

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

Attendance:

Board members present: Carrie Brogoitti (by phone), Silas Halloran-Steiner (by phone), Katrina Hedberg, Prashanti Kaveti (by phone), Jeff Luck, Alejandro Queral, Eva Rippeteau, Akiko Saito (by phone), Lillian Shirley, Teri Thalhofer, Tricia Tillman (by phone), and Jennifer Vines

Board members absent: Muriel DeLaVergne-Brown, Safina Koreishi, Eli Schwarz

OHA Public Health Division staff: Cara Biddlecom, Luci Longoria, Holly Heiberg, Dano Moreno, Tim Noe, Angela Rowland

Program Design and Evaluation Services staff: Myde Boles, David Solet

Members of the public: Morgan Cowling, Coalition of Local Health Officials, Jan Johnson, The Lund Report, Catie Theisen, Oregon Nurses Association

Changes to the Agenda & Announcements

There were no changes to the agenda.

Cara announced the new board member training requirement from the Department of Administrative Services has been waived.

Approval of Minutes

Tricia and Jeff made edits to the June 16, 2016 meeting minutes.

A quorum was present. The Board voted to approve the June 16, 2016 minutes. All members approved the edited minutes.

Public Health modernization updates

– *Jeff Luck, PHAB chair*

Jeff provided an update on the legislative briefing and other activities since the June PHAB meeting. On June 30, 2016, the Public Health Division delivered the Public Health Modernization Assessment Summary Report and accompanying memo to Legislative Fiscal Office. The public health modernization vision

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statement was reviewed by the Coalition of Local Health Officials (CLHO) and updated. The Public Health Division is developing case studies focused on communicable disease control, emergency preparedness and environmental health. These documents are available on the public health modernization website: www.healthoregon.org/modernization.

Cara provided an update on the public health modernization presentation, which was provided by Safina at the coordinated care organization (CCO) Medical Directors' meeting in July. There was a strong recognition of the important role that public health plays in the prevention of disease.

The July 6, 2016 public health modernization legislative briefing was co-hosted by Representative Mitch Greenlick and Senator Laurie Monnes Anderson. There were around 70 participants. There were media reports in the Lund Report and Oregon Public Broadcasting. Jennifer commented that legislators had a few interesting questions such as what are the urgent gaps and how they align with the CDC Winnable Battles. Teri used the presentation slides to update her Board and Representative John Huffman.

Public Health Advisory Board Incentives and Funding Subcommittee report

-Cara Biddlecom, Public Health Division

Cara provided an update of the Incentives and Funding Subcommittee meeting that took place on July 12, 2016. The subcommittee looked broadly at the categories for the local public health authority funding formula. The group also considered allocating percentages to each category and data sources that could be used to calculate the funding formula over time. Specifically the group discussed how to best measure poverty.

Jeff added that the subcommittee is working on various percentage weights, aiming to keep it simple, and will try out a few scenarios at the next meeting. The PHAB will have a chance to review each scenario.

Alejandro discussed how it is important to determine the purpose of the incentives in the funding formula. Akiko stated that the purpose of the

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subcommittee is to develop an initial, well-thought-out formula that can be flexible over time.

Tricia commented that data related to county health rankings for population and diversity did not match what respected counties reported. Tricia stated the discrepancies were in the funding formula ranking and not the actual data. Katrina stated that the funding formula needs to reflect reality. There is a need to be explicit on which year of data to use for each measure, strive to get the most current data available, and allow that the counties have time to review the information for accuracy.

Tricia suggested that there should be a look at a five year population prospective estimate or current data for the funding formula.

Public health modernization economic and health outcome report

-Myde Boles, Program Design and Evaluation Services

Myde provided a presentation on the methodology of the health outcome and economic analysis for public health modernization. The goal of this work is to estimate the benefit of incremental implementation of foundational public health services in concrete terms of Oregon lives saved and costs averted. There are no peer reviewed studies on the outcomes of spending on foundational public health services. There is evidence about local health department spending and health outcomes. There is also a fair amount of evidence of costs related to health conditions in the foundational public health services. Program Design and Evaluation Services is focusing on evidence of the relationship between public health spending and outcomes, and literature on the cost of health conditions related to foundational public health services and included in the modernization priorities for the 2017-19 biennium and/or included in Oregon's State Health Improvement Plan. Such programs include: maternal and child health, foodborne illness, health equity, obesity and physical activity, tobacco prevention, diseases of environmental pollution, suicide prevention, and emergency preparedness.

-David Solet, Program Design and Evaluation Services

David outlined three examples that articulate public health spending as a good investment.

Program Design and Evaluation Services used Glen Mays' study on national public health spending and decreased deaths.

David explained that the annual estimated cost of physical inactivity for Oregon is \$1.3 billion and state Medicaid costs of physical inactivity is \$360 million. If \$1.6 million is spent on physical inactivity interventions, the potential return on investment is 8 to 1.

Tricia commented that health system transformation is about bending the cost curve to decrease Medicaid dollars. It might be a good idea to consider how the public health investment contributes to the overall goals of cost containment for the Medicaid program.

David continued with health inequality in Oregon and an estimated direct and indirect cost is \$1.3 billion. If \$5 million is added the potential return on investment is 3 to 1.

Tricia question if the \$1.3 billion cost in health inequity is over a three year period. David clarified it was an annual cost.

Katrina stated that the PHAB will be reporting to the Oregon Health Policy Board. When preparing the report, it would be important to provide context. For example, premature deaths do not resonate as well as around a statistic that if fewer people smoke there could be fewer costs related to treatment for cardiovascular disease and cancer.

Alejandro commented that the cost savings of public health department improvements could help make the case for coordinated care organizations to provide funding in public health services.

Oregon's State Health Improvement Plan

-Katrina Hedberg, Public Health Division

Katrina gave an overview of Oregon's State Health Improvement Plan (SHIP) and its development in 2014-15. The seven SHIP priority areas are: prevent and reduce tobacco use, slow the increase of obesity, improve oral health, reduce harms associated with substance abuse, prevent deaths from suicide, improve immunization rates, and protect the population from communicable disease. The SHIP priorities aim is to meet at least one of the following criteria: a leading cause of death, not improving over time, poor national ranking, and/or a CDC Winnable Battle.

Jennifer asked what the PHAB's role is with the SHIP. Katrina stated that the PHAB should report out on the SHIP metrics and provide input on ways for the Public Health Division to improve work with stakeholders across Oregon.

Tricia inquired on health equity in the SHIP and how three priority areas include a race focus, but not the remaining four. She asked if the Public Health Division could address these gaps and if the document is up for modification. Katrina commented that there is a desire to add health equity strategies.

-Tim Noe, Public Health Division

Tim presented the activities being conducted in the Public Health Division to address health equity. As a result of the Public Health Modernization Assessment, the Public Health Division found its work in the health equity and cultural responsiveness foundational capability to be a three out of 10. To address this gap, a health equity plan is now being developed.

The Public Health Division's health equity initiative contains multiple components. A new diversity recruitment policy has recently been put into effect. There has been a new health equity committee recruited to examine literature for a health equity framework and draft guiding principles and key definitions for health equity. This work is intended to build a comprehensive health equity plan for the Public Health Division. The Public Health Division will collaborate with the Office of Equity and Inclusion, Regional Health Equity Coalitions, and communities. The

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Race, Ethnicity and Language plus Disability (REAL+D) data requirement will be implemented. After all of these activities are completed, the Public Health Division will revisit the SHIP to update health equity strategies.

Teri stated that this would be great work to share with the Coalition of Local Health Officials (CLHO).

Katrina stated that REAL+D issue is significant. For example, some communicable disease data is missing race/ethnicity about 40 % of the time.

Tricia appreciated the list of activities the state is working on. She suggested that the Public Health Division submit its work plan to the PHAB and provide updates. This could help the PHAB provide advice in its advisory role.

Akiko commented that she is on the health equity committee and can provide updates to the PHAB.

Jeff commented that the OHA Metrics and Scoring Committee is discussing how to narrow disparities. He encouraged the Public Health Division's health equity initiative to share its work with the Metrics and Scoring Committee.

Lillian stated that the Public Health Division is coordinating closely with the OHA Health Systems and Policy and Analytics Divisions. She added that the goal of this work is to be systematic and not program by program.

Teri stated it is also important to cross walk with the Early Learning Division's work on health equity.

-Luci Longoria, Public Health Division

Luci presented on the *Prevent and Reduce Tobacco Use* SHIP priority area. Tobacco is the #1 preventable death in Oregon. The highest ethnic groups of Oregonians that smoke are American Indian and African American. The tobacco targets are to reduce adult smoking by 15%, reduce smoking prevalence among 11th graders by 7.5%, reduce smoking prevalence among 8th graders by 2%, and to have fewer than 38 packs of cigarettes per capita sold in Oregon each year.

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Luci discussed the Sustainable Relationships for Community Health (SRCH) grants. The aim of SRCH is to form collaborations between local public health, clinics, and CCOs to help engage leaders and decision makers in the plan.

Public Comment Period

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

Closing:

Cara provided an overview of topics to be covered at the next PHAB meeting. The next meeting will focus on developing a comprehensive plan for 2017-19. The goal is to focus on what public health modernization priorities will be implemented over the next three biennia.

The meeting adjourned.

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

**August 18, 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