

Public Health Advisory Board (PHAB)
May 19, 2016
Portland, OR
Meeting Minutes

Attendance:

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

Board members absent: Silas Halloran-Steiner, Teri Thalhofer

OHA Public Health Division staff: Sara Beaudrault, Cara Biddlecom, Dano Moreno, Angela Rowland

Members of the public: Morgan Cowling, Coalition of Local Health Officials and Charlie Fautin, Benton County Health Department

Changes to the Agenda and Announcements

No changes were made to the agenda.

Lillian announced that Joe Robertson resigned from the Public Health Advisory Board and that the Governor's Office will appoint a new Oregon Health Policy Board liaison within the next several weeks.

Approval of Minutes

A quorum was present so the Board was able to vote to approve the April 21, 2016 minutes. All members approved the minutes with the request to provide more high level summaries of discussions on subsequent meeting minutes and provide a link to the meeting video if recorded.

The Board voted to approve the May 10, 2016 webinar minutes with the addition of Eli Schwarz as an attendee.

Preventative Health & Health Services Block Grant Work Plan

– Lillian Shirley, OHA Public Health Division Director

Lillian presented the Preventative Health & Services (PHHS) Block grant work plan with a request from the Board to vote on its approval. In 2016 the Public Health

Public Health Advisory Board
Meeting Minutes – May 19, 2016

Division aligned the work plan with three additional Healthy People 2020 objectives and integrated work with Tribes throughout the work plan. The overall goal is to support planning and implementation of public health modernization.

The grant is federally funded with standardized amounts distributed each year. Funding remains flat.

Alejandro asked what framework was used to allocate these funds. The Block Grant goes to support infrastructure across the public health system, foundational responsibilities and enterprise-level work across the state.

Eli asked how counties gain access to the grant for programmatic activities. Muriel replied that the Block Grant supports the infrastructure for the entire public health system and largely does not support program-level work.

Eva commented that this block grant work could be reviewed by the Board with a health equity lens.

The Board voted on the work plan provided with all in favor.

Public Health Modernization Work Plan

– Cara Biddlecom, OHA PHD Interim Policy Officer

Cara provided an overview of the public health modernization timeline. This timeline was provided to the Board to review the scope of activities the PHAB, PHD and LPHAs will be working on in the upcoming months. PHD has received legislative guidance for the report due to Legislative Fiscal Office by June 30, 2016. The report should include a comprehensive yet flexible plan for how public health modernization should be implemented, including how to scale up over subsequent biennia.

PHD will co-host an opportunity with Representative Greenlick for legislators to learn about the modernization assessment report and modernization plan in early July. PHAB members can join this meeting, and Jeff suggested that PHAB could share information about the work of the Board with legislators at this time.

Public Health Advisory Board
Meeting Minutes – May 19, 2016

Key informant interviews are being held with public health leaders and champions to develop a public health modernization vision statement. PHAB will receive a draft in early June.

The partnership and outreach plan includes working with County Commissioners, legislators, CCOs and health system partners, early learning hubs and Tribes. For some of these groups, outreach plans are still being formulated but for others, like Boards of County Commissioners, outreach is already occurring.

PHD is consulting with local public health administrators for guidance on the most appropriate timeline and process for engaging with Boards of County Commissioners. Cara and Muriel reported that so far, outreach with Commissioners has been generally well-received, with many Commissioners expressing a willingness to support this work.

PHD is working with Innovator Agents for guidance on working with CCOs. Cara is hopeful that PHAB members will also help make connections with the early learning hubs. Muriel explained her approach will be to use any joint Commissioner meetings with the head of the Education Service District to provide a modernization presentation. She also suggested that public health modernization should be placed on the agenda for the Association of Oregon Counties annual meeting in November.

Eva asked how the modernization vision is being presented. To date, conversations have been framed in terms of healthy communities and fair access for everyone.

Board members asked about their role to act as spokespeople and requested that staff send board members a public health modernization PowerPoint slide deck and other available materials. Board members discussed opportunities for them to share information within their communities.

Alejandro suggested the Board should consider health equity and population disease burden in counties with a significant Tribal population.

Alejandro asked about the approval process for the funding formula. OHA must submit a funding formula to the Legislative Fiscal Office by June 30 of every even year to inform the State budget. In this first year, OHA and PHAB will likely need to revise the funding formula after any state funds have been allocated.

Cara reviewed the draft public health modernization report for Legislative Fiscal Office. The highlighted areas throughout the document are placeholders. The report includes a summary of the work completed so far, the draft funding formula, and information about the accountability measure framework. Jeff stated that this report provides the context for the assessment report, as was requested at the April PHAB meeting. Jeff requested that PHAB members review this document and provide comments.

Public Health Advisory Board subcommittee reports

– Alejandro Queral, Incentives and Funding Subcommittee chair

The funding formula has three components: baseline amount, method for awarding matching funds, and the use of incentives. The subcommittee is looking at how to target limited dollars to have the greatest impact and use funds in an equitable way. The next subcommittee meeting is June 15th. The funding formula will be presented to PHAB at the June 16th meeting.

PHAB members discussed the table showing county general fund contributions for public health, grouped by quartiles. Tricia cautioned against making assumptions about which counties provide more or less general funds for public health (i.e., rural, frontier, urban or suburban) and requested that counties be identified. Carrie stated that counties have to make decisions about what to fund, and a lack of funding for public health does not mean that public health isn't valued.

Alejandro stated that the task is to incentivize counties that have low distribution of general funds for public health. PHAB members discussed whether health outcomes can be tied to spending. County Health Rankings could be used to compare spending and health outcomes. Tricia stated that there should be careful messaging around tying spending to health outcomes. There are nuances within

Public Health Advisory Board
Meeting Minutes – May 19, 2016

each county that influence the health of the community outside of spending. Jeff stated the social determinants of health will need to be considered.

– *Cara Biddlecom, OHA PHD Interim Policy Officer*

The Accountability Metrics Subcommittee held their first meeting on May 12. Cara explained how the measure criteria questions were used to guide the discussion to develop this framework. The subcommittee recommends focusing on outcome measures first, and then process measures. Measures will be framed around foundational capabilities and programs. The subcommittee also discussed setting performance targets for each health department based on current rates. The subcommittee also discussed having a core measure set for state and local health departments in addition to locally selected measures based on community health improvement plans.

Tricia noted that health equity is a theme for the work of both subcommittees and expressed concern about the timeline for the subcommittees to submit deliverables while addressing the complexities and data gaps related to health equity. Board members discussed forming a standing health equity workgroup that would include PHAB members and external members. Eli recommended that Office of Equity and Inclusion (OEI) present to the Board at an upcoming meeting. The health equity committee work group proposal could be placed on next month's PHAB meeting agenda.

Public health modernization assessment

-Annie Saurwein, BERK Consulting

Annie provided a detailed look at the methodology for preparing the draft Public Health Modernization Assessment Report. The report was created to determine to what extent the roles and responsibilities of public health modernization are being met today and the resources needed to fully implement public health modernization.

Jeff suggested creating a map of how the Public Health Modernization Manual is tied to the functional areas in the Public Health Modernization Assessment Report. Annie stated there is a table for each foundational area that includes the

Public Health Advisory Board
Meeting Minutes – May 19, 2016

roles and deliverables from the Public Health Modernization Manual that fall under that functional area. The functional areas are defined in Appendix B.

Eli stated that this assessment is very detailed and asked how this will be presented to legislators. Annie commented that BERK Consulting will develop an executive summary with key findings, and the full report could be used as an additional reference for the executive summary.

BERK Consulting determined the self-assessment scoring across two dimensions: provider level of implementation and population level of service. Each score was placed in six categories based on expertise and capacity. Alejandro asked about the mid-range categories: partially implemented with low capacity and partially implemented with low expertise. Annie stated that the differences for these categories are primarily in how the gaps would be filled. Jeff requested that examples be included in the report to describe what different colors on the grid mean.

Tricia asked if this report includes findings for both the state and local public health departments and if the funding gaps for state and local are similar. The report does include findings for both state and local public health and shows the interdependencies between the state and local departments.

Safina asked about how local public health authorities responded on the assessment for areas where community organizations provide assistance to fill a gap. Tricia stated that her county accounted for services they provide or contract for and did not address what other organizations provide. Muriel stated that there are few community-based organizations in her county.

PHAB members discussed the need for clear communication about these results. Annie stated that BERK is developing a decision-making framework so report findings can be used moving forward with changing conditions and available funding. Jeff stated that this report makes clear that public health modernization is not one item with one price tag, but a set of needs. Annie replied that while this could be seen as menu of options, the functional areas and resource needs are highly interdependent.

PHAB members stated that the resource need graphics are not intuitive and requested that this information be presented differently. They would like to see the relationship between state and local gaps in order to look at the system as a whole.

The text in the Public Health Division sections of the report detail the scale of the activities provided in relationship to the entire system, with a detailed breakdown of the less implemented state roles and deliverables. The local public health authority text presents the scale of the gap between current level of service and future need and the proportion of the population served. This local public health authority sections were also used to share non-financial barriers to implementation. The roles and deliverables tables explains every role and deliverable by degree of implementation and by population of service.

Alejandro commented that the non-financial barriers should not be provided at this stage of the modernization presentation process because it is difficult to discern if a response was provided by one local public health authority or many, and barriers may be subjective.

Jeff asked what type of information the Board should provide about this report. Cara stated that BERK would like concrete feedback on the presentation of the results in the draft report.

Eli commented that this information is very detailed and suggested that BERK create a concise executive summary for the report. Jeff commented that the schedule is very aggressive and the date the information is due to Legislative Fiscal Office is fixed. Tricia asked what is the minimum information needed to the legislators by June 30th. She wants this to be created carefully and thoughtful of the message. Cara stated that the policy implications coming forward from the assessment results need to be determined by the PHAB and reflected in the report to Legislative Fiscal Office.

Annie recommended the Board provide details on the overall cost analysis and how it should be presented and policy implications that are powerful and should be in the forthcoming executive summary.

Jeff stated that one global comment was that non-financial barriers could be subjective versus representative of the entire system. Annie stated she will change the non-financial barriers that have been summarized or appear to be generalizable to all local public health authorities.

Cara proposed sharing a summary of the draft report findings and proposed policy implications for discussion at a webinar to be scheduled during the first week of June. Discussion at the webinar can formulate the executive summary to accompany the report.

Public Comment Period

No public comments were made.

Closing:

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

**June 16, 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