

AGENDA

PUBLIC HEALTH ADVISORY BOARD

January 19, 2017

2:30-5:30 pm

Portland State Office Building, 800 NE Oregon St., Room 1A, Portland, OR 97232

Join by webinar: <https://attendee.gotowebinar.com/register/2596703797104338179>

Conference line: (877) 873-8017

Access code: 767068

Meeting objectives

- *Share information about the Healthy Places Initiative*
- *Discuss Oregon Health Authority's agenda for the 2017 legislative session*
- *Discuss state health improvement plan priorities for obesity and substance use*
- *Review 2017 work plan and discuss potential changes to meeting structure*

2:30-2:40 pm	Welcome and updates <ul style="list-style-type: none">• Approve December 15, 2016 minutes	Jeff Luck, PHAB Chair
2:40-3:00 pm	Public health modernization updates <ul style="list-style-type: none">• CLHO AIMHI meetings• PHAB scope of duties• Other	Jeff Luck, PHAB Chair
3:00-3:25 pm	Healthy Places Initiative <ul style="list-style-type: none">• Describe how the modernization model is being applied through the Healthy Places Initiative• Request feedback from PHAB	Holly Heiberg and Gabriela Goldfarb, Oregon Health Authority
3:25-3:35 pm	OHA legislative agenda <ul style="list-style-type: none">• Provide overview of Oregon Health Authority 2017 legislative agenda	Jeston Black, Oregon Health Authority
3:35-3:50 pm	Break	
3:50-4:50 pm	State Health Improvement Plan <ul style="list-style-type: none">• Discuss obesity and substance use priority areas• Highlight progress, achievements and barriers	Karen Girard, Oregon Health Authority Lisa Millet, Oregon Health Authority

4:50-5:20 pm

Prepare for 2017

- Discuss draft work plan
- Discuss changes to meeting structure

Jeff Luck,
PHAB Chair

5:20-5:30 pm

Public comment

5:30 pm

Adjourn

Jeff Luck,
PHAB chair

Public Health Advisory Board (PHAB)

December 15, 2016

By webinar

Draft Meeting Minutes

Attendance:

Board members present: Carrie Brogoitti, Muriel DeLaVergne-Brown, Silas Halloran-Steiner, Katrina Hedberg, Jeff Luck, Eva Rippeteau, Akiko Saito, Eli Schwarz, Lillian Shirley, Teri Thalhofer, Tricia Tillman, Safina Koreishi and Jennifer Vines

Oregon Health Authority (OHA) Public Health Division (PHD) staff: Sara Beaudrault, Jeston Black, Christy Hudson, Angela Rowland

Members of the public: Morgan Cowling, Coalition of Local Health Officials; Jan Johnson, The Lund Report, Kelly McDonald, CLHO contractor

Approval of Minutes

A quorum was present. There were a few word edits. The Board unanimously voted to approve the edited November 17, 2016 minutes.

Changes to the Agenda & Announcements

The meeting was held via webinar since the Portland State Office Building was closed due to inclement weather.

The OHA Legislative agenda update was tabled for a future meeting.

Announcements and Updates

Jeff announced that Teri, Jennifer and Akiko applied for re-appointment. An Oregon Health Policy Board (OHPB) liaison will also be appointed. Prashanthi Kaveti will not be pursuing re-appointment for the Board.

Sara announced the communication support through the Robert Wood Johnson Foundation (RWJF) grant. McCabe Message Partners is working with all three states that received RWJF funding to offer expertise and technical assistance. In early 2017 McCabe Message Partners will convene a small group to develop a communication strategy for public health modernization. There is an opportunity for 1 -2 PHAB members to be involved in developing this strategy. Jennifer Vines

expressed interest in participating. Other members who are interested can get in touch with Sara.

Morgan provided an update on the Aligning Innovative Models for Health Improvements in Oregon (AIMHI) meetings that the Coalition of Local Health Officials (CLHO) is holding across the state. Three meetings have been held so far. The Portland meeting was canceled for Wednesday December 14th and the Albany meeting is canceled tomorrow December 16th due to inclement weather. Please visit: <http://oregonclho.org/public-health-issues/aimhi-meetings/> for more information and to register. Following these meetings, CLHO will work with its contractor to develop tools and templates for local public health authorities to use to develop and implement local modernization plans.

Governor's recommended budget

The Governor's recommended budget was released on December 1st. This budget must close a large fiscal gap. It does not include funding for Oregon Health Authority's (OHA) public health modernization policy option package (POP) for \$30M.

Eli questioned whether existing funding can be shifted to support modernization priorities or whether any additional grant opportunities may be available. Tricia stated the governor's recommended budget includes a tobacco and alcohol tax, and this may present an opportunity to reinvest in public health. Katrina provided an overview of the budget and legislative process. The governor's recommended budget is a first step, and the legislature may make other decisions throughout session. Final funding decisions from the legislature probably won't be determined until May 2017. Tricia questioned if PHAB is considered external to OHA. Board members recommended making a statement or recommendation to the Oregon Health Policy Board (OHPB).

Jeff shared a draft statement he wrote that PHAB could submit to OHPB. PHAB members reviewed and provided suggestions for this statement. PHAB members then reviewed a revised version of the statement and voted to submit the statement to OHPB and the legislature. OHA employees abstained from this vote. Motion passed with all in favor, other than abstentions.

Lillian discussed a framework for how modernization work can continue despite the discontinuation of the \$30M POP. The public health system can expand the use of the modernized model by applying foundational capabilities to health

priorities, building cross sector collaborations and ensuring accountability for improved health outcomes. Lillian described how this framework can be used with tobacco prevention, which remains the most effective way to bring down morbidity. PHD will support tobacco tax increase discussions in the legislature. PHD can also provide technical assistance with CCO tobacco cessation work. PHD will also focus on alcohol and substance use reduction and will support the alcohol tax proposed in the governor's recommended budget. PHD recently released the End HIV Oregon plan which will end all new HIV transmission in Oregon. Finally, the new Healthy Places Initiative will take a comprehensive approach to addressing unmet environmental health risks. The Healthy Places Initiative will be presented at the January PHAB meeting.

PHAB members asked what the projected revenue for the tax increases in the governor's recommended budget is:

Projected revenue

- Cigarette Tax \$21.5M
- Cigar and snuff tax \$13.7M
- Hard spirits tax \$33.8M

PHAB members expressed concern that demonstrating what the public health system can do without funding could have a negative impact. We could continue to lose ground with an unfunded system. How this is messaged needs to be carefully considered.

Eli asked how public health can build collaborations with CCOs, stating that CCOs are looking for more collaboration. All the health and metrics committees should be better connected.

Subcommittee reports

-Akiko Saito, Incentives and Funding subcommittee member

At the December meeting, subcommittee members continued their discussion about poverty indicators. The group recommends using two indicators: percent of population below the federal poverty level and high school education. The subcommittee also made an adjustment to how per capita averages for the five county size bands are calculated.

Akiko proposed to subcommittee members that the modernization funding formula be shared with the CLHO Public Health Emergency Preparedness (PHEP) committee to use as one option for distributing PHEP funds to local public health authorities. The subcommittee did not come to consensus around this proposal.

Subcommittee members continue to request a joint meeting with the Accountability Metrics subcommittee.

-Eva Rippeteau, Accountability Metrics subcommittee member

Eva thanked CLHO for their input by serving as subject matter experts in the priorities. At the December meeting the subcommittee developed measurement areas for communicable disease control, environmental health, and emergency preparedness measures.

Board members questioned how health equity is being incorporated into all areas. The current thinking is that a set of health equity measures will stand on their own, and equity will also be woven into all other areas. This concept will be developed in 2017. Eva offered to collect feedback from Board members on the health equity measures and on how to incorporate health equity into all measurement areas.

Subcommittee members requested that the statewide modernization plan clearly state that accountability metrics are in development.

Eli recommended sharing information back with the CLHO committees that presented recommendations to the subcommittee.

Jen has other measure edits or proposals including an STI measure that tracks at least one partner treated. This is a health system measure. She suggested another measure around HIV diagnosing.

Review draft modernization plan

In accordance to HB 3100, OHA will submit the statewide modernization plan by the end of 2016. Board members provided feedback. The executive summary should reference the full cost of a modern public health system. The plan should reference the State Health Improvement Plan. The statewide modernization plan will go through the OHA review process in late December and early January and

may contain more changes after this review. It was suggested to send a draft to the OHPB as soon as possible for their funding discussion.

Prepare for 2017

The 2017 work plan will be discussed at the January meeting. Jeff also suggests discussing meeting frequency at the January meeting.

Public Comment Period

No public comments were made in person or on the phone.

Closing

The meeting was adjourned.

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

**January 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. For more information and meeting recordings please visit the website: healthoregon.gov/phab

PUBLIC HEALTH ADVISORY BOARD

DRAFT Accountability Metrics Subcommittee Meeting Minutes

December 6, 2016

1:00 – 3:00pm

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

PHAB Subcommittee members absent: none

OHA staff: Sara Beaudrault, Myde Boles, Angela Rowland

Members of the public: Kelly McDonald, Kathleen Johnson

Welcome and introductions

The November 8th draft meeting minutes were unanimously approved by the subcommittee.

Debrief PHAB discussion

Subcommittee members discussed the feedback they received at the November PHAB meeting and whether any changes to the current approach are needed based on the feedback:

- Teri noted that at the November PHAB meeting and in other discussions, she is hearing that the metrics should be tied to the deliverables in the *Public Health Modernization Manual*. This group can work backward from deliverables to identify the corresponding measures.
- PHAB was supportive of 2-3 metrics for each foundational capability and program
- PHAB discussed the approach for health equity measures. This subcommittee's current recommendation is to have a set of stand-alone health equity measures while also ensuring that health equity is woven into all other measurement areas. Eva offered to collect suggestions or resources from PHAB members on the development of health equity measures but did not receive anything.
- Eli recommended inviting someone from the OHA Metrics and Scoring Technical Advisory Group (TAG) committee to attend an Accountability Metrics subcommittee meeting. Metrics and Scoring has a robust process for identifying and developing metrics. Eli also recommended that this group continue to seek

out relevant national data sets or outside expertise to inform this subcommittee's work.

Subcommittee members clarified that what goes forward in the statewide modernization plan does not need to be final or complete. Work to date will be included, with a statement that work will continue to develop and finalize accountability measures in 2017.

Measure selection for communicable disease, environmental health and emergency preparedness

Subcommittee members discussed CLHO measure recommendations. Eli requested a merged and consolidated spreadsheet of measures to work from.

Subcommittee members discussed how to work backward from deliverables to measures. Muriel stated the group could take the deliverables of a modern public health system and then identify the outcome of fulfilling that deliverable.

Emergency Preparedness

- Public health's work is to plan, prepare and engage. It may not seem transformative, but it is core to emergency preparedness.
- Subcommittee members identified these as potential areas to focus: staff training and community engagement

Environmental health

Subcommittee members discussed a measure proposed by the CLHO healthy communities committee: the LHD's ability to provide timely, accurate and culturally appropriate technical assistance to partners and the community on environmental health hazards. This measurement concept focuses on the need for public health to be able to respond to any emerging environmental health need. This puts public health in the position to be proactive rather than reactive. Subcommittee members agreed this measure should be included.

Subcommittee members discussed whether to include a measure to assess whether community health improvement plans include environmental health priorities. CHIPs tend to be medically-focused. Subcommittee members discussed opportunities for incorporating environmental health priorities locally and were supportive of using this as an accountability metric. This would also give public health authorities more credibility to push for environmental health to be included in shared CHIPs.

Another measurement area is around the built environment: transportation, land use planning, biking and walking paths, etc. Jennifer asked whether built environment fits better with chronic disease accountability metrics because of the connection with obesity prevention. However, built environmental also includes industrial land use, air quality, etc. Eli called attention to the *Public Health Modernization Manual* deliverable

related to built and natural environments. Teri discussed the need to build and demonstrate capacity – for example sending staff to health impact assessment trainings – before being able to engage fully in shaping the built and natural environment. Eli proposed “Demonstrate capacity to address challenges to health resulting from changes in the built and natural environment” as a metric, and other subcommittee members agreed.

Communicable disease

Subcommittee members discussed communicable disease measures at the September meeting. At that time subcommittee members supported measures related to sexually transmitted infections, immunization, and possibly foodborne illness and TB. In September subcommittee members did not support including healthcare-associated infection measures.

Teri cautioned against looking at STI numbers because the ability to move the numbers varies from health department to health department. The public health system needs to demonstrate that it has the expertise for health education and technical assistance for health care providers. Jennifer stated that this is consistent with the priorities of health officers who are concerned that the public health system be nimble, credible and leaders.

Eli asked whether a measure could be around tracking epidemics and having the ability to react quickly to disease trends. PHD staff will craft a measure.

Muriel suggested having one concrete, disease-based measure. It is easier for partners and others to understand. Teri questioned using STIs for a disease-based measure because outbreaks are unpredictable and can be based on the culture of local communities.

Jennifer proposed “partner notification around STI cases” as a tangible measure. Partner notification is squarely within public health’s wheelhouse, is a proven strategy and is an area where public health could make significant improvements. She suggests focusing on syphilis, gonorrhea and HIV.

Teri noted that, since every local health department will have a unique baseline, each health department should also have specific improvement targets. Eli stated that this method – the Minnesota Method – is used for the CCOs.

Subcommittee members discussed including an immunization measure. Subcommittee members expressed concern about including a measure since some health departments no longer give immunizations. Muriel stated that local health departments can promote immunizations and work with partners but cannot be held responsible for rates. However, because two year old immunization rates are a CCO incentive measure, this presents an opportunity for public health and CCOs to have shared responsibility. Teri stated that, as some health departments move away from providing immunizations, they need to continue to be the experts in immunization as a proven

population health intervention and should convene community approaches to improve immunization rates. PHD staff will draft a metric to capture this.

PHD staff will send draft metrics to the subcommittee to review prior to the 12/15 PHAB meeting.

Review accountability metrics overview

Subcommittee members reviewed the Accountability Metrics overview that will be included in the statewide modernization plan. Subcommittee members provided feedback on the “next steps” section of the overview, including a stakeholder survey on proposed public health metrics. There will likely be a public health modernization legislative concept in 2017 that will clarify use of accountability metrics.

Eli questioned how data for these measures will be collected and described the mechanisms used for CCO incentive measures. OHA had included resources for accountability metrics data collection, analysis and reporting in its policy option package proposal. Since this policy option package was not included in the Governor’s recommended budget, it is not clear at this point what resources will be available.

Subcommittee members again expressed interest in a joint meeting with the PHAB Incentives and Funding subcommittee.

Subcommittee Business

2017 subcommittee meeting structure – subcommittee members discussed whether to continue to meet monthly for one or two hours, or whether a different process should be used, PHD staff will talk with other OHA staff to learn more about the process used to develop CCO incentive metrics. PHD staff will draft a proposal for this group to review on how to move forward in 2017.

Sara will look at the order subcommittee members have given updates at PHAB meetings and contact the next person in line.

Public comment

Kathleen Johnson, Coalition of Local Health Officials

Adjournment

The meeting was adjourned.

Public Health Advisory Board (PHAB)

Incentives and Funding Subcommittee meeting minutes

DRAFT

December 13, 2016

1:00-3:00 pm

Welcome and roll call

Meeting Chair: Akiko Saito

PHAB members present: Silas Halloran-Steiner, Jeff Luck, Tricia Tillman

Oregon Health Authority (OHA) staff: Sara Beaudrault, Chris Curtis, Angela Rowland

Members of the public: none

November meeting minutes

The November 8th PHAB: Incentives and Funding meeting minutes were approved.

Implications of governor's recommended budget on modernization funding formula

The Governor's recommended budget was released on December 1st and did not include OHA's requested investment of \$30M for public health modernization. Therefore, OHA will not be advocating for public health modernization funding in the upcoming legislative session. As we work to secure public health funding as a long-term modernization strategy, OHA will also focus on identifying work that can begin now without additional funding. We are still required to meet deliverables in House Bill 3100. Subcommittee members discussed implications of public health modernization funding not being included in the Governor's recommended budget and what is known about whether CLHO or others intend to advocate for funding in 2017.

Subcommittee members questioned whether PHAB can advocate for funding. Subcommittee members asked whether PHAB can make a formal statement acknowledging disappointment and listing potential repercussions. Members also

suggested that PHAB can make a recommendation to the Oregon Health Policy Board (OHPB) to encourage OHPB to support identification of other funding sources.

Action Item: PHD staff will seek guidance on whether all Board members are able to make such statement and avoid any conflict of interest.

Potential application of funding formula model

Akiko proposed a pilot test to use the modernization funding formula for Public Health Emergency Preparedness (PHEP) funding distribution to local public health authorities. The Coalition of Local Health Officials (CLHO) PHEP committee determines how PHEP funds are distributed; the modernization funding formula model could be provided to them as one option. The CLHO PHEP subcommittee takes its recommended funding formula to full CLHO for approval.

Silas expressed concern that using the modernization funding formula for other funding streams could have negative repercussions. It could convey that the system can modernize without additional funding. Silas requested clarity on PHAB's role to advise on the whole public health system design and infrastructure as it relates to all public health funding. Related to the PHEP funding formula model, in order to make the modernization funding formula model palatable to local public health administrators, PHD should set it up so that all counties receive more money by adopting this model, which may mean shifting funds from state to local public health. Tricia encourages a deeper conversation about implications of changes to how public health funding is allocated and about how this funding formula should be considered and applied. She questioned whether it is in PHAB's current charge, whether PHAB is precluded from doing this and if there is a benefit for PHAB to do this.

Subcommittee members requested information on OHA's total budget and the amount of funding that is passed through to local public health.

Action Items: PHD staff will review PHAB charter and share OHA budget presentation from March PHAB meeting. Subcommittee members will bring this proposal to the full board and discuss concerns. A decision will be made about whether to give the modernization funding formula to the CLHO PHEP subcommittee as an option to consider until after the PHAB discussion.

Funding formula review

Chris reviewed updates made to the funding formula since the November meeting.

- The funding formula model is now based on PSU population estimates rather than U.S. Census Bureau, American Communities Survey (ACS).
- Chris added a column for average award per population, in addition to average award per capita (Columns S and T). Subcommittee members recommend using the average award per population.
- The ACS supplemental poverty index that subcommittee members discussed at the November meeting is not available at the county level and cannot be used for the poverty indicator.
- Chris added poverty indicators for educational attainment and income inequality, in addition to the poverty indicator already included for the percent of the population living below the federal poverty level.

Subcommittee members recommend including educational attainment and percent of population living below the federal poverty level, but not income inequality. Both included indicators will be weighted at 10% of total funds for funding formula indicators.

The subcommittee would like to continue exploring options for income inequality indicators in 2017. Jeff proposed using a scatter plot or other mechanism to compare different poverty indicators to inform the subcommittee's recommendations.

Subcommittee members are interested in revisiting BRFSS as the data source for health status in 2017.

Subcommittee members recommend sharing the funding formula model with the changes discussed today at Thursday's PHAB meeting, to be included in the statewide modernization plan.

Subcommittee members reviewed the funding formula overview for the statewide modernization plan. Jeff requested that the overview include a description of why each indicator was chosen.

Subcommittee Business

Akiko will provide the subcommittee report for the Dec 15th PHAB meeting.

Subcommittee members provided input for the 2017 work plan.

- Continue to develop indicators for poverty and health status.
- Joint meetings with the Accountability Metrics subcommittee to develop a mechanism for performance-based incentives.
- Other work related to public health funding more generally

Subcommittee members are in favor of moving these meetings to every other month for two hours, beginning in February.

Public Comment

No public testimony.

DRAFT

Public Health Advisory Board
Public Health Advisory Board duties
January 19, 2017

431.123 Duties of Oregon Public Health Advisory Board. The Oregon Public Health Advisory Board shall:

- (1) Make recommendations to the Oregon Health Policy Board on the development of statewide public health policies and goals;
- (2) Make recommendations to the Oregon Health Policy Board on how other statewide priorities, such as the provision of early learning services and the delivery of health care services, affect and are affected by statewide public health policies and goals;
- (3) Make recommendations to the Oregon Health Policy Board on the establishment of the foundational capabilities under ORS 431.131, the foundational programs under ORS 431.141 and any other public health program or activity under ORS 431.147;
- (4) Make recommendations to the Oregon Health Policy Board on the adoption and updating of the statewide public health modernization assessment under ORS 431.115;
- (5) Make recommendations to the Oregon Health Policy Board on the development of and any modification to the statewide public health modernization plan developed under ORS 431.115;
- (6) Make recommendations to the Oregon Health Authority and the Oregon Health Policy Board on:
 - (a) The development of and any modification to plans developed under ORS 431.115 for the distribution of funds to local public health authorities; and
 - (b) The total cost to local public health authorities of applying the foundational capabilities established under ORS 431.131 and implementing the foundational programs established under ORS 431.141;
- (7) Make recommendations to the Oregon Health Policy Board on the use of incentives by the Oregon Health Authority under ORS 431.380 to encourage the effective and equitable provision of public health services by local public health authorities;
- (8) Provide support to local public health authorities in developing local plans to apply the foundational capabilities established under ORS 431.131 and implement the foundational programs established under ORS 431.141 as required by ORS 431.417;
- (9) Monitor the progress of local public health authorities in meeting statewide public health goals, including employing the foundational capabilities established under ORS 431.131 and implementing the foundational programs established under ORS 431.141;
- (10) Assist the Oregon Health Authority in seeking funding, including in the form of federal grants, for ORS 431.001 to 431.550 and 431.990; and
- (11) Assist the Oregon Health Authority in coordinating and collaborating with federal agencies. [2015 c.736 §7]

(Oregon Health Policy Board)

431.125 Duties related to public health laws. In addition to the duties described in ORS 413.011, the Oregon Health Policy Board shall:

(1) Be the policy-making and oversight body for the Oregon Health Authority with respect to the application of the foundational capabilities established under ORS 431.131 and the implementation of the foundational programs established under ORS 431.141; and

(2) Provide advice to the Oregon Health Authority based on the recommendations made by the Oregon Public Health Advisory Board under ORS 431.123. [2015 c.736 §8]

431.130 [Amended by 1959 c.629 §5; 1959 c.684 §2; 1961 c.725 §10; 1963 c.32 §1; 1965 c.362 §3; 1969 c.14 §2; 1969 c.641 §16; 1971 c.195 §1; 1971 c.413 §13; 1971 c.763 §13; 1973 c.408 §33; 1973 c.833 §41; 1973 c.835 §233; repealed by 1977 c.582 §61]

Affordable Care Act Funding to the Oregon Health Authority, Public Health Division

- In FY 2016, PHD received \$8,104,986 in ACA funds for public health activities. Of the total, \$1,333,760 is passed through to local and tribal public health authorities and nonprofit organizations.
- There are three additional organizations in Oregon that receive ACA funds for public health purposes.
- PHD's federal grants that are financed by the ACA include:
 - Childhood Lead Poisoning Prevention Program
 - Diabetes and Heart Disease and Stroke Prevention
 - Epidemiology and Laboratory Capacity
 - Emerging Infections Program
 - Section 317 Immunization Program
 - Preventive Health and Health Services Block Grant
 - Quit Line Capacity Grant
 - Personal Responsibility Education Program
 - Youth Suicide Prevention Program

Healthy Places Oregon

Public Health Advisory Committee
January 18, 2017
Portland, OR

**Gabriela Goldfarb, Environmental Public Health Section
Manager**



Background



What is on our plate?



3

Oregon
Health
Authority

In focus: Air

- Industrial Point Source
- Mobile Sources (Roadway & Construction Diesel, Ozone, Smog)
- Wood Smoke
- Wildfire Smoke
- Cumulative Impact

4

Oregon
Health
Authority

Timeline

January: Health burden

February: Evidence-based strategies

March: Key metrics

April: Discussion paper



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Possible Case studies

- Jackson: Medford area
 - Wood smoke
- Multnomah: Cully neighborhood
 - Industrial facilities, roadways & other mobile sources, airport



6

OHA 2017 Legislative Agenda

BethAnne Darby – Director, External Relations Division
Jeston Black – Director of Government Relations
Sarah Lochner – Legislative Coordinator
Brian Nieuburt – Legislative Coordinator



Public Health

SB 52 – Require standard reporting for EMS transport providers to EMS System and Trauma Systems Program.

SB 53 – Hospice Licensing Fee Increase, will allow program to be funded.

HB 2310 – Public Modernization.

HB 2301 – Public health house keeping measure.



Behavior Health

HB 2300 - Requires cost of mental health drugs to be taken into consideration in determining global budgets for coordinated care organizations.

SB 49 – Keeps juveniles in current placement to receive restorative services unless medical necessary.

SB 51 – Behavioral Health Collaborative.



3

Oregon State Hospital

HB 2302 – Remove barriers for OSH staff to sign up individuals for benefits when leaving OSH.

HB 2306 – Requires OHA to develop rules for data sharing between Counties and OSH.

HB 2307 – Removes requirement that competency evaluation be done during a GEI evaluation.

HB 2308 – Give Aid and Assist individuals credit for time served.

HB 2309 – Allow for subsequent forensic evaluations may be shorter.



4

Work Force Development

SB 50 – Require pain management courses be woven into current CE requirements for certain Health Care professionals.

SB 48 – Require suicide training courses be woven into current CE requirements for certain Health Care professionals.

HB 2304 - Adds peer support specialist, family support specialist and youth support specialist to membership of Traditional Health Workers Commission.



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OEBB/PEBB

SB 45 - Treat LTC as all other optional benefits. PEBB would have the ability to offer the plan if they chose to do so, but it would not be mandated.

SB 46 - Remove references to PEBB/OEBB plans as included in Insurance Code provisions and move requirements into PEBB/OEBB Statutes.

SB 47 - Add the same proposal confidentiality provision to PEBB and OEBB statutes that is already included in the public contracting code. This would give PEBB/OEBB better footing to negotiate.



6

Questions?



State Health Improvement Plan

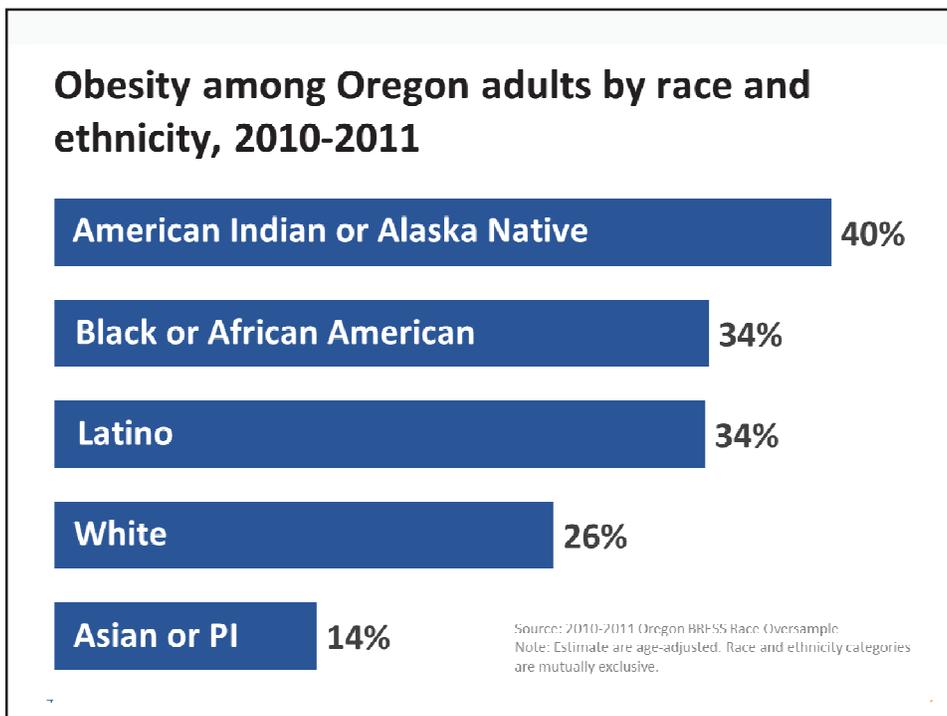
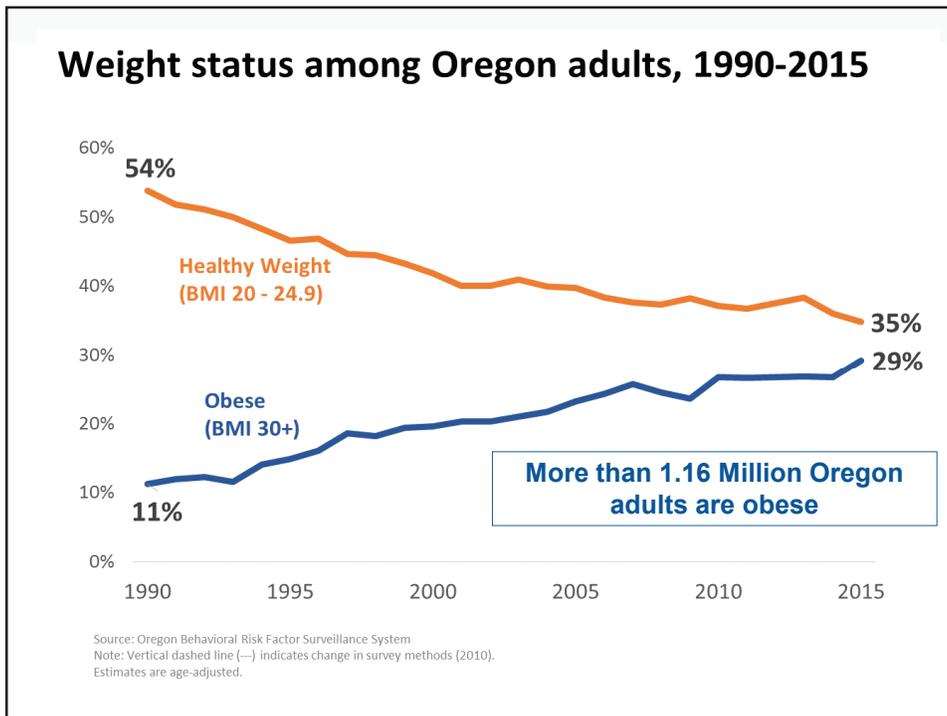
Obesity & Substance Use

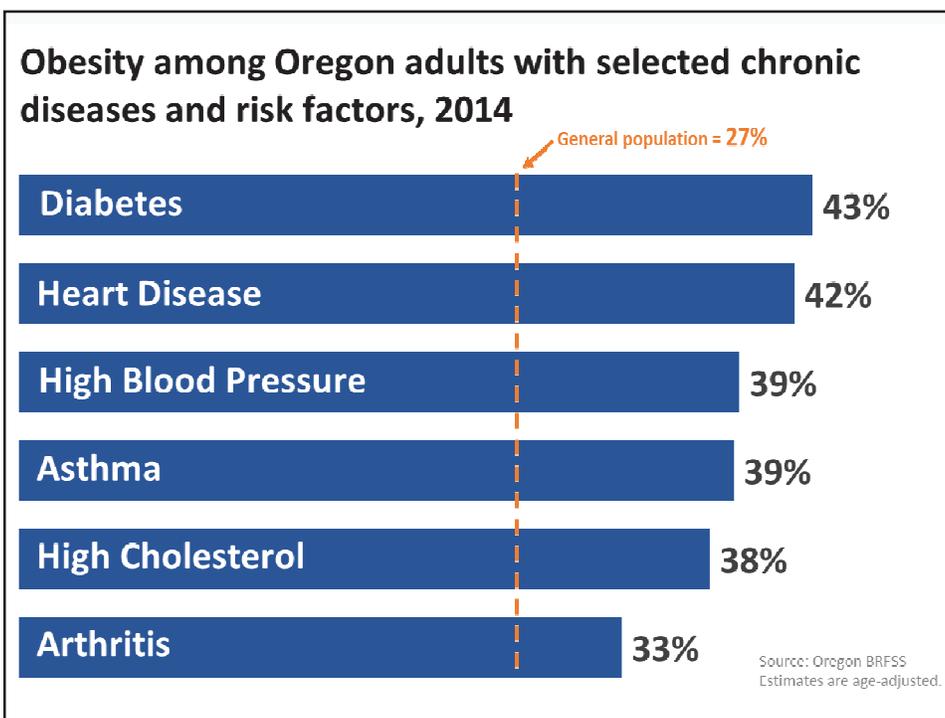
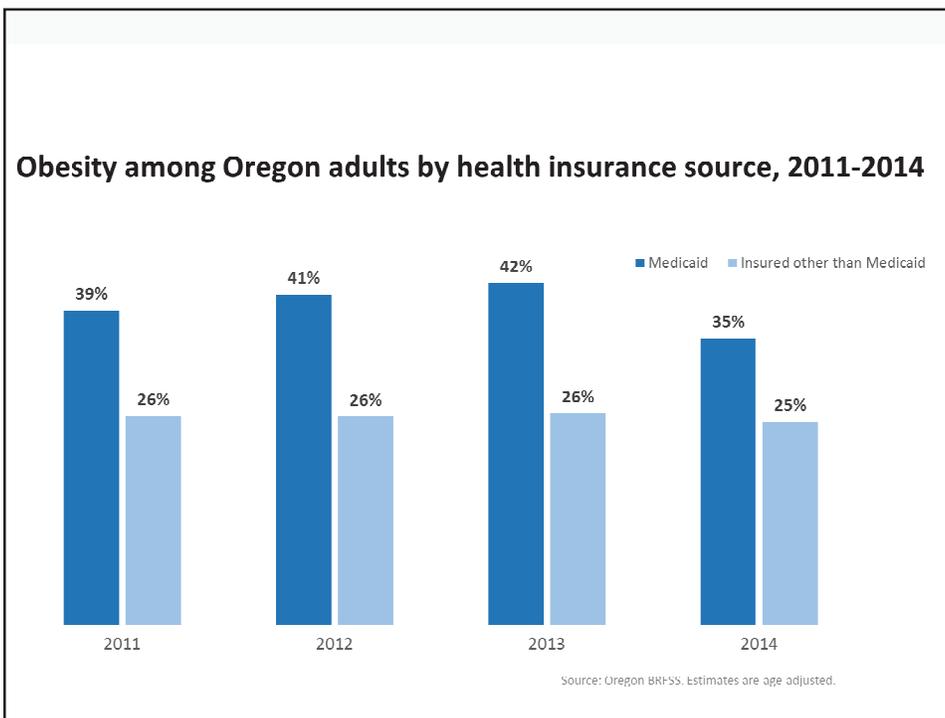


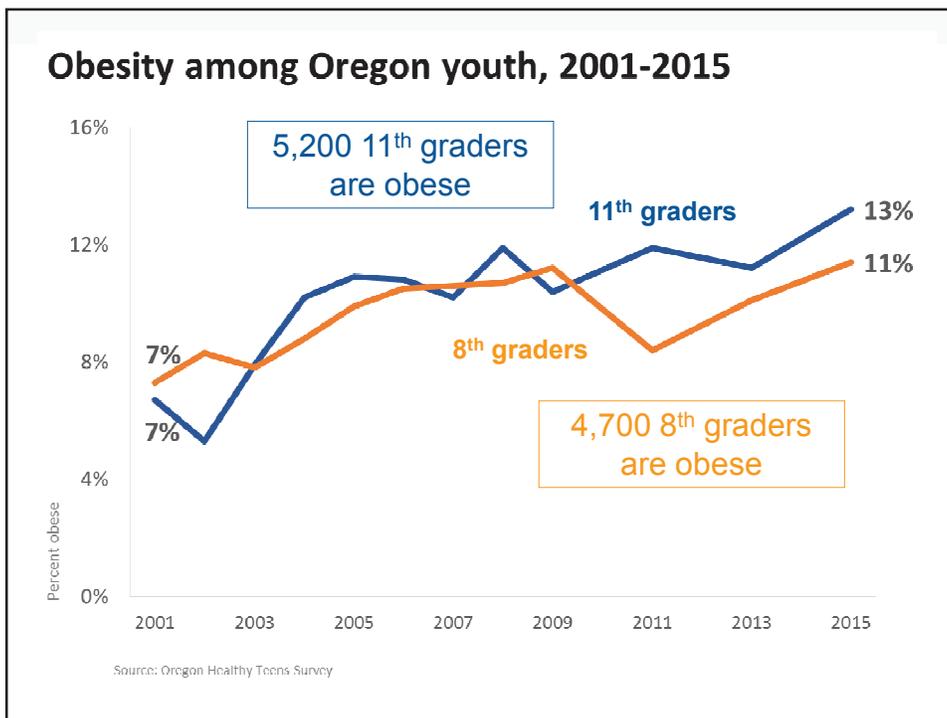
OFFICE OF THE STATE PUBLIC HEALTH DIRECTOR
Public Health Division

Slow the increase of obesity









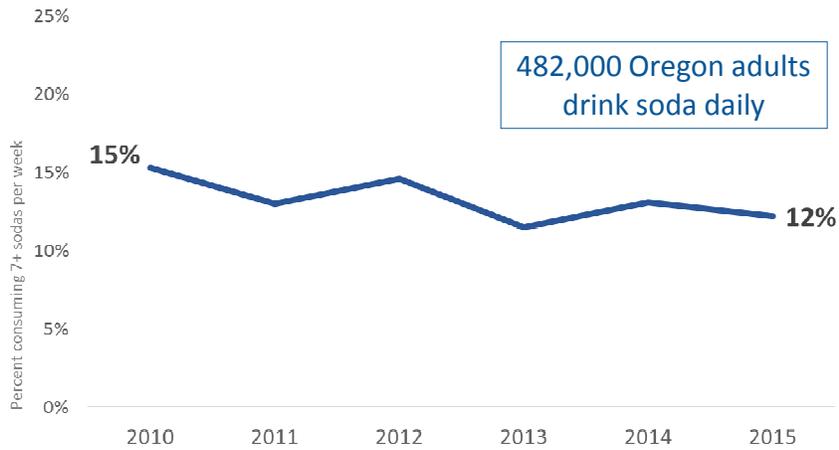
Obesity Drivers—Physical Inactivity

- In Oregon in 2015:
 - **18.2%** (591,000) of adults are sedentary (no regular physical activity)
 - **50.5%** of 11th graders are not meeting the CDC goal of 150 minutes of moderate physical activity per week
 - **41.9%** of 8th graders are not meeting the CDC goal of 150 minutes moderate physical activity per week

Source: BRFSS; Oregon Healthy Teen Survey

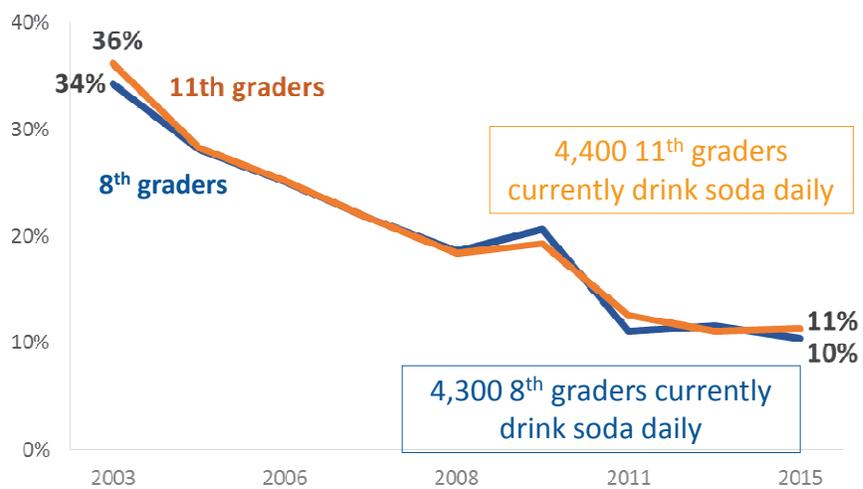


Daily soda consumption among Oregon adults, 2010-2015

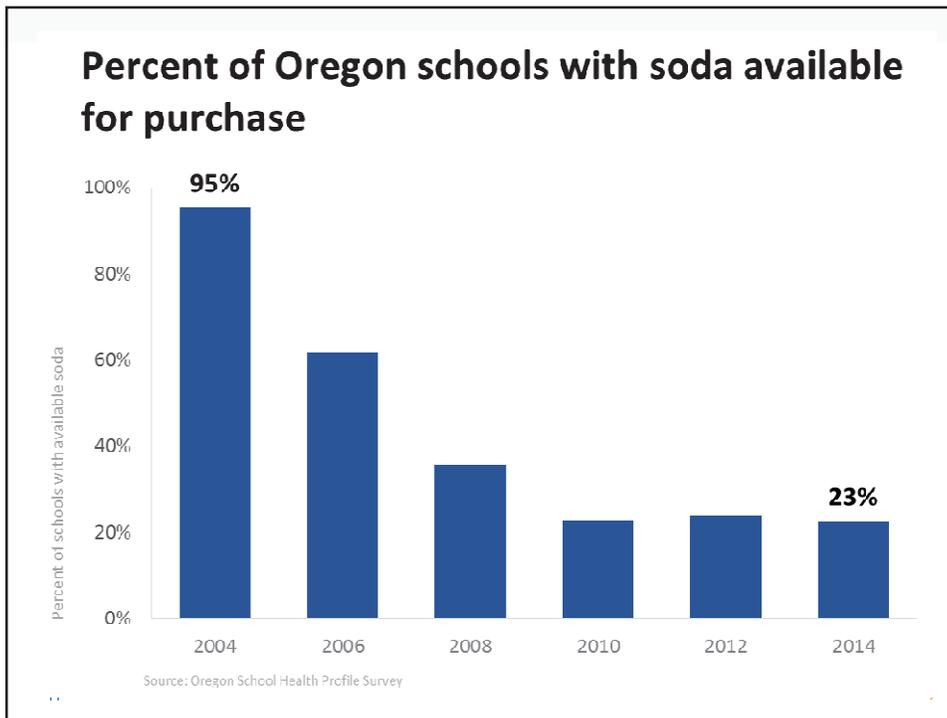


Source: Oregon Behavioral Risk Factor Surveillance System
Estimates are age-adjusted.

Daily soda consumption among Oregon 8th and 11th graders, 2003-2015



Source: Oregon Healthy Teens Survey



Obesity in the SHIP

Priority Targets

Measure		Baseline (2013)	Current (2015)	2020 Target	Data Source
Obesity Prevalence 2-5 years		15.5%	15.1%	14.5%	WIC
Obesity Prevalence Youth	11th grade:	11%	13%	10%	OHTS
	8th grade:	10%	11%	9%	
Obesity Prevalence Adults		27%	29%	25%	BRFSS
Diabetes Prevalence Adults		9%	10%	8%	BRFSS

On Target

Some Risk

Not on target

Obesity in the SHIP

Population Interventions	Progress on Measures
Increase the price of sugary drinks	Not on target
Increase the number of private and public businesses and other places that adopt standards for healthy food and beverages, physical activity and breastfeeding	Some Risk
Increase opportunities for physical activity for adults and youth	Not on target
Improve availability of affordable, healthy food and beverage choices	Some Risk

On Target

Some Risk

Not on target

Obesity in the SHIP

Health Equity Interventions	Progress on Measures
Increase the number of DHS and OHA mental and behavioral health service providers that adopt standards for healthy foods and beverages, physical activity and breastfeeding for clients and employees	On Target
Increase the number of people at high risk of type 2 diabetes who participate in the National Diabetes Prevention Program	Some Risk
Increase access to healthy foods in low income communities and with poor access to healthy foods	(forthcoming, 2017)

On Target

Some Risk

Not on target

Obesity in the SHIP

Health Systems Interventions	Progress on Measures
Create incentives for private and public health plans and health care providers to decrease the prevalence of obesity	Not on target
Increase the number of hospitals that meet baby-friendly standards	On Target
Ensure coverage for weight management and chronic disease self-management programs by private and public health plans	Some Risk
Adopt and implement standards for food and beverages sold or available at private and public health plans, clinics and hospitals	Some Risk

On Target

Some Risk

Not on target

Successes to date

- Obesity prevalence among 2-5 year olds
 - **15.1%**, down from 15.5%
 - 2020 target = 14.5%
- Decline in youth SSB consumption among youth
 - Parallels reduction in SSB availability at schools
- PHD – ODOT partnership

Challenges

- **Multiple causes** - Physical inactivity and poor nutrition have a multitude of causes across many sectors and environments
- **Strong headwinds** - Entrenched and well-funded purveyors of unhealthy foods and beverages
- **Limited public health capacity** - With no current funding for a comprehensive obesity prevention program in Oregon, it is unlikely that we will see consistent and sustained improvement among youth and other groups at greatest risk



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Feedback on Challenges

- What opportunities exist for working across sectors and government agencies to increase opportunities for physical activity and decrease availability of unhealthy foods and beverages?
- How can we begin laying the foundation for a comprehensive obesity prevention program in Oregon?



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Reduce harms associated with alcohol
and substance use



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Overview

- Opioid prescribing for pain has generated an epidemic of drug overdose, opioid use disorder, and unstable pain care over the last 15 years
- Policy and practice solutions have emerged
- Collaboration and coordination are the cornerstone of work in Oregon



Substance Use in the SHIP

Priority Targets

Measure	Baseline	Current	2020 Target	Data Source
Prescription opioid mortality	4 deaths per 100,000 (2013)	4.4 deaths per 100,000 (2015, preliminary)	<3 deaths per 100,000	Oregon Violent Death Reporting System
Alcohol-related motor vehicle deaths	125 (2009-2013 average)	125 (2014)	98	Oregon Department of Transportation data

On Target

Some Risk

Not on target

Substance Use in the SHIP

Population Interventions	Progress on Measures
Increase the price of alcohol by 10%	
Reduce disincentives to report drug and alcohol overdoses	

On Target

Some Risk

Not on target

Substance Use in the SHIP

Health Equity Interventions	Progress on Measures
Reduce heroin overdose deaths among homeless youth	

On Target

Some Risk

Not on target

Substance Use in the SHIP

Health Systems Interventions	Progress on Measures
Create incentives for public health plans and health care providers to prevent alcohol and substance use disorders	
Reduce high risk prescribing	
Increase the number of organizations that adopt screening and prescribing guidelines	Forthcoming
Ensure availability of medication-assisted treatment for opioid use disorder	
Ensure public health plans cover comprehensive, barrier free, inpatient and outpatient services for alcohol use disorder	Forthcoming
Reduce alcohol use around the time of pregnancy	

On Target

Some Risk

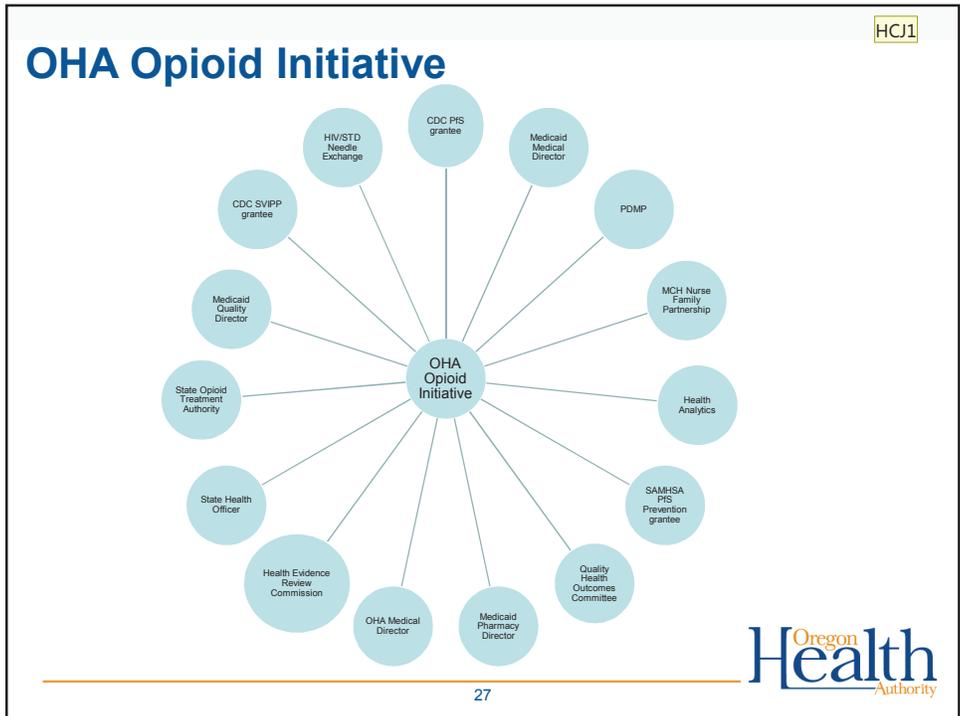
Not on target

Oregon Opioid Prevention Plan Goals

- Decrease drug overdose deaths, hospitalizations, emergency department visits, misuse, and opioid use disorder
- Decrease healthcare costs and improve patient safety and health

Strategies

- Establish community based pain guidance groups
- Establish timely data dashboards to guide policy and programs
- Establish community steering committees – Strategic Prevention F.
- Develop, endorse and implement prescribing guidelines
- Increase use of medication assisted treatment
- Increase safe storage and disposal
- Increase use and enhance the PDMP
- Increase use and access to naloxone
- Increase reimbursement for non-pharm pain care
- Public education



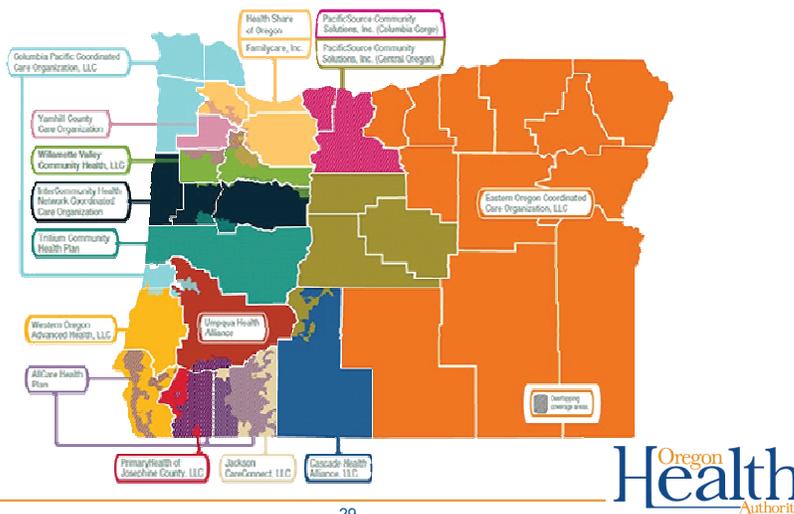
Prescribing Guidelines Task Force and Guideline Implementation Workgroup

Prescribing Guidelines Task Force	Implementation Workgroup
<ul style="list-style-type: none"> • Medical Boards • Medical Associations • Hospital Association • Workers Comp • CCOs • OHSU, OSU • Health systems/plans • Pain Commission • Oregon Health Leadership Council • OrCRM 	<ul style="list-style-type: none"> • Oregon Health Leadership Council • Pain Commission • CCOs • WA TelePain • OHSU, OSU • OrCRM • Kaiser, Legacy, VA, Providence

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CCO Opioid Performance Improvement Project (PIP)

Coordinated Care Organizations Service Areas



Local Pain Guidance Groups (CDC Funded)



- Physicians
- Pain care specialists
- Mental health providers
- Substance use disorder treatment providers
- Pharmacists
- Patients
- Patients in recovery
- Hospital
- Nurses
- Pharmacies

www.oregonpainguidance.com

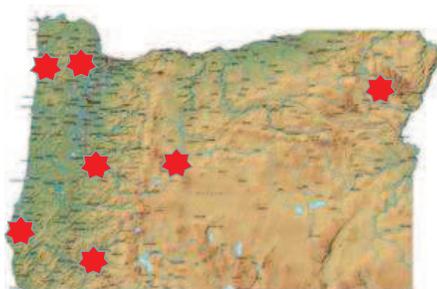
Local Community Action Teams (CDC Funded)

Established a community action committee

- Data dashboard
- Naloxone rescue
- Pharmacy based disposal
- Increase Access to Medication Assisted Treatment
- Prescription Drug Monitoring enrollment and use
- Community education workgroup
- Diversion control
- Policy



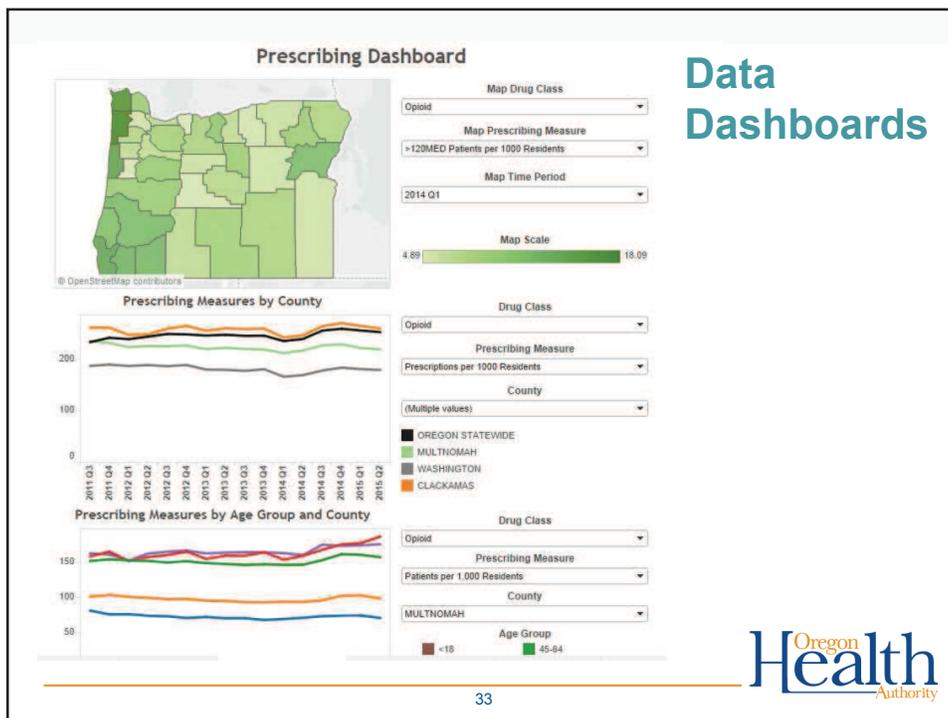
Oregon Coalition for Responsible Use of Meds: Community Opioid Summits



CDC, Oregon DOJ,
and CCO funded

Sponsors: Oregon Coalition for the Responsible Use of Meds @ orcrm.org/
Coordinated Care Organizations
State and County Public Health Departments





Data Dashboards



Alcohol and Other Drug Policy Academy

- 2017 – contract with Lines for Life to coordinate an opioid policy academy for local health authorities
- Ensuing years expand to ATOD academy



Alcohol and Other Drugs

- Lucy Longoria and Health Promotion and Chronic Disease Prevention developing an alcohol and other drugs prevention plan
- Integrating A&D prevention into prevention framework in 2017
- 2017 legislation has impressive and possibly impactful bills:
 - HB 2128 would put pseudoephedrine back to over the counter
 - HBs 2517, 2518, 2519 PDMP enhancements
 - LC to improve the Interlock program for DUI offenders
 - Governor's call for an alcohol tax

Summary

- Mobilizing and coordinating community efforts will reduce drug overdose, misuse, substance use disorder, and diversion. Risk reduction is an important public health goal.
- Government + Private Sector + Community partnership focused on simultaneous implementation of key strategies will result in improved outcomes for patients, communities, and provide a return on investments made to address this multifaceted problem
- This is a winnable battle – we are:
 - ✓ saving lives,
 - ✓ improving patient safety & community safety, and
 - ✓ we can create a bridge to recovery and wellbeing

Feedback on Challenges

- What other opportunities exist for working across sectors and government agencies to reduce harms associated with alcohol and other substances?
- How can we begin laying the foundation for a comprehensive alcohol prevention program in Oregon?



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Contact

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<http://public.health.oregon.gov/PreventionWellness/SubstanceUse/Opioids/Pages/index.aspx>



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Oregon Public Health Advisory Board
2017 Work Plan and Agenda Planning
Jan 12, 2017 Draft



Meeting date	Topics	Presenter(s)	Actions/Deliverables
January 19, 2017	Modernization implementation updates	TBD	Provide guidance on implementation strategy and activities.
	Applying the public health modernization framework: Healthy Places initiative	Holly Heiberg and Gabriela Goldfarb, Oregon Health Authority	
	Legislative update	Jeston Black, Oregon Health Authority	
	SHIP deep dive: obesity and substance use	Karen Girard and Lisa Millet, Oregon Health Authority	Provide guidance on strategies to advance obesity and substance use priority areas.
	PHAB work plan for 2017	Jeff Luck, PHAB Chair	Finalize work plan for the first half of 2017
February 16, 2017	Modernization implementation updates	TBD	Provide guidance on implementation strategy and activities.
	PHAB subcommittee reports: update on funding formula and accountability metrics development	Subcommittee members	Provide feedback on funding formula and accountability metrics deliverables.
	Legislative update	TBD, Oregon Health Authority	
	<i>Action Plan for Health</i> update	TBD, Oregon Health Authority	
March 16, 2017	Modernization implementation updates	TBD	Provide guidance on implementation strategy and activities.
	PHAB subcommittee reports: update on funding formula and accountability metrics development	Subcommittee members	Provide feedback on funding formula and accountability metrics deliverables.
	Legislative update	TBD, Oregon Health Authority	

	Health equity: update from the Public Health Division Health Equity Committee	Tim Noe and Kati Moseley, Oregon Health Authority	Provide guidance for developing a system-wide health equity strategy. Discuss PHAB policy and procedure.
	CLHO statewide modernization meetings: summary and next steps	Morgan Cowling, Coalition of Local Health Officials	
	Preventive Health and Health Services Block Grant review	Danna Drum, Oregon Health Authority	
	PHAB charter review and update	Cara Biddlecom, Oregon Health Authority	
April 20, 2017	Modernization implementation updates	TBD	Provide guidance on implementation strategy and activities.
	PHAB subcommittee reports: update on funding formula and accountability metrics development	Subcommittee members	Provide feedback on funding formula and accountability metrics deliverables
	Discuss opportunities for collaboration and alignment with other OHA metrics groups		Identify opportunities and strategies for PHAB to align its accountability metrics work with other existing metrics groups
	Legislative update	TBD, Oregon Health Authority	
	Applying the public health modernization framework: Public health and education partnership	TBD, Department of Education and Isabelle Barbour, Oregon Health Authority	
	SHIP deep dive: communicable disease and immunizations	Collette Young and Aaron Dunn, Oregon Health Authority	Provide guidance on strategies to advance communicable disease and immunization priority areas.
	Preventive Health and Health Services Block Grant review	Danna Drum, Oregon Health Authority	
	PHAB charter review	Cara Biddlecom, Oregon Health Authority	Charter approved by PHAB. Charter submitted to OHPB for review.
May 18, 2017	Modernization implementation updates	TBD	Provide guidance on implementation strategy and activities.

	PHAB subcommittee reports: update on funding formula and accountability metrics development	Subcommittee members	Provide feedback on funding formula and accountability metrics deliverables.
	Legislative update	TBD, Oregon Health Authority	
	Health equity: PHAB policy and procedure	TBD, Oregon Health Authority	Provide feedback and/or approve PHAB policy and procedure
June 15, 2017	Modernization implementation updates	TBD	Provide guidance on implementation strategy and activities.
	PHAB subcommittee reports: update on funding formula and accountability metrics development	Subcommittee members	Provide feedback on funding formula and accountability metrics deliverables.
	Legislative update	TBD, Oregon Health Authority	
	Applying the public health modernization framework: topic to be determined	TBD	
	Robert Wood Johnson Foundation grant/AIMHI update	Morgan Cowling, Coalition of Local Health Officials	Provide feedback on technical assistance phase of grant activities
July 20, 2017	<i>SHIP deep dive: oral health and suicide</i>	<i>Cate Wilcox and Lisa Millet, Oregon Health Authority</i>	
August 17, 2017			
September 21, 2017			
October 19, 2017	<i>SHIP deep dive: annual progress report and tobacco</i>	<i>Karen Girard and Katrina Hedberg, Oregon Health Authority</i>	
November 16, 2017			
December 21, 2017			