what they have is going into effect soon.

On a related note, Ms. Mortell informed the PHAB that lack of funding from the federal government resulted in the current lack of Healthy Communities grants. Instead of continuing the good work started 10 or 20 years ago, the local health care system is going backwards.

Dr. Dannenhoffer remarked that one of the biggest changes in pediatrics over the last 30 years has been the enormous advance of obesity. On a local level, there are things that can be done, such as promoting walking to school and the use of a farmer's market to buy fresh fruits and vegetables, among other strategies.

Shifting focus, Ms. Chisholm presented the work done by the Center for Prevention and Health Promotion related to reducing harm associated with alcohol and substance abuse. She outlined three key questions that probed the health equity issues associated with alcohol and other substance abuse, the shared ownership of the issue across health care sectors, and the broadening of the conversation beyond prevention of Substance Use Disorders (SUD).

Ms. Girard pointed out that, in terms of the priority targets, the current data (2017) shows an increase in the prescription opioid mortality death rate, the alcohol-related motor vehicle deaths, the binge drinking prevalence among adults, and the heavy drinking prevalence among adults. There a decrease in the binge drinking prevalence among adults. In addition, overdose deaths from prescription drugs are down 45% since 2006, while overdoses from illicit drugs are increasing. (For more information, visit <https://apps.state.or.us/Forms/Served/le8275.pdf> and House Bill 2257 <https://olis.leg.state.or.us/liz/2019R1/Downloads/MeasureDocument/HB2257/Introduced>.)

Ms. Chisholm informed the PHAB that a fast-track Opioid Emergency Response grant has allowed OHA to do emergency preparedness work related to illicit drug use. A CDC funding package, expected on or around February 1, 2019, will support this work.

Ms. Girard stressed that the efforts to reduce alcohol and substance misuse must be distributed across sectors (i.e., education, transportation, health), as this is a complex issue. As with tobacco, increasing the price of alcohol is the most effective strategy for reducing excessive drinking and alcohol-related harms. Alcohol costs Oregon \$3.5 billion per year, or \$2.08 per drink. Another strategy to have a strong alcohol policy is by maintaining state control through the Oregon Liquor Control Commission.

Ms. Mortell provided details about a past initiative in Washington State, where state control was eliminated. While the price of alcohol did not decrease, alcohol became more visible and prevalent in grocery stores. This over-normalized alcohol consumption for youth.



Dr. Schwarz asked if consumption increased in Washington State after state control was relinquished. Dr. Hedberg explained that it is unknown whether the number of people who drink increased, but it allowed problem drinkers easier access to alcohol. The key question then became “How much do you drink?”, as opposed to “Do you drink?” More access to alcohol also led to more shoplifting of alcohol by minors and others.

### **Accountability Metrics Subcommittee**

*Dr. Eli Schwarz*

Dr. Schwarz explained that the recent work of the subcommittee has been on the reporting of the accountability metrics data. The committee agreed on a graphic design style similar with the style in the CCO reports. Presenting a map of the state with benchmark numbers for each county, as well as benchmark bars for the different ethnicity groups, is visually compelling. Dr. Schwarz asked the PHAB for feedback or comments on the presentational style.

Dr. Schwarz also stated that one concern with the presentation of race and ethnicity information is that 40% of the data are missing and that there should be a disclosure that indicates that the presented numbers are not the whole truth.

Dr. Hedberg suggested that one way to resolve that problem is to have a category “Missing”, or an asterisk, that makes it clear that 40% of the data are missing. If the missing data is presented, people will think about it.

Ms. Mortell commented that stacking race and ethnic groups against each other is perhaps not a good practice in representing racial and ethnicity data. The limited space on a page forces us to represent it this way, but the design implies that there is something in race and ethnicity that is wrong versus society that is wrong.

Dr. Schwarz responded that the Metrics and Scoring Committee solved a similar problem by showing race and ethnicity data with dots in different colors that indicated the change in the different race and ethnicity groups.

Dr. Luck added that the Health Equity Metrics Workgroup is working on communicating upfront that disparities in health by race and ethnicity reflect historic inequities, as well as past and ongoing injustices, not personal choice or lack of responsibility.

### **Incentives and Funding Subcommittee**

*Akiko Saito (OHA Staff)*

Ms. Tiel invited Dr. Dannenhoffer to summarize the work of the Incentives and Funding Subcommittee because Ms. Saito had left the meeting.

Dr. Dannenhoffer explained that the subcommittee deals with what should be done with modernization funding this and next year. The budget is \$5 million. The subcommittee is grappling with three questions: (1) How do we deal with funding that decreases monthly? (2) How do we deal with counties that were not included in the past, or entities that might want to switch? (3) What should we focus on – old things or new items? Dr. Dannenhoffer acknowledged that there was a lot more work to be done.

### **Public Comment Period**

Ms. Tiel asked if members of the public on the phone or in person wanted to provide public comment. No public comment was provided.

### **Closing**

Ms. Tiel thanked the PHAB for their time and adjourned the meeting.

The next Public Health Advisory Board meeting will be held on:

**February 21, 2019  
2:00-5:00 p.m.  
Portland State Office Building  
800 NE Oregon St Room 1B  
Portland, OR 97232**

If you would like these minutes in an alternate format or for copies of handouts referenced in these minutes please contact Julia Hakes at (971) 673-2296 or [krasimir.karamfilov@state.or.us](mailto:krasimir.karamfilov@state.or.us). For more information and meeting recordings please visit the website: [healthoregon.org/phab](http://healthoregon.org/phab)

# OHPB Committee Digest

PUBLIC HEALTH ADVISORY BOARD, METRICS & SCORING COMMITTEE, HEALTH PLAN QUALITY METRICS COMMITTEE, HEALTH INFORMATION TECHNOLOGY OVERSIGHT COUNCIL, HEALTHCARE WORKFORCE COMMITTEE, HEALTH EQUITY COMMITTEE, PRIMARY CARE COLLABORATIVE, MEDICAID ADVISORY COMMITTEE, STATEWIDE SUPPORTIVE HOUSING WORKGROUP, MEASURING SUCCESS COMMITTEE, OPIOID INITIATIVE

## Public Health Advisory Board

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During the January meeting, the Public Health Advisory Board reviewed and adopted small modifications to its charter and bylaws. The PHAB also reviewed and recommended updates to its 2019 work plan. Changes were minimal and sought to align the charter with the bylaws, removing redundancy.

The Board received a 40-minute presentation on progress made by three of Oregon's nine federally recognized tribes in tribal public health modernization. Presenters included Carrie Sampson, Confederated Tribes of the Umatilla Indian Reservation, Kelle Little, Coquille Tribe, Sharon Stanphill, Cow Creek Band of Umpqua Indians, Victoria Warren Mears, Northwest Portland Area Indian Health Board. These tribes and coordinating agency have made progress in modernization assessment and planning.

The PHAB received a progress update on the 2015-2019 State Health Improvement Plan, specially progress on slowing the rise of obesity and addressing substance use.

Currently, Oregon does not invest in addressing obesity through a comprehensive obesity prevention program. Limited activity and implementation of strategies to slow the rise of obesity happens through related federal funds, such as those directed towards diabetes prevention and control.

Oregon has made progress in increasing provider registration into the Prescription Drug Monitoring Program, and overdose deaths from prescription opioids are down 45% since 2006. Overall, alcohol related deaths remain higher than targets in Oregon, while trends for youth binge drinking continue to decrease. Adult heavy and binge drinking remains a problem.

PHAB's Incentives and Funding subcommittee and Metrics subcommittee began work again in January and the Board received updates regarding its 2019 subcommittee membership and work plans.

COMMITTEE WEB SITE: <https://www.oregon.gov/oha/ph/About/Pages/ophab.aspx>  
STAFF POC: Kati Moseley, [Katarina.Moseley@dhsosha.state.or.us](mailto:Katarina.Moseley@dhsosha.state.or.us)

## Primary Care Payment Reform Collaborative

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The Collaborative finalized its report on the Primary Care Transformation Initiative ("Initiative") to the Oregon Legislature and OHPB, as mandated by SB 934 (2017). The report includes progress on the Initiative and recommendations on how to achieve the goals of the Initiative. The Collaborative is

recommending the Initiative focus on the spread of mechanisms to strengthen Oregon’s primary care system with an emphasis on innovative payment models supported by a statewide infrastructure. The recommendations fall into the following categories: infrastructure, two complementary payment models, and implementation. These recommendations are complementary and should be considered as a whole, rather than as separate parts.

The Collaborative includes 46 members representing a broad range of provider, payer and other primary care stakeholder perspectives. All member organizations endorsed the recommendations in the report. In 2019, the Collaborative will focus on strategies to implement the recommendations.

The next meeting is scheduled for January 29, 2019.

COMMITTEE WEBSITE: <http://www.oregon.gov/oha/Transformation-Center/Pages/SB231-Primary-Care-Payment-Reform-Collaborative.aspx>.

COMMITTEE POC: Amy Harris, [AMY.HARRIS@dhsosha.state.or.us](mailto:AMY.HARRIS@dhsosha.state.or.us)

## Healthcare Workforce Committee

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The Healthcare Workforce Committee met on January 9; its next meeting is March 6.

On January 9 the Committee met in a planning session to debrief the prior year and look ahead to 2019, including electing new officers. Jeff Clark, a Naturopathic Doctor and outgoing Vice Chair has been elected Chair for 2019; Curt Stilp, a Physician Assistant and director of the Area Health Education Center Program at OHSU was elected Vice Chair. Robyn Dreibelbis, outgoing Chair, will serve as Immediate Past Chair this year.

Three topics are of particular interest to committee members this year: Increasing clinician satisfaction and reducing burnout; increasing student training opportunities, including training beyond just medical training or graduate level; and exploring ways to better support communities around their workforce needs. OHA staff and Committee leadership will work with the OHPB liaison to draft a new charter for the Committee’s next two years.

The Committee has formally revised its bylaws to remove the term “ex officio” describing the two new student members, as discussed at the OHPB meeting the previous day.

Other key items of activity include:

### Health Care Provider Incentive Program

The Committee approved use of an application tool and a protocol for awarding new incentives and for redistributing money from within the Health Care Provider Incentive Fund for various activities. The Committee will discuss applications and recommendations for the use of funds at its March meeting.

### Healthcare Workforce Needs Assessment

The Committee discussed the draft Needs Assessment document and continues to offer recommended modifications.

### Healthcare Workforce Profile

The Committee formally approved the report developed by Health Analytics on licensed health professional ethnic/racial diversity and languages spoken.

#### Behavioral Health

The Committee received an update from the Farley Center of Policy on its work regarding the assessment of Behavioral Health workforce capacity in Oregon.

COMMITTEE WEBSITE: <http://www.oregon.gov/oha/HPA/HP-HCW/Pages/index.aspx>

COMMITTEE POC: MARC OVERBECK, [Marc.Overbeck@dhs.oha.state.or.us](mailto:Marc.Overbeck@dhs.oha.state.or.us)

## Health Plan Quality Metrics Committee

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Looking ahead to February and March, the HPQMC will be hearing final measure recommendations at their February 14 meeting and will finalize the 2020 Aligned Measure Menu Set at the March 14 meeting. In the past few months, they have heard measure recommendations from the Behavioral Health Alliance (November 2018) and the Metrics and Scoring Committee (January 2019). Additionally, HPQMC has endorsed future Social Determinants of Health measure development work and the Health Aspects of Kindergarten Readiness measurement strategy as presented at the January 2019 meeting.

The next meeting is Thursday February 14, 2019 from 1:00pm – 3:30pm.

COMMITTEE WEBSITE: <http://www.oregon.gov/oha/analytics/Pages/Quality-Metrics-Committee.aspx>

COMMITTEE POC: Kristin Tehrani, [Kristin.Tehrani@dhs.oha.state.or.us](mailto:Kristin.Tehrani@dhs.oha.state.or.us)

## Metrics & Scoring Committee

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In November the Metrics & Scoring Committee heard the measurement strategy recommended by the Health Aspects of Kindergarten Readiness Technical Workgroup. The proposed strategy includes adding two new measures in 2020 (1. *Preventive dental visits* and 2. *Well-child visits for 3-6 year-olds*); developing a CCO-level attestation measure on social-emotional health for use in 2021; and incentivizing the *follow-up* component to the existing *Developmental screening in the first 36 months of life* in subsequent years. The Committee also received an update on obesity measure development and discussed the developmental food insecurity measure. Slides from the presentation can be accessed here: <https://www.oregon.gov/oha/HPA/ANALYTICS/MetricsScoringMeetingDocuments/MS-Presentation-Nov-2018-FINAL.pdf>

In December the Committee formally endorsed the full measurement strategy recommended by the Health Aspects of Kindergarten Readiness workgroup. While the Committee endorsed the workgroup's recommendations, they will not make final, formal decisions about the entire 2020 incentive measure set until summer 2019. In addition, the Committee finalized its recommendation that the Health Plan Quality Metrics Committee develop a broad social determinants of health measure. Slides from the presentation can be accessed here:

<https://www.oregon.gov/oha/HPA/ANALYTICS/MetricsScoringMeetingDocuments/MS-Presentation-Dec-2018-FINAL.pdf>

In January, the Committee heard an update on the Clinical Quality Metrics Registry and began planning for 2020 CCO Incentive Measure selection. Slides from the presentation can be accessed here: <https://www.oregon.gov/oha/HPA/ANALYTICS/MetricsScoringMeetingDocuments/2019-01-MS-Presentation-FINAL.pdf>

At its next meeting on 15 February, the Committee will discuss opportunities for alignment between the incentive program and the CCO Performance Improvement Project and Transformation Quality Strategies. The Committee will also begin in depth review of potential measures to be included in the 2020 measure set.

COMMITTEE WEBSITE: <http://www.oregon.gov/oha/analytics/Pages/Metrics-Scoring-Committee.aspx>  
COMMITTEE POC: Sara Kleinschmit, [SARA.KLEINSCHMIT@dhsosha.state.or.us](mailto:SARA.KLEINSCHMIT@dhsosha.state.or.us)

## Health Information Technology Oversight Council

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HITOC met on December 6<sup>th</sup>. HITOC thanked departing members Chuck Fischer and Sonney Sapra for their years of service on HITOC, re-elected Erick Doolen as Chair, and discussed OHPB's appointment of six new HITOC members: Bill Bard (retired, consumer), Kacy Burgess (Deschutes County Health Services), Jennifer Clemens, DMD (Capitol Dental Care), Janet Hamilton (Project Access NOW), Anna Jimenez, MD (CareHere), and Bonnie Thompson, Greater Oregon Behavioral Health, Inc.

HITOC heard a report from the Behavioral Health HIT workgroup, in which workgroup members presented draft recommendations for top-priority actions that could improve HIT and electronic health information exchange for behavioral health providers.

HITOC also received a brief update about the federal SUPPORT Act (opioid legislation) which may offer limited federal funding for behavioral health electronic health record incentives via pilot programs. Meeting materials/recording are available here: <https://bit.ly/2sGoO4S>.

COMMITTEE WEBSITE: <http://www.oregon.gov/oha/HPA/OHIT-HITOC/>  
Committee POC: Francie Nevill, [Francie.j.nevill@dhsosha.state.or.us](mailto:Francie.j.nevill@dhsosha.state.or.us)

## Medicaid Advisory Committee

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The Medicaid Advisory Committee met on January 23rd. The meeting was primarily informational, and the committee received updates and overviews:

- Oregon's quality and metric framework for Medicaid; and
- The State Health Improvement plan and the current process to update the plan for 2020.

The Committee received information on the current stakeholder work to inform the creation of the next 5-year State Health Improvement Plan and expressed interest in using the finalized plan to inform its own work in the future. The committee also received a preview of the 2019 Legislative Session with a

discussion focused on OHA-related bills sponsored by the Governor in 2019. The development of the OHA/MAC health-related services guidance (housing-related supports and services) is still ongoing.

The committee welcomed two new members at the January meeting, but also loses four current members to expiring terms as of the end of January. OHA and the Governor's office are currently accepting and reviewing applications to Join the Medicaid Advisory Committee and expect to make additional new appointments in the coming months.

COMMITTEE WEBSITE: <http://www.oregon.gov/oha/hpa/hp-mac/pages/index.aspx>

COMMITTEE POC: Tim Sweeney, [Timothy.D.Sweeney@dhsoha.state.or.us](mailto:Timothy.D.Sweeney@dhsoha.state.or.us)

## Health Equity Committee

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The Committee discussed the feasibility of providing feedback to OHA on DRAFT RFA documents. The Co-Chairs will review the documents and solicit input to the full committee.

HEC elected Co-Chairs for 2019. Carly Hood-Ronick and Michael Anderson-Nathe, current co-chairs, were re-elected unanimously.

Staff from the Government Relations team at OHA presented to HEC and provided an overview of OHA bills that will appear in front of the legislature this session. The government relations team has had conversations with OHPB and OEI staff and OEI leadership about the role of the HEC during the legislative session. Discussions about that role are ongoing, and the HEC legislative workgroup is seeking clarification and guidance. In the interim, HEC members are part of the stakeholder group that will be invited to the Government Relations Stakeholder one-hour webinars hosted by OHA's Government Relations team, covering priorities through this legislative session. The first Monthly Stakeholder Meeting will take place on Wednesday, February 13<sup>th</sup> from 11:00 am – 12:00 pm and occur the second Wednesday each month through the session. At the end of the presentations, there will be an opportunity to submit questions online.

HEC needs clarification about the role the committee has in legislation if any. They would like more clarity on that from OHPB. Government relations staff will follow up with OHPB staff on this issue.

HEC workgroups provided their monthly reports, and there was a discussion about the content of the upcoming HEC retreat in March. A group tasked to the development of the retreat agenda was formed. The agenda for the HEC February meeting will focus on the retreat planning.

Next meeting: Monday, February 4<sup>th</sup>, 2019 at 12 pm at OHA Transformation Training Room (Lincoln Building)

COMMITTEE WEBSITE: <https://www.oregon.gov/oha/OEI/Pages/Health-Equity-Committee.aspx>

COMMITTEE POC: Maria Castro, [Maria.Castro@dhsoha.state.or.us](mailto:Maria.Castro@dhsoha.state.or.us)

## Statewide Supportive Housing Strategy Workgroup

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The workgroup's Permanent Supportive Housing Framework and Recommendations report is available online. The report contains recommendations regarding principles to guide permanent supportive housing, recommendations to strengthen cross agency collaboration and coordination, recommendations to expand permanent supportive housing through new and existing housing and service resources and recommendations for training and technical assistance to build permanent supportive housing capacity.

COMMITTEE WEBSITE: <http://www.oregon.gov/ohcs/Pages/supportive-housing-workgroup.aspx>.

COMMITTEE POC: Kenny LaPoint, [Kenny.LaPoint@oregon.gov](mailto:Kenny.LaPoint@oregon.gov)

## Measuring Success Committee

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The Measuring Success Committee of the Early Learning Council met on January 9, 2019. The Committee continued its work on selecting measures for an Early Learning System outcomes dashboard. Current work is focused on the selection and definition of intermediary measures in relation to the objectives of the Early Learning System Strategic Plan. The Committee also heard a presentation from Early Intervention/Early Childhood Special Education regarding their outcome measures developed for state and federal reporting. At the next meeting, members will choose a set of EI/ECSE measures to include in the dashboard and continue its review of the remaining intermediary measures.

COMMITTEE WEBSITE: N/A

COMMITTEE POC: Thomas George, [Thomas.George@state.or.us](mailto:Thomas.George@state.or.us)

## Oregon Opioid Initiative

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The Oregon Health Authority is seeking applicants to serve on a task force that will develop clinical guidelines on opioid tapering. These guidelines will build on the work of previous task forces that developed statewide opioid guidelines for chronic pain, acute pain, dentists and pregnant women. The existing guidelines have been built on available evidence, other federal and state guidelines, expert opinion, and public comment. Their purpose is to guide clinical decisions and encourage safe and compassionate prescribing and pain treatment statewide.

The Oregon Opioid Taper Guidelines Task Force should represent diverse perspectives and experiences with long-term opioids and tapering, including community members. Task force members would serve as appointees of OHA Director Patrick Allen. Those who wish to serve on the board should apply by 5 p.m. Friday, Feb. 1.

Appointment decisions are expected to be announced in February. The task force will meet publicly once a month from March to August. The application and more details on the process [are available on the OHA website](#).



OHA's efforts to change the conversation and promote evidence-based pain treatment are contributing to significant progress in the opioid epidemic. Oregon's prescription opioid-related deaths have decreased by 45 percent since 2006 and the rate of opioid prescription fills decreased by 28 percent since 2015.

COMMITTEE WEBSITE: N/A

COMMITTEE POC: Lisa Bui, [LISA.T.BUI@dhsosha.state.or.us](mailto:LISA.T.BUI@dhsosha.state.or.us)

**Public Health Advisory Board  
2019 work plan - draft**



**Key to workplan symbols**

- ★ = The Board will receive an update and provide feedback
- = The Board will make a decision or recommendation, including but not limited to formal votes
- ◆ = The Board will complete a deliverable

Topic		Month																	
		January	February	March	April	May	June	July	August	September	October	November	December	Jan-20					
statewide public health policies and goals	PHAB 2018 work plan, charter and bylaws	★	●					★	Decision needed regarding whether to cancel the August 2018 meeting				Decision needed regarding whether to cancel the December 2018 meeting						
	OHPB policy priorities: CCO 2.0		★		★		★			★		★							
	Achieving health equity					★	●								★				
public health modernization	Modernization implementation updates	★	★	★	★	★	★	★		Decision needed regarding whether to cancel the August 2018 meeting	★	★		★	Decision needed regarding whether to cancel the December 2018 meeting	★			
	Public health accountability metrics*		★	◆			●												
	Local public health funding formula*			★	★	◆	★												
	Regional partnerships				★	★	★	★				★		★		★		★	
	Division plan for modernization			★			★					★						★	
PHAB Oversight	14-19 State Health Improvement Plan	★			★			★			Decision needed regarding whether to cancel the August 2018 meeting			★			Decision needed regarding whether to cancel the December 2018 meeting	★	
	20-24 State Health Improvement Plan			★			★							★					★
	Preventive Health and Health Services Block Grant			★	★														

\*PHAB subcommittee addresses this topic. Subcommittee brings discussion and recommendations to PHAB.

	Topic	Purpose	Decisions, deliverables and agenda topics
statewide public health policies and goals	<b>PHAB 2019 work plan and charter</b>	Review and approve work plan for 2019	January: review draft work plan. February: approve work plan. July: mid- year review of work plan
	<b>Health system transformation priorities: Behavioral health, oral health, social determinants of health</b>	Ensure PHAB members are aware of statewide strategies with potential impacts to the public health system. Understand PHAB's connection to health system transformation priorities. Provide input to statewide priorities.	Bi-monthly updates and discussion.
	<b>Achieving health equity</b>	Understand the Board's role to advance health equity; provide guidance for the public health system's approach to health equity	April/May 2019: hear from modernization grantees about regional health equity reviews and action plans. Additional topics to add may include updates and discussion with the OHA Office of Equity and Inclusion, the OHPB health equity committee and the PHD Health Equity Workgroup. September 2019 review PHAB HE policy and procedure
public health modernization	<b>Modernization implementation updates</b>	Provide regular updates on public health modernization, including progress made on the statewide public health modernization plan	Topics in the first half of 2019 may include statewide public health modernization plan progress report, evaluation and communications, legislative updates.
	<b>Public health accountability metrics</b>	Use public health accountability metrics to track progress toward improved health outcomes through a modern public health system.	February/March: review and approve accountability metrics report. June: adopt metrics set for 2019-2021.
	<b>Local public health funding formula</b>	Provide recommendations to OHA on the development of the local public health funding formula, including a mechanism for awarding matching funds and incentive payments, approve report to LFO.	June/July: Advise OHA on distribution of funds through the funding formula for 2019-2021
	<b>Regional partnerships</b>	Receive updates on regional partnership grantees, provide recommendations for statewide approaches to support regional partnerships.	August: review final evaluation report and key findings for the 2017-2019 legislative investment.
PHAB oversight	<b>2020-2024 SHIP</b>	Receive update on progress planning 2020-2024 SHIP	March: Report from Feb PartnerSHIP meeting on decisions made; discuss how to elevate the SHIP; June: update on work plan progress; Sept: Present final SHIP; talk about elevating SHIP and launch; Jan 2020: Launch
	<b>2019 SHIP</b>	Receive update on progress toward achieving SHIP priorities. Provide guidance for overcoming barriers.	Quarterly updates as follows: Jan=obesity and substance use; April=communicable disease and immunizations; July=tobacco and suicide; October=oral health; Jan 2020: Final Report
	<b>Preventive Health and Health Services block grant</b>	Review and provide guidance on PHHS block grant work plan	March: receive an overview of the Block Grant. April: discuss the Block Grant work plan and findings from the Block Grant public hearing.

## PHAB Accountability Metrics subcommittee

2019 work plan

**Subcommittee members:** Muriel DeLaVergne-Brown, Eva Rippeteau, Jeanne Savage, Eli Schwarz, Teri Thalhofer

### Key tasks for January-June 2019

1. Review 2019 accountability metrics data and provide oversight for development of 2019 Public Health Accountability Metrics Report.
2. Set benchmarks and targets for communicable disease accountability metrics.
3. Revisit oral health as a developmental metric
4. Establish public health accountability metrics for the 2019-21 biennium.
5. Maintain communication with other metrics committees; seek opportunities to expand cross sector partnerships and provide leadership for population health metrics.

### Anticipated timeline

	PHAB Accountability Metrics agenda items	Items for PHAB approval
7-Jan	<ul style="list-style-type: none"><li>• Provide recommendations for 2019 accountability metrics report.</li></ul>	
4-Feb	<ul style="list-style-type: none"><li>• Review preliminary 2019 data for public health accountability metrics.</li><li>• Hold initial discussion on making changes to the public health accountability metrics set for 2019-21.</li></ul>	
4-Mar	<ul style="list-style-type: none"><li>• Review final version of 2019 Public Health Accountability Metrics Report.</li><li>• Meet with Metrics and Scoring Committee to discuss opportunities for aligning and leveraging measure sets.</li></ul>	<ul style="list-style-type: none"><li>• 2019 Public Health Accountability Metrics Report</li></ul>

<b>1-Apr</b>	<ul style="list-style-type: none"> <li>• Discuss methodology and make recommendation for communicable disease control benchmarks and targets.</li> <li>• Hold initial discussion on oral health as a developmental metric.</li> </ul>	<ul style="list-style-type: none"> <li>• Communicable disease control benchmarks and targets for 2019-21.</li> </ul>
<b>6-May</b>	<ul style="list-style-type: none"> <li>• Make recommendation for oral health metric for 2019-21.*</li> <li>• Discuss changes to 2019-21 measure set.*</li> </ul>	<ul style="list-style-type: none"> <li>• Recommendation for oral health as a developmental metric.</li> </ul>
<b>3-Jun</b>	<ul style="list-style-type: none"> <li>• Make recommendations for changes to 2019-21 measure set. *</li> </ul>	<ul style="list-style-type: none"> <li>• Recommended public health accountability metrics set for 2019-21.</li> </ul>

\*The framework for public health accountability metrics includes health outcome measures and corresponding local public health process measures. From January-June, PHAB Accountability Metrics will be discussing health outcome measures only. If PHAB adopts changes to the health outcome measures for 2019-21, OHA will work with CLHO committees to develop corresponding local public health process measures. PHAB Accountability Metrics would need to be reconvened later in 2019 to approve local public health process measures.

## PHAB Incentives and Funding subcommittee

Key tasks for 2019

**Subcommittee members:** Carrie Brogoitti, Bob Dannenhoffer; Jeff Luck, Alejandro Queral, Akiko Saito

### Key tasks for January-June 2019

1. Make recommendations to PHAB on funding priorities and criteria for 2019-21.
2. Review and finalize 2019-21 funding formula once funds are awarded by the Legislature.
3. Consult as needed on other issues related to public health funding.

### Anticipated timeline

	PHAB Incentives and Funding agenda items	Items for PHAB approval
8-Jan	<ul style="list-style-type: none"> <li>• Discuss public health modernization funding in Governor's Recommended Budget.</li> <li>• Review PHAB Funding Principles; make updates if needed.</li> <li>• Hold initial discussion on protecting and sustaining 2017-19 investments in LPHA partnerships.</li> </ul>	<ul style="list-style-type: none"> <li>• Funding Principles (if changes are recommended)</li> </ul>
12-Feb	<ul style="list-style-type: none"> <li>• Develop recommendations for protecting and sustaining 2017-19 investments in LPHA partnerships.</li> </ul>	<ul style="list-style-type: none"> <li>• Recommendations for sustaining 2017-19 LPHA partnerships.</li> </ul>
12-Mar	<ul style="list-style-type: none"> <li>• Develop recommendations for funding priorities and criteria for new modernization</li> </ul>	
9-Apr	<ul style="list-style-type: none"> <li>• Develop recommendations for funding priorities and criteria for new modernization</li> </ul>	<ul style="list-style-type: none"> <li>• Recommendations for funding priorities and criteria</li> </ul>
14-May	<ul style="list-style-type: none"> <li>• TBD</li> </ul>	
June 11 (Possible reschedule to late June/end of session)	<ul style="list-style-type: none"> <li>• Review plan for distribution of funds for 2019-21 (pending legislative decision)</li> </ul>	<ul style="list-style-type: none"> <li>• Final funding distribution plan formula for adoption by PHAB</li> </ul>

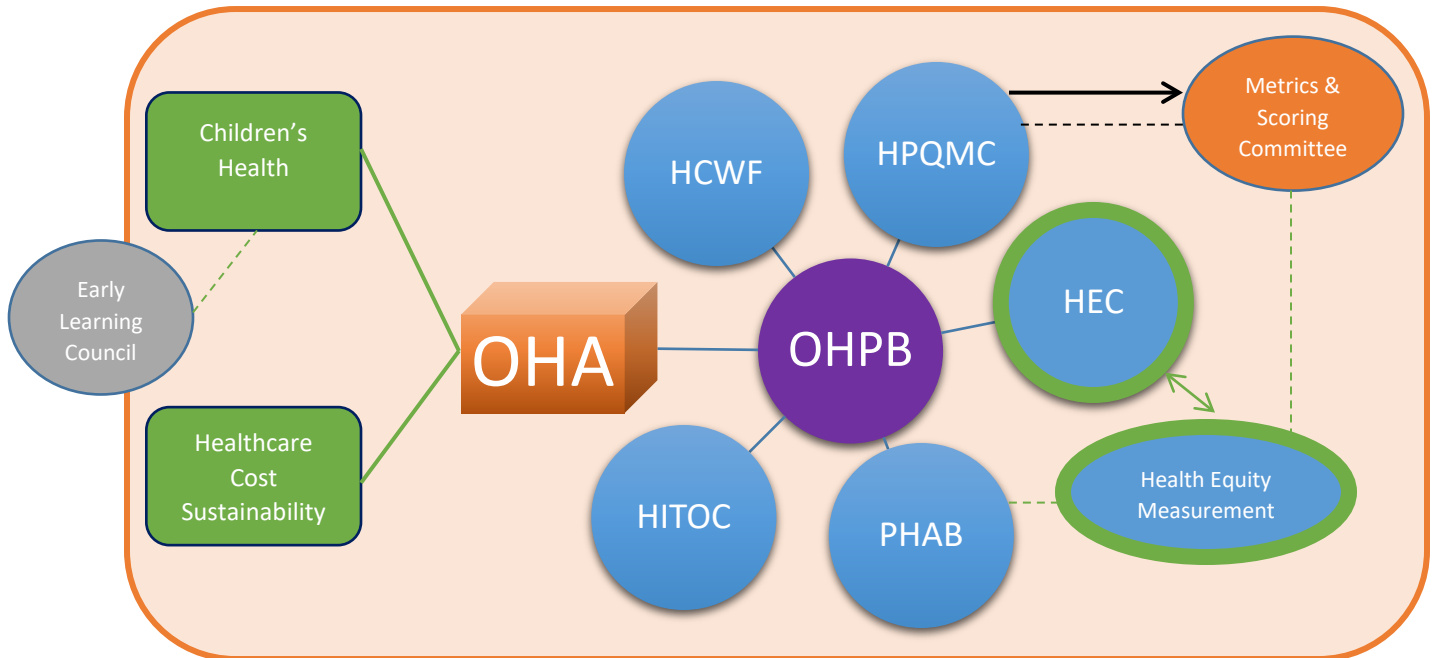
# DRAFT OHPB 2019 COMMITTEE STRUCTURE & LIAISON

January 24, 2019

Blue = Current OHPB Committees

Green = OHPB Priority Policy Area for 2019

OHA provides lead staff support and coordination for all committees and policy priority focus areas of OHPB



<u>Committees</u>	<u>Statutory?</u>	<u>Duration</u>	<u>OHA Staffing Support</u>	<u>OHPB Liaison</u>
<a href="#">Healthcare Workforce Committee (HCWF)</a>	X	Standing committee	HPA (Health Policy & Analytics Division) – Health Policy	Primary: Carla McKelvey Alternate: TBD
<a href="#">Public Health Advisory Board (PHAB)</a>	X	Standing committee	PH (Public Health Division)	David Bangsberg
<a href="#">Health Information Technology Oversight Council (HITOC)</a>	X	Standing committee	HPA -Office of Health Information Technology	TBD
<a href="#">Health Plan Quality Metrics (HPQMC)</a>	X	Standing committee	HPA - Analytics	John Santa
<a href="#">Health Equity Committee (HEC)</a>		Standing committee	OEI (Office of Equity & Inclusion)	TBD
<a href="#">Health Equity Measurement Committee (HEMC)</a>		Time limited committee	HPA & OEI	N/A
Children’s Health (Committee TBD)		TBD	HPA & PH	TBD
Healthcare Cost Sustainability (Committee TBD)	TBD	TBD	HPA	TBD

Role of Liaison to Committees of the Board:

Each member of the Board is expected to act as a committee liaison to a committee of the Board to provide policy oversight and guidance from OHPB to its committees and priority policy focus areas. Committees may have more than one OHPB liaison. The Board will use consensus to determine committee assignment at its annual retreat; the Chair may assign members to committee assignments as needed.

Committee Chairs and OHA staff work with Board liaisons to determine a meeting schedule and cadence that meets Board liaison and committee member needs as well as inform the specific work and considerations of their respective committee.

OHPB Liaisons should:

- Have an interest in the focus area and subject matter of the committee;
- attend (in-person if possible and via phone if needed) meetings and ensure a strong connection to OHPB priorities and policy development through regular updates to the committee, participation in crafting charter and committee workplans and ensuring the committee is considering OHPB deliverables as envisioned;
- prior to committee meetings, participate in agenda setting and planning with committee chair(s) and OHA staff via email or phone;
- provide regular updates at OHPB meetings regarding committee activities, priorities, consideration, work product, membership, charter development, etc. and;
- communicate with OHPB staff and the Chair regarding any areas or issues of specific interest.

<b>Role of OHPB</b>	<b>OHPB Committees</b>	<b>OHA &amp; Other Committees</b>
Establish Membership	Members chosen by OHPB and Gov.'s office	Membership chosen by OHA Leadership or other mechanism, e.g. legislatively directed
Establish Work plan / Charter	OHPB formally adopts committee charter creating work plan and deliverables	Work plan and/or charters established by individual committees
Role of OHPB Liaison	Provides direction to help committee meet charter deliverables; leadership along with chair / vice	Enhance connection and alignment between OHPB priorities and & ongoing priority area work; provide guidance for committee and OHA staff and leadership





February 15, 2018

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## Public Health Advisory Board Initial CCO 2.0 Recommendations

### Background

In September 2017, the Oregon Public Health Advisory Board (PHAB) adopted guiding principles for how health care and public health can partner to achieve maximum impact on health outcomes.<sup>1</sup>

PHAB, as a committee of the Oregon Health Policy Board, used the categories of shared work in the guiding principles to make some initial recommendations for public health-related concepts that can be included in the next coordinated care organization (CCO) contract period.

### Recommendations

#### *Leadership and governance*

1. Require a local public health authority (LPHA) voting member position on the CCO governing board.
2. Recommend there be a CCO voting member position on the LPHA advisory committee, when a LPHA has an advisory committee.
3. Require that LPHAs are compensated for the public health contribution towards incentive measures (e.g., tobacco and immunizations).

#### *Aligned metrics and data*

4. Align CCO incentive measures with population health priorities, to the extent feasible.

#### *Community health assessments and community health improvement plans*

5. Require CCOs to develop shared community health assessments and community health improvement plans with LPHAs and hospitals. Require the use of community health assessment and community health improvement planning tools that meet requirements for LPHAs and hospitals.
6. Require CCOs to invest in shared community health improvement plan implementation.

#### *Access to care*

7. Support response to public health emergencies, such as participating in regional health care coalitions.
8. Include the Oregon State Public Health Laboratory as an in-network provider for CCOs.
9. Fully reimburse LPHAs for the full cost of the provision of clinical services, including family planning, sexually transmitted infection treatment and contact tracing, and immunizations, whether that be through fee for service or alternative payment methodologies.

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<sup>1</sup> Oregon Public Health Advisory Board. (2017). Guiding principles for public health and health care collaboration. Available at <http://www.oregon.gov/oha/PH/ABOUT/Documents/phab/PHAB-guiding-principles-ph-and-health-care.pdf>.

Current status

The table below articulates any existing CCO contract or statutory requirements related to each PHAB recommendation.

<b>PHAB recommendation</b>	<b>Existing requirements, if applicable</b>
1. Require a LPHA voting member position on the CCO governing board.	<p>No existing requirement.</p> <p>ORS 414.625 requires that each CCO has a governing body that includes: persons that share in the financial risk of the organization who must constitute a majority of the governing body; the major components of the health care delivery system; at least two health care providers in active practice, including a primary care physician or a nurse practitioner and a mental health or chemical dependency treatment provider; at least two members from the community at large; and at least one member of the community advisory council.</p> <p>ORS 414.627 requires CCOs to include representatives of each county government served by the CCO on the community advisory council.</p>
2. Require a CCO voting member position on the LPHA advisory committee, when a LPHA has an advisory committee.	Requirements for LPHA advisory committee membership vary by jurisdiction.
3. Include LPHAs in value-based payment strategies, including sharing payments for public health contribution towards incentive measures.	No existing requirement.
4. Align CCO incentive measures with population health priorities, to the extent feasible.	Statute requires a general measurement focus on health outcomes and quality. ORS 414.638 requires the Metrics and Scoring Committee to adjust CCO measures annually to reflect community health assessments.
5. Require CCOs to develop shared community health assessments and community health improvement plans with LPHAs and hospitals. Require the use of community health assessment and community health improvement planning tools that meet requirements for LPHAs and hospitals.	ORS 414.629 requires CCOs to involve county public health administrators in their community health improvement plan. Evidence-based planning tools are informally provided as a best practice to CCOs.
6. Require CCOs to invest in community health improvement plan implementation.	No existing requirement. The 2017-2022 1115 Medicaid demonstration waiver aims to increase use of health-related services, which includes community-level interventions focused on improving population health.

7. Support response to public health emergencies, such as participating in regional health care coalitions.	No existing requirement for CCOs. However, legislative recommendations submitted on behalf of the HB 3276 Task Force in October 2017 call for CCOs to cover necessary vaccines and antidotes for disease outbreaks, epidemics and conditions of public health importance, regardless of in-network status. <sup>2</sup>
8. Include the Oregon State Public Health Laboratory as an in-network provider for CCOs.	No existing requirement.
9. Fully reimburse LPHAs for the provision of clinical services, including family planning, sexually transmitted infection treatment and contact tracing, and immunizations.	No existing requirement related to payment relative to other providers. ORS 414.153 allows OHA to require and approve agreements between CCOs and LPHAs for authorization of payment for point of contact services.

For more information

Contact [publichealth.policy@state.or.us](mailto:publichealth.policy@state.or.us) or visit [healthoregon.org/phab](http://healthoregon.org/phab).

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<sup>2</sup> Oregon Health Authority. (2017). House Bill 3276 task force report: Recommendations for the Oregon legislature. Available at <http://www.oregon.gov/oha/PH/PREVENTIONWELLNESS/VACCINESIMMUNIZATION/RULESLAWS/Documents/HB3276TaskForceReport.pdf>.

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# Update on the 2020-2024 State Health Improvement Plan

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PUBLIC HEALTH DIVISION

Office of the State Public Health Director

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# Overview

- What we learned from community feedback
- 2020-2024 priorities and next steps

# Strategic Issues

- ACEs/ALEs, toxic stress and trauma
- Safe, affordable housing
- Institutional bias across public/private entities
- Living wage
- Food insecurity
- Incarceration
- Climate change
- Violence
- Tobacco
- Obesity
- Substance use
- Access to mental health care
- Access to care
- Suicide

# Community Input Process

- Online survey in English and Spanish
- Mini-grants to community based organizations
  - Eastern Oregon Center for Independent Living
  - Self Enhancement, Inc.
  - Next Door
  - Unite Oregon
  - Q Center
  - Micronesian Islander Community (of APANO)
  - Northwest Portland Area Indian Health Board
- Other community forums

# Themes and Data

- Over 2500 provide feedback
  - Racially representative
  - More women than men
  - People with less education were under-represented
  - Disability and LGBTQ community represented
  - Areas outside of I-5 represented
  - Youth voice not present
- Consistent themes emerged on what is most important
  - Social & structural determinants
- Issues are interrelated and interconnected
- Community members are grateful for opportunity to provide feedback and wary it will result in real change



# EOCIL

Participants/Methods	Priorities
<p><b>150 participants</b></p> <ul style="list-style-type: none"><li>• 82% White</li><li>• 47% identify a disability</li><li>• 35% High school educated or less</li><li>• Umatilla, Malheur, Marion, Union, Morrow, Baker, Deschutes, Grant, Hood River, Wallowa, Multnomah, Douglas, Gilliam,</li></ul> <p>Surveys distributed through clients, and at community meetings and events.</p>	<ol style="list-style-type: none"><li>1. Safe, affordable housing</li><li>2. Access to mental health</li><li>3. Living wage</li><li>4. Substance use</li><li>5. Access to care</li><li>6. Childhood trauma</li><li>7. <b>Food insecurity</b></li></ol>

# MIC

Participants/Methods	Priorities
<p><b>65 participants</b></p> <ul style="list-style-type: none"><li>• 100% Native Hawaiian/Pacific Islander</li><li>• 63% female</li><li>• 54% High school educated or less</li><li>• Marion, Multnomah, Clackamas and Lane county</li></ul>	<ol style="list-style-type: none"><li>1. Housing</li><li>2. Violence</li><li>3. Living wage</li><li>4. Food insecurity</li><li>5. Climate change</li><li>6. Access to care</li></ol>
<p>Online surveys distributed through social media. Community Health Workers helped community complete during home visits</p>	<p>Other issues of concern: Eligibility for services (e.g. for COFA citizens)</p>

# NWPAIHB

Participants/Methods	Priorities
<p><b>215 participants</b></p> <ul style="list-style-type: none"><li>• 100% AI/AN</li><li>• 77% female</li><li>• 17% High school educated or less</li><li>• Statewide representation</li></ul>	<ol style="list-style-type: none"><li>1. Safe, affordable housing</li><li>2. Access to mental health</li><li>3. Substance use</li><li>4. Adverse childhood and life experiences</li><li>5. Living wage</li><li><b>6. Obesity</b></li><li><b>7. Suicide</b></li></ol>
<p>Surveys distributed through social media and newsletters</p> <ul style="list-style-type: none"><li>• All 9 federally recognized tribes</li><li>• Other AI/AN serving organizations and community groups</li></ul>	<p>Other issues of concern:</p> <ul style="list-style-type: none"><li>• Underfunded social services</li><li>• Culturally responsive, trauma informed services</li><li>• Support for elders</li></ul>

# Q Center

Participants/Methods	Priorities
<p><b>219 participants</b></p> <ul style="list-style-type: none"><li>• 79% White</li><li>• 38% identify as trans</li><li>• 32% identify as non-binary</li><li>• 97% identify as LGBTQ</li><li>• 28% identify a disability</li><li>• Multnomah, Clackamas, Washington</li></ul>	<ol style="list-style-type: none"><li>1. Access to care</li><li>2. Safe, affordable housing</li><li>3. Access to mental health</li><li>4. Institutional bias</li><li>5. ACEs, trauma, toxic stress</li><li>6. Living wage</li></ol> <p>Other issues of concern:</p>
<p>Online surveys distributed via Q Center Facebook page</p> <p>Listening sessions w/ surveys</p> <ul style="list-style-type: none"><li>• Older LGBTQ2SIA+ adults</li><li>• Queer, Trans, Black, Indigenous and People of Color</li><li>• Trans (Trans-Fem and FTM)</li></ul>	<ul style="list-style-type: none"><li>• Civil rights (violence against people of color)</li><li>• Isolation (especially for older adults)</li><li>• Legal services (immigration/DACA)</li><li>• Transportation</li><li>• Mentorship (intergenerational connection)</li><li>• Cross-cultural solidarity building</li></ul>

# SEI

Participants/Methods	Priorities
<p><b>54 participants</b></p> <ul style="list-style-type: none"><li>• 80% POC</li><li>• 87% Female</li><li>• 24% High school educated or less</li><li>• Multnomah</li></ul>	<ol style="list-style-type: none"><li>1. Safe, affordable housing</li><li>2. Living wage</li><li><b>3. Violence</b></li><li>4. ACEs, trauma and toxic stress</li><li>5. Substance use</li><li>6. Access to mental health</li></ol>
<ul style="list-style-type: none"><li>• Electronic surveys shared with service recipients</li><li>• Paper surveys and discussion at Parent Social event</li></ul>	<p>Other issues of concern:</p> <ul style="list-style-type: none"><li>• Homophobia</li><li>• Gang activity</li><li>• Culturally specific resources</li><li>• Higher education</li><li>• Bullying</li></ul>

# Next Door

Participants/Methods	Priorities
<p><b>137 participants</b></p> <ul style="list-style-type: none"><li>• 58% Hispanic/Latino</li><li>• 59% Female</li><li>• 42% High school educated or less</li><li>• Hood River, Wasco, Gilliam, Clackamas, Columbia, Harney, Sherman</li></ul>	<ol style="list-style-type: none"><li>1. Safe, affordable housing</li><li>2. Living wage</li><li>3. Access to mental health</li><li>4. ACEs, trauma and toxic stress</li><li><b>5. Food insecurity</b></li></ol>
<p>Paper and online surveys distributed through:</p> <ul style="list-style-type: none"><li>• Community meetings</li><li>• Schools, restaurants, churches, libraries, markets and laundromats</li></ul>	<p>Other issues of concern:</p> <ul style="list-style-type: none"><li>• Poverty</li><li>• Safety/access to services for Latino Community</li></ul>

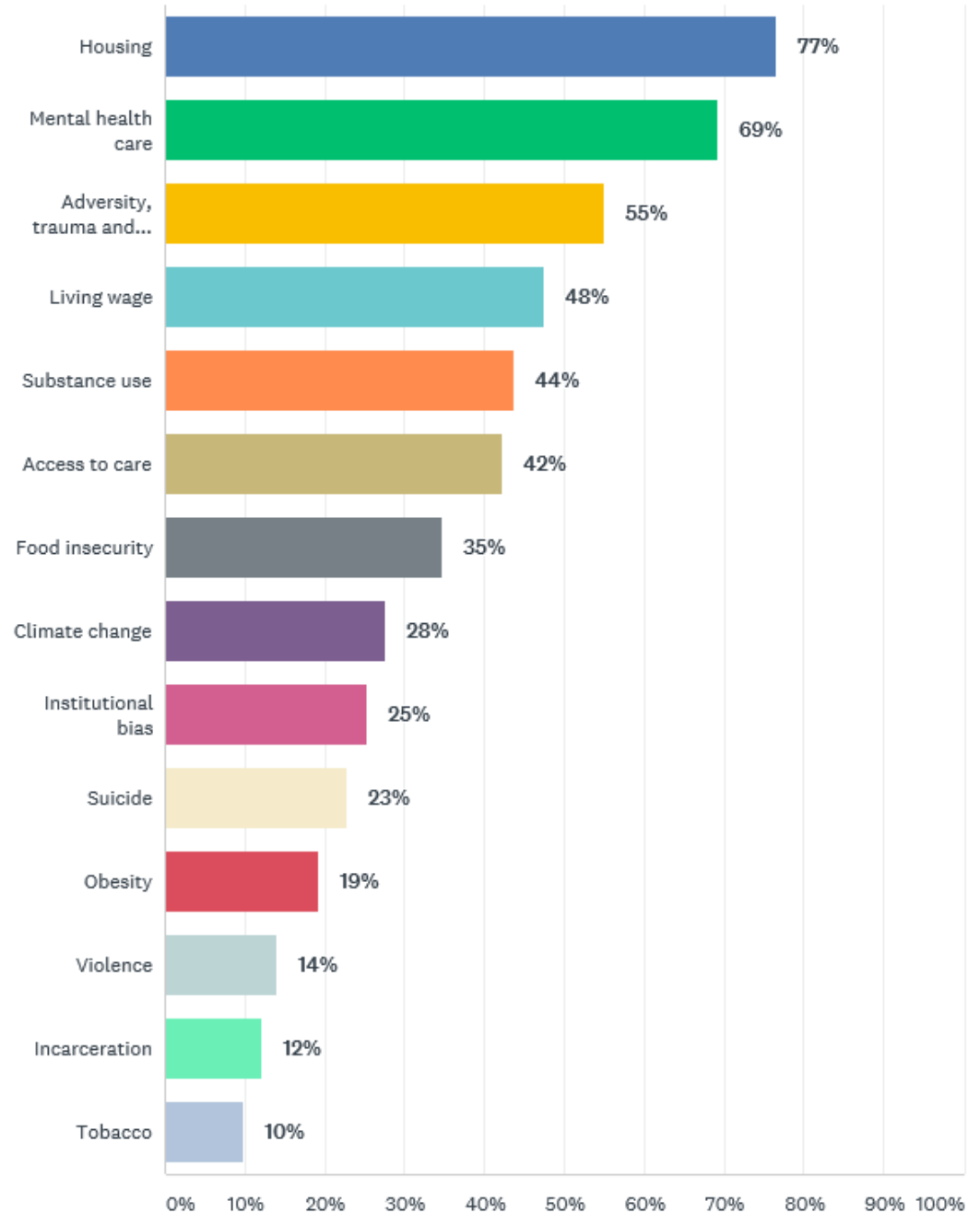
# Unite Oregon

Participants/Methods	Priorities
<p><b>164 participants</b></p> <ul style="list-style-type: none"><li>• 38% POC</li><li>• 14% trans or non-binary</li><li>• 52% LGBTQ</li><li>• 22% High school educated or less</li><li>• Jackson and Josephine county</li></ul>	<ol style="list-style-type: none"><li>1. Safe, affordable housing</li><li>2. Living wage</li><li>3. Mental health</li><li>4. Adverse childhood and life experiences</li><li><b>5. Climate change</b></li><li>6. Access to care</li><li><b>7. Institutional bias</b></li></ol>
<p>Paper surveys distributed:</p> <ul style="list-style-type: none"><li>• Social service providers</li><li>• Youth groups</li><li>• Citizenship classes</li><li>• Coalition groups</li></ul>	<p>Other issues of concern:</p> <ul style="list-style-type: none"><li>• Underfunded social services</li><li>• Culturally responsive, trauma informed services</li><li>• Support for elders</li></ul>

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# Priorities – All Respondents (N=1,487)



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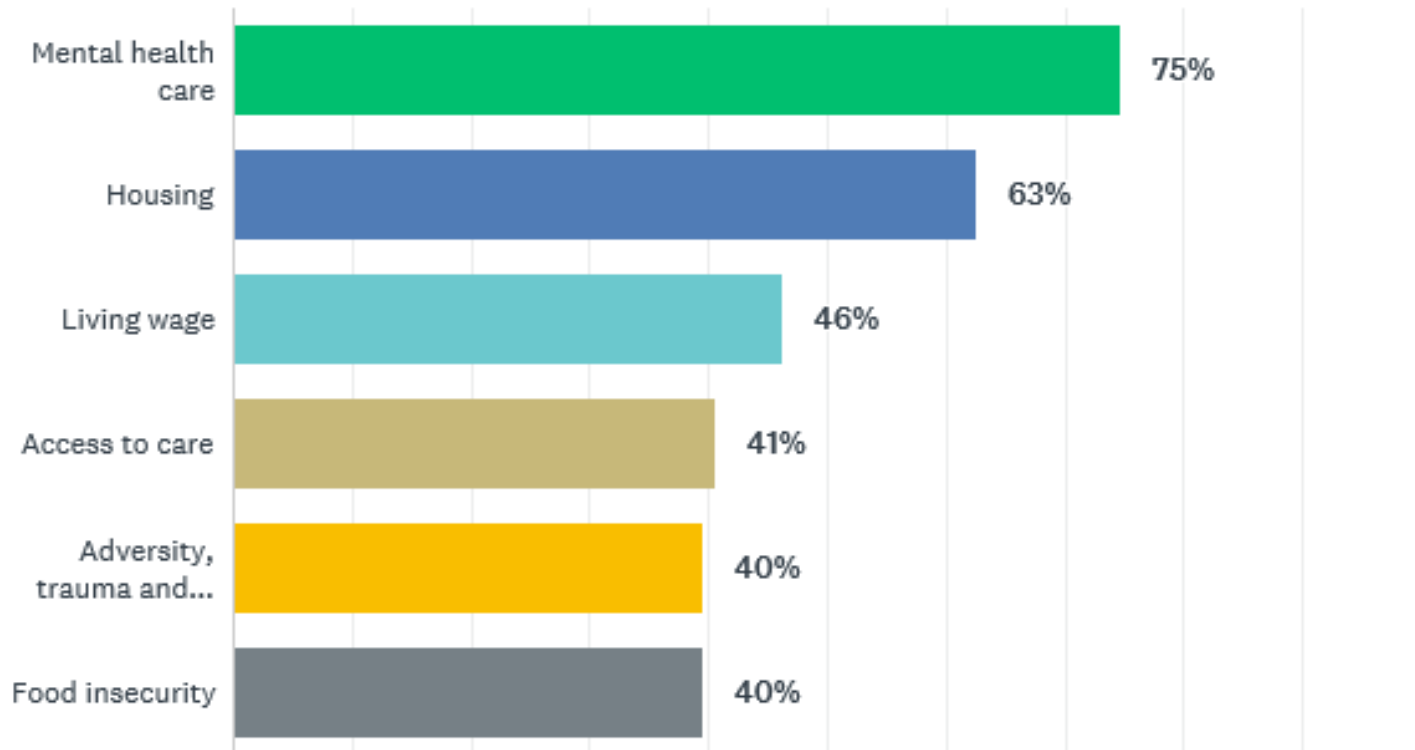
# What else would be more important? (n=690)

Topic	#/% of responses
Education	70 (10.0%)
Transportation	48 (7.15%)
Older adults	30 (4.57%)
Social cohesion	26 (3.81%)
Chronic pain	24 (3.65%)
Oral health	23 (3.5%)
Social services	23 (3.5%)
Vaccinations	20 (3.0%)
Other	< 2%

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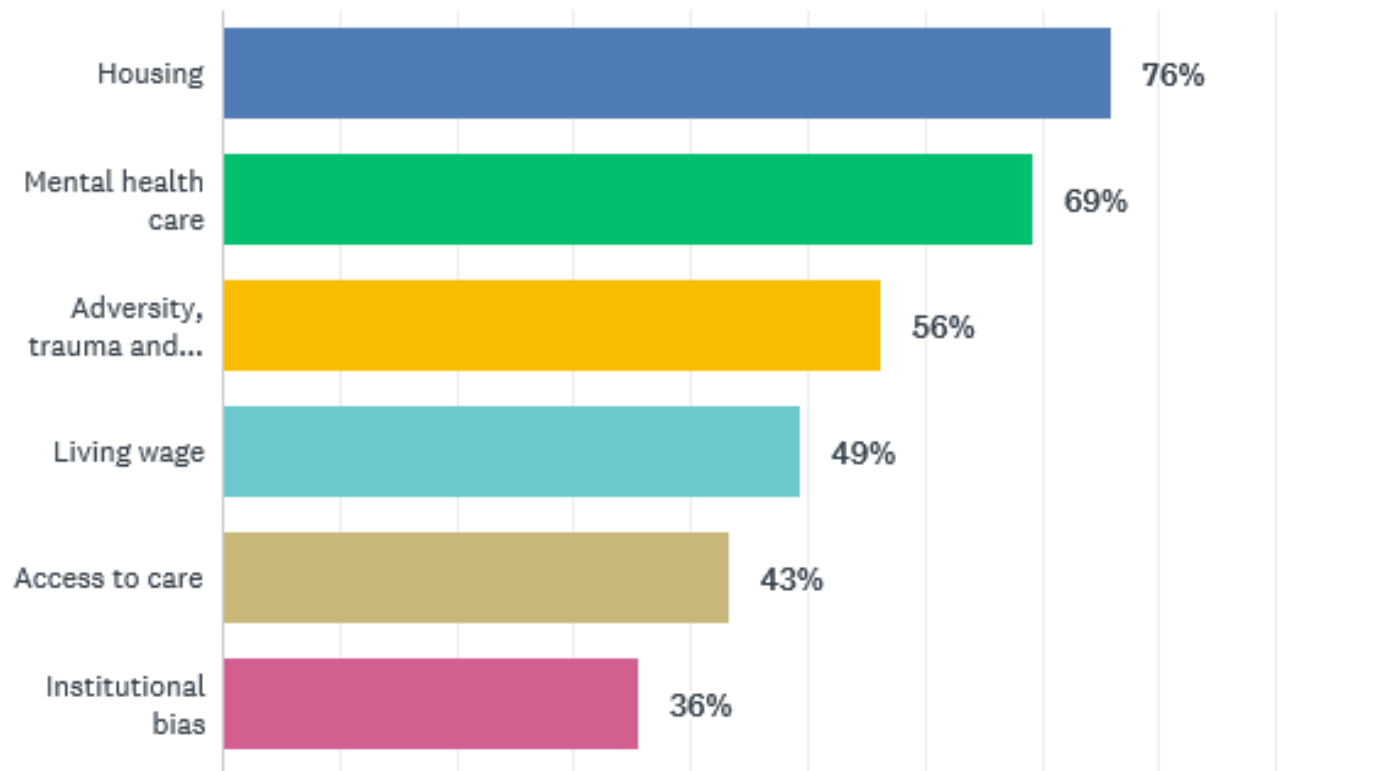
# Priorities – By education (high school diploma, GED or less than high school) (n=91)



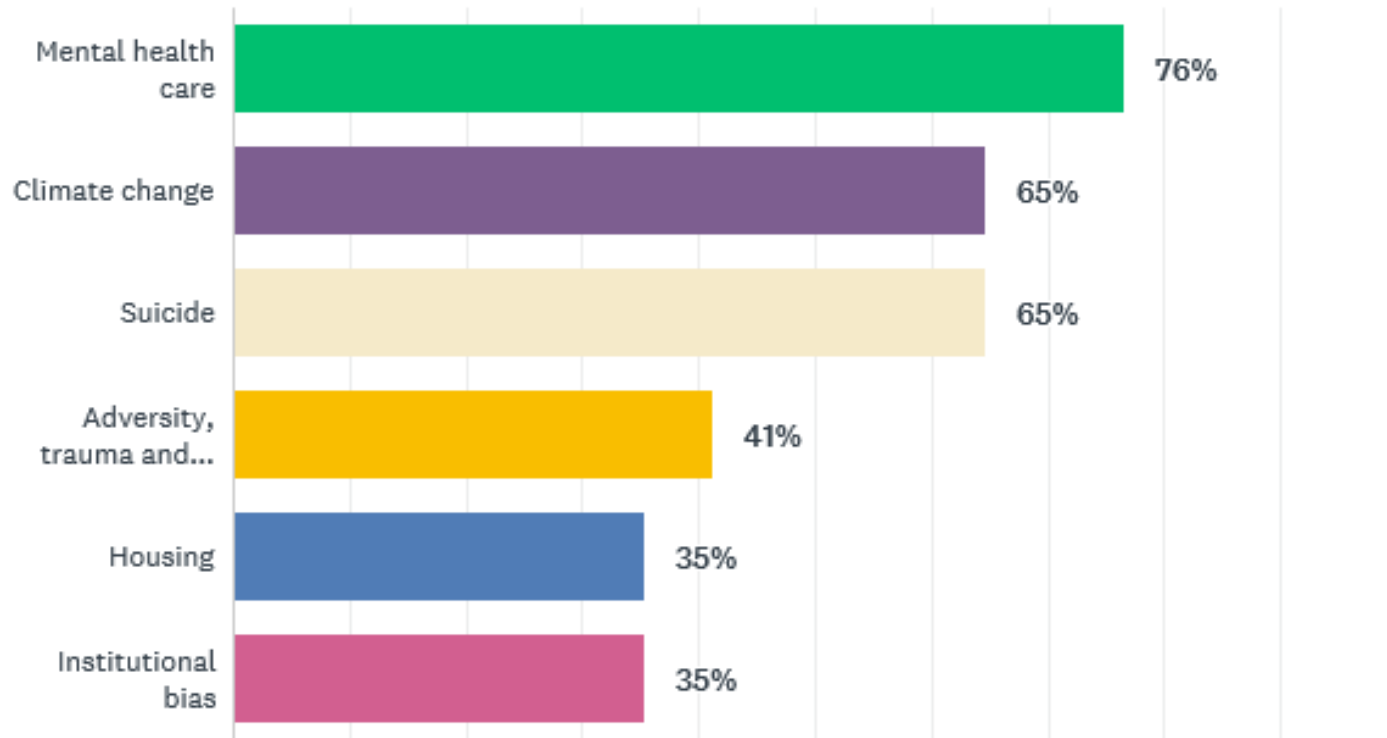
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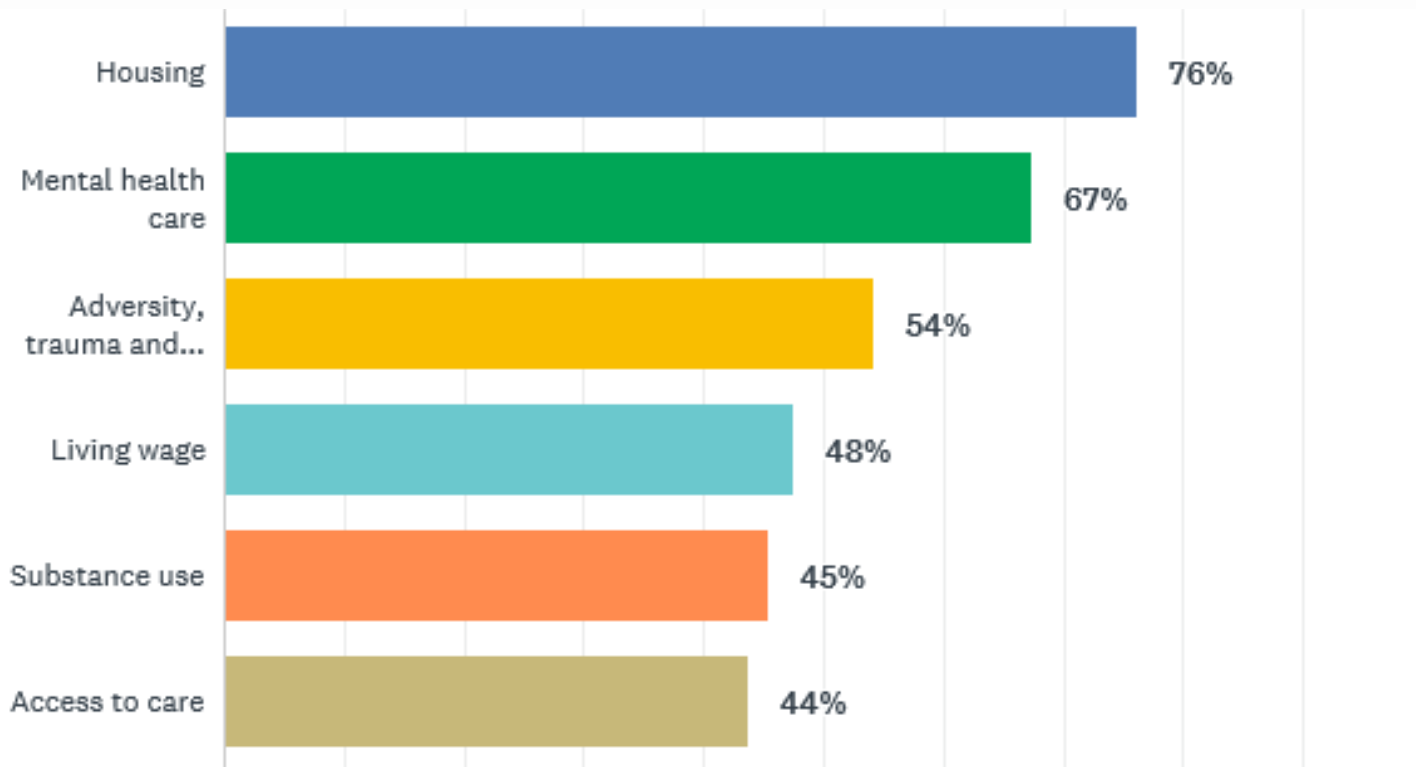
# Priorities – By Sexual Orientation(non-straight identified) (n=332)



# Priorities – Youth (<18) (n=17)



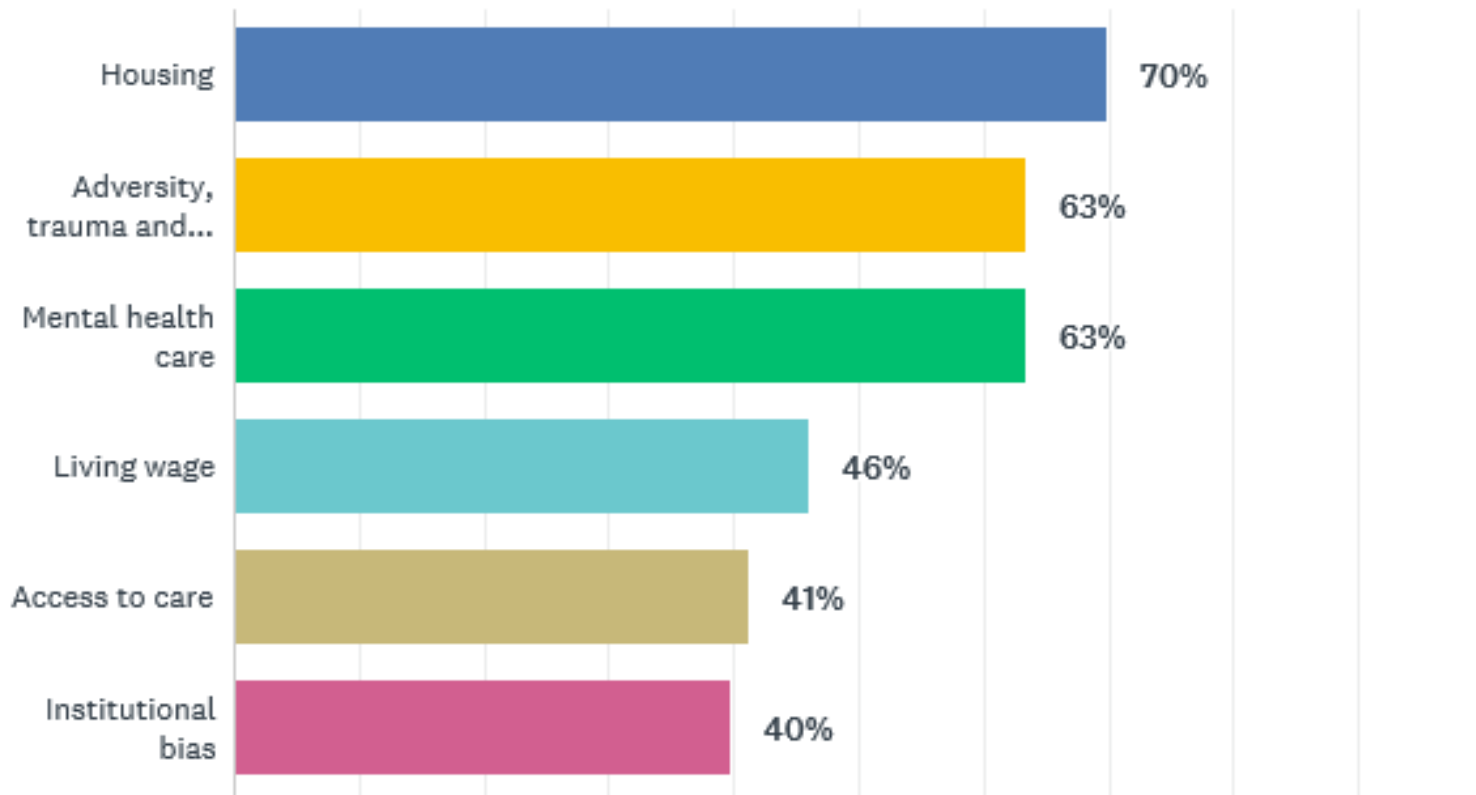
# Priorities – Older adults (65+) (n=181)



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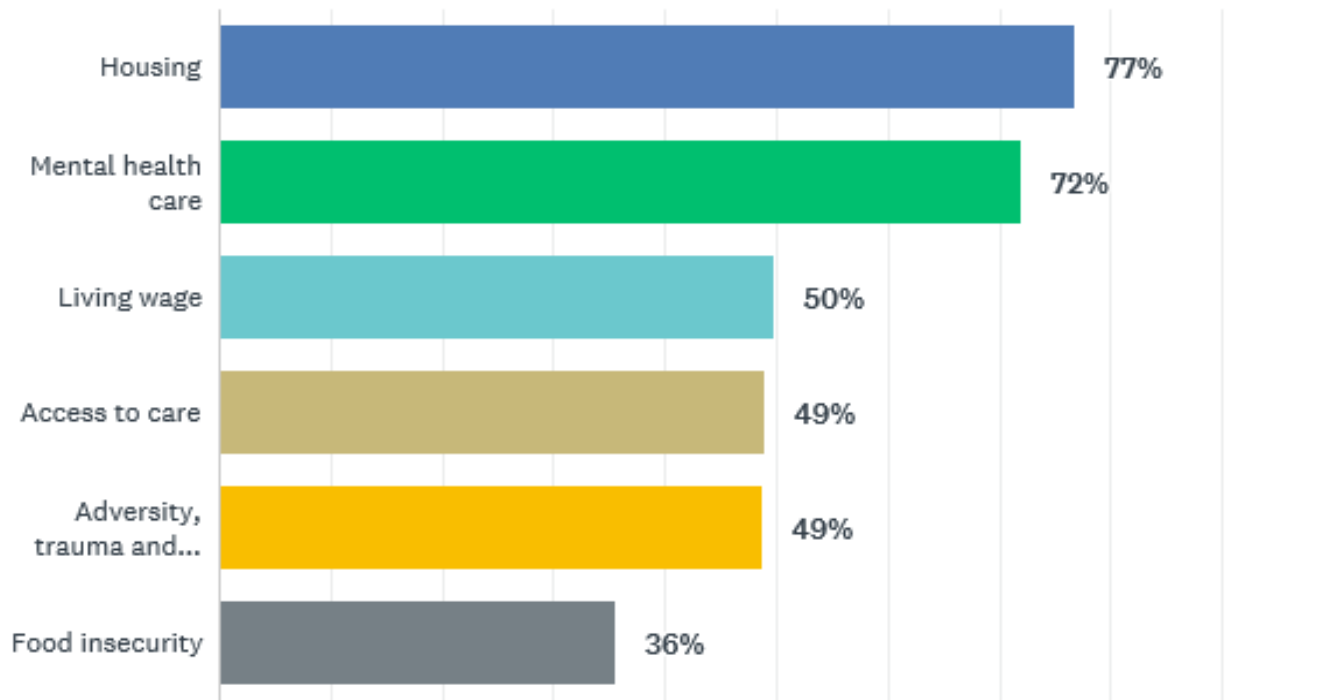
# Priorities – Gender (non-binary) (n=63)



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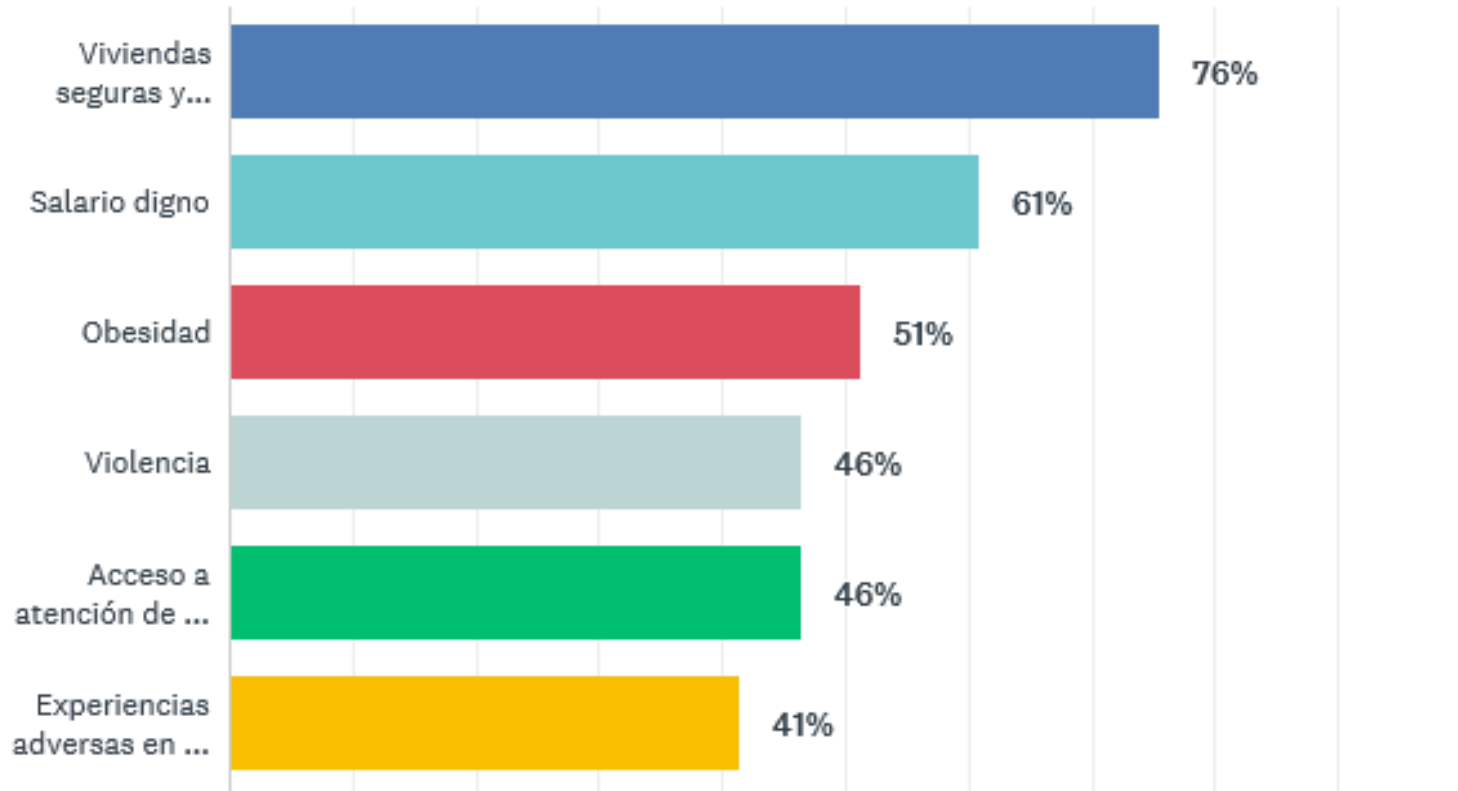
# Priorities – Disability (physical, mental or emotional condition limits activities) (n=349)



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# Priorities – Language (Spanish speaking) (n=41)

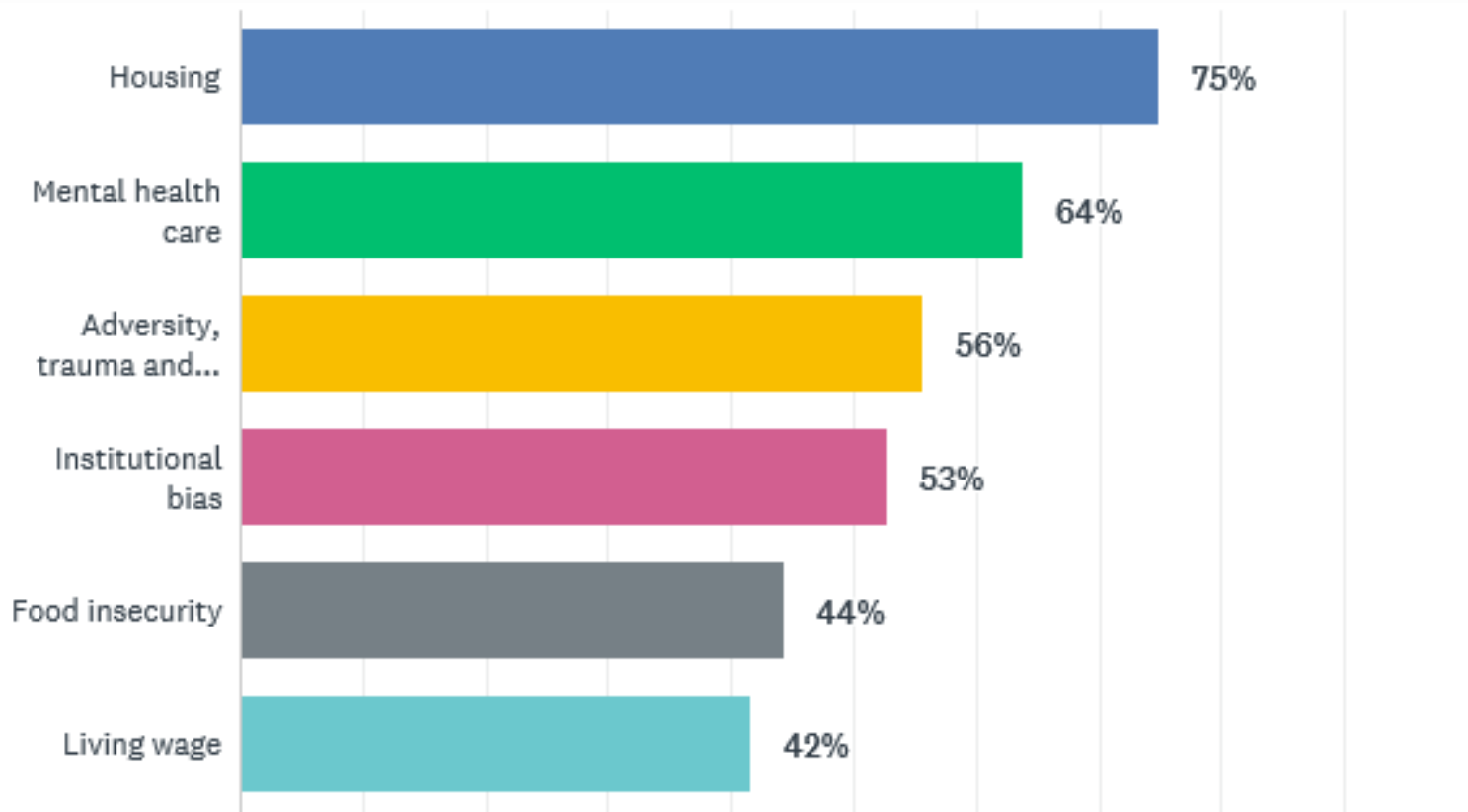


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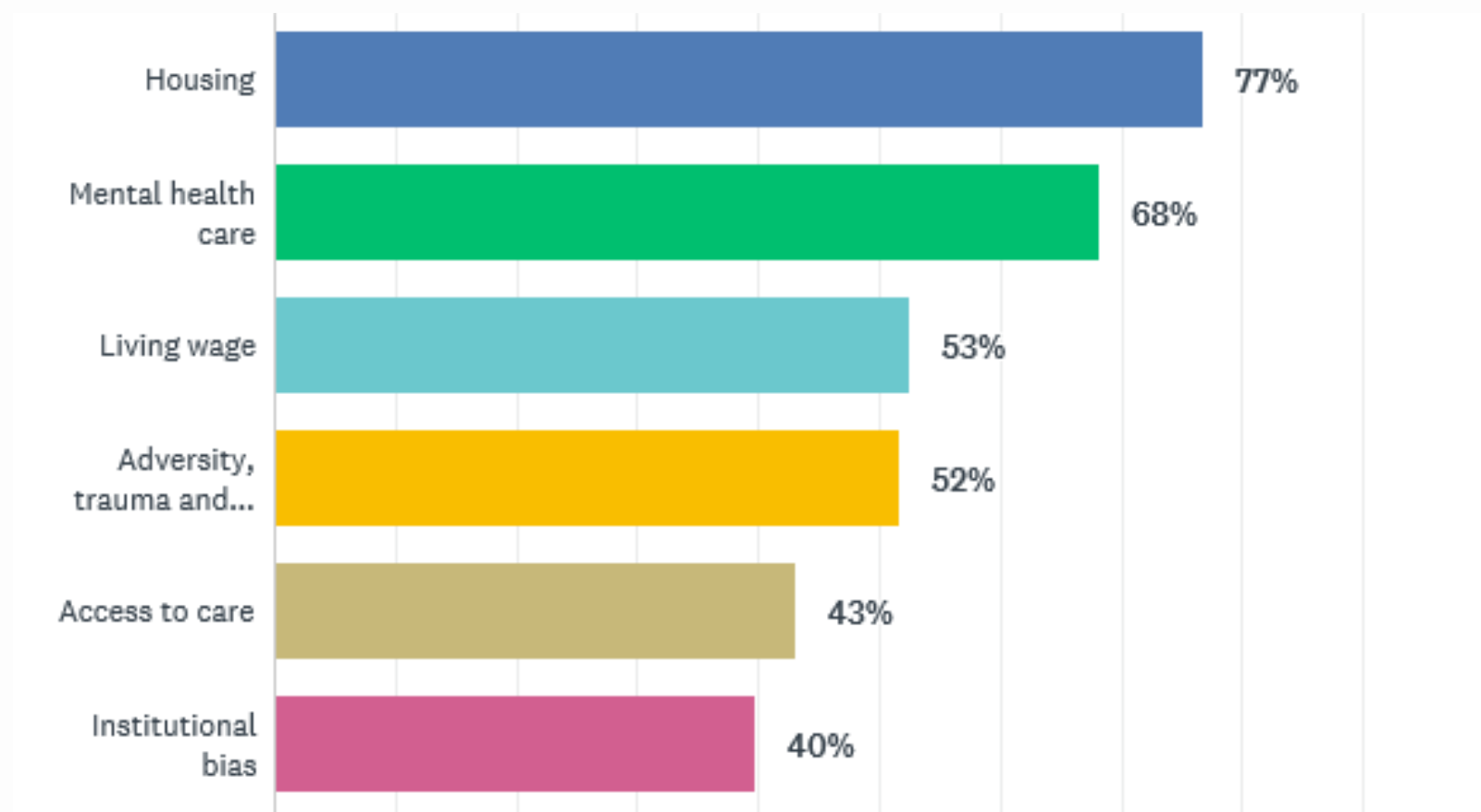
# Priorities – African American/Black (n=36)



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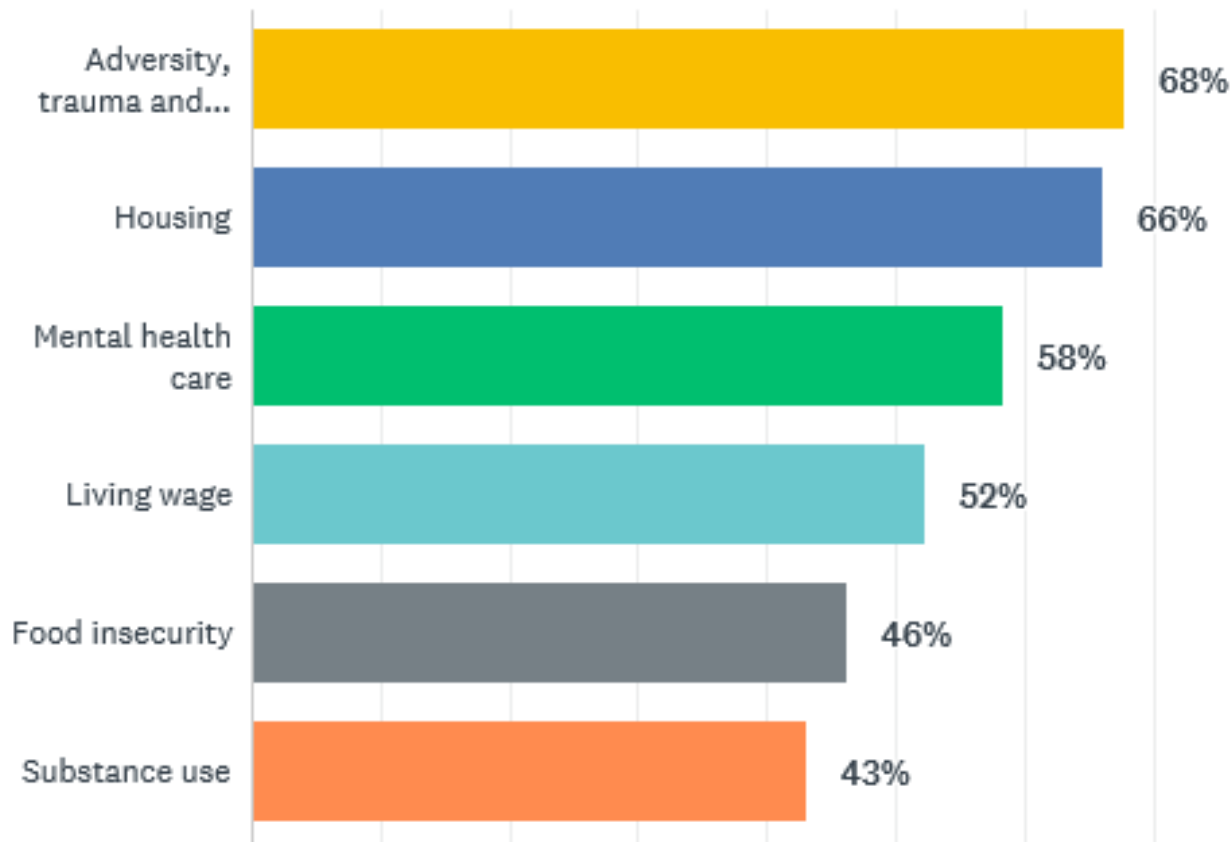
# Priorities – Latinx (n=116)



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# Priorities – American Indian/ Alaska Native (n=65)



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# 2020-2024 Priorities

- Institutional bias
- Adversity, trauma and toxic stress
- Economic drivers of health (including issues related to housing, living wage, food security and transportation)
- Access to equitable, preventive health care
- Behavioral health (including mental health and substance use)

# “Directionally Correct” Priorities

Governor Brown’s policy priorities:

- Housing
- Health care
- Children’s agenda
- Ensuring inclusive prosperity
- Climate

Trust for America’s Health

- Promote health behaviors
- Ensure safe, healthy and affordable housing for all
- Create opportunities for economic well-being

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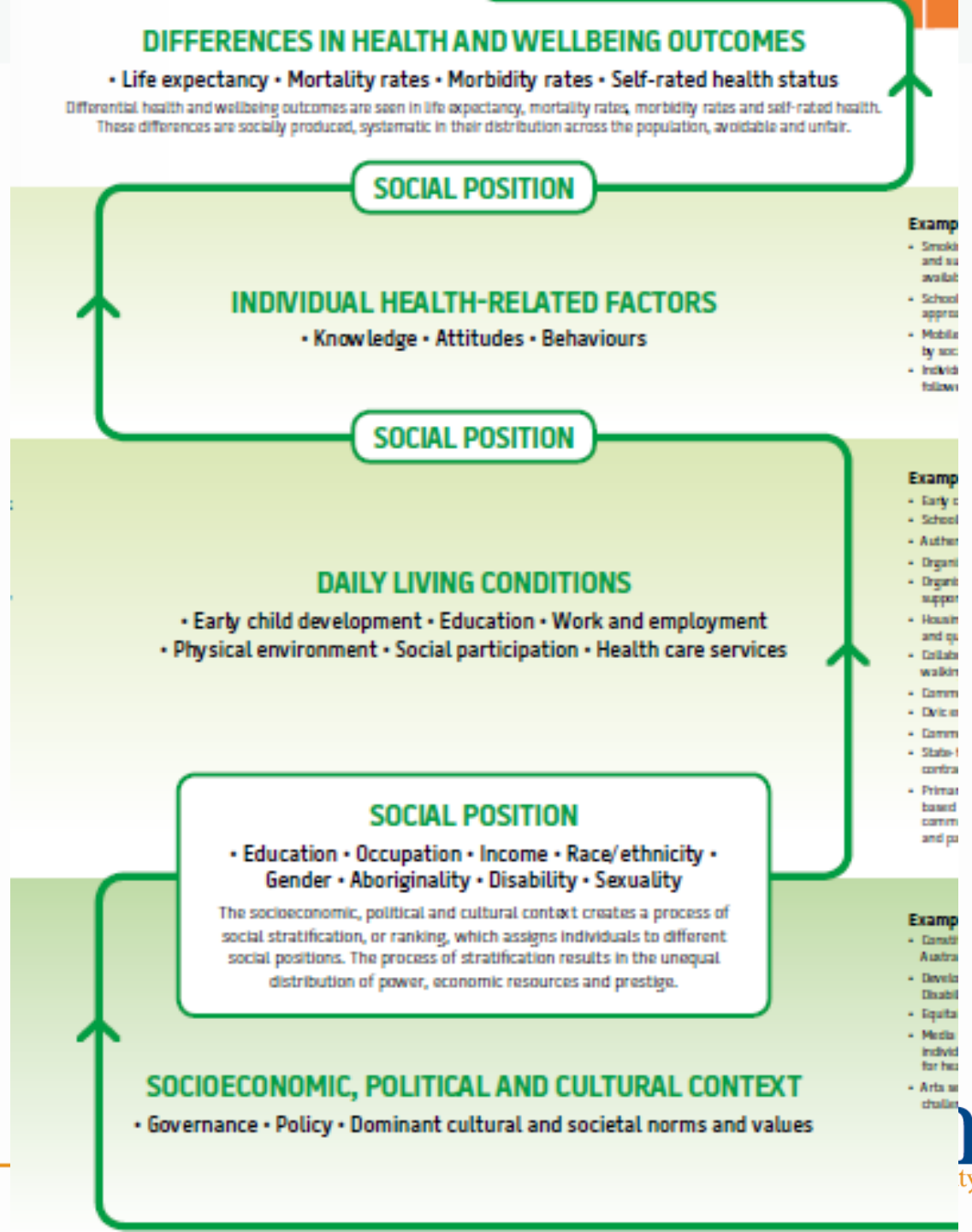
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Oregon  
Health  
Authority

# Proposed Framework for Health Equity

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# Next Steps

- Subcommittees formed with inclusion of
  - Subject matter experts
  - Cross-sector partners
  - People with lived experience
- Subcommittees charged with
  - Identifying strategies, measures, and action steps
  - Soliciting additional feedback from community

# Stay up to date!

- State Health Improvement Plan - [Healthoregon.org/2020ship](http://Healthoregon.org/2020ship)
- Sign up for the SHIP listserve
- Listen in to PartnerSHIP or subcommittee meetings



Public Health Advisory Board (PHAB)  
Incentives and Funding Subcommittee meeting minutes  
February 12, 2019  
1:00 p.m. - 2:00 p.m.

PHAB members present: Dr. Jeff Luck, Alejandro Queral, Akiko Saito, Dr. Bob Dannenhoffer  
PHAB members absent: Carrie Brogoitti  
Oregon Health Authority (OHA) staff: Sara Beaudrault, Krasimir Karamfilov

### Welcome and Introductions

A quorum was present. Mr. Queral moved for approval of the January 8, 2019, meeting minutes. Dr. Dannenhoffer seconded the motion. The subcommittee approved the meeting minutes unanimously.

### Sustaining 2017-2019 investment in LPHA partnerships

Mr. Queral articulated the main question for the subcommittee to consider: How do we move forward with the available funding for Public Health Modernization investments for 2019-2021, if funding remains at the \$5 million level (\$3.9 million to LPHAs)? To answer this question, the subcommittee needs to examine:

- 1) How are existing partnerships using funding, where are they headed in the next biennium, and what are the natural progressions?
- 2) How do we achieve potentially new or different partnerships and models while minimizing the disruptions to the existing partnerships that will continue in 2019-2021?
- 3) How can we use funding to maintain and gain momentum, and prepare for increased funding?

Mr. Queral reminded the subcommittee that PHAB developed a model for allocating funding to local public health authorities (LPHAs), based on the range of the funding level in 2018. In terms of the current state of the partnerships, Mr. Queral asked Dr. Dannenhoffer to provide his insights, based on his conversations with different partners within the Coalition of Local Health Officers (CHLO).

Dr. Dannenhoffer stated that the range of responses from LPHAs was wide. Most LPHAs reported that most of the funding was spent on personnel, such as FTEs. Some of the partnerships are doing well, while for others the structure of LPHA partnerships has been challenging. There is a general feeling among administrators that some of the counties that were not in the first round should probably get in. Dr. Dannenhoffer noted that, at a \$5 million funding level for 2019-21, the monthly funding will go down since it will be spread across a 24-month period. Also, if OHA uses an RFP process to award funds, there will be a gap in funding which could result in interruption of work and staff layoffs.

Ms. Beaudrault noted that there is a tension between opening the funding up in a way that allows for different partnership configurations, which would require an RFP, versus using funding for continuation of current projects without an RFP process. This tension was evident in the survey results.

Mr. Queral asked about LPHA partnerships that didn't achieve their stated objectives or fell a little short. How can the subcommittee assess where these projects fell short? Mr. Queral wondered if the subcommittee could provide guidance to PHAB as to where the projects were in their work and if there were any common themes shared among them.

Dr. Dannenhoffer stated that, based on what he had heard, there were three things: (1) The combination of counties into regions has been challenging for some partnerships. (2) Some regions had very ambitious goals and it's hard to judge the effect of the funding after only a year. (3) In some regions, multiple projects were picked, instead of only one project, which created uneven project results across regions.

Ms. Beaudrault commented that all grantees are on track to complete what they laid out to do in their work plans.

Mr. Queral asked if there was any information about which LPHAs could work better on their own. Mr. Queral suggested that these LPHAs could withdraw from the LPHA partnership and be eligible for future rounds of funding under a different funding structure. If they decide not to be in a partnership, they should be informed that the funding would be pulled back, with these resources being reallocated to the counties that could work together.

Dr. Dannenhoffer noted that while this is possible, the goal is not to have fewer counties involved, but to have more counties involved. For example, in the Coos-Curry-Douglas region, the relationship has worked okay, but officials are recognizing that there is a lot of time spent on traveling and doing things that don't add value to the relationship.

Dr. Luck stated that allocating the funds across jurisdictions was fundamental to the whole process and that funding should continue to be allocated to regions instead of individual counties, despite the complications that occur.

Dr. Dannenhoffer suggested to continue with the funding as before and allow the two counties that were not included to join an existing region. He noted that the subcommittee should focus on what to do when it received the increased funding.

Ms. Saito remarked that the spirit of the modernization was based on doing cross-jurisdictional work and working together. Despite all the complications, these are only two-year projects. It took a year to get the contracts in place and get people hired. It would be best to continue working together on these projects.

Dr. Luck added that, in some regions, there could be some benefits in allowing for new partnerships to be proposed (i.e., counties dropping off and being replaced by new regional members). However, a six-month gap due to an RFA would harm even partnerships that are doing well and want to continue their work.

Dr. Dannenhoffer proposed to continue as before for the start of the next biennium. If additional funding is available through new tobacco tax revenue or increased General Fund investment, a new structure should be developed to account for the additional money.

Mr. Queral supported Dr. Dannenhoffer's proposal and confirmed that there is consensus for this course of action among the subcommittee members.

Ms. Beaudrault noted that a formal vote was not needed for this decision. Mr. Queral stated that he would report the decision to the PHAB.

### *Begin discussion on use of additional funding 2019-2021*

Ms. Beaudrault reminded the subcommittee that the second tier of funding that could be available to LPHAs is between \$5 million and \$10 million. Within this range, all LPHAs will receive a base level of funding, ranging between 30K and 105K (\$1.845 million in total), based on county population. This will allow the LPHAs to have skin in the game and increased capacity to work toward Public Health Modernization. The remainder of the funding will go to projects and partnerships. The focus will continue to be on communicable disease control, and health equity and cultural responsiveness.

Ms. Beaudrault added that there might be some opportunities to open up how the funding is used for other projects and configurations that are not LPHAs partnerships. The Governor's budget is for \$13.6 million. At that total funding level, the funds that will go the LPHAs will be still below the \$10 million level.

Mr. Queral asked about potential implications for future biennia if the tobacco tax passed and a portion of funds were allocated to Public Health Modernization. Ms. Beaudrault explained that if the increased tobacco tax survived the ballot, we would be looking at \$13.6 million at the end of the next biennium. The projections for the 2021-2023 biennium would be around \$40 million for Public Health Modernization.

Mr. Queral remarked that if the additional funds could not be absorbed by the LPHAs in a six-month time period, it would make more sense for the subcommittee's recommendation to focus on how the Oregon Health Authority allocated those dollars with greater flexibility, so that individual LPHAs could continue doing the work in their jurisdictions and allow them to do the groundwork for entering into other kinds of partnerships.

Dr. Luck asked that if the legislature passed the tobacco tax and the budget of \$13.6 million, could we have a distribution mechanism set up by OHA, whereby the distribution was done in advance, as soon as the results of the ballot measure come in. If the ballot measure is “No”, those steps won’t go forward, but if the ballot measure is “Yes,” the tap can be turned on right away.

Ms. Saito asked if there was a way to use retroactive funding, meaning, if LPHAs knew that the tobacco tax passed they could use other funding sources and be reimbursed when funds become available in early 2021.

Mr. Queral suggested that the subcommittee could look at floor funding ranges. If the funding meets a threshold, based on whatever funding the tobacco tax increase brings, then that floor funding increases. Another strategy could be to change the allocation formula.

Dr. Dannenhoffer supported Mr. Queral’s idea, adding that it could be good to consider several principles of the funding. Dr. Dannenhoffer suggested the following principles:

- We want to encourage regionalization;
- We would like to see no gaps in funding, recognizing that it is hard to keep good people;
- We recognize that the regions we created at the beginning may not be the final answer and that we might want to fund projects that have been successful and have great promise for the future.

Mr. Beaudrault reminded the subcommittee that passing a tobacco tax increase is not the only scenario in which we could receive increased funding for Public Health Modernization. The legislature could make the decision to increase the General Fund investment for Public Health Modernization, which would mean the additional funding would be available for the entire biennium.

Ms. Beaudrault also reminded the committee that part of the reason the subcommittee settled on the 30K-105K floor ranges was because the subcommittee felt that 30K was enough to give even extra small LPHAs enough increased capacity to begin closing local gaps. At this range, it was still important to focus on the efficiencies that could be gained through regional partnerships or cross-jurisdictional sharing. Spreading the money across the entire system would make the funding too defuse to see any real change from it.

Mr. Queral remarked that the subcommittee must develop two scenarios. If there is an increase in General Funds that puts us in the \$5-10 million range, this scenario becomes different than the tobacco tax scenario, due to the time issue. In this case, we will have longer time to implement the increase. The question then becomes: Should we implement another RFP, as we did in the 2017-2019 biennium, for those partnerships that did not receive the funding or did not submit a proposal?

Ms. Beaudrault described the current funding model used by Washington State. Washington State distributed funds to all its local health jurisdictions, but it held back a part of the funding for demonstration projects that focused on multi-county regions. The state did not have the requirement for LPHAs to form partnerships to apply for funding. The approach was more ground-up for the local health jurisdictions to come up with concepts for projects. The projects that got funded were projects that supported a multi-county region or the entire state.

Mr. Queral invited the subcommittee members to share final comments on the two scenarios discussed during the meeting. The subcommittee will decide which scenario to propose to the PHAB during its next meeting on March 12, 2019.

Dr. Luck remarked that it was logical to think about two scenarios because they were quite different. He also added that Dr. Dannenhoffer's three funding principles applied to both scenarios. Mr. Queral agreed.

Ms. Saito stated that she would not be able to chair the next subcommittee meeting, due to a family engagement. Mr. Queral agreed to chair the next subcommittee meeting.

### Public Comment

Dr. Jim Gaudino, affiliated with the School of Public Health at OHSU-PSU, commented that he has been talking to Oregon legislators over the past four years about enhancing Oregon's public health capacity through the allocations discussed in this meeting. It has been informative to him to hear where things are in terms of current funding and what's been available. In his view, OHA needs to think carefully about core capacity-building funding for local health departments that is not necessarily tied to projects. There are capacity differences between health departments throughout the state.

Dr. Gaudino also noted that counties experience difficulties working with the CCOs on big projects, as the local health authorities have the expertise that the CCOs don't. It would be good to get input from the counties around their work with the CCOs and their ability or inability to do that. This is natural partnership that is happening in some places and not in others in Oregon.

### Closing

Mr. Queral adjourned the meeting at 1:56 p.m.

The next Public Health Advisory Board Incentives and Funding subcommittee meeting will be held on March 12, 2019, at 1:00 p.m.

## **PUBLIC HEALTH ADVISORY BOARD**

### **DRAFT Accountability Metrics Subcommittee meeting minutes**

**February 13, 2019**

**12:00-1:00 pm**

**PHAB Subcommittee members in attendance:** Eva Rippeteau, Jeanne Savage, Eli Schwarz, Teri Thalhofer, Muriel DeLaVergne-Brown

**Oregon Health Authority staff:** Sara Beaudrault, Myde Boles

#### **Welcome and introductions**

Minutes from the January 7, 2019; May 23, 2018; and March 8, 2018 were approved.

#### **2019 Public Health Accountability Metrics Report**

Myde reviewed health outcome and process measure data for the 2019 accountability metrics report. She noted that the executive summary has not been updated yet and the technical appendix is partially complete. Myde will add a data table to the appendix that includes numerators and denominators for all measures, when possible, as requested by PHAB last year.

Jeanne asked who the target audience is. This report is statutorily required, and communicating with legislators about how public health funding is being used to improve health outcomes is a primary purpose of the report. Teri and Muriel report that they share it with commissioners, staff and other groups in the community, including CCOs and regional health councils.

Eli suggested adding a sentence to the executive summary and introduction to describe 2017-19 funding for public health modernization, and the connection to communicable disease accountability metrics.

**Two year-old immunization rates:** The report shows improvements to the process measure for engaging health care providers in the AFIX immunization quality improvement program. This is partially due to the local use of modernization funding to support AFIX outreach and engagement. The OHA Immunization Program has increased staff capacity to support LPHAs in their work with health care providers. This improvement, and the local/state partnership, will be highlighted in the executive summary.

**Gonorrhea rates:** Gonorrhea rates increased statewide between 2016 and 2017 and continue to move in the wrong direction. Since 2017 is the measurement year for this measure, we cannot yet see any changes resulting from local modernization investments in sexually transmitted infection response and prevention. We may see improvements in next year's report, which will reflect work that occurred in 2018.

Adult smoking prevalence: Minimal changes to the health outcome measure and process measures.

Prescription opioid mortality: Data in the 2019 report show that Oregon has met the benchmark for prescription opioid mortality rate. The subcommittee noted that this is a narrow definition of the opioid overdose problem in Oregon. Eli urged caution that PHAB not overlook the broader context around non-prescription overdoses and how those rates might increase with reduced access to prescription opioids. The local public health process measure for opioids looks at PDMP enrollment. Overall, rates of enrollment decreased in 2018. Myde will follow up with the Injury and Violence Prevention program to confirm the data are correct and to understand any changes that may have led to decreased in enrollment.

Active transportation: The 2019 report includes local public health process measure data that shows LPHA participation in local active transportation, parks and recreation or land use planning initiatives. This has not been reported previously.

Drinking water standards: There are three process measures for drinking water standards. The percent of water quality alert responses decreased between 2016 and 2017. Myde will work with the OHA Drinking Water Services program to understand reasons for a decrease in responses from 2016 to 2017.

Effective contraceptive use: The 2019 report includes local public health process measure data that shows whether LPHAs are developing a strategic plan with community partners to ensure access to reproductive health services. For this year's report, no counties met the measure. Teri and Muriel stated this process measure may not reflect the work happening within communities. Subcommittee members suggest that the OHA Reproductive Health program provide some language to clarify how Program Element funds are being used to assure access to reproductive health services.

Dental visits for children aged 0-5: The report shows improvements in the percent of children with any dental visit. This is a developmental measure with no corresponding local public health process measure. The subcommittee will discuss whether to move this measure from a developmental measure to an accountability measure this spring.

### **March discussion with Metrics and Scoring**

At the March PHAB Accountability Metrics meeting, the subcommittee will be joined by a member and staff of OHA Metrics and Scoring to discuss opportunities to align work across the committees.

The subcommittee had limited time to plan for the March discussion with Metrics and Scoring. Eli suggested that one desirable outcome could be for the two committees to meet to jointly discuss all areas where there are shared metrics. Sara will email subcommittee members for additional suggestions or ideas for what the PHAB

Accountability Metrics subcommittee would like to get out of the discussion with Metrics and Scoring.

**Subcommittee business**

Teri will give the subcommittee update at the February 21 PHAB meeting.

**Public comment**

No public comment was provided.

**Adjournment**

The meeting was adjourned.

The next Accountability Metrics Subcommittee meeting is scheduled for March 4 from 1:00-2:00.

DRAFT