

Public Health Advisory Board (PHAB)
January 17, 2019
Meeting Minutes

Attendance:

Board members present: Kelle Adamek-Little, Dr. David Bangsberg, Carrie Brogoitti (by phone), Dr. Bob Dannenhoffer, Muriel DeLaVergne-Brown (by phone), Dr. Katrina Hedberg, Dr. Jeff Luck (by phone), Tricia Mortell, Alejandro Qeral, Eva Rippeteau, Akiko Saito, Dr. Eli Schwarz, Dr. Jeanne Savage, Teri Thalhofer, Rebecca Tiel (by phone).

Oregon Health Authority (OHA) staff: Dr. Tim Noe, Danna Drum, Laura Chisholm, Sara Beaudrault, Katarina Moseley.

Members of the public: Andy Smith (AOC), Carrie Sampson (Confederated Tribes of the Umatilla Indian Reservation), Sharon Stanphill (Cow Creek Band of Umpqua Indians), Victoria Warren Mears (Northwest Portland Area Indian Health Board).

Welcome and updates

Rebecca Tiel, PHAB Chair

Ms. Tiel welcomed the PHAB and asked the PHAB members to introduce themselves.

- Approval of November 2018 Minutes

A quorum was present. Ms. Tiel moved for approval of the November 15, 2018, meeting minutes. The PHAB approved the meeting minutes unanimously.

- Legislative Update

Ms. Moseley informed the PHAB that the legislative session has officially started. The first few bills have dropped. The Legislative Committee will begin convening during the week of January 22, 2019. Ms. Moseley noted that the meeting packet for the October 2018 PHAB meeting contains information from Angie Allbee about the legislative session. In terms of specific bills that may be of interest to the PHAB, Ms. Moseley will check and notify the PHAB.

Ms. Tiel asked the PHAB for any questions or comments about OHA's response to the opioid crisis, discussed during the November 2018 PHAB meeting.

Dr. Dannenhoffer remarked that OHA is sponsoring an Opioid Summit in Roseburg, Oregon, on February 5, 2019. A noted speaker at the summit will be Sam Quinones, the author of *Dreamland: The True Tale of America's Opiate Epidemic*.



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Dr. Hedberg added that these are regional summits occurring around the state. There will be a statewide summit in May 2019.

Review of PHAB Charter, Bylaws

Rebecca Tiel, PHAB Chair

Ms. Tiel briefly summarized the PHAB Charter. She explained that the PHAB is the accountable body for public health in Oregon. The PHAB advises and makes decisions on behalf or for the public health system. Board members contribute to the discussion with their own expertise. The PHAB comes forward with unique ideas and perspectives, which are a synthesis of the unique perspectives expressed by PHAB members.

Ms. Tiel added that several bylaws changed in 2018. The PHAB members should review the track changes in the document and check whether the changes align with the points discussed in 2018. New ideas and additions to the Charter are welcomed.

PHAB members asked questions about several changes in the bylaws and noted a few typos in the document. Ms. Tiel moved for approval of the Charter changes. The PHAB approved the changes unanimously.

Review of PHAB's draft 2019 Work Plan

Rebecca Tiel, PHAB Chair

Ms. Tiel reminded the PHAB that the workplan was designed to provide a visual representation of where major decision points were to be made (green circle), what deliverables needed to be completed (blue diamond), and when (month). She asked the PHAB if any changes needed to be made.

Dr. Schwarz remarked that the unknown amount of money that would be received in 2019 for Public Health Modernization would influence the workplan for the year. Ms. Moseley responded that this topic will be addressed by the Incentives and Funding Subcommittee. By the end of the legislative session, OHA will know where it stands, depending on the state budget. Some of the money may be received in the second half of the second year of the biennium, and the subcommittee will consider how to best distribute these funds should they come to be.

Ms. Tiel noted that the workplan does not reflect the work of all subcommittees. The PHAB can discuss how the work of the subcommittees could be added to the workplan in this visual form.

Ms. Thalhofer stated that the CCO 2.0 RFA did not reflect the recommendations PHAB put forward around partnership between CCOs and Public Health and the local public health



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authorities. While the PHAB statement was specific, the RFA was vague about the partnership around the social determinants of health and health equity work. Dr. Bangberg agreed to bring this point to the attention of the Policy Board.

Dr. Luck asked about the recommendations regarding sharing of incentive payments and reimbursement of health departments for specific services they offered. Ms. Mortell responded that, to her knowledge, there was no language on incentives and metrics in the sections on health care providers.

Ms. Tiel noted that PHAB can request an update from staff on the CCO 2.0 process. The PHAB should have a planned agenda item about that soon. Ms. Moseley remarked that an update can be presented in the February PHAB meeting. Dr. Schwarz added that an update in February would not impact the RFA.

Dr. Bangberg agreed to bring these concerns to the attention of the Policy Board and noted that exceptions could be made to changing the contract.

Dr. Luck wondered whether all 42 policies made it in the contract. Dr. Bangsberg confirmed that all policies were approved by the Policy Board, but he was uncertain as to whether the policies made it into the contract language. Dr. Savage remarked that even though she did not read the whole document, she was told that the policies were in the contract. Dr. Bangberg and Dr. Savage will check and, if some of the policies are not in the contract, the PHAB will discuss the issue during the February 2019 meeting.

Dr. Luck asked about the difference between the 2015-2019 State Health Improvement Plan (SHIP) and the 2020-2024 State Health Improvement Plan in the workplan. Dr. Hedberg explained that the 2015-2019 SHIP is the current state improvement plan, while the 2020-2024 SHIP is being developed. These are two separate documents. A steering committee is receiving feedback from PHAB members and the broader health care community about the priorities that should be included in the 2020-2024 SHIP.

Dr. Schwarz noted that there are 14 priorities in the 2020-2024 SHIP draft posted online and the goal is for these 14 priorities to be reduced to approximately five. As some priorities, such as oral health, are not included in this initial list of 14 priorities for the 2020-2024 SHIP, Dr. Schwarz was unsure how OHA will talk about these new priorities while transitioning to the 2020-2024 SHIP.

Dr. Hedberg explained that the 2015-2019 SHIP has seven priorities. The final priorities for the 2020-2024 SHIP are posted online and an online survey is open until January 31 to allow community members to weigh in on the final priorities. The received feedback is much more upstream, which is different from the 2015-2019 SHIP. Some of the key areas include jobs and housing, which are upstream social determinants of health. In addition, the fact that some

health care areas are not included in the 2020-2024 SHIP does not mean that the work that is currently being done, such as oral health, tobacco control, and obesity, will stop.

Ms. Moseley remarked that the shift to the 2020-2024 SHIP provides opportunities for more actors to get involved with these goals and create a shared responsibility and collective action. The 2020-2024 SHIP is a progression in rallying more people in Oregon around health and not rallying only health care professionals already committed to improving health in the state.

Ms. Mortell stated that Washington County's experience developing their Community Health Improvement Plan, for example, the steering committee was not able to reduce the 14 priorities to five, as all 14 priorities were deemed important. Washington County is adopting a tiered approach to these priorities, whereby the county is leading on some priorities, such as housing, and supporting partners on other priorities.

Dr. Schwarz expressed a hope for the 2020-2024 SHIP to integrate the physical, behavioral, and oral health determinants of health, thus covering the entire health domain.

Dr. Hedberg reiterated that the main differences between the 2015-2019 SHIP and the 2020-2024 SHIP are the opportunity for collective action and looking at the upstream determinants of health.

Ms. Mortell pointed out that it is important to marry the public health population data with the community voice, so it can be determined what makes the community healthy or unhealthy. For example, certain populations in the community do not have enough money and transportation to get to a doctor, or pay for a copay, due to low wages.

Dr. Hedberg stated that quantitative data were collected during the State Health Assessment. In addition, surveys have been sent in the community, one of which is closing at the end of January, that will capture the community voice. A survey was also sent to OHA employees to obtain their feedback on these priorities.

Ms. Tiel remarked that the SHIP is a living document, which is constantly evolving. Ms. Moseley added that she and Ms. Hudson will incorporate the suggested changes into the document.

Tribal Public Health Modernization

Carrie Sampson, Confederated Tribes of the Umatilla Indian Reservation; Kelle Little, Coquille Tribe; Sharon Stanphill, Cow Creek Band of Umpqua Indians; Victoria Warren Mears, Northwest Portland Area Indian Health Board; Danna Drum (OHA Staff)

Ms. Tiel invited the tribal public health officials to introduce themselves to the PHAB and encouraged the PHAB members to engage in a discussion. Ms. Drum recommended holding off any questions until the tribal public health modernization presentation ended.



Ms. Mears presented an overview of the tribal population in Oregon and listed the tribal governments in the state. Ms. Stanphill defined the meaning of tribal sovereignty and explained the policy foundation of the tribal population and its government-to-government relations through legislation.

Ms. Little reviewed the structure of the Indian Health Delivery System and highlighted the Indian health care challenges. Ms. Mears discussed the leading causes of death in the tribal population of Oregon.

Ms. Sampson articulated the process of establishing public health collaborations and gave examples of such collaborations. Ms. Drum noted how the public health modernization efforts related to tribal public health and explained the design of the tribal public health modernization assessment.

Ms. Sampson elaborated on the outcomes of the tribal public health modernization assessment and pointed out the tribal strengths that can be leveraged. Ms. Drum concluded the presentation by outlining the next steps in the tribal public health modernization initiative.

Dr. Hedberg asked about the meaning of “rare disease expertise” as a tribal strength and Ms. Drum explained that such expertise is related to rare communicable diseases that are not often seen.

Dr. Savage asked the tribal representatives about their experience with the CCOs, both good or bad, in terms of collaboration or as a wish list. Ms. Little and Ms. Stanphill agreed that their relationship with the CCOs is very positive. Ms. Stanphill explained that the contracts the tribes have with the CCOs are very different, because the tribes are different in the way they manage their health care. Some tribes have malpractice issues, while others have malpractice insurance. Overall, the relationship most tribes have with the CCOs is good, although it took some time to develop the relationship.

Ms. Saito commented that emergency preparedness is a great example of a collaboration between the tribes and, local public health, CCOs and state public health. In 2016, the tribes established a Tribal Preparedness Coalition; they work on exercises together and share information.

Ms. Thalsofer pointed out that Public Health Modernization has allowed the local public health organizations to work with tribal partners. In the past, local health authorities did not have enough time to work with tribal partners, but modernization funding has given them staff and work has started on projects.

Ms. Drum clarified that none of the tribes are receiving modernization funds, but the tribes see the value in public health modernization and are early adopters of the modernization initiatives. The participation of more tribes depends on resources to build capacity to do that work.

2015-2019 State Health Improvement Plan Update

Karen Girard, Laura Chisholm, Sue Woodbury (OHA staff)

Ms. Girard noted that a key priority of the Center for Prevention and Health Promotion is to slow the increase of obesity in the state. The key questions that guide the center's work relate to better communication of the health and economic burdens of obesity and better communication of the need for a comprehensive prevention strategy.

Ms. Woodbury summarized the priority targets, based on collected data. Obesity prevalence among 2-to-5-year-olds is flat, while obesity prevalence among youth, obesity prevalence among adults, and diabetes prevalence among adults are increasing.

Ms. Girard explained that obesity prevention faces many significant challenges. Currently, there is no public health capacity or funding to comprehensively address the problem of obesity in a holistic way. The starting point and most effective strategy is to reduce the consumption of sugary drinks. Oregon is the only state on the West Coast in which local jurisdictions can increase the price of sugary drinks.

Mr. Queral expressed a concern about the reversal of the economic burden of obesity and asked if the data showed the disparate economic impact of obesity on communities of color.

Ms. Girard replied that the Center for Prevention and Health Promotion had the data and would work on communicating the information to the public.

Dr. Hedberg added that, unlike tobacco use, the impact of obesity is more complicated to assess, especially among the overweight population.

Ms. Thalsofer pointed out that the consumption of sugary drinks is just one of many causes of obesity, because obesity is not only about what people eat, but also about how they move. The reduction of sugary drinks consumptions should be the first step of a larger, articulated strategy that involves initiatives not only by the Oregon Health Authority, but also by the Transportation Authority, and other state agencies. Ms. Girard clarified that a sugary beverage tax with funds dedicated to comprehensive obesity prevention activities would answer this issue.

Dr. Savage commented that the communication of the health burdens of obesity must start at the school level. School food is poor quality and it contributes greatly to childhood obesity. The WIC program should be involved in these efforts.

Ms. Woodbury explained that a Presidential Order brought back the school nutrition standards. Schools do not have enough food, and a roll back on what they have is going into effect soon.

On a related note, Ms. Mortell informed the PHAB that lack of funding from the federal government resulted in the current lack of Healthy Communities grants. Instead of continuing the good work started 10 or 20 years ago, the local health care system is going backwards.

Dr. Dannenhoffer remarked that one of the biggest changes in pediatrics over the last 30 years has been the enormous advance of obesity. On a local level, there are things that can be done, such as promoting walking to school and the use of a farmer's market to buy fresh fruits and vegetables, among other strategies.

Shifting focus, Ms. Chisholm presented the work done by the Center for Prevention and Health Promotion related to reducing harm associated with alcohol and substance abuse. She outlined three key questions that probed the health equity issues associated with alcohol and other substance abuse, the shared ownership of the issue across health care sectors, and the broadening of the conversation beyond prevention of Substance Use Disorders (SUD).

Ms. Girard pointed out that, in terms of the priority targets, the current data (2017) shows an increase in the prescription opioid mortality death rate, the alcohol-related motor vehicle deaths, the binge drinking prevalence among adults, and the heavy drinking prevalence among adults. There a decrease in the binge drinking prevalence among adults. In addition, overdose deaths from prescription drugs are down 45% since 2006, while overdoses from illicit drugs are increasing. (For more information, visit <https://apps.state.or.us/Forms/Served/le8275.pdf> and House Bill 2257 <https://olis.leg.state.or.us/liz/2019R1/Downloads/MeasureDocument/HB2257/Introduced>.)

Ms. Chisholm informed the PHAB that a fast-track Opioid Emergency Response grant has allowed OHA to do emergency preparedness work related to illicit drug use. A CDC funding package, expected on or around February 1, 2019, will support this work.

Ms. Girard stressed that the efforts to reduce alcohol and substance misuse must be distributed across sectors (i.e., education, transportation, health), as this is a complex issue. As with tobacco, increasing the price of alcohol is the most effective strategy for reducing excessive drinking and alcohol-related harms. Alcohol costs Oregon \$3.5 billion per year, or \$2.08 per drink. Another strategy to have a strong alcohol policy is by maintaining state control through the Oregon Liquor Control Commission.

Ms. Mortell provided details about a past initiative in Washington State, where state control was eliminated. While the price of alcohol did not decrease, alcohol became more visible and prevalent in grocery stores. This over-normalized alcohol consumption for youth.

Dr. Schwarz asked if consumption increased in Washington State after state control was relinquished. Dr. Hedberg explained that it is unknown whether the number of people who drink increased, but it allowed problem drinkers easier access to alcohol. The key question then became “How much do you drink?”, as opposed to “Do you drink?” More access to alcohol also led to more shoplifting of alcohol by minors and others.

Accountability Metrics Subcommittee

Dr. Eli Schwarz

Dr. Schwarz explained that the recent work of the subcommittee has been on the reporting of the accountability metrics data. The committee agreed on a graphic design style similar with the style in the CCO reports. Presenting a map of the state with benchmark numbers for each county, as well as benchmark bars for the different ethnicity groups, is visually compelling. Dr. Schwarz asked the PHAB for feedback or comments on the presentational style.

Dr. Schwarz also stated that one concern with the presentation of race and ethnicity information is that 40% of the data are missing and that there should be a disclosure that indicates that the presented numbers are not the whole truth.

Dr. Hedberg suggested that one way to resolve that problem is to have a category “Missing”, or an asterisk, that makes it clear that 40% of the data are missing. If the missing data is presented, people will think about it.

Ms. Mortell commented that stacking race and ethnic groups against each other is perhaps not a good practice in representing racial and ethnicity data. The limited space on a page forces us to represent it this way, but the design implies that there is something in race and ethnicity that is wrong versus society that is wrong.

Dr. Schwarz responded that the Metrics and Scoring Committee solved a similar problem by showing race and ethnicity data with dots in different colors that indicated the change in the different race and ethnicity groups.

Dr. Luck added that the Health Equity Metrics Workgroup is working on communicating upfront that disparities in health by race and ethnicity reflect historic inequities, as well as past and ongoing injustices, not personal choice or lack of responsibility.

Incentives and Funding Subcommittee

Akiko Saito (OHA Staff)

Ms. Tiel invited Dr. Dannenhoffer to summarize the work of the Incentives and Funding Subcommittee because Ms. Saito had left the meeting.



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Dr. Dannenhoffer explained that the subcommittee deals with what should be done with modernization funding this and next year. The budget is \$5 million. The subcommittee is grappling with three questions: (1) How do we deal with funding that decreases monthly? (2) How do we deal with counties that were not included in the past, or entities that might want to switch? (3) What should we focus on – old things or new items? Dr. Dannenhoffer acknowledged that there was a lot more work to be done.

Public Comment Period

Ms. Tiel asked if members of the public on the phone or in person wanted to provide public comment. No public comment was provided.

Closing

Ms. Tiel thanked the PHAB for their time and adjourned the meeting.

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

**February 21, 2019
2:00-5:00 p.m.
Portland State Office Building
800 NE Oregon St Room 1B
Portland, OR 97232**

If you would like these minutes in an alternate format or for copies of handouts referenced in these minutes please contact Julia Hakes at (971) 673-2296 or krasimir.karamfilov@state.or.us. For more information and meeting recordings please visit the website: healthoregon.org/phab