

AGENDA

PUBLIC HEALTH ADVISORY BOARD

July 19, 2018

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:

- Discuss progress on Cleaner Air Oregon initiative as an example for what modern environmental public health work looks like
- Review highlights from Oregon's State Health Assessment and discuss process for 2020-2024 State Health Improvement Plan development
- Discuss progress towards suicide prevention outcomes in Oregon's State Health Improvement Plan

2:00-2:15 pm	Welcome and updates <ul style="list-style-type: none">• Approve June 21 meeting minutes	Carrie Brogoitti, PHAB Co-Chair
2:15-3:00 pm	Cleaner Air Oregon – an example for public health modernization <ul style="list-style-type: none">• Discuss the role of public health in the Cleaner Air Oregon initiative• Discuss implications for environmental health within a modern public health system	Gabriela Goldfarb, Oregon Health Authority
3:00-3:15 pm	Break	
3:15-3:45 pm	State Health Assessment and 2020-2024 State Health Improvement Plan development <ul style="list-style-type: none">• Review key themes from State Health Assessment• Discuss process for developing 2020-2024 State Health Improvement Plan	Katrina Hedberg, Oregon Health Authority
3:45-4:15 pm	Oregon's State Health Improvement Plan progress: suicide prevention priority <ul style="list-style-type: none">• Discuss progress toward suicide prevention objective	Laura Chisholm, Oregon Health Authority
4:15-4:30 pm	Public comment	Carrie Brogoitti, PHAB Co-Chair

4:30 pm

Adjourn

Carrie Brogoitti,
PHAB Co-Chair

Public Health Advisory Board (PHAB)

June 21, 2018

Draft Meeting Minutes

Attendance:

Board members present: Carrie Brogoitti, Bob Dannenhoffer, Muriel M DeLaVergne-Brown, Rebecca Tiel, Jeanne Savage, Kelle Adamek-Little, Jeff Luck, Alejandro Queral, Eva Rippeteau, Akiko Saito, Eli Schwarz, Lillian Shirley, Teri Thalhofer, Tricia Mortell, Jen Vines

Oregon Health Authority (OHA) staff: Cara Biddlecom, Julia Hakes, Sara Beaudrault, Kati Moseley

Members of the public: Jocelyn Warren (Lane County Public Health), Caitlin Hill (Coalition of Local Health Officials), Catherine Mushel, Adam Hoverman (OHSU), Tamara Sanderson (OHSU), Morgan Cowling (Coalition of Local Health Officials)

Approval of Minutes

A quorum was present. The Board moved to approve the May 17 and June 7 minutes with one change to the May 17 minutes: Dr. Bangsberg summarized that the OHPB is hoping to advance the idea that member health is not population health in the CCO 2.0 contracting process. All in favor.

Welcome and updates

-Rebecca Tiel, PHAB Chair

Rebecca shared that Jeanne Savage, Medical Director for Willamette Valley Community Health, is joining us today. She is filling the CCO representative role that has been vacant since Safina Koreishi came off the board at the end of 2017. Dr. Savage will be able to provide some of her experience bridging public health and CCOs and will share some of what she sees as opportunities for more collaborative work.

Last week, Rebecca had the opportunity to participate in a learning collaborative for CCO Medical Directors and staff about CCO and local public health partnerships. Three partnerships were presented, focusing on [childhood obesity prevention](#), [controlling sexually transmitted infections](#), and [tobacco cessation and prevention](#). There was interest from this group in thinking about how we continue to share examples of effective and innovative partnerships, and how to replicate projects in other areas of the state.

Updates to local public health authority accountability metrics

-Teri Thalhofer, PHAB member



Public Health Advisory Board
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The Accountability Metrics subcommittee has worked on refinements to two local public health authority process measures. Teri walked through the subcommittee's recommendations on [the percent of top prescribers enrolled in the Prescription Drug Monitoring Program](#) and [local public health authority participation in active transportation planning and governance board measures](#).

The PHAB moved to adopt changes to these process measures. All in favor.

Advancing public health modernization in Oregon

-Representative Mitch Greenlick, House District 33

State Representative Mitch Greenlick joined the PHAB to discuss his vision for public health modernization as we move into the 2019 legislative session.

PHAB members asked the following questions with Representative Greenlick's answers in italics:

- What is your expectation for any continued or enhanced funding for public health modernization? *Continue to demonstrate the work that is being done with the investment. Remember that the journey to modernization is as important as the destination.*
- Is there broad support for public health modernization in the legislature? How can PHAB support any needs the legislature has for information about public health modernization specifically related to ensuring funding? *Public health supporters need to continue to talk about what the current investment in modernization has accomplished for constituents. It is crucial that the PHAB is part of the OHPB and the PHAB needs to use the OHPB as a critical tool in supporting public health modernization in the legislature.*
- How do you interpret the role of CCOs in funding work around the social determinants of health? *CCOs need to consider the individual as well as the population-based interventions in funding work related to the social determinants of health. The CHIP developed by each CCO along with outcome measures should reinforce the importance of population-based interventions and should be made clear in the CCO 2.0 contracting process.*
- Do you think there is any potential role for the legislature for helping include PHAB's recommendations in the CCO 2.0 contracting process? *The legislature is monitoring the work done by the OHPB on the contracting process. Representative Greenlick is interested to see OHA be very strategic in advancing quality measures for CCOs.*
- PHAB has provided recommendations for how to better support CCO and public health partnerships with CCO 2.0. What opportunities do you see for public health modernization in CCO 2.0? *Emphasize and link between public health modernization and supporting the Oregon Health Plan. Personal and public health services are inexorably linked, as are the public health system and the Oregon Health Plan. Continue to emphasize that the need not to leave anyone behind. The PHAB needs to ensure that*

public health is a partner in the contracting process and ensure that that public health's role is clearly defined.

- What is the current legislative attitude toward controlling pharmacy costs? *Representative Greenlick has a proposal to move expensive and specialty drugs into a separate pool and tax pharmaceutical companies on costs.*
- How are you seeing public health modernization fall out as a priority for Oregon's health care budget, knowing that we have a deficit in the Medicaid program? *There are advocates on Ways and Means but for modernization to be maintained as a priority we need to build on and continue our advocacy work.*
- If public health modernization does secure successful funding what are your thoughts for building infrastructure? *We need to ensure we do not leave anyone behind in the process.*
- Why was only \$5 million secured for funding public health modernization in this last session? *\$100 million was a very high ask and likely the public health system couldn't have absorbed that amount in that period of time. The goal looks more like securing a \$100 million in funding over a ten-year period. We also need to try to demonstrate the value of public health to the CDC and try to secure funding through the CDC.*

Public health modernization implementation

-Jocelyn Warren, Lane County Public Health

- Teri Thalhofer and Carrie Brogoitti, PHAB members

Jocelyn Warren presented [on the Lane, Benton, Lincoln and Linn County public health modernization grant activities](#), like how we heard from Muriel and Bob last month.

Teri and Carrie presented on [the Eastern Oregon public health modernization grant](#) in similar fashion. We will continue presentations about how the public health modernization investment is being utilized at the state and local level over our next several meetings.

Preventive Health and Health Services Block Grant work plan

-Danna Drum, Oregon Health Authority

PHAB is the advisory board for the Preventive Health and Health Services Block Grant. The Block Grant is provided to all states in an allocation and in Oregon, PHD has used these dollars to fund state and local public health infrastructure. Over the last several years, these dollars have been used to augment public health modernization and to support the development of our state health assessment and state health improvement plan. The Block Grant is PHD's only source of flexible funding.

Danna walked the PHAB through [the major objectives in the fiscal year 2019 work plan](#) and asked for PHAB's formal recommendation on the work plan. Danna will be coming back in fall of



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2018 to report on current work of the grant. The PHAB moved to recommend FY19 work plan. All in favor.

Matching funds criteria

-Sara Beaudrault, Oregon Health Authority

At our previous meeting when we discussed the local public health authority funding formula, we briefly mentioned that we'd discuss what county investment items would count for and be excluded from receipt of matching funds for public health modernization. OHA staff have done additional work and discussed with local public health authorities at today's Conference of Local Health Officials meeting and are bringing the latest considerations to PHAB today. Sara reviewed [the proposed matching funds criteria](#). No action is required by the PHAB. PHAB members gave the following feedback:

- There are lots of services in health systems that are not fully reimbursed.
- The proposed matching funds criteria does align with the public health modernization manual.
- Concern over the administrative burden of breaking out these exclusions for matching funds.

Danna thanked the PHAB for their feedback and will be circling back with PHD leadership. PHD will be convening a technical group that will include LPHA fiscals to review the exclusions.

Public Comment Period

Morgan Cowling from the [Coalition of Local Health Officials](#) gave public comment. Morgan provided more information about the work that local health authorities have done to become accredited. There are eleven local health authorities that are currently accredited. Two additional LPHAs have received their site visit and are awaiting their accreditation. Five LPHAs are in the application process. The Public Health Accreditation Board has recognized Oregon as a national leader and will be coming to Oregon to learn Oregon's strategies for success.

Closing

The meeting was adjourned.

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

**July 19, 2018
2-5 PM
Portland State Office Building
800 NE Oregon St Room 1B**



Public Health Advisory Board
Meeting Minutes – June 21, 2018

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 Julia.a.hakes@state.or.us. For more information and meeting recordings please visit the website: healthoregon.org/phab

DRAFT

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, BEHAVIORAL HEALTH COLLABORATIVE, MEDICAID ADVISORY COMMITTEE, STATEWIDE SUPPORTIVE HOUSING WORKGROUP, MEASURING SUCCESS COMMITTEE

Public Health Advisory Board

The PHAB has provided content and input on OHA's Public Health Modernization Report, which OHA will submit to Legislative Fiscal Office by June 30, 2018. This report includes the 2019-21 local public health authority funding formula which PHAB has been working on for the last six months. The PHAB adopted minor changes to the active transportation accountability measure.

The PHAB is continuing to hear from each of the eight regions funded by the 2017-19 public health modernization investment to gain a better understanding of the systems changes underway to improve communicable disease control and address communicable disease-related health disparities.

COMMITTEE WEB SITE: <https://www.oregon.gov/oha/ph/About/Pages/ophab.aspx>

STAFF POC: Kati Moseley, Katarina.Moseley@dhsoha.state.or.us

Behavioral Health Collaborative

OHA, in partnership with a diverse group of stakeholders, will launch an RBHC in the Metro Portland tri-county area. OHA has convened a small group of stakeholders to meet several times over the summer to plan for the September launch. The planning group includes Health Share CCO, BH Directors from the three counties, child and adult providers, consumers, peers, and culturally specific organizations.

Communication detailing this work has been sent to the BHC participants and workgroups and OHPB and committees.

OHA and stakeholders are exploring risk sharing options for the OSH civil commitment population to be incorporated into the 2020 CCO contracts. Work to identify possible models will take place over the summer with financial modeling to take place in the fall and winter.

COMMITTEE WEBSITE: <https://www.oregon.gov/oha/amh/Pages/strategic.aspx>

COMMITTEE POC: Jackie Fabrick, Jackie.FABRICK@dhsoha.state.or.us

Primary Care Payment Reform Collaborative

The Primary Care Payment Reform Collaborative convened on April 19, 2018. Agenda topics of note included: review of the work plan and timeline for developing Primary Care Transformation Initiative implementation strategy from the Collaborative; *Primary Care Spending Report in Oregon* presentation followed by a discussion about how the report can inform the Primary Care Transformation Initiative;

CCO 2.0 value-based payment and behavioral health presentation and discussion; and presentation on three options for evaluating the Primary Care Transformation Initiative followed by small group discussion. In May and June the workgroups will convene to draft a proposed Initiative implementation strategy for Collaborative review and discussion at the July meeting.

The Collaborative convenes next on July 24, 2018 from 9:00 a.m. – 12:00 p.m.

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

COMMITTEE POC: Amy Harris, AMY.HARRIS@dhsoha.state.or.us

Healthcare Workforce Committee

The Healthcare Workforce Committee met on May 2. Key items of activity include:

CCO 2.0

Most of the May meeting was spent hearing from OHA staff on policy options related to CCO 2.0. Based on information shared and discussion, the Committee sent a letter to Pat Allen and Zeke Smith offering the recommendation that in the procurement process to determine who will serve as CCOs, applicants be required to include plans for:

- Developing the healthcare workforce pipeline for their areas;
- Participating in and facilitating the current and future training for the health professional workforce in their areas;
- Supporting health professionals following their initial training; and
- Encouraging local talent to return to their home areas to practice medical, oral and/or behavioral health.

The Committee also recommended that ongoing reporting requirements for those that become CCOs include reports on the capacity and diversity of the medical, oral and behavioral health workforce within their geographical area and network.

Increasing the Diversity of the Healthcare Workforce

The Committee has begun to consider promising solutions for increasing the diversity of the healthcare workforce, and has formed a workgroup that includes the involvement of the Health Equity Committee. The Committee will send a report later this year to the Board on this topic.

Behavioral Health Workforce

Members of the Committee are working with OHA staff to present a response to the Farley Center on the skills and competencies required for the behavioral health workforce of the future.

Upcoming Meeting and Work

The next meeting of the Committee will take place on July 11. At that time there will be continued discussion of strategies to increase the diversity of the healthcare workforce, a presentation on labor market needs and trends from the Employment Department on the healthcare workforce. Also, committee leadership and OHA staff are continuing to work with the Oregon Medical Board on license renewal surveys, and OHA is working with Oregon Health and Science University to support the launch

of the HOW-TO Program, to provide training grants to increase the supply and diversity of the healthcare workforce in Oregon.

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

COMMITTEE POC: MARCOVERBECK, Marc.Overbeck@dhsoha.state.or.us

Health Plan Quality Metrics Committee

The Health Plan Quality Metrics Committee (HPQMC) presented to the Oregon Health Policy Board on June 5th with a progress report on the committee's work to date. This included an overview of the finalized measure set of 51 quality measures across six domains, potential gaps in the measures menu, and plans for future work.

The Committee acknowledged that the current measure menu is heavily concentrated in prevention and early detection, with fewer measures addressing specialty care and health system integration and transformation. Other areas the Committee identified for near term focus include health equity, access to telehealth and other alternatives to face-to-face visits, obesity and upstream influences, and behavioral health. The aligned measure set is available online.

At the June 14th regular meeting, the committee reelected Committee Chair, Kristen Dillon, MD, and Committee Vice-chair, Shaun Parkman, for another one-year term. Also at this meeting, the committee debriefed Year 1 processes and outcomes and began planning for future work to refine the measures menu.

The committee next meets on Thursday August 9, 2018 by webinar only.

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

COMMITTEE POC: Kristin Tehrani, Kristin.Tehrani@dhsoha.state.or.us

Metrics & Scoring Committee

In June the Metrics and Scoring Committee heard a presentation on statewide areas for quality improvement, and continued discussions on selecting the 2019 CCO incentive measure set. These discussions included reviewing feedback from a survey of the CCO metrics Technical Advisory Group, comprised of representatives of the CCOs and other partners, and discussion of OHA staff recommendations. The Committee will make final decisions on the 2019 measure set at its next meeting on July 20th.

In addition, the final report on CCO incentive measure program performance for 2017 was published on 26 June, and is available here: <https://www.oregon.gov/oha/HPA/ANALYTICS-MTX/Documents/2017-CCO-Metrics-Report.pdf>. The Committee will review this report at its July meeting.

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

COMMITTEE POC: Sara Kleinschmit, SARA.KLEINSCHMIT@dhsoha.state.or.us

Health Information Technology Oversight Council

HITOC's June meeting featured discussion of CCO 2.0 policy options from the value-based payment and behavioral health workgroups and revisited the HIT policy options being developed for CCO 2.0. HITOC will sponsor a series of public meetings to get input on the HIT policy options beginning on June 27th. HITOC also approved the charter for the network of networks advisory group, which will begin foundational work to support statewide health information exchange, and discussed a proposed federal rule that would change elements of the CMS Meaningful Use Program. HITOC's next meeting is on August 2nd.

Meeting schedules, information, and materials are available online at <https://www.oregon.gov/oha/HPA/OHIT-HITOC/Pages/HITOC-Meetings.aspx>.

COMMITTEE WEBSITE: <http://www.oregon.gov/oha/HPA/OHIT-HITOC/>
Committee POC: Francie Nevill, Francie.j.nevill@dhs.oh.state.or.us

Medicaid Advisory Committee

On May 31, 2018, the MAC submitted to the OHA a second set of recommendations aimed at how OHA can support and hold CCOs accountable for addressing the social determinants of health, in line with the committee's recommendations.

The next work product of the MAC will be a housing-specific guide on health-related services, to be developed in collaboration with OHA. The MAC will be working with OHA to develop a guide that builds on feedback from the Statewide Supportive Housing Strategy Workgroup, its survey, and follow up interviews with CCOs regarding work in the social determinants of health, and the evidence base around housing and health.

The MAC released a recruitment announcement in June to replace several members whose terms expire in 2019 or fill existing vacancies. The application deadline for interested individuals is August 15th. Specifically, OHA and the Governor's office are seeking people with the following backgrounds or qualifications:

- Individuals from all parts of the state and from diverse backgrounds, including people of color, LGBTQ individuals, women, and people with disabilities
- Individuals covered by the Oregon Health Plan (OHP), including one OHP member with a disability
- Members of health care consumer groups that include Medicaid recipients such as a coordinated care organization (CCO) consumer advisory group (CAC)
- A member of one of Oregon's federally recognized tribes
- Persons associated with health care organizations, including providers of all types, but especially behavioral health and traditional health workers (like community health workers)
- Members of the general public

The recruitment announcement can be found here: https://www.oregon.gov/oha/HPA/HP/Documents/MAC%20Recruitment%20notice_June2018.pdf

COMMITTEE WEBSITE: <http://www.oregon.gov/oha/hpa/hp-mac/pages/index.aspx>
COMMITTEE POC: Tim Sweeney, Timothy.D.Sweeney@dhs.oha.state.or.us

Health Equity Committee

HEC Feedback to OHA and OHPB on CCO 2.0

The Committee had the opportunity to provide direct feedback during the month of June to the Social Determinants of Health and Health Equity and Behavioral Health policy workgroups. On June 13th, co-chairs Michael Anderson-Nathe and Carly Hood-Ronick submitted feedback on behalf of the committee to Director Allen and Chair Smith in both areas. Health Equity Committee feedback can be found here: <https://www.oregon.gov/oha/OHPB/Pages/CCO-2-0-recommendations.aspx>

Committee Governance

During the June meeting, the Committee had a chance to hear back from workgroups on the work done to date:

#1 Recruitment

This workgroup asked for a copy of the strengths and demographics of current committee members to determine gaps that may need to be filled. OEI indicated they could send application information from those who had previously applied to the workgroup for recruiting.

#2 Strategic Plan Development/Work plan

This group shared a draft of the workplan template they are developing and options for supporting workgroups in developing plans for HEC work in 2019. They planned to meet with co-chairs outside of meeting time to discuss.

#3 Policy and Advocacy

No updates at this time – group has not developed yet.

#4 Data and Metrics

Carly Hood-Ronick and Michael Anderson-Nathe, HEC Co-Chairs indicated they will be meeting with OHA to discuss this soon. Derick Du Vivier, MD., HEC member, will support this workgroup as well.

#5 Training and Technical Assistance – One committee member indicated interest in this workgroup but no updates were shared in June.

Additionally, the co-chairs shared a set of deliverables they hope to focus on for the remainder of the year to ensure the committee is well-positioned for the new year. These include: ongoing feedback/engagement with CCO 2.0; fully filling the HEC committee seats; and ensuring all workgroups have a dedicated workplan for 2019.

July's meeting will include an educational component on REAL-D status.

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

COMMITTEE POC: Maria Castro, Maria.Castro@dhsoha.state.or.us

Statewide Supportive Housing Strategy Workgroup

This committee was formed in 2017 as a joint effort by Oregon Health Authority and Oregon Housing and Community Services to increase capacity for supportive housing across the state. It grew out of the prior work that was done to assess the inclusion of housing supports in the CMS 1115 waiver submitted by OHA in 2016 (housing was ultimately not included in that waiver submission).

Workgroup members are external partners from Coordinated Care Organizations, Community Mental Health Programs, Hospital Systems, Counties, Housing Authorities, Community Development Organizations, and a variety of community-based housing and behavioral health organizations. A roster is located at <http://www.oregon.gov/ohcs/DO/sshwg/2017-2019-Member-Roster-Supportive-Supported-Housing-Workgroup.pdf>

The SSHSW advises OHA and OHCS on key program and policy considerations and is developing an implementation framework to support both the housing services and health services needs of homeless individuals or individuals at risk of homelessness, the majority of whom have one or more chronic health conditions or disabilities. The recommendations to be made by SSHSW members may include a variety of components such as identified resource streams, a standard set of criteria for effective supportive housing and services, and what long-term technical assistance is needed for housing and health system partners.

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

COMMITTEE POC: Heather Gramp, Heather.Gramp@dhsoha.state.or.us

Measuring Success Committee

At the June 6th Measuring Success meeting, the committee continued its discussion of long-term outcomes and measures for an Early Learning System dashboard. Toward that effort, members heard a presentation from OHA regarding the health system's role in kindergarten readiness. A variety of OHA metrics were reviewed that pertained to early childhood, the strategy for OHA creating a CCO incentive measure on the health aspects of kindergarten readiness was discussed, and the concept and measurement of a health complexity measure were presented. The committee will continue the task of identifying final and intermediate outcomes and measures for an ELS dashboard at its next meeting on August 1st.

COMMITTEE WEBSITE: N/A

COMMITTEE POC: Thomas George, Thomas.George@state.or.us

Environmental Public Health Modernization: The Cleaner Air Oregon Example

A presentation to the Oregon Public Health Advisory Board

Gabriela Goldfarb, Environmental Public Health Section Manager
Oregon Health Authority – Public Health Division
July 19, 2018



ENVIRONMENTAL PUBLIC HEALTH SECTION
Public Health Division

Why Cleaner Air Oregon?

Oregon's current rules have gaps

Companies operate legally — but still emit pollution that can be harmful to neighbors.

No assessment of
potential risks to neighbors

Limited air
toxics reporting

Health risks are not
considered in permit decisions



Modernized Cleaner Air Oregon Guiding Principles: Partnership, Health Equity, Community, Communication



Protect public health, especially for neighbors and vulnerable people

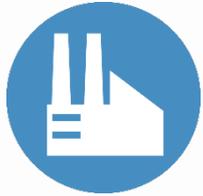


Set science-based health risk standards for industrial air toxics that address cumulative risk and prioritize equity concerns



Greater community input and access to information

How Cleaner Air Oregon Will Work



- **Report air toxics**

- Companies to report use of 600 heavy metals and other pollutants to state regulators



- **Assess risk**

- Facilities would calculate potential health risks to people who live, work, and go to school nearby.



- **Regulate to reduce risk**

- Companies would have to act if the air toxics they emit exceed health Risk Action Levels.

Cleaner Air Oregon Milestones:

- Extensive public process and technical development since April 2016
- Initial draft rules and comment October 2017-January 2018
- Legislative action 2018 – Senate Bill 1451 (fees and policy changes)
- New draft rules and comment June-August 2018
- Environmental Quality Commission considers rule adoption November 2018 (anticipated)

Questions?

Gabriela Goldfarb, Environmental Public Health Section Manager
Oregon Health Authority – Public Health Division

www.healthoregon.org/eph

Gabriela.G.Goldfarb@state.or.us

971-673-3284

State Health Assessment (SHA) & 2020-2024 State Health Improvement Plan (SHIP)



Considerations for the PHAB

- What criteria should be used to identify strategic issues?

SHA Overview

PUBLIC HEALTH DIVISION

Office of the State Public Health Director

Oregon
Health
Authority

Key Findings

- Social determinants of health appear to be worsening in Oregon.
- People want to ensure everyone has their basic needs met.
- We are proud of our natural assets and engaged communities.
- Systems of oppression, like racism and classism, affect access to opportunities and resources, thereby impacting health.

Health Equity Analysis

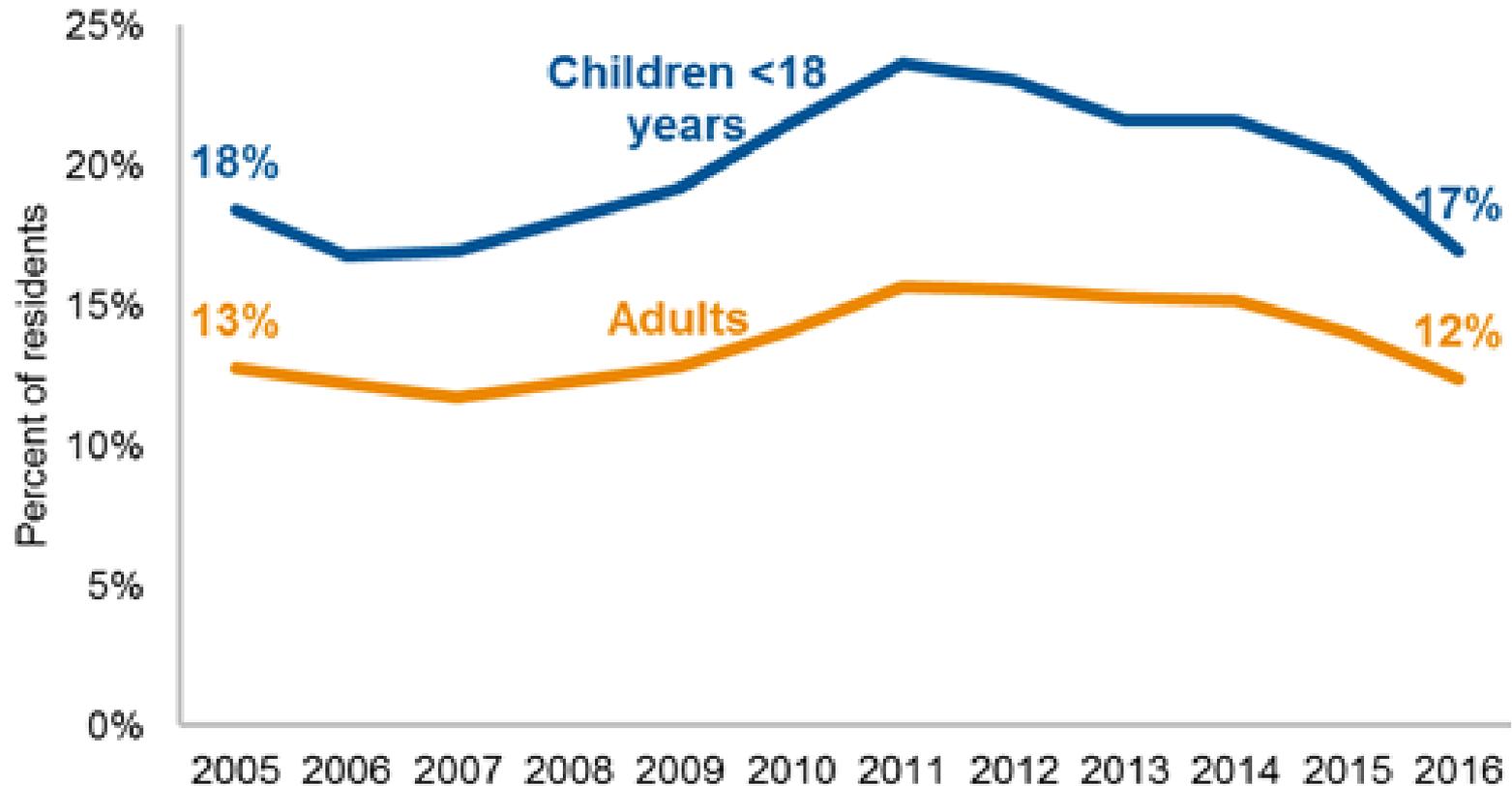
- People of color
- People living with disabilities
- People with low income
- People identified as LGBT
- People living in urban/rural/frontier areas

Social Determinants of Health

- Economics: poverty, employment
- Education: early childhood, absenteeism, graduation rates, secondary education
- Food insecurity, housing, transportation
- Intimate partner violence, child abuse
- Trauma, toxic stress and resilience
- Incarceration
- Social cohesion and segregation

FIGURE 2

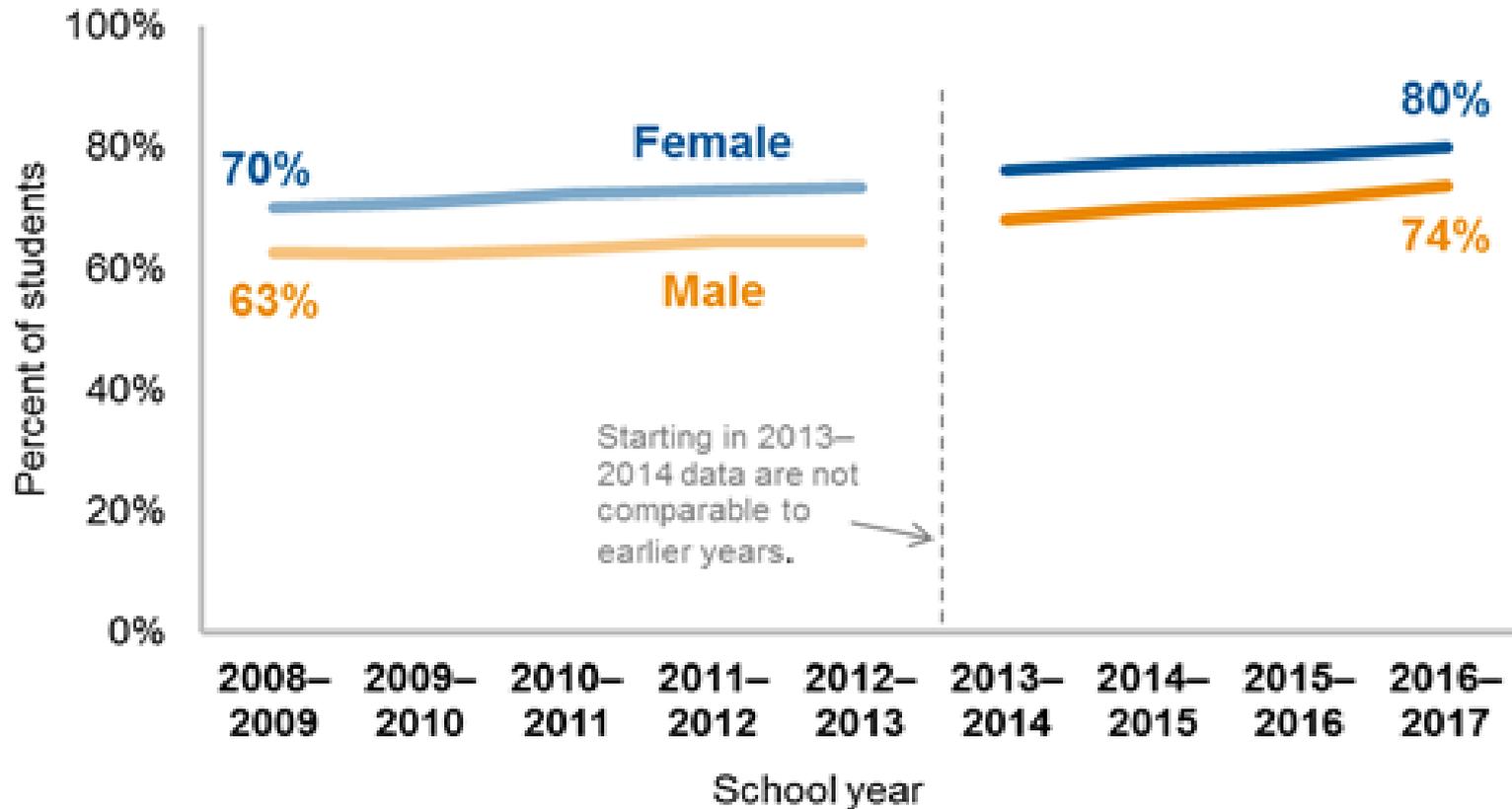
Adults and children <18 years living below federal poverty level by year, Oregon



Source: American Community Survey (ACS)

FIGURE 1

Four-year high school graduation rate by school year and sex, Oregon



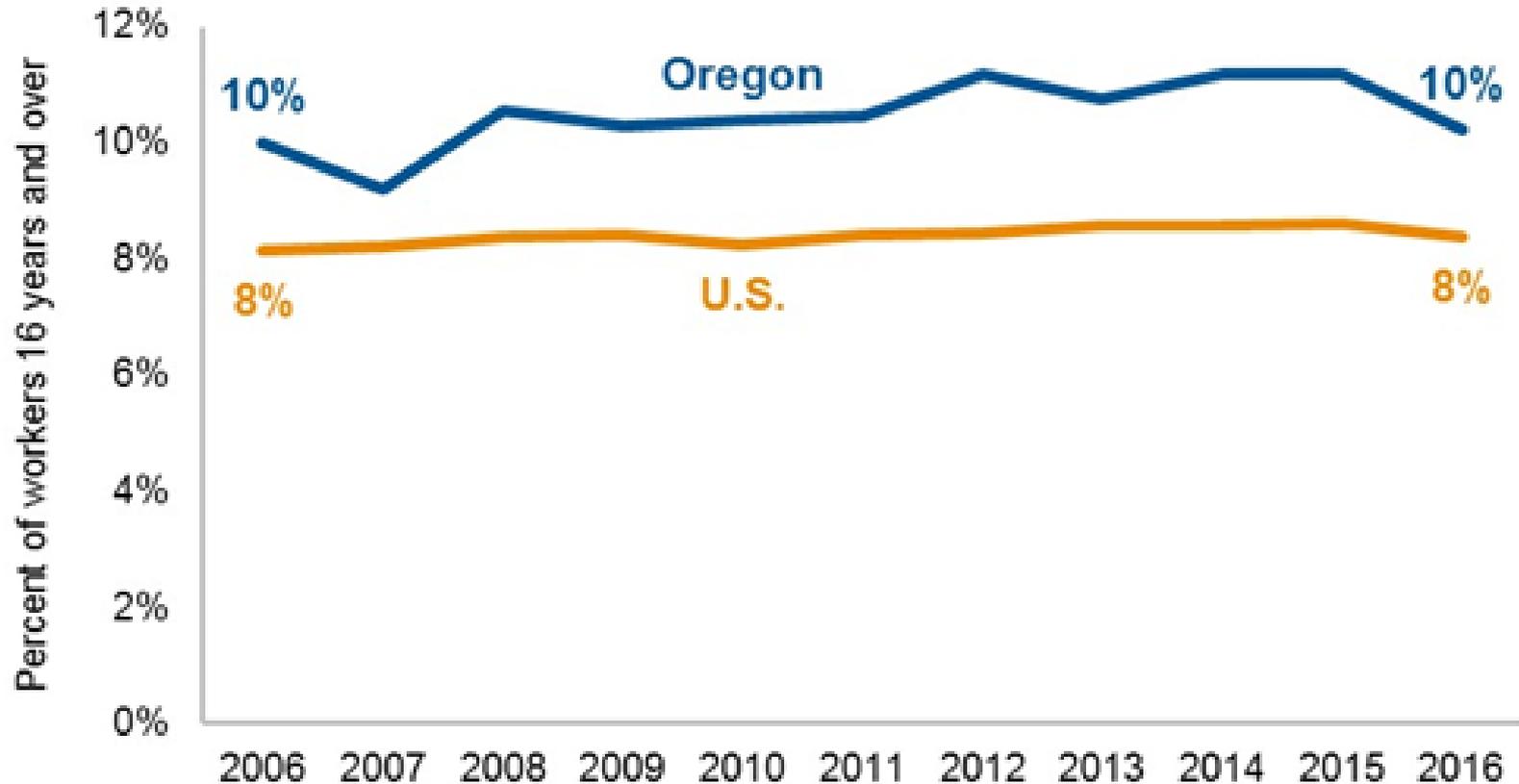
Source: Oregon Department of Education

Environmental Health

- Natural environment: air quality, climate change, natural and human-caused hazards
- Build environment: Drinking water, fluoridation, healthy foods, active transportation, safe housing, access to nature, land use planning
- Occupational environment: work-related illness/injuries (lead poisoning), work-related deaths

FIGURE 1

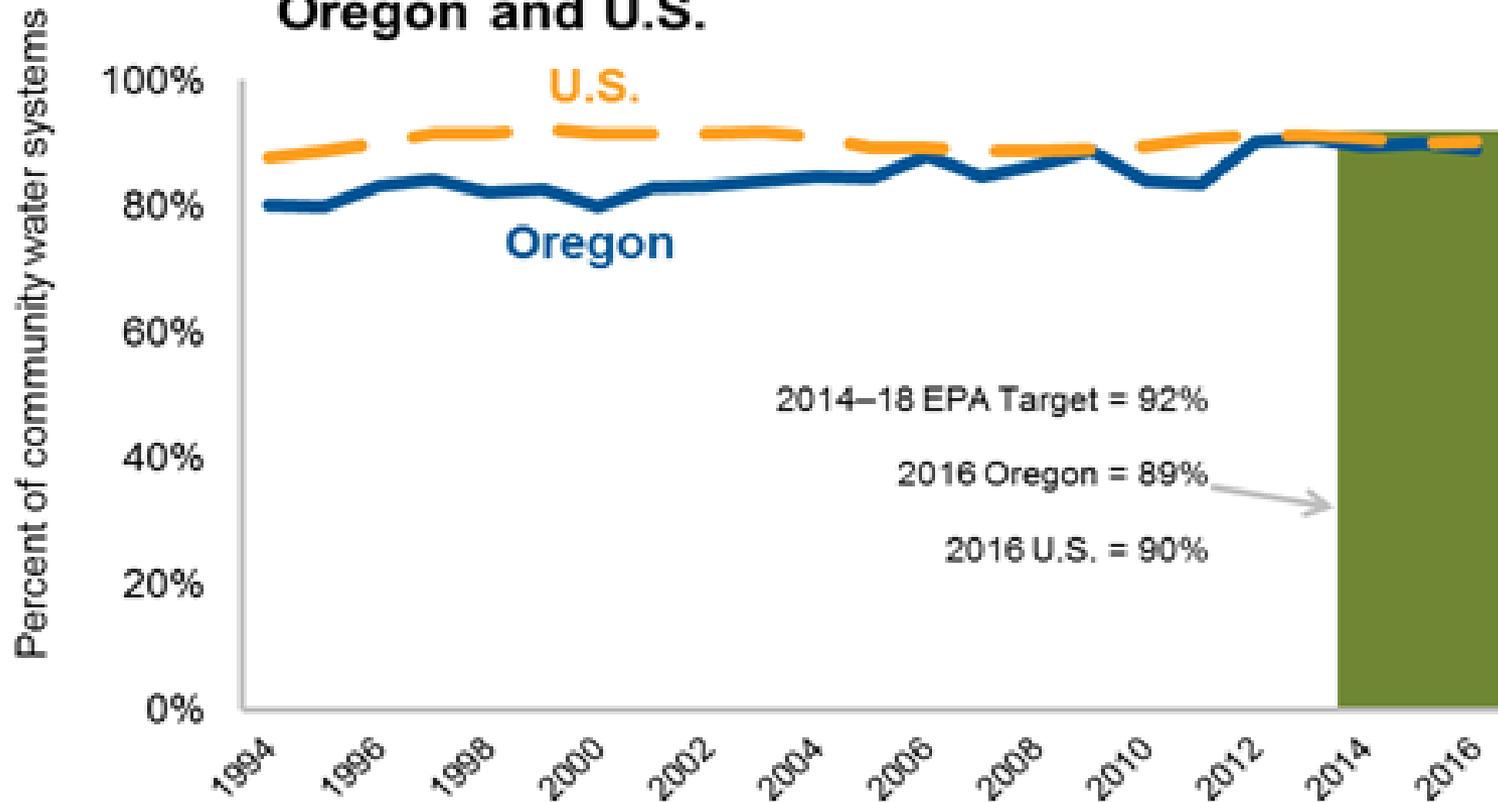
Workers who walk, bike or take public transit to work, Oregon & U.S.



Source: American Community Survey (ACS)

FIGURE 2

Community water systems meeting all health-based standards by year, Oregon and U.S.



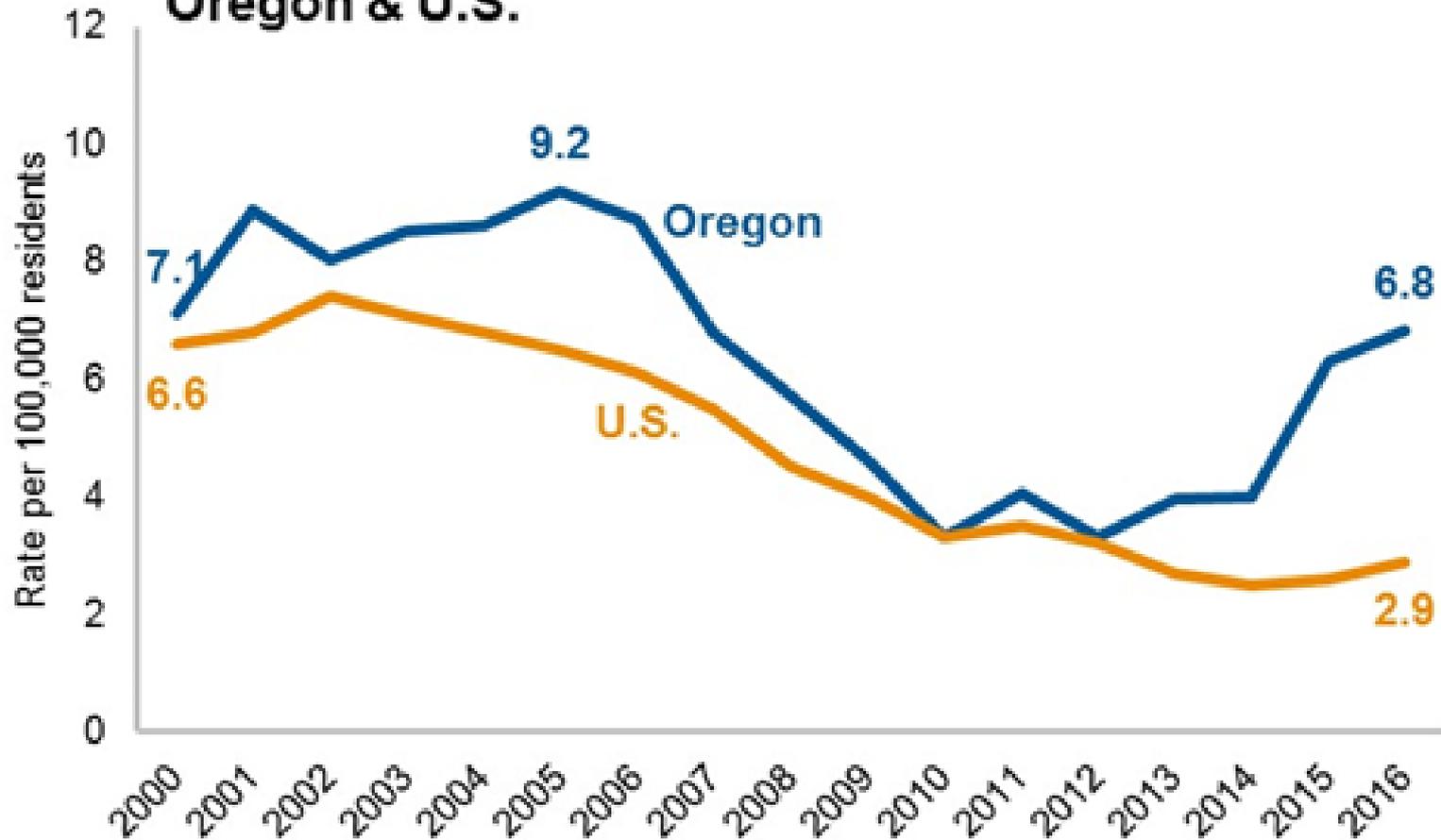
Source: Oregon State & Federal Safe Drinking Water Information Systems

Prevention & Health Promotion

- Overall health
- Leading causes of death
- Emotional health and suicide
- Injury deaths (motor vehicle crashes, firearms)
- Chronic diseases (lung cancer, diabetes, liver dis)
- Health risk behaviors (tobacco, diet/ physical activity, alcohol & substance use)
- Maternal, child and adolescent health
- Sexual health

FIGURE 1

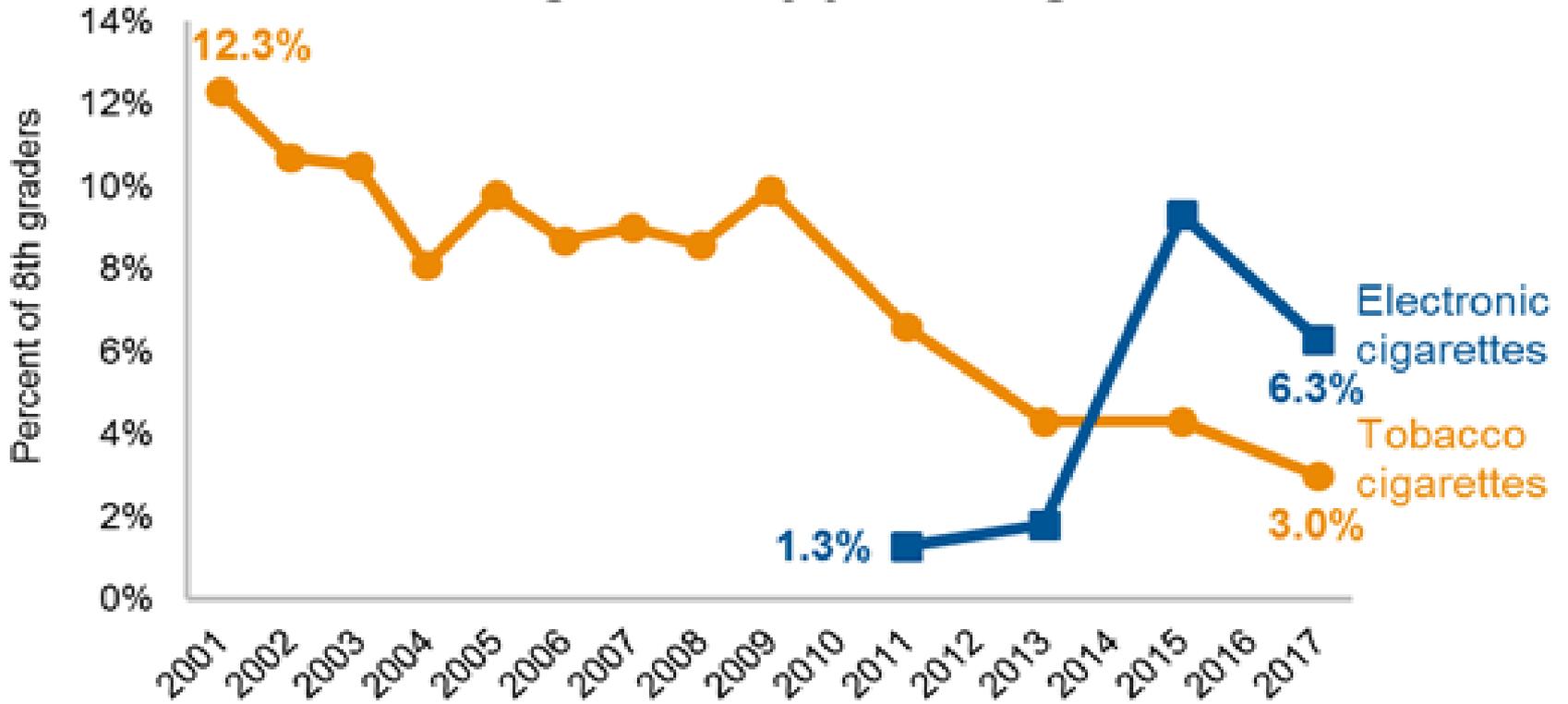
Motor vehicle occupant mortality rate by year, Oregon & U.S.



Source: Oregon Death Certificate Data

FIGURE 3

8th-graders who smoke tobacco cigarettes and electronic cigarettes by year, Oregon



Note: There was no survey in 2010, 2012, 2014 or 2016.

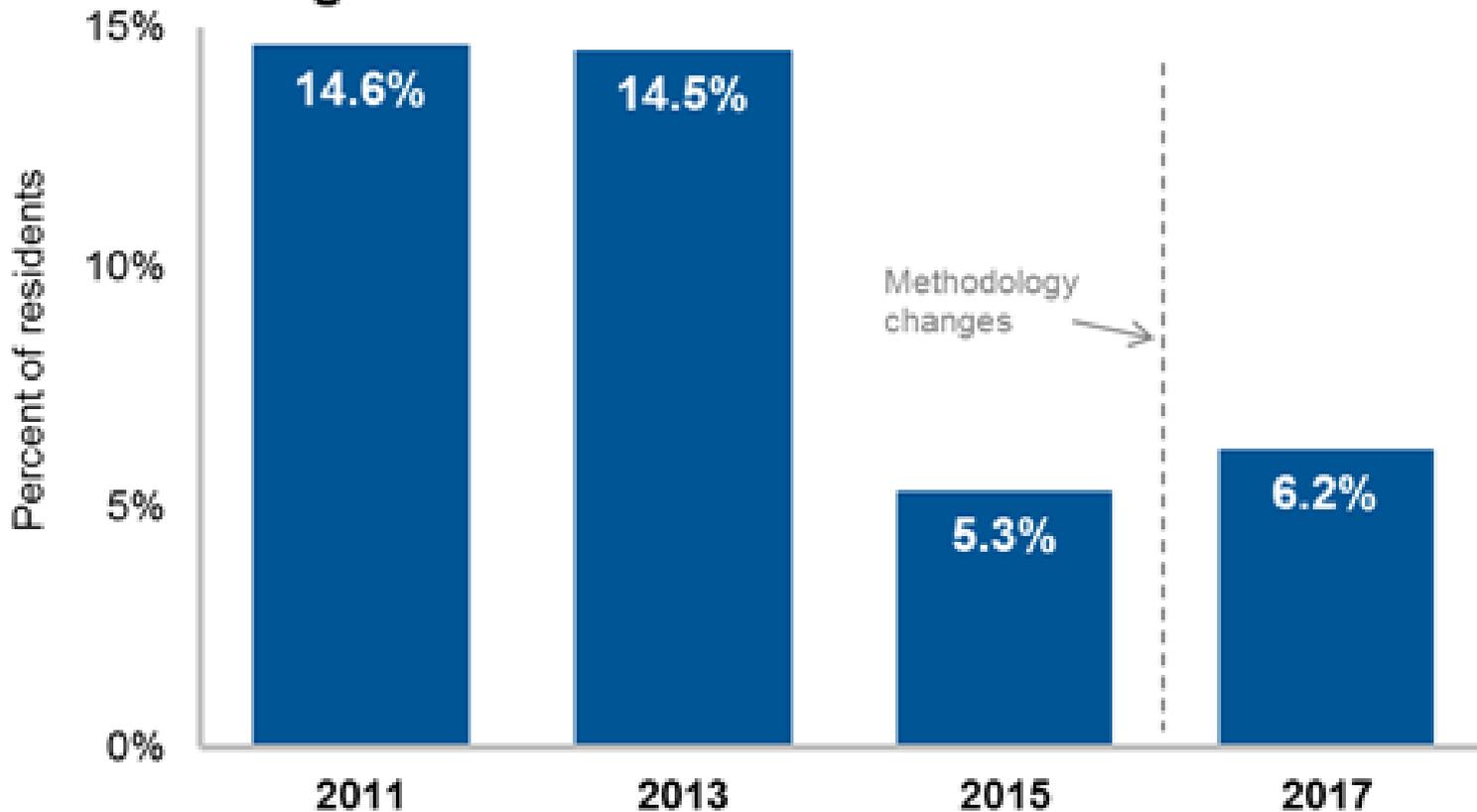
Source: Oregon Healthy Teens Survey

Access to Clinical Preventive Services

- Health insurance
- Health care providers: behavioral health, culturally responsive care
- Health literacy
- Preventive Services: well-woman care, reproductive health, child and adolescent health, immunizations, cancer screenings, oral health

FIGURE 1

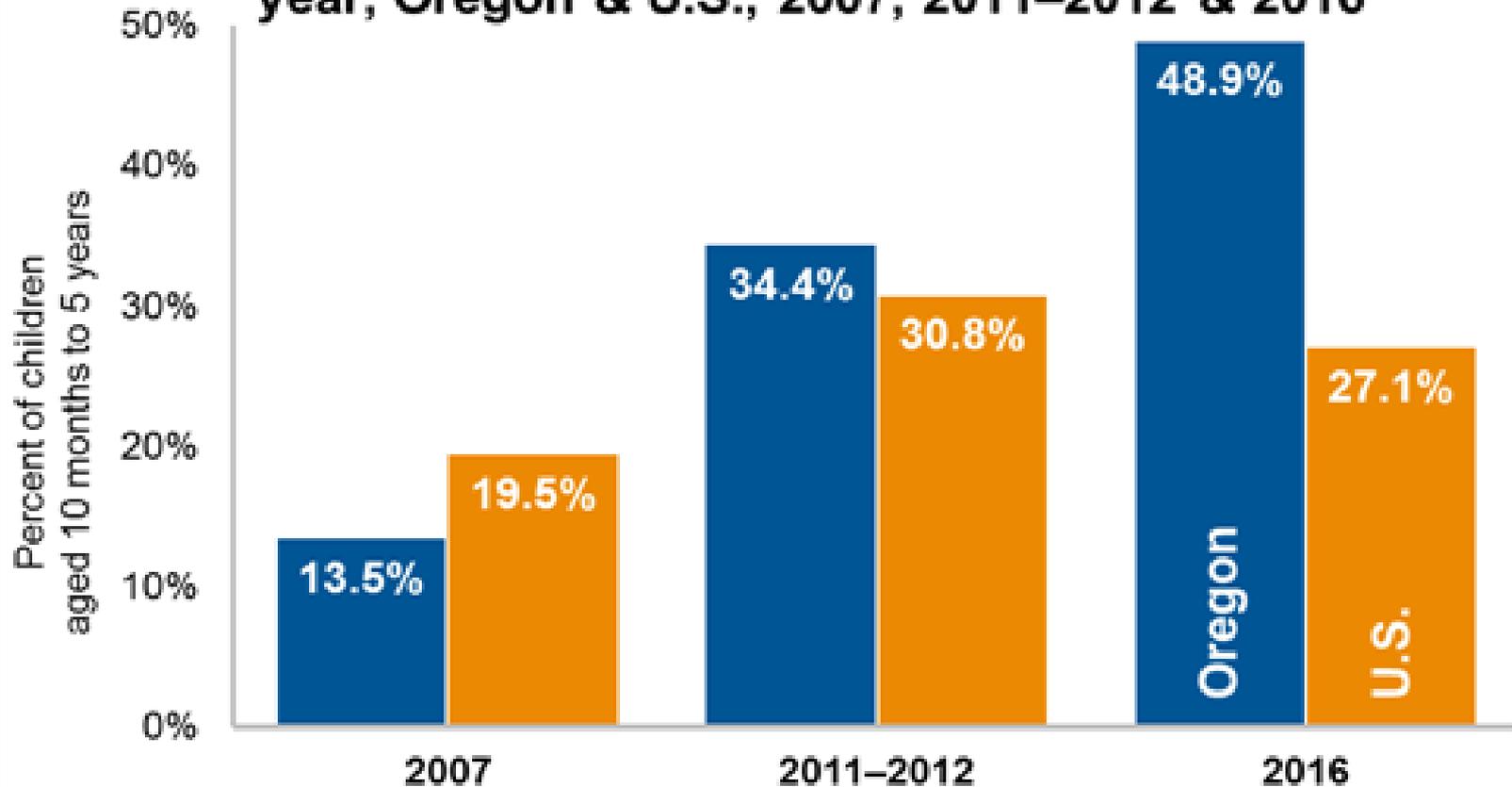
Population without health insurance by year, Oregon



Source: Oregon Health Insurance Survey, Office of Health Analytics

FIGURE 1

Completed developmental screening in the past year, Oregon & U.S., 2007, 2011–2012 & 2016



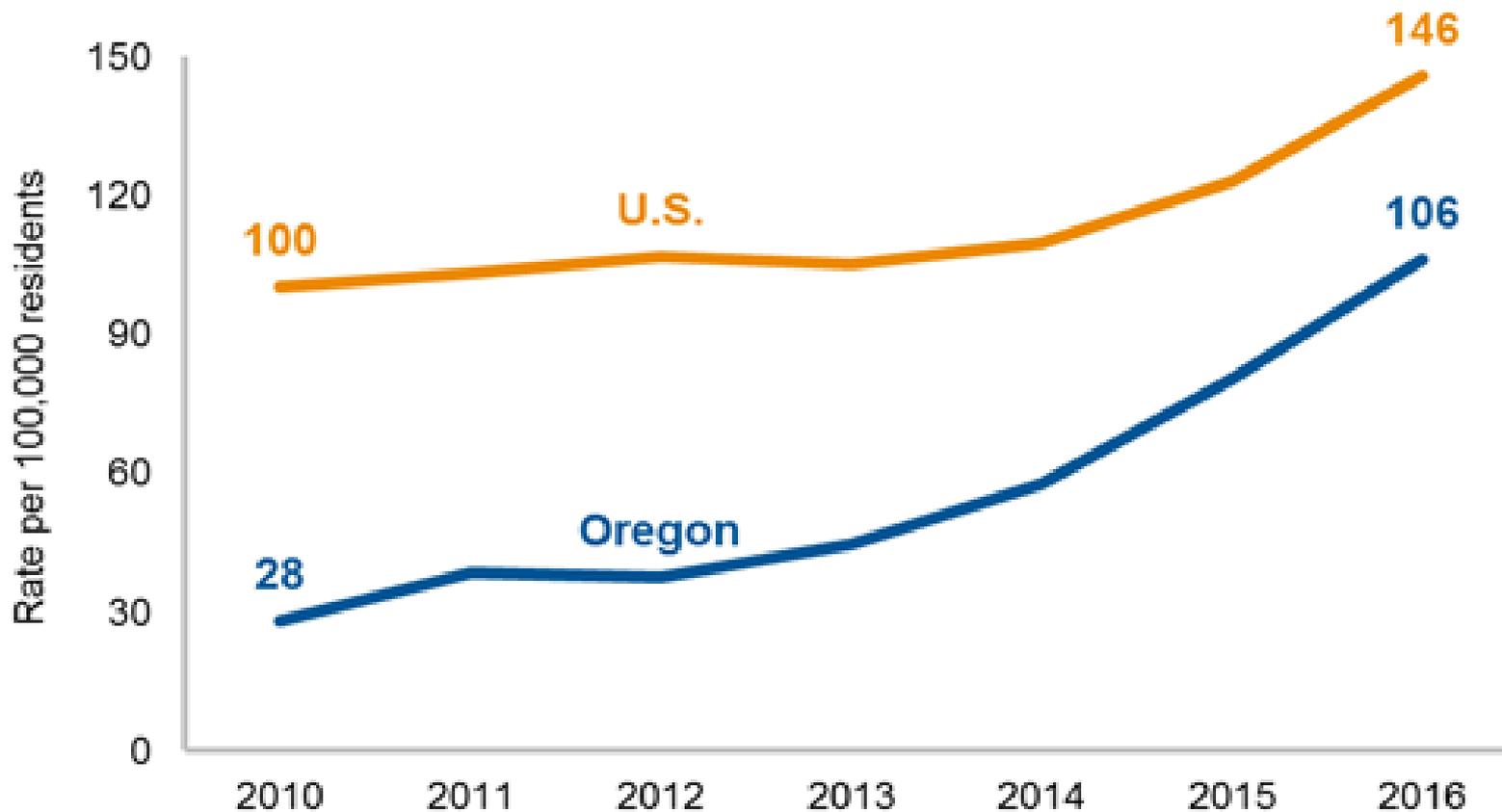
Source: National Survey of Children's Health

Communicable Disease

- Foodborne and waterborne infections: *E. coli* O157, norovirus
- Health care associated infections: *C. difficile*
- Hepatitis C
- Sexually-transmitted infections: Chlamydia, Gonorrhea, Syphilis
- Influenza
- Tuberculosis
- Vaccine-preventable: HPV, pertussis, meningococcal

FIGURE 1

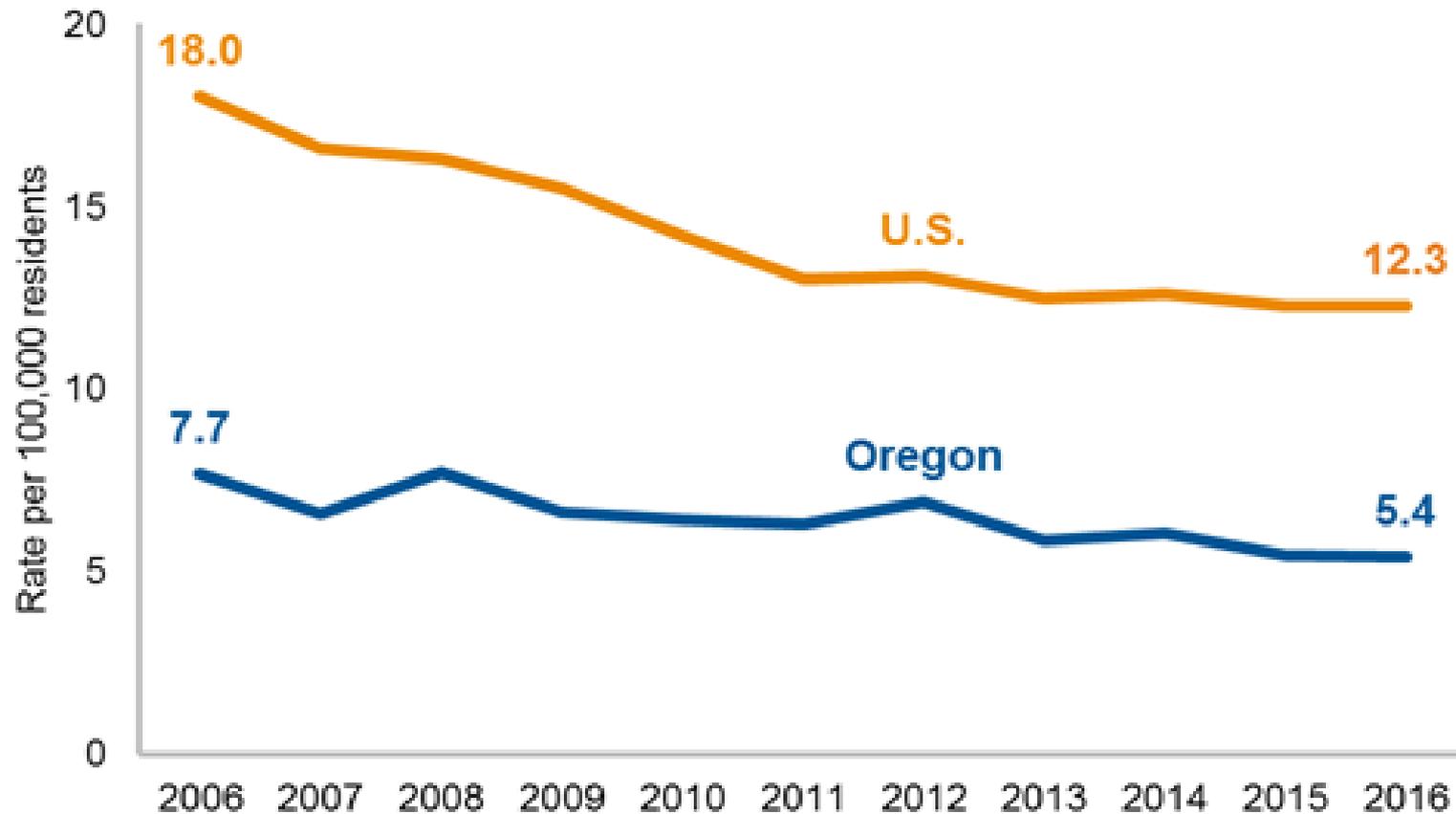
Gonorrhea infection by year, Oregon and U.S.



Source: Oregon Reportable Diseases Database and CDC (U.S. data)

FIGURE 1

HIV diagnoses by year, Oregon and U.S.



Source: Oregon Reportable Diseases Database and CDC (U.S. data)

Building the 2020-2024 SHIP

PUBLIC HEALTH DIVISION

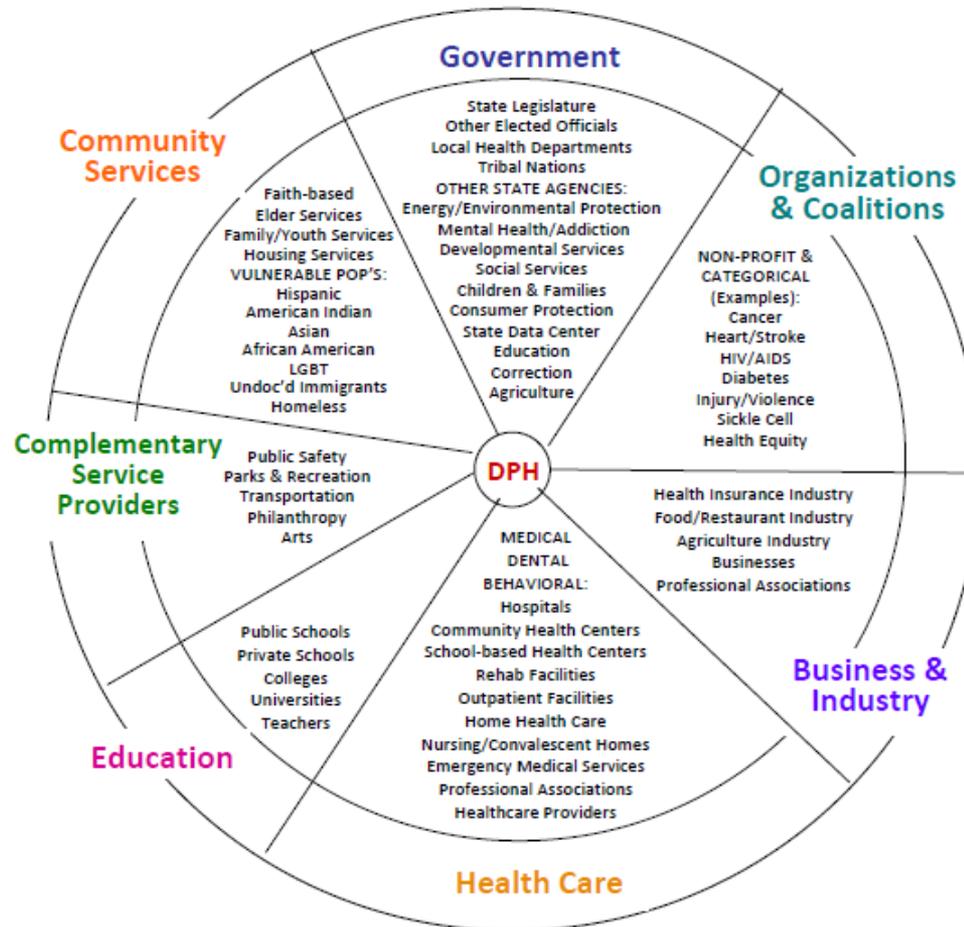
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Oregon
Health
Authority

Building the 2020 SHIP

- PHD Core Group
- PartnerSHIP
- Marginalized communities

Building the 2020 SHIP



PUBLIC HEALTH DIVISION

Office of the State Public Health Director

Timeline

September	PartnerSHIP Meeting #1 – Orientation
October	PartnerSHIP Meeting #2 – Identify strategic issue
November- January 2019	Community input process – Prioritize strategic issues
February	PartnerSHIP Meeting #3 – Identify priorities
March – August	Subcommittees develop strategies, measures and work plans
Fall, 2019	PartnerSHIP Meeting #4 – Approve SHIP
January, 2020	Implementation begins – Bon voyage!

Considerations for the PHAB

- What criteria should be used to identify strategic issues?
 - Magnitude
 - Seriousness
 - Trend moving in wrong direction
 - Winnable battles
 - Disparities
 - Alignment with CHIPs
 - Upstream determinants
 - National ranking
 - Alignment with current SHIP priorities

State Health Assessment and Indicators

healthoregon.org/sha

2020-2024 State Health Improvement Plan

healthoregon.org/2020ship

PUBLIC HEALTH DIVISION

Office of the State Public Health Director

The logo for the Oregon Health Authority. It features the word "Oregon" in a smaller, orange font above the word "Health" in a large, dark blue font. Below "Health" is the word "Authority" in a smaller, orange font. A thin orange horizontal line is positioned above the "Health" text.

State Health Improvement Plan

Suicide Prevention



OFFICE OF THE STATE PUBLIC HEALTH DIRECTOR
Public Health Division

Key Questions

- How can OHA leverage community and health systems responsibility for / investment in suicide prevention?
- What organization in Oregon could encourage and support a gun owners initiative to reduce access to lethal means of self destruction among youth?
- How can OHA promote culture as prevention among veterans, Native American populations, and LGBTQ+ populations?

Suicide

Priority Targets

Measure	Baseline	Current Data	2020 Target	Data Source
Rate of suicide	18.7 (2014)	17.8 (2016)	16.0 per 100,000	CDC WISQRS
Suicide attempts among 8 th graders	7.9% (2013)	8.7% (2017)	7%	Oregon Healthy Teens Survey
Emergency department visits for suicide attempts	14,423 (2015)	12,623 (2017)	16,000	ESSENCE

What is Different in Zero Suicide?

Shift in Perspective from:	To:
Accepting suicide as inevitable	Every suicide in a system is preventable
Assigning blame	Nuanced understanding: ambivalence, resilience, recovery
Risk assessment and containment	Collaborative safety, treatment, recovery
Stand alone training and tools	Overall systems and culture changes
Specialty referral to niche staff	Part of everyone's job
Individual clinician judgment & actions	Standardized screening, assessment, risk stratification, and interventions
Hospitalization during episodes of crisis	Productive interactions throughout ongoing continuity of care
"If we can save one life..."	"How many deaths are acceptable?"

PEOPLE WHO LOVE GUNS, LOVE YOU

With Help Comes Hope

GET HELP NOW, CALL 24/7
800-273-8255
OR TEXT '273TALK' TO 839863

Recognize Warning Signs | Take Action



We believe firearms are an American way of life—a constitutional right and a necessity in order to protect ourselves and our families.

And with this **RIGHT** to bear arms comes **RESPONSIBILITY**.

Everyone experiences tough times. During such times, some of us may not be in the right state of mind to be handling weapons.

Individuals who take their own lives do so in a number of ways, and firearms are the most common. Some individuals will harm themselves no matter what people do to help, but there is a group of people who, if they make it through the rough patch safely, will go on to live full and happy lives. Because of this, temporarily holding a gun for a loved one or friend can help that person get through stressful periods safely.



<http://oregonfirearmsafety.org/firearm-safety/>

Learnings from Tribal Summit & Coordinated SAMHSA Site Visit

- Culture is prevention
- Supporting recovery from individual, community and cultural trauma is of paramount importance
- Partnership development takes time and sustained investment
- We can and should learn from Tribes and urban Indian programs
 - Integrated behavioral / physical health systems
 - Integrated approach to suicide & opioid and other drug addiction
 - Whole person / whole community approach

Key Questions

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