Public Health Advisory Board (PHAB)
April 21, 2016
Portland, OR
Draft Meeting Minutes

Attendance:
Board members present: Carrie Brogoitti, Muriel DeLaVergne-Brown, Silas Halloran-Steiner, Katrina Hedberg, Prashanthi Kaveti, Safina Koreishi, Jeff Luck, Alejandro Queral, Eva Rippeteau, Akiko Saito, Eli Schwarz, Lillian Shirley, Teri Thalhofer, Tricia Tillman, Jennifer Vines
Board members absent: Joe Robertson
OHA Public Health Division staff: Sara Beaudrault, Cara Biddlecom, Angela Rowland
Members of the public: Morgan Cowling, Jan Johnson

Changes to the Agenda & Announcements
Public Health Division rulemaking email notifications will be sent to Board members with an option to opt out.

Carrie discussed the PHAB presentation at the Oregon Health Policy Board (OHPB) meeting held on April 5th. She presented the PHAB charter and provided highlights of the work plan. They recommended a few changes to the charter. Specifically, wording on page 3 letter i under objectives to say "support". The OHPB also recommended adding a vision statement for public health to help explain what the future of public health should be.

Approval of Minutes
A quorum was present so the Board was able to vote to approve the March 17, 2016 minutes. All members approved the minutes with one spelling change.

Robert Wood Johnson Foundation and Public Health National Center for Innovations grant
– Morgan Cowling, Coalition of Local Health Officials (CLHO) Director

Morgan updated the Board on the Robert Wood Johnson Foundation grant. The total funding amount is $250,000 for 2 years. CLHO is the official sponsor. Grant

funds will be used to support regional meetings, tool and resource development (including a modernization plan template), and technical assistance to local public health authorities.

–Cara Biddlecom, OHA Public Health Division Interim Policy Officer

Cara spoke about the PHAB's role in this grant and the timeline. The proposed next steps entail PHAB members to provide guidance, participate in regional meetings, develop health outcomes and metrics for accountability, and help align with the health and education systems.

Public Health Modernization Assessment Report
– Annie Saurwein, Jason Hennessy, Michael Hodgins BERK Consulting

Anna gave an update on the Modernization Assessment report. BERK is currently conducting data validation and analysis.

Board members provided feedback on what to include in the report and voiced concerns about the timing and rollout of the modernization assessment report. The Board requested that PHD clarify what is due to the legislature by June 30, 2016 and January 1, 2017.

Draft modernization assessment results will be available on May 17th. The May and June PHAB meetings will be used to discuss the results. Current spending and estimated need are needed to complete the public health modernization funding formula.

The Program Design and Evaluation Services (PDES) report on health outcomes will be complete in September 2016.

Action Items:
Determine the minimum requirements to be submitted to the legislative fiscal office by June 30, 2016 before the next PHAB meeting.

Convene a PHAB Accountability Metrics Subcommittee. Subcommittee members will include: Muriel, Teri, Eli, Eva, and Jennifer. The subcommittee will meet before the next PHAB meeting.

Convene a group to develop a public health modernization vision statement.

Subcommittee Update
– Jeff Luck, PHAB Chair

Jeff provided an update of the Incentives and Funding Subcommittee's tasks for determining the distribution of public health funding to local health departments. The funding formula will be created by PHD with this subcommittee's guidance. Subcommittee members include: Alejandro, Jeff, Akiko, and Tricia. The funding formula draft should be ready for September 2016.

Preventive Health and Health Services Block Grant
-Lillian Shirley, OHA Public Health Division Director

Lillian provided an overview of the Preventive Health and Health Services Block Grant. The work plan is due for renewal to the Centers for Disease Control. The Block Grant public hearing will be held on May 26th 2016. The Public Health Division proposes that the PHAB serve as the advisory committee for this grant.

Silas made the motion to accept the proposal for the PHAB to serve as the advisory committee for the Preventive Health and Health Services Block grant. All members were in favor.

Oregon's State Health Improvement Plan
–Katrina Hedberg, OHA Public Health Division State Health Officer

Katrina gave a brief overview of the State Health Improvement Plan. She will provide more information about the SHIP at an upcoming meeting. Here is a link to a SHIP presentation Katrina gave during Public Health Week (April 2016). https://www.youtube.com/watch?v=UZjc4guTMDA.

Action Item: Provide the Public Health Division's definition of health equity.

Public Comment Period
No public comments were made.

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

May 19, 2016
2:30pm – 5:30 p.m.
Portland State Office Building
800 NE Oregon St., Room 1E
Portland, OR 97232

If you would like these minutes in an alternate format or for copies of handouts referenced in these minutes please contact Angela Rowland at (971) 673-2296 or angela.d.rowland@state.or.us.

Public Health Advisory Board (PHAB)
May 10, 2016
Portland, OR
Draft Meeting Minutes

Attendance:

Board members present: Carrie Brogoitti, Muriel DeLaVergne-Brown, Katrina Hedberg, Prashanthi Kaveti, Jeff Luck, Eva Rippeteau, Akiko Saito, Lillian Shirley, Tricia Tillman, Jennifer Vines

Board members absent: Silas Halloran-Steiner, Joe Robertson, Teri Thalhofer, Safina Koreishi, Alejandro Queral, Eli Schwarz

Oregon Health Authority staff: Isabelle Barbour, Sara Beaudrault, Cara Biddlecom, Jeston Black, Holly Heiberg

Guest presenters: Jason Hennessy, Michael Hodgins and Annie Saurwein

Members of the public: Kelly McDonald, Katie McClure, Diane Hoover, Margy Robinson, Catie Thiesen, Anona Gund, Amy Umphlett, Laurel Moses, Michael Snouffer, Thomas Morton, Andrea Fletcher, Vicky Ryan, Rebekah Bally, Morgan Cowling, Renee Huizinga, Jeff Newgard, Nora Zimmerman, Mary Goodwin, Caroline Neunzert, Karli Thorstenson, Katie Beck, Pamela Ferguson, Estela Gomez, Dana Lord, Philip Schmidt, Laura McKeane, Sarah Bates

Welcome and Introductions

This meeting was designed to be an informational webinar for Public Health Advisory Board members. No motions were put forward during the meeting for a vote.

Public Health Modernization Assessment

Jason Hennessy, Michael Hodgins and Annie Saurwein, BERK Consulting

BERK Consulting staff provided an overview of the initial findings of the public health modernization assessment and reviewed how data will be presented in the forthcoming draft assessment report.

Over 2,000 individual pieces of information were submitted by each health department. All 34 local public health authorities and the Oregon Health Authority, Public Health Division completed the assessment.

BERK Consulting staff have identified different ways to look at the assessment data – by jurisdiction size band and population served. Individual health department responses are less helpful to the overall understanding of how Oregon's public health system currently functions and there is more detail for policy decision-making when jurisdiction size band and population served is considered.

Tricia requested that the language on the tables be made clear, so that when the report includes local health department findings the reader knows what agency information is being presented. Similarly, language with the Public Health Division findings should also be made clear. There may also be times when language needs to be used to describe the entire public health system.

Jeff requested that the report clearly summarize the key barriers the public health system faces now for the legislature.

Eva requested that the assessment report include a timeline with a clear vision – what the governmental public health system needs for the future and why it is important, summarized on a single page.

Tricia asked if local health departments would receive their individual results back in a similar format. Local health departments have received a copy of their validated tool per an email sent by Jason Hennessy last week. Individual assessment responses will be useful for the next steps in the public health modernization process, including convening of regional meetings and the development of local public health modernization plans.

Eva requested that the assessment report be made free of public health jargon.

Public Comment Period

Stacy Michaelson, Association of Oregon Counties

Stacy requested that the assessment report highlight existing cross-jurisdictional sharing arrangements. Some local health departments receive support from the Public Health Division now. There are concerns that public health modernization could mean that local health departments are forced to regionalize.

Stacy requested that individual local health department assessment responses be made available to the Association of Oregon Counties and County Commissioners to inform future regional conversations about public health modernization.

Closing:

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

May 19, 2016
2:30pm – 5:30 p.m.
Portland State Office Building
800 NE Oregon St., Room 1E
Portland, OR 97232

If you would like these minutes in an alternate format or for copies of handouts referenced in these minutes please contact Angela Rowland at (971) 673-2296 or angela.d.rowland@state.or.us.

PUBLIC HEALTH ADVISORY BOARD
DRAFT Incentives and Funding Subcommittee Meeting Minutes

April 18, 2016
2:00-3:00 pm

Portland State Office Building, 800 NE Oregon St., Room 918, Portland, OR 97232
Conference line: (877) 873-8017
Access code: 767068

In attendance:
PHAB members: Silas Halloran-Steiner, Jeff Luck, Alejandro Queral, Akiko Saito, Tricia Tillman

OHA staff: Sara Beaudrault, Angela Rowland, Cara Biddlecom

Members of the public: Morgan Cowling, Heather Rayburn, Jenifer Valley

Welcome and introductions
Cara Biddlecom, OHA Public Health Division

Scope of the subcommittee
Review tasks outlined in HB 3100
Jeff Luck, PHAB Chair

Jeff gave an overview of the PHAB charter duties asked in HB 3100. The PHAB should review funding formulas drafted by PHD for the new model of public health and the PHAB must suggest appropriate incentives, including local public health matching funds.

The funding formula needs to be ready for potential future funds from the 2017 legislative session. Even though the bill calls out the funding formula should be provided every even year, the legislative fiscal office has allowed for more time because the PHAB has just started January 2016.

The definition of the "baseline" amount in the bill is being researched by the Assistant Attorney General's Office. Cara should have more information at the next subcommittee meeting.

The subcommittee will need to define health equity vs. equitable provision of health services.

Cara stated that per section 28, subsection 1 in HB 3100 does not require the PHAB to submit the funding formula the Oregon Health Policy Board. The Oregon Health Policy Board does have a role in the decision about incentives for equitable provision of public health services. The new funding formula will go straight to the legislative fiscal office.

OHA requests that the PHAB weigh in on the new funding formula. The subcommittee could come up with a broad concept and then to the complete PHAB for approval.

Potential process

1. Committee provides guidance for funding formula
2. OHA develops formula
3. PHAB approves formula
4. Formula goes to legislative fiscal office

The committee agreed to bring the discussion about future funding to a full PHAB meeting.

PHAB should consider drafting a formula October 2016 and finalized by November. Association of Oregon counties annual meeting in November.

Morgan commented that there should be more work to refine the funding formula to provide a better chance of getting funding. Prior to session is very helpful.

Cara commented that it's also important to have a timeline to vet with stakeholders. Program Design and Evaluation Services is estimating the health and cost savings attributable to the foundational capabilities and programs, and will present a framework at the June PHAB meeting.

Next steps are to develop a more detailed work plan and timeline.

Organizational business

- Decision on a subcommittee chair
  This person would be working with staff to develop meetings and agendas for these subcommittee meetings. A recommendation was made to set an agenda for the next meeting at the end of each meeting. Also recommended was a rotating.
- Standing meeting time and frequency
  Recommended to meet in May and June to develop local investments and criteria for the funding formula. OHA will request availability for the next two meetings.
- Participation by other non-PHAB member representatives on the subcommittee
  Place on the next meeting agenda in May. Cara will verify how other Oregon Health Policy Board subcommittees have handled participation of non-members on working groups

Public comment

Morgan Cowling, Coalition of Local Health Officials

Good to think of the additional sources of revenue. Morgan recommends engaging with the Association of Oregon Counties and county commissioners on the incentives development.

Sections 28 and 29 have unclear language. Emergency preparedness is a foundational capability and also currently a program. Morgan acknowledged that clarity on what "baseline" means will be helpful to the subcommittee. Morgan is happy to participate with this subcommittee.

Jenifer Valley, Stoney Girl Gardens
Jenifer would like to discuss cost containment. She joined the medical marijuana program to help her health. This medical marijuana program helps to free up many resources for other patients. County health clinics cannot sign OMMP forms. This policy change should be implemented and will not have any costs.

PUBLIC HEALTH ADVISORY BOARD
DRAFT Accountability Metrics Subcommittee Meeting Minutes

May 12, 2016
8:00-9:00 am

PHAB Subcommittee members in attendance: Muriel DeLaVergne-Brown, Jennifer Vines, Eva Rippeteau, Eli Schwarz

PHAB Subcommittee members absent: Teri Thalhofer

OHA staff: Sara Beaudrault, Cara Biddlecom

Members of the public: BJ Cavnor, One in Four Chronic Health, Katie McClure, Oregon's Healthiest State/Oregon resident

Scope of the subcommittee
Cara shared that the Accountability Metrics Subcommittee is tasked with developing accountability metrics for state and local health departments, considering:

- The foundational capabilities and programs for governmental public health
- Alignment with related measurement systems in Oregon (coordinated care organizations (CCOs), hospitals, early learning hubs, etc.).

The subcommittee's work will inform the development of the local public health authority funding formula, currently under the purview of the Incentives and Funding Subcommittee.

Organizational business

- *Decision on a subcommittee chair*
  Cara requested that any subcommittee members that would be interested in acting as chair contact her via email.
- *Standing meeting time and frequency*
  The subcommittee agreed to meet on a monthly basis to be determined by a Doodle Poll which will be sent by Angela Rowland late next week.

Initial discussion on measurement domains and considerations
Eli outlined an approach to establishing a measurement framework:

- Utilize existing frameworks already defined for CCOs that might be relevant for public health (e.g., dental sealants)
- Lay out the purpose of the public health departments that we are trying to establish metrics for and extract relevant measure proposals and recommendations based on that purpose.

Muriel pointed out the work that has already gone into the public health modernization assessment, and the fact that the Public Health Modernization Manual details specific deliverables for state and local health departments. Some existing CCO measures pair well with the role of public health but others do not necessarily.

Jennifer recommended that the subcommittee not limit itself to CCO incentive measures only.

Eli pointed out that some health departments may do different things, and perhaps the subcommittee considers establishing a core set of statewide measures and allow for some local flexibility to address individual health priorities. There are 34 local health departments currently versus 16 CCOs.

Muriel supported the idea of a subset of locally-determined measures. Community health assessments and improvement plans identify local areas of need and disparities and are a natural starting place for selecting additional local measures.

In response to the "measure criteria questions" handout, Eli requested putting outcome measures on the list above process. Eli also suggested that the subcommittee use a matrix to determine the level by which measures should be selected and what other partners need to be involved in improving work on the measure besides public health. The matrix could also include evidence-based practices that have been demonstrated to improve health outcomes.

Regarding the frame for the measures, Muriel cautioned against straying away from the foundational capabilities and programs. Additional consideration is needed on whether foundational capability measures are captured within foundational programs or are separate.

Eva shared that the legislature will need to understand how public health intersects with CCOs and early learning; the goals for public health should be clear and easy to understand.

Jennifer thinks about the role of public health as incubating and innovating outside of clinic walls to support CCOs, but also doing the right thing for the entire population – only public health serves the entire population.

Muriel pointed out that the population-wide focus is really clear for communicable disease control and environmental health.

The subcommittee decided to adopt the CCO measurement principles with two additions: flexibility and promotion of health equity. The subcommittee also decided that individual, incremental improvement targets be set for health departments based on their burden of disease so that there is equity in the system that also promotes improvement over time.

Public comment

BJ Cavnor, One in Four Chronic Health

BJ thanked the subcommittee for looking at this work. He appreciates the subcommittee's discussion about health equity, communicable disease and innovative

and transformative work. BJ would like to propose HIV testing and access to care and Hepatitis C testing and access to care as accountability measures for public health.

Katie McClure, Oregon's Healthiest State/Oregon resident
Katie supports the addition of health equity and the reduction of health disparities as a guiding principle for measure selection. Katie emphasized the selection of measures that can define our learning – it is helpful to articulate how a process measure can lead to a health outcome. Katie encouraged the subcommittee to own its knowledge of the state, and to build a framework to drive the health of Oregon forward through future aspirations.

PUBLIC HEALTH DIVISION
Office of the State Public Health Director
Kate Brown, Governor

Oregon Health Authority

800 NE Oregon St., Ste. 930
Portland, OR 97232-2195
Voice: 971-673-1229
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May 2016

Preventive Health & Health Services Block Grant
Work Plan Proposal for October 2016 through September 2017

Background

- Non-competitive grant issued to all states and territories to address state determined public health priorities.
- Public Health Advisory Board (PHAB) is designated as the Block Grant Advisory Committee.
- Work plan must be tied to Healthy People 2020 objectives.

Funding

- For October 2016 – September 2017 work plan, $1,110,980 is available ($85,660 for rape prevention and victim services).

Healthy People 2020 Objectives Addressed

- Public health agency quality improvement program *(PHI-16. Increase the proportion of Tribal, State and local public health agencies that have implemented an agency-wide quality improvement process.)*
- Accredited public health agencies *(PHI-17. Increase the proportion of Tribal, State and local public health agencies that are accredited.)*
- Sexual Violence *(IVP-40. Reduce sexual violence.)*

Oregon's overall goal is to support ongoing planning for and implementation of Public Health Modernization foundational capabilities so all Oregonians have access to the public health foundational capabilities and programs to prevent disease, injury and death.

Proposed Work Plan and Activities

- Quality improvement (Leadership and organizational competencies, community partnership development)
    - Oregon Health Authority-Public Health Division (OHA-PHD)
        - Maintain performance management system through monthly dashboards and fully implement OHA-PHD quality improvement plan to increase efficiency and effectiveness of business processes and public health interventions

- Local health departments
  - Coordinate and conduct triennial reviews for all Oregon local public health departments to identify strengths and areas for improvement in implementation of public health services
  - Complete review of all triennial review findings for last three years to identify areas for targeted training and technical assistance for PHD and/or LHD staff
  - Partner with Conference of Local Health Officials on provision of OHA-PHD funded public health services
- Nine federally-recognized tribes in Oregon
  - Coordinate OHA-PHD's public health work with tribes
  - Work through OHA tribal consultation process to engage tribes in Public Health Modernization assessment and planning

- Public health accreditation (Leadership and organizational competencies)
  - Oregon Health Authority-Public Health Division
    - Maintain national accreditation status
    - Develop system for annual reporting and documentation for re-accreditation
    - Fully implement OHA-PHD workforce development plan
  - Local health departments
    - Co-facilitate (with Conference of Local Health Officials) community of practice for local and tribal health department accreditation coordinators
    - Support local accreditation documentation requests
    - As funding is available, fund workforce development opportunities that strengthen prioritized core competencies for Oregon's public health system (examples: OPHA annual conference, Oregon Epidemiologists annual conference, PSU project management training)
    - As funding is available, support development of data systems used to inform local community health assessments and improvement plans
  - Nine federally-recognized tribes in Oregon
    - Co-facilitate (with Conference of Local Health Officials) community of practice for local and tribal health department accreditation coordinators
    - Support tribal accreditation documentation requests
    - As funding is available, fund workforce development opportunities that strengthen prioritized core competencies for Oregon's public health system (examples: OPHA annual conference, Oregon Epidemiologists annual conference, PSU project management training)

- Sexual Violence Prevention (Prevention and health promotion)
  - Fund one to three domestic and sexual violence agencies or tribes in Oregon to conduct community-wide sexual violence prevention based on impact of Adverse Childhood Experiences (ACEs), trauma, toxic stress, and safe and nurturing environments

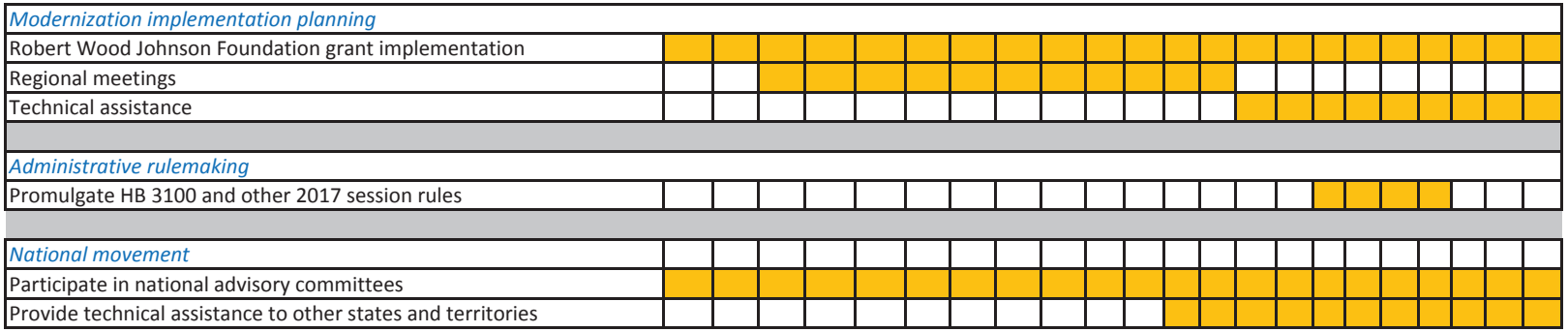
        - Promote positive social norms that protect against violence
        - Teach skills to prevent sexual violence
        - Provide opportunities to empower and support girls and women
        - Create protective environments

Estimated Budget

- Personnel -- $824,918
    - One PH Systems Innovation and Partnerships (PHSIP) Manager
    - Two Local Public Health Department Consultants
    - One Improvement and Planning Analyst
    - One Public Health Accreditation and Accountability Coordinator
    - One Workforce Development Coordinator
    - One Executive Support Specialist (supports PHSIP Manager and Policy Officer)
- Travel -- $12,000
    - Required Block Grant Annual Meeting
    - Staff professional development
    - Travel to/from LHDs to support triennial review and technical assistance
    - Travel to OHA, CLHO or other meetings
- Supplies -- $7,000
    - Office and computer supplies
- Contracts -- $90,660
    - Oregon Coalition Against Domestic and Sexual Violence
    - Coalition of Local Health Officials or other organization to complete triennial review findings project
- Tribal and Local Health Department Training and/or Data Resources for Local Use – $38,436
    - Oregon Epidemiologists Conference
    - OPHA Annual Conference
    - Other training to support prioritized core competencies
    - Oregon Public Health Assessment Tool (OPHAT)
- Other (examples: Legal Fees, Postage, Cell Phone Plans) -- $7,500
- Direct Overhead Charges (Printing, Information Technology, Facilities, Risk Coverage, State Government Service Charges, Telecommunications -- $19,368
- Cost Allocation (per federal cost allocation plan; ten percent limit per federal rules for block grant -- $111,098

PUBLIC HEALTH MODERNIZATION - HIGH LEVEL TIMELINE, MAY 2016

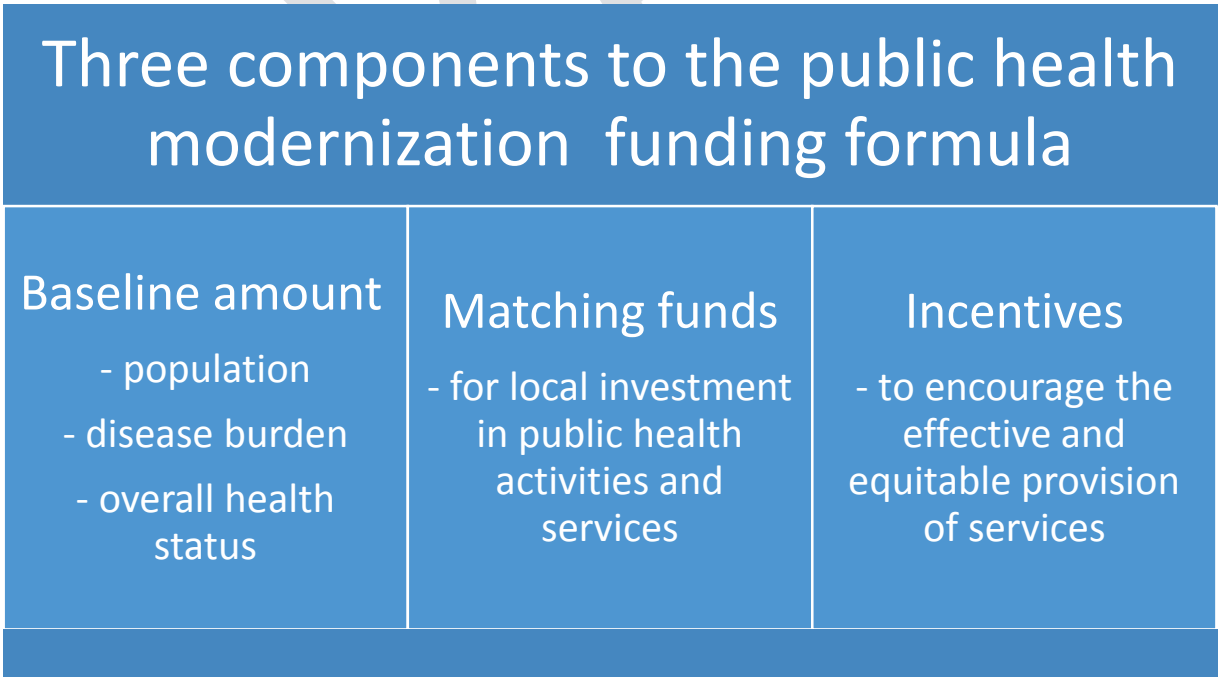
Activity	May-16	June-16	July-16	August-16	September-16	October-16	November-16	December-16	January-17	February-17	March-17	April-17	May-17	June-17	July-17	August-17	September-17	October-17	November-17	December-17	January-18	February-18
Strategic communications																						
Modernization visioning	■	■																				
Develop and implement strategic communications plan	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■							
Initial partnership development - continued through regional meetings																						
County commissioners	■	■	■																			
Legislators		■	■	■	■			■	■													
CCOs and health system partners	■	■	■	■	■	■	■	■														
Early learning hubs			■	■	■	■	■	■														
Tribal engagement																						
Initial discussions to develop plan	■	■																				
Continue engagement and planning process			■	■	■	■	■	■	■	■	■	■	■	■	■							
Funding process																						
Funding formula development	■	■	■	■	■	■																
Accountability metrics development	■	■	■	■	■	■	■	■	■	■	■	■										
Accountability metrics implementation																					■	
2017 legislative session																						
Prepare and distribute informational material	■	■	■	■	■	■	■	■	■	■												
Provide bill analyses and testimony									■	■	■	■	■	■	■							
Policy deliverables																						
Report to Legislative Fiscal Office		■																				
Health outcome and economic analysis report					■																	
Enhance statewide modernization plan							■	■														


Modernization implementation planning
Robert Wood Johnson Foundation grant implementation
Regional meetings
Technical assistance
Administrative rulemaking
Promulgate HB 3100 and other 2017 session rules
National movement
Participate in national advisory committees
Provide technical assistance to other states and territories

PHAB Funding and Incentives Subcommittee
Guidance for Public Health Modernization Funding Formula
May 2016

Subcommittee members: Silas Halloran-Steiner, Jeff Luck, Alejandro Queral, Akiko Saito, Tricia Tillman

House Bill 3100, Section 28 reads:
(1) From moneys available to the Oregon Health Authority for the purpose of funding the foundational capabilities established under section 9 of this 2015 Act and the foundational programs established under section 17 of this 2015 Act, the Oregon Health Authority shall make payments to local public health authorities under this section. The Oregon Health Authority shall each biennium submit to the Public Health Advisory Board and the Legislative Fiscal Office a formula that provides for the equitable distribution of moneys. As a part of the formula, the Oregon Health Authority shall:
(a) Establish a baseline amount to be invested in local public health activities and services by the state;
(b) Establish a method for awarding matching funds to a local public health authority that invests in local public health activities and services above the baseline amount established by the Oregon Health Authority for that local public health authority; and
(c) Provide for the use of incentives as described in subsection (4) of this section.



Guiding principles

Equity must be considered in all decisions made about the funding formula. This includes considering how the funding formula contributes to equitable funding for counties, the equitable provision of services and health equity.

While the immediate task of this subcommittee is to develop a funding formula for new monies allocated to foundational capabilities and programs, the subcommittee should consider how the funding formula may be applied to other funding sources, including Program Elements.

The funding formula should be designed to leverage every dollar in order to increase funding to support foundational capabilities and programs.

Considerations for the PHAB Funding and Incentives Subcommittee:

- This subcommittee will make recommendations for the proportion of any funds received to be applied toward baseline, matching funds and incentives.
- This subcommittee will make recommendations on data sources for population, disease burden and overall health status.
- This subcommittee will make recommendations on methods for awarding matching funds and incentive payments.
- Finally, it is the role of this subcommittee to look broadly at the funding formula to consider how each component of the funding formula, as well as the interplay among components, including the split between state and local resources, will impact equity within the public health system.

Recommended deliverables for May and June subcommittee meetings:

- Sketch of funding formula components (i.e. framework for matching funds, data sources).
- Sketch of percent allocation to each funding formula category.
- Documented considerations about how funding formula components may affect equity.
- Additional detail for county general fund contributions to support public health (i.e. county listing, population served).

PHAB Funding and Incentives Subcommittee
Funding formula framework - May 2016 DRAFT

Subcommittee members: Silas Halloran-Steiner, Jeff Luck, Alejandro Queral, Akiko Saito, Tricia Tillman

Note: Percentages in this sample funding formula are placeholders. The PHAB Funding and Incentives Subcommittee will make recommendations for how state funds should be allocated to include all legislatively-required components of the local public health funding formula.

county	baseline: __% total funds available				matching funds: __% total funds available				Incentives[6]: __% total funds available		total amount awarded
	county population[1]	burden of disease[2]	health status[3]	baseline amount awarded	total local investment[4]	local investment per capita	*matching formula TBD* [5]	matching funds amount awarded	# accountability measures met[7]	incentives amount awarded	
	__% of baseline funds	__% of baseline funds	__% of baseline funds								
A											
B											
C											
D											
E											
F											
G											
H											
I											
J											

[1] As measured by the current American Community Survey population estimate for the jurisdiction

[2] The PHAB Funding and Incentives Subcommittee can make recommendations for measuring burden of disease. Counties with a higher burden of disease will receive a proportionally larger amount of funding.

[3] The PHAB Funding and Incentives Subcommittee can make recommendations for measuring health status. The subcomittee could consider using County Health Rankings. Counties with lower health status will receive a proportionally larger amount of funding.

[4] Total local investment in foundational capabilities and programs.

[5] The PHAB Funding and Incentives Subcommittee can make recommendations for how to allocate matching funds. Examples might include allocating matching funds based on quartiles (i.e. counties that invest more per capita would receive a larger match), matching funds based on whether the county invests above, below or at the statewide median, or other methods.

[6] The PHAB Funding and Incentives Subcommittee can make recommendations for phasing incentive payments in over time.

[7] Accountability measures to be selected by the PHAB Accountability Metrics Subcommittee. The PHAB Funding and Incentives Subcommittee can make recommendations for how incentives are allocated based on achievement of accountability measures.

PHAB Funding and Incentives Subcommittee - May 2016

Subcommittee Members: Silas Halloran-Steiner, Jeff Luck, Alejandro Queral, Akiko Saito, Tricia Tillman

OREGON COUNTY HEALTH DEPARTMENTS
County General Funds per Capita

	Average[1]	Minimum	Maximum
Quartile 1 (Top 8 Counties)	$ 31.97	$ 14.96	$ 83.74
Quartile 2	$ 11.21	$ 9.48	$ 12.74
Quartile 3	$ 4.80	$ 2.64	$ 6.23
Quartile 4 (Bottom 8 Counties)	$ 1.16	$ -	$ 2.54
Statewide Average	$ 22.52	$ -	$ 83.74

[1] Average Revenue per capita calculated as projected FY2015 county general fund revenue divided by 2013 county population

Oregon Public Health Advisory Board – Accountability Metrics Subcommittee

Measure criteria questions

May 6, 2016

1. **At what level should measures be selected?**
    a. Outcome: impacts of the public health system's activities on health
    b. Process: activities the public health system does

2. **How should the measures be framed?**
    a. Foundational programs
    b. Foundational capabilities

3. **What principles should be applied to measure selection?** ***(adapted from coordinated care organization measurement principles)***
    a. Promotes health equity
    b. Flexible
    c. Transformative potential
    d. Consumer engagement
    e. Relevance
    f. Consistency with state and national quality measures, with room for innovation
    g. Attainability
    h. Accuracy
    i. Feasibility of measurement
    j. Reasonable accountability
    k. Range/diversity of measures

4. **How should measures be applied to state and local public health authorities?**
    a. Individual performance targets based on the jurisdiction with incremental improvement over time for all
    b. Core measure set for the state with locally selected measures derived from community health improvement plan priorities

Public Health Modernization:
Report to Legislative Fiscal Office
healthoregon.org/modernization

In 2015, the legislature passed House Bill 3100, which creates changes to increase the efficiency and effectiveness of Oregon's public health system and ensure a basic level of public health services is available for every person in Oregon. This report provides an update on the progress of the Oregon Health Authority (OHA) toward fulfilling the requirements of House Bill 3100 and outlines OHA's strategy for modernizing the governmental public health system in the coming years.

VISION FOR A HEALTHY OREGON

Add vision statement after completion in June.

BACKGROUND

Oregon is a leader in its innovative approach to health system transformation, which aims to provide better health and better care at a lower cost. The vision for how public health should support Oregon's health system in shifting its focus to prevention of disease was outlined in the 2010 *Oregon's Action Plan for Health*:

> *We need a health system that integrates public health, health care and community-level health improvement efforts to achieve a high standard of overall health for all Oregonians, regardless of income, race, ethnicity or geographic location. To achieve this, we must stimulate innovation and integration among public health, health systems and communities to increase coordination and reduce duplication.*[1]

In order for Oregon's governmental public health system to meet this charge, it must be modernized to focus on new health challenges, which include emerging infectious diseases, climate change, threats from man-made and natural disasters, and growing rates of chronic diseases.

The governmental public health system was built to provide a social safety net for uninsured individuals. However, as Oregon's health system transformation has achieved success, the role of governmental public health in providing safety net services has changed over time. At the same time, there has also been a growth in the volume of new and emerging health threats has exposed the need for a governmental public health system that can systematically collect and report on population health risks and health disparities; implement needed policy changes that

[1] Oregon Health Authority. (2010). Oregon's Action Plan for Health. Available at https://www.oregon.gov/oha/action-plan/rpt-2010.pdf.

can improve health and protect the population from harms; and leverage partnerships across the health system to ensure maximum efficiency and effectiveness of services delivered.

Although there is broad recognition that Oregon's governmental public health system must modernize in order to fulfill its role as a critical part of the health system, Oregon's governmental public health system has been hindered by its resources being derived primarily from county general funds and federal categorical grants, which are limited in flexibility and not always responsive to local needs. At the same time, federal spending on public health has remained below pre-recession levels.[2] Oregon currently ranks 31st in state investment in public health at $26.60 per capita, compared to Washington (23rd, $38.20 per capita), California (10th, $56.20 per capita), and Idaho (7th, $94.70 per capita).[3] As a result, Oregon's governmental public health system is often challenged to focus strategically on the types of public health programs and services that can help everyone in Oregon to achieve optimal health.

In 2013, the Oregon legislature recognized the need for significant changes to the governmental public health system as a foundational component of health system transformation. The Task Force on the Future of Public Health Services, created by House Bill 2348 (2013), developed a set of recommendations to modernize Oregon's governmental public health system the needs of the population in years to come. Specifically, the Task Force recommended that:

- A set of foundational capabilities and programs be adopted to ensure a core set of public health services is available in every area of the state;
- Significant and sustained state funding be allocated to support implementation of the foundational capabilities and programs;
- Implementation of the foundational capabilities and programs should occur in waves over a set timeline;
- Local public health authorities should have the flexibility to determine the best method to implement the foundational capabilities and programs in order to meet each community's unique needs;
- A set of accountability metrics should be developed to ensure improvements and progress toward established goals.

The 2015 legislature passed House Bill 3100 (2015), which operationalized the Task Force recommendations and established a set of planning activities to be completed during the 2015-17 biennium.

[2] Trust for America's Health. (2016). Investing in America's Health: A State-by-State Look at Public Health Funding and Key Facts. Available at http://healthyamericans.org/assets/files/TFAH-2016-InvestInAmericaRpt-FINAL.pdf.
[3] Ibid.

TIMELINE

- June 2013: House Bill 2348 passed Oregon legislature
- January-September 2014: Task Force on the Future of Public Health Services meets monthly
- September 2014: *Modernizing Oregon's Public Health System* report submitted to Oregon legislature
- July 2015: Oregon legislature passed House Bill 3100
- December 2015: Public Health Modernization Manual published; Public Health Advisory Board appointed
- January 2016: Public Health Advisory Board begins meeting monthly
- April 2016: State and local public health authorities complete individual public health modernization assessment
- June 2016: Public Health Modernization Assessment Report, funding formula framework and framework for accountability metrics submitted to Legislative Fiscal Office
- September 2016: Report on estimated health outcomes and cost savings attributable to public health modernization released
- December 2016: Initial statewide public health modernization plan adopted

KEY MILESTONES AND DELIVERABLES

Define foundational capability and programs – completed, December 2015

From June-December 2015, state and local public health authorities collaboratively developed measurable definitions for each foundational capability and program for governmental public health. These definitions are included in the Public Health Modernization Manual, published in December 2015.

Establish the Public Health Advisory Board – completed, January 2016

The Public Health Advisory Board has oversight for Oregon's governmental public health system and reports to the Oregon Health Policy Board. Board members were appointed In December 2015 and onboarded by OHA in January 2016. The board continues to meet monthly in 2016 in order to provide oversight and guidance for public health modernization activities and to fulfill specific deliverables as outlined in House Bill 3100. The Board has established two subcommittees: the Incentives and Funding Subcommittee, which is charged with informing the development of an equitable funding formula for local public health authorities; and the Accountability Metrics Subcommittee, which is leading the development of a suite of measures to track the progress of state and local public health authorities in meeting population health goals over time. These measures are designed to align with CCO, hospital and early learning measures and encourage these systems to work collaboratively toward similar objectives.

Conduct statewide public health modernization assessment – completed, April 2016
Each state and local public health authority completed a public health modernization assessment between January-April 2016. The modernization assessment included three components: an assessment of each authority's current ability to meet the foundational capabilities and programs as defined in the Public Health Modernization Manual, the public health authority's current spending on foundational capabilities and programs, and the estimated need to fully meet each foundational capability and program. The findings from this assessment will be used to identify the timing and sequence of events to fully modernize Oregon's governmental public health system, as well as what resources are required. For detail on the findings of the public health modernization assessment, see the Public Health Modernization Assessment Summary Report.

Develop public health modernization funding formula – draft complete June 2016
The Public Health Advisory Board has made recommendations on the components of a funding formula for local public health authorities for monies available to the Oregon Health Authority for the purpose of funding foundational capabilities and programs, as outlined in House Bill 3100, Section 28. The funding formula will continue to undergo external vetting, particularly with local governments, and will be updated as necessary based on availability of funds.

Establish metrics to ensure accountability and improved health outcomes: measurement framework completed; measure selection to be completed in early 2017
The Public Health Advisory Board has developed a framework for accountability metrics for state and local public health authorities and measure selection criteria, which aligns with the criteria used for CCO incentive measures. Over the coming months, the Public Health Advisory Board will utilize its framework and selection criteria to establish metrics to ensure accountability and improved health outcomes for everyone in Oregon. The Public Health Advisory Board will align metrics for the public health system with other OHA measurement strategies to the extent possible.

Expanded statewide public health modernization plan – anticipated date for completion: December 2016
The statewide public health modernization plan will include key components for implementation of public health modernization:

- Process and criteria to approve local public health modernization plans;
- Established waves for local public health authorities to implement local modernization plans.

Successes to date:

- The public health modernization assessment process created opportunities for local public health authorities to engage in discussions about cross-jurisdictional sharing and other methods to gain efficiencies.
- Oregon was one of three states to be invited to apply for and subsequently receive a Robert Wood Johnson Foundation grant administered through the Public Health National Center for Innovations at the Public Health Accreditation Board. Oregon received a two-year grant totaling $250,000 in March 2016 to advance work to implement public health modernization. The Coalition of Local Health Officials is the fiscal agent for the grant, with OHA serving in a co-Principal Investigator role. The Robert Wood Foundation Grant will:
    - Convene 10 regional meetings across Oregon to engage stakeholders in discussions about how to structure local public health systems so that public health modernization is implemented efficiently and effectively.
    - Provide technical assistance to state and local public health authorities with the goal of working toward fulfillment of the local public health modernization plan submission requirements included in House Bill 3100.
- Oregon has continued to receive national recognition for its efforts to modernize the public health system; Oregon was invited to participate in the Public Health National Center for Innovations National Advisory Group to build a national knowledge base for foundational public health work. Charlie Fautin, Public Health Administrator for Benton County and Future of Public Health Task Force member, represents Oregon on the National Advisory Group. As a part of the Robert Wood Johnson Foundation grant, Oregon will provide technical assistance to ten new jurisdictions that will be brought on over the next year to explore implementation of the foundational capabilities and programs for governmental public health.

PROCESS FOR IMPLEMENTING PUBLIC HEALTH MODERNIZATION

Based on the findings of the public health modernization assessment, OHA and the Public Health Advisory Board recommend that the following actions take place over the next several biennia in order to efficiently and effectively implement public health modernization. These actions have been broken out into the following phases:

Year	Actions
2017	• Finalize accountability measures for state and local public health authorities. • Finalize process for distributing funds to local public health authorities. • Enhance statewide public health modernization plan. • Identify effective and efficient public health governance structures. • Based on the public health modernization assessment findings, state and local public health authorities develop initial public health modernization plans.

	• Distribute available funding to local public health authorities. • Report on baseline accountability metrics.
2018	• Identify effective and efficient public health governance structures. • Implement phase one of public health modernization. • Collect and report on year one accountability metrics.
2019	• Identify effective and efficient public health governance structures. • Implement phase one of public health modernization. • Collect and report on year two accountability metrics.
2020	• Conduct public health modernization assessment. • Implement phase two of public health modernization. • Collect and report on year three accountability metrics.
2021	• Implement phase two of public health modernization. • Collect and report on year four accountability metrics.
2022	• Implement phase three of public health modernization. • Collect and report on year five accountability metrics.
2023	• Implement phase three of public health modernization. • Collect and report on year six accountability metrics.
2024	• Conduct public health modernization assessment. • Implement phase four of public health modernization. • Collect and report on year seven accountability metrics.

DRAFT FUNDING FORMULA

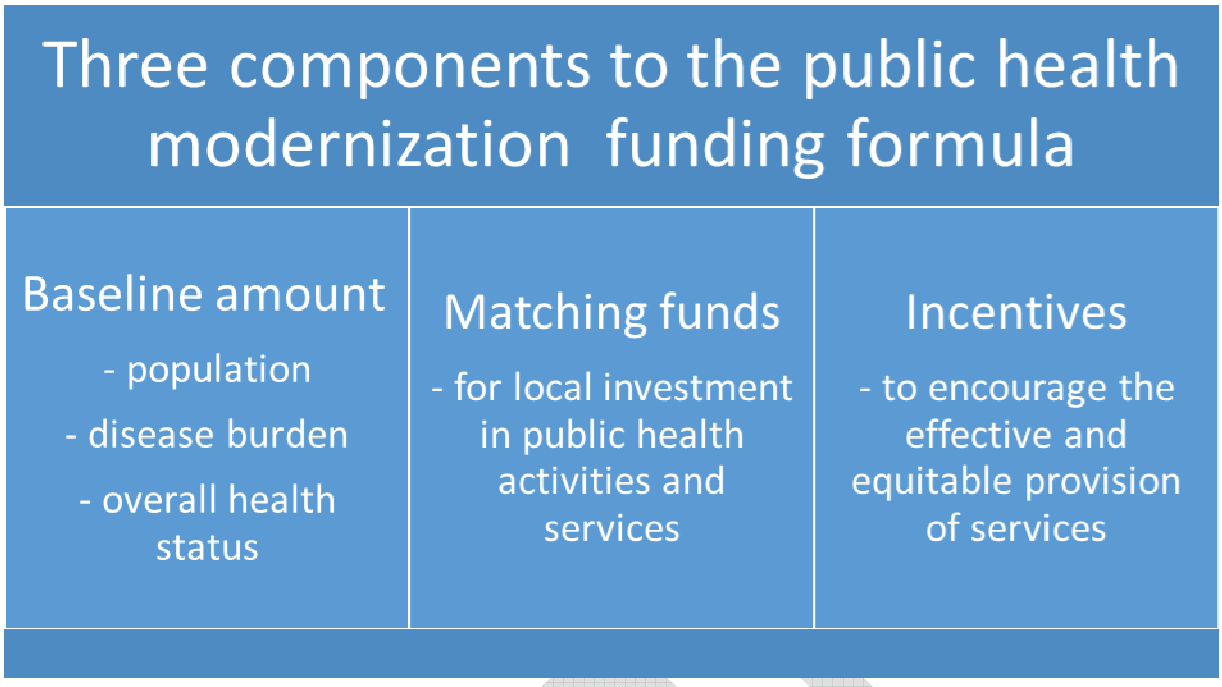
House Bill 3100 requires OHA to submit a funding formula to the Public Health Advisory Board and the Legislative Fiscal Office which provides for the equitable distribution of funds to local public health authorities. The OHA shall:

- Establish a baseline amount to be invested in public health activities and services by the state;
- Establish a method for awarding matching funds to a local public health authority that invests in public health activities and services above the baseline amount established by OHA for that local public health authority;
- Consider the population of each local public health authority, burden of diseases, total overall health status and the ability of each local public health authority to invest in public health activities and services in its baseline amount; and
- Adopt by rule incentives to encourage the effective and equitable provision of public health services by local public health authorities.

Formula for the equitable distribution of funds to local public health authorities

The Public Health Advisory Board has drafted the following funding formula for the distribution of state funds to local public health authorities for the purposes of implementing the

foundational capabilities and programs.



*The Public Health Advisory Board is currently working to identify the measure set for which state and local public health authorities will be accountable. The funding formula allocates a percentage of funding to be held back and paid to local public health authorities based on their performance. The Public Health Advisory Board will be considering how decisions made about the funding formula impact equity. The final set of accountability measures will be selected in early 2017.

ACCOUNTABILITY MEASUREMENT FRAMEWORK

The Public Health Advisory Board is charged with developing a set of accountability metrics for state and local public health authorities. These measures will align with the foundational capabilities and programs adopted in House Bill 3100 for state and local public health:

- Communicable disease control
- Environmental health
- Prevention and health promotion
- Access to clinical preventive services
- Leadership and organizational competencies
- Health equity and cultural responsiveness
- Community partnership development
- Assessment and epidemiology
- Policy and planning
- Communications
- Emergency preparedness and response

When selecting appropriate measures for each of the above-listed categories, the Public Health Advisory Board will apply the following criteria:

- Ability to improve health equity
- Flexibility
- Transformative potential
- Community member engagement
- Relevance
- Consistency with state and national quality measures, with room for innovation
- Attainability
- Accuracy
- Feasibility of measurement
- Reasonable accountability
- Range and diversity of measures

The initial list of measures to select from within each foundational capability and program area has been developed using current CCO, hospital and early learning measure sets, such that public health can align with and contribute to shared objectives.

NEXT STEPS

OHA and the Public Health Advisory Board will be working diligently between now and summer 2017 to achieve the deliverables for public health modernization set forward in House Bill 3100. Activities include:

- Implementation of the Robert Wood Johnson Foundation grant;
- Support for the development of local public health modernization plans;
- Finalization of the report to quantify estimated health outcomes and cost savings attributable to public health modernization;
- Updating of the statewide public health modernization plan;
- Selection of accountability metrics for the governmental public health system; and
- Finalization of the local public health funding formula.

FOR MORE INFORMATION

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