

AGENDA

PUBLIC HEALTH ADVISORY BOARD

June 17, 2021, 2:00-4:00 pm

Join ZoomGov Meeting

<https://www.zoomgov.com/j/1609889971?pwd=Tk0vRmNoelBrZExDeIVwN3ZrZEJDdz09>

Meeting ID: 160 988 9971

Passcode: 134813

One tap mobile

+16692545252,,1609889971#

Meeting objectives:

- Welcome and introduce new board members
- Approve May meeting minutes
- Provide updates on Curry County public health services and legislative session
- Discuss Public Health Advisory Board subcommittees
- Discuss the 1115 Medicaid Waiver application

2:00-2:15 pm

Welcome, updates and agenda review

- Welcome new members
- **ACTION:** Approve May meeting minutes
- Update on Curry County public health services
- Legislative session updates

Veronica Irvin,
PHAB Chair

2:15-2:30 pm

Discuss PHAB subcommittees

- Provide update on subcommittee work ahead

TBD, PHAB
Accountability
Metrics
Subcommittee

		TBD, PHAB Strategic Data Plan Subcommittee
2:30-3:15 pm	1115 Medicaid Waiver application <ul style="list-style-type: none"> • Provide feedback on 1115 Medicaid Waiver concept papers 	Megan Auclair and Steph Jarem, Oregon Health Authority
3:15-3:30 pm	PHAB member discussion Discuss key issues that PHAB members should be aware of or should help problem solve on behalf of the public health system	Veronica Irvin, PHAB Chair
3:30-3:45 pm	Public comment	Veronica Irvin, PHAB Chair
4:00 pm	Next meeting agenda items and adjourn	Veronica Irvin, PHAB Chair



PUBLIC HEALTH ADVISORY BOARD (PHAB) MEETING MINUTES

May 20, 2021, 2:00-4:30 pm

Attendance

Board members present: Dr. Eli Schwarz, Kelle Little, Dr. Bob Dannenhoffer, Dr. Veronica Irvin, Muriel DeLaVergne-Brown, Dr. Jeanne Savage, Dr. David Bangsberg, Rebecca Tiel, Sarah Poe, Dr. Sarah Present, Rachael Banks

Board members absent: Dr. Dean Sidelinger, Carrie Brogoitti, Eva Rippeteau, Alejandro Queral

Oregon Health Authority (OHA) staff: Cara Biddlecom, Wendy Polulech, Lisa Rau, Margaret Braun, Kusuma Madamala, Margaret Braun

Presenters: Andres Lopez, Bridget Caniff, Alyshia Macaysa, Natlie Dutro

Members of the public: None

Meeting Objectives

- Approve April Meeting Minutes
- Discuss recording and posting PHAB meetings on the Web
- Discuss Public Health Advisory Board subcommittees
- Update on Curry County Public Health services
- Review American Rescue Plan Act investments in Public Health
- Review FY22 Preventive Health and Health Service Block Grant proposed activities
- Hold a public hearing on the Preventive Health and Health Services Block Grant
- Discuss Public Health Survey Modernization
- PHAB Member Discussion for Future Meeting Topics

Welcome and Agenda Review

Veronica Irvin, *PHAB Chair*

Dr. Irvin welcomed everyone to the meeting. She reminded the PHAB that due to scheduling needs, the agenda will run a little differently today with Public Comments and a Public Hearing on the Block Grant happening in the middle of the meeting instead of at the end.

Cara Biddlecom took role. A quorum was present.

Since PHAB meetings are now held remotely, the OHA staff would like permission to record and post the recording of meetings to the PHAB website for the public to see. Is that okay with members? The consensus was yes.

The April meeting minutes were presented and unanimously approved.

Additional updates

Cara Biddlecom, *OHA*

1. Cara mentioned that included in today's packet is an article entitled, "White Supremacy and the Core Functions of Public Health". This is important framing for all of our work, and in particular, our Survey Modernization agenda items today.
2. Cara provided a high-level overview of ARPA (American Rescue Plan Act) investments made to date from the CDC: COVID-19 immunizations, school reopening, laboratory capacity. 75% of funds used to support equity initiatives under the most recent COVID-19 vaccine funding. Forthcoming investments are coming for the public workforce.
3. Cara provided an update on the public health services transition in Curry County that have been occurring since April. The question was asked if a county can opt out of providing public health? If so, where do the funds come from to support this? Cara replied that if a county resolves or adopts an ordinance to transfer their local public health authority back to OHA, there is no financial obligation on the part of the county. However, if they were a situation where OHA needed to take immediate control of the local public health authority, then the county does have to contribute money. OHA uses funds that go out to all counties and takes that county's share to provide staffing and contracts to provide public health services.

Another member mentioned that this option is often discussed in rural counties as a viable option. As expectations from the state increase in counties, and with the COVID-19 pandemic, counties are short-staffed and unable to complete their obligations. She mentioned that this realistically may happen more often in the future. Other PHAB members agreed and commented that it is not only rural counties but large counties as well where this option is frequently discussed.

Cara replied that when this happens, OHA does most of the work from the Portland office. OHA does not set up shop in the county – there are no resources to directly

provide local services in the county outside of a couple of limited functions that must be provided onsite (e.g., WIC services).

The request was made to continue this topic later.

Discussion of PHAB Subcommittees

- Jeanne Savage provided an update on the PHAB Accountability Metrics subcommittee. She shared that much of the time was spent on creating a charter. The subcommittee discussed who our community stakeholders are, how they are defined, the process of creating a list, and making sure to circle back to the stakeholders with metrics. Also discussed Public Health Modernization and gaps in funding, as well as incentivizing metrics in the future.
- Veronica Irvin provided an update on the PHAB Strategic Data Plan subcommittee. The subcommittee continued to work on our charter, review stakeholders for the plan and discuss the direction or outcome of the committee. Reviewed the health equity review policy and procedure, what measures currently exist for measuring data, and how we involve community in collecting data.

PHAB Member discussion

Veronica Irvin, *PHAB Chair*

Veronica asked if there were any questions about the subcommittees, or if there were any other issues that PHAB members should be aware of or would like to problem-solve on behalf of the public health system. The discussion was continued about local public health authorities and OHA oversight. Veronica suggested this topic be moved to a future meeting to allow for a richer discussion.

Preventive Health and Health Services Block Grant

Wendy Polulech, *Oregon Health Authority*

Slideshow: Preventative Health and Health Service Block Grant: October 2021-September 2022 Work Plan Proposal

Wendy continued her presentation from last month about the block grant and discussed what the work plan is for this year, which she stated is basically an extension of last year's plan. More information and details are in the meeting packet. There were no questions from PHAB members.

BREAK – 5 MINUTES, returning at 2:50 p.m.

Public Comment Period

There were no public comments. This period was closed.

Preventive Health and Health Services Block Grant Public Hearing

Cara Biddlecom said that by the terms of the grant, the block grant proposal needs to have a public hearing. Since there were no comments, she closed this section.

Public Health Survey Modernization

Veronica Irvin, *PHAB Chair*

This part of the meeting was scheduled provide an update on community-specific research projects and findings as well as recommend next steps for the 2021-23 biennium and beyond. This is a follow-up presentation to one made in November 2020 about Public Health Modernization. Today PHAB will hear an update on survey modernization that will help to inform next steps and the work of our Board and subcommittees going forward.

1. Slideshow: *Engaging Communities in the Modernization of a Public Health Survey System (Latinx and Black/African American community)*

Andres Lopez, *Coalition of Communities of Color*
Kusuma Madamala, *Program Design and Evaluation Services*

The presentation began with a definition of the survey modernization project, and the challenges presented by BRFSS (Behavioral Risk Factor Surveillance System.) The presentation included early lessons learned in September 2020, reflections on the damage done to community using data/epidemiology training that is grounded in white dominant culture that must be addressed with community-determined data collection and data justice, what community-led data collection topics and methods were used, their findings, themes, and questions to be addressed for the Latinx and Black/African American survey modernization groups. Key discussion themes included: sample size; survey translation and health literacy; lack of meaningful context; questions need to be actionable; integration of other data sources; and intersectionality. Presentation included project team recommendations. More details are available in the slideshow.

2. Slideshow: *Oregon Survey Modernization AI/AN (American Indian/Alaskan Native community) Project Team Update*

Bridget Caniff, *Northwest Portland Area Indian Health Board*

Bridget began by explaining her job involves work with the 43 federally recognized Tribes in Oregon, Washington, and Idaho, and the 9 tribes in Oregon. Bridget explained the purpose of the NWTEC (Northwest Tribal Epidemiology Center). As sovereign nations, Tribes are the owners of data for their citizens and have primary control and

voice in the use, interpretation, and disposition of data related to their citizens. She continued listing the project team's topics of interest, key findings, actionable data, and next steps. More details information can be found in the slideshow.

3. Slideshow: Pacific Islander Data Modernization

Margaret Braun, *Program Design and Evaluation Services*

Alyshia Macaysa, *Macaysa Consulting*

Natie Dutro, *Hawaii Civic Club of Oregon and SW Washington*

Margaret Braun began by introducing Alyshia and Natlie and explained that they are part of the PIDM (Pacific Islander Data Modernization) team. The aim is to utilize Pacific Islander leadership to study "community determinants of health" for Oregon's Pacific Islander communities. The goal is to collect relevant data through a community-based and action-oriented approach to tell the story of what it means to be a Pacific Islander in Oregon. The top three priorities they found needed to be addressed were: healthcare, housing, and education. The team also shared many lessons learned, including that the BRFSS is not effective, and gave recommendations for the future.

Discussion

The presenters were thanked for comprehensive, transformative and informative presentations. A request was made to submit questions in writing about the three presentations and have them answered by the next meeting, as there was limited time left in this meeting to provide comprehensive answers. Kusuma stated that questions could be sent to her and she would funnel them to the proper person. Ideally, the committee would like to continue the discussion with community partners. Kusuma also mentioned that today's guests could attend future PHAB meetings to follow up, depending on their individual schedules.

Rachael Banks closed the meeting by expressing her thanks and appreciation for all the presenters and their presentations today.

Next Meeting Agenda Items and Adjourn

Veronica Irvin, *PHAB Chair*

Topics for discussion next month:

- Continue the discussion on OHA and LPHA authority

Before the meeting was adjourned, Veronica announced the retirement of board member Muriel DeLaVergne-Brown. Muriel thanked everyone and stated that she has been on the PHAB since the beginning, and it has been a great journey.

The meeting was adjourned at 4:35 p.m.

The next meeting will be held on Thursday, June 17, from 2-4 p.m.

1115 Medicaid Waiver Update

June 17, 2021

Public Health Advisory Board

Megan Auclair, 1115 Waiver Project Lead, OHA

Steph Jarem, Office of Health Policy Director, OHA



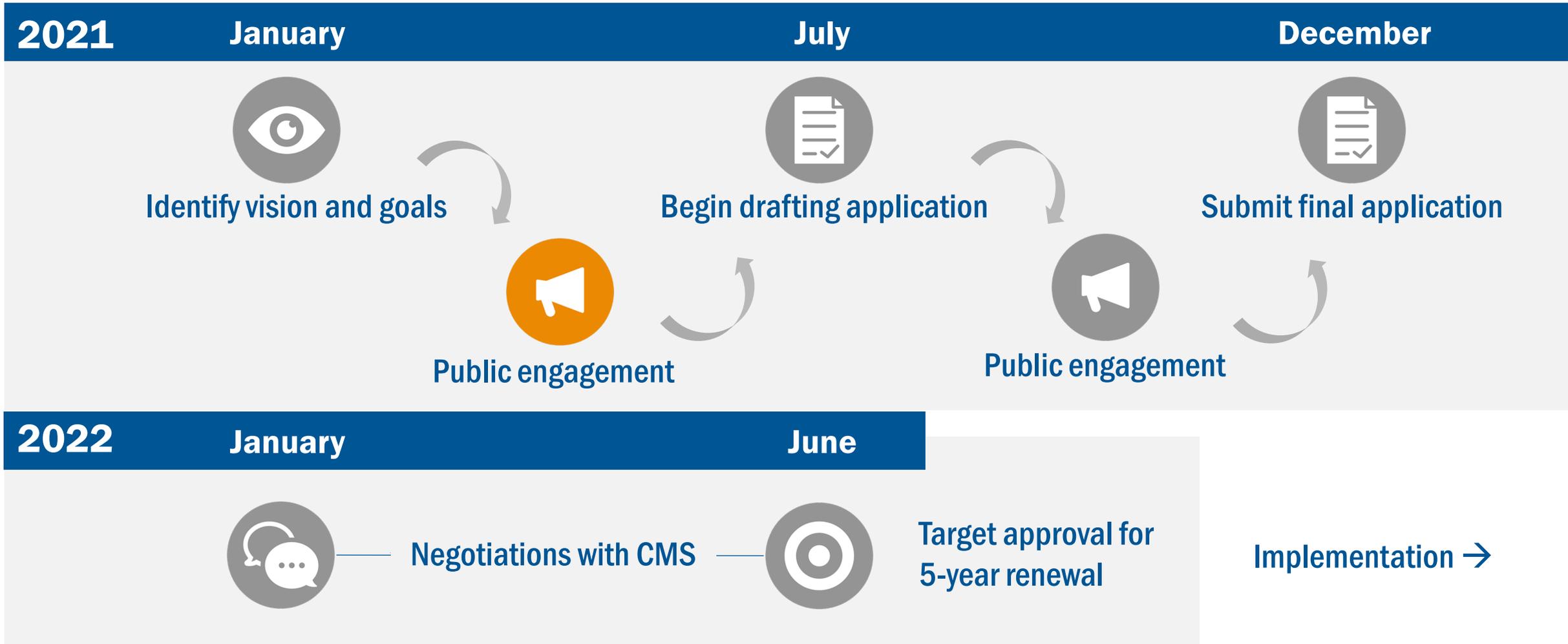
Today's Waiver Update

- Waiver overview
- Waiver Framework
 - Draft policy concept paper outlines and strategies
- Next steps

Waiver renewal: A recurring process



Timeline



Waiver Framework

Our waiver will advance health equity by:

Ensuring access to coverage for all people in Oregon



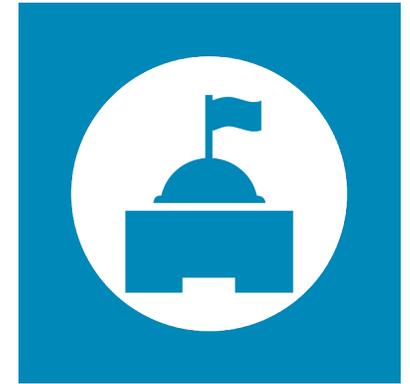
Creating an *equity-centered* system of health



Encouraging smart, flexible spending



Reinvesting savings in communities



Ensuring access to coverage for all people in Oregon

Vision: Oregon has a low uninsured rate with no racial or ethnic inequities in coverage.

Goals

- Stabilized coverage for those at risk of becoming uninsured
- Flexible, streamlined eligibility processes that preserve coverage across markets
- Eligible people get enrolled and stay enrolled



Pathway – How do we achieve these goals?



1. Ensure people who are newly enrolled in OHP due to the COVID-19 pandemic stay in the appropriate coverage (OHP or Marketplace) without interruption.
2. Ensure that people who are eligible for OHP get and stay enrolled.
3. Adjust eligibility to preserve continuity of coverage.





Some of the proposed strategies

- ✓ Provide 5-year continuous eligibility for kids
- ✓ Allow applicants to self-attest income
- ✓ Adopt policies that keep families covered together as income changes
- ✓ Expand coverage for low-income Oregonians currently not eligible
- ✓ Seek more flexibility to leverage federal Affordable Care Act funding to enroll eligible people.

Creating an *equity-centered* system of health

Vision: Oregon establishes an equity-centered system of health that ensures people have access to the services and supports they need (health care or otherwise) to achieve optimal health and well-being, especially through times of transition.

Goals

- Enhance care coordination and non-clinical supports for members transitioning across systems to improve outcomes, including flexibility around eligibility and coverage.
- Remove barriers to accessing critical, culturally, and linguistically appropriate health services for OHP members.
- Prioritize groups of people who are currently experiencing inequities so that Oregon's Medicaid program achieves equity in its system of health.



Pathway – How do we achieve these goals?



1. **Identify the destabilizing transitions** that could be most improved by temporary, enhanced care coordination and case management.
2. Define **the Coordinated Transition Support package** of services and supports for each of the identified transitions.
3. **Improve the behavioral health system** to better support members, especially at times of transition.
4. Ensure that providers and partners in non-clinical settings have the infrastructure, training and support **necessary to participate as a care partner** for members .
5. **Improve the screening processes** to ensure that people who are engaged with multiple systems are identified for these enhanced coordination supports and get the care they need.

Some of the proposed strategies



- ✓ Waive traditional requirements for the use of clinical-based criteria for some services and payments for the purposes of Coordinated Transition Supports
- ✓ Maintain and initiate early Medicaid enrollment for incarcerated individuals, as well as those in other institutional settings
- ✓ Extend OHP Eligibility to every child at the point of diagnosis of behavioral health needs and for those children, extend OHP eligibility from birth to 26 years of age to support the behavioral health continuum of care for children
- ✓ Use of Peer-based services and Community Health Workers
- ✓ Tribal-specific strategies

Encouraging smart, flexible spending

Vision: Oregon's global budgets have the **flexibility, incentives, and accountability to community** that is necessary to address medical and social needs of members, invest in community health and well-being, and eliminate health inequities in Oregon.

Goals

- Oregon creates savings that can address health inequities in the state, by maintaining a sustainable rate of growth in the CCO program
- CCOs focus spending on health equity, prevention, care coordination, and quality – because these are smart investments that will help them maintain sustainable cost growth
- Communities have significantly more say in the spending decisions that impact them, especially when it comes to health inequities
- People, especially those experiencing health inequities, get the care and supports they need to stay healthy, including services to address health-related social needs



Pathway – How do we achieve these goals?



1. Hold the CCO program to a **sustainable cost growth target**, in line with statewide efforts to contain health care costs.
2. **Use innovative rate methods** to set global budgets that encourage efficiency and upstream investment and **increase CCO accountability** to delivering care and supports members need
3. Enhance community voice in the CCO model to ensure **community priorities and needs are driving spending decisions**, and that community partners are participating in or leading decision-making around spending
4. **Revamp Oregon's metrics program** so that equity is the primary organizing principle.

Some of the proposed strategies



- ✓ Establish flexible, sustainable global budgets that protect member access and target health inequities.
- ✓ Shift power to community to direct community investments



Reinvesting savings in communities

Vision: Reinvest Oregon-generated federal savings into communities to reduce health inequities.

Goals

- Reinvest savings generated through health reform toward communities to improve the social, economic and physical environment.
- Focus on large-scale investments that are targeted towards eliminating health inequities.
- Partner with community leaders to identify and operationalize strategies to eliminate health inequities





Pathway – How do we achieve these goals?

[Step 0] Implement the Sustainable Health Care Cost Growth Target Program

1. **Retain the savings** achieved through slowing the rate of health care cost growth for Medicaid and Medicare Advantage
2. **Invest those dollars in innovative models** that extend across populations experiencing inequities



Questions?



Next Steps

Q: What are concept papers? What purpose do they serve?

A: Discussion *draft* papers laying out the vision, goals, steps and possible policy strategies to share with:

- ✓ Stakeholders
- ✓ Community Partners
- ✓ OHP Members
- ✓ **CMS**



What type of feedback are we seeking at this stage?

- Are we on the right track?
- Are there major gaps that must be addressed before CMS sees these?
- Are there barriers to equitable health that are not addressed?



Timeline for June/July

Date	Activity
June 1 st	<ul style="list-style-type: none">• Release Concept Papers to public for comment• OHPB meeting to discuss
June/Early July	<ul style="list-style-type: none">• Gather input and feedback• Revise papers based on input
July 6 th	<ul style="list-style-type: none">• OHPB meeting – summarize public feedback to date and subsequent changes to concepts
Mid-July	<ul style="list-style-type: none">• First conversation with CMS
Late July	<ul style="list-style-type: none">• Submit final drafts and post publicly in all languages

How to stay involved (public)

- Stay informed about progress and review concept paper drafts on June 1st at our website:

oregon.gov/1115waiverrenewal

- Submit comments and questions related to the waiver

1115Waiver.Renewal@dhsoha.state.or.us

- Next waiver workshop session:

June 22nd, 5:30-7:30 p.m.

Thank you!

You can email your input at any time to
1115Waiver.Renewal@dhsoha.state.or.us.

The logo for the Oregon Health Authority. The word "Oregon" is in a smaller, orange, serif font. The word "Health" is in a large, blue, serif font. The word "Authority" is in a smaller, orange, serif font, positioned below "Health".

Oregon
Health
Authority