

Public Health Advisory Board (PHAB)

March 16, 2017

Meeting Minutes

Attendance:

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

Oregon Health Authority (OHA) staff: Cara Biddlecom, Sara Beaudrault, Christy Hudson, Britt Parrott, Angela Rowland

Members of the public: Kathleen Johnson, Kaleema Kerbs, Cate Theisen

Approval of Minutes

A quorum was present. The Board unanimously voted to approve the February 16, 2017 minutes.

Welcome and updates

-Jeff Luck, PHAB chair

- The accountability metrics development work is on track. The next subcommittee meeting is on March 22, 2017, where the group will be reviewing the stakeholder survey.
- There is a vacancy on the Board for a local public health administrator. It could take 2 – 6 weeks to appoint the new member.
- Lillian Shirley and Katrina Hedberg presented the Public Health Division budget at the Ways and Means Human Services Subcommittee, archived here: <https://olis.leg.state.or.us/liz/2017R1/Downloads/CommitteeMeetingDocument/101418>. Legislators understand public health, its interconnectedness, and are supportive. Tricia, Eva, Alejandro, and Jeff testified in support of the budget.
- HB 2310, the public health modernization bill has not been scheduled for a hearing.

2017 work plan and charter

-Jeff Luck, PHAB chair

The Board reviewed the updated charter, which includes broader statements in the overview section, explains what the PHAB is responsible for, and adds health equity alignment. They also reviewed the 2017 work plan which was down-sized to one page with key visuals indicating updates, deliverables, and items requiring a vote.



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The Board discussed options for the correct location for completed deliverables and tasks since they are utilized for accountability to the Oregon Health Policy Board (OHPB). More guidance could be provided once the OHPB designee has been appointed to the Board. An edit was recommended to change OHPB designee to liaison as seen on the OHPB subcommittee membership roster.

The Board agreed to send the updated charter with the 2017 work plan to the OHPB with Public Health Division staff deciding on where to place completed items and the Board to review annually.

Motion: The Board moved to approve the updated charter and send it forward to the OHPB for their review. All in favor.

Outcomes of the AIMHI regional public health modernization meetings

Kathleen Johnson, Oregon Coalition of Local Health Officials

Kathleen provided an overview of the ten regional meetings for Aligning Innovative Models for Health Improvements in Oregon (AIMHI). The purpose for these meetings was to identify unknown barriers to implementing public health modernization and communicate with state and local communities how to overcome those barriers.

The next steps are for the Rede Group to interpret findings, develop a conceptual roadmap to help facilitate modernization work, and to review and disseminate resources and tools.

The preliminary interpretation of findings are still in draft form. Some challenges identified were change management, funding, local politics, workforce capacity, and the role of public health. Some opportunities identified in cross jurisdictional sharing included assessment and epidemiology, leadership and organizational competencies, prevention and health promotion, communications, emergency preparedness and response, and communicable disease control. One of the projects resulted from the AIMHI meetings involves creating a current cross jurisdictional sharing library and identifying case studies.

Some of the main themes Kathleen noticed were in change management and support. Also some pieces of the cross jurisdictional model are easier shared than others. For example: assessment and epidemiology is not available at all local health departments and could benefit the work being shared among health departments. It might serve difficult for a health department to share non-regulatory environmental health work.

Alejandro commented on the importance for revisiting cross-jurisdictional sharing and how the Public Health Division (PHD) and the Coalition of Local Health Officials (CLHO) could pre-emptively support this issue. The PHAB could make templates, protocols, or guidelines. He

feels that cross jurisdictional sharing will soon be formalized and there is a need to determine how the PHAB can facilitate this process in a thoughtful way.

CLHO will return in June with more data, draft tools, and a roadmap.

The PHAB requests:

1. CLHO provide details on how the PHAB could help in the AIMHI work.
2. Review the cross jurisdictional library and if coordinated care organization (CCO) and local public health authority collaboration are noted, it could be helpful to pull out as a separate analysis.
3. Summarize AIMHI findings for HB2310 testimony.

Alejandro questions what other opportunities could be left behind and how the change in health care at the federal level could affect cross jurisdictional sharing.

Health equity policy

Jeff Luck, PHAB Chair

Jeff presented the updated health equity policy including the updated health equity definition and process instructions. The definition was created by the PHD health equity committee.

Eli stated that the definition is not at the same level and seems inconsistent. He finds it difficult to define health equity in its inverse meaning and possibly the Healthy People 2020 definition might serve better.

Katrina offered a potential compromise to define health equity by stating in order to achieve the positive it is necessary to focus on gaps or inequities or adding the definition of health inequity.

Tricia commented that this definition includes language from the World Health Organization definition and is consistent with other organization's definitions. All definition references should be cited. Also to remain precise with the language, since no system is equitable, and the Board should remain cautious about intent and history.

Jeff remarked that in a statistical sense the definition calls out how to measure how things are different. If health equity is achieved, certain statistics will not be seen. Also that due to social determinants of health, people are less healthy because society makes them less healthy.

Cara said that the Public Health Advisory Board could adopt a different definition of health equity or edit the current definition from the PHD health equity committee.

Akiko recommended a small PHAB ad-hoc subcommittee dive into the current health equity definition. Since many of the PHAB members interested in this topic sit on the Incentives and Funding Subcommittee, it was determined to use their next meeting time to further discuss the definition of health equity and the policy.

Lillian notified the Board that the OHPB is developing a health equity committee and will be producing a charter.

Action Item: PHD staff will convene the Incentives and Funding Subcommittee to make recommendations on the definition of health equity and the draft policy.

Guiding principles for public health and health care collaboration

Muriel DeLa Vergne-Brown, PHAB member

On March 6, 2017 an ad hoc PHAB subcommittee met including Muriel, Rebecca, Tricia, and Safina to discuss opportunities to collaborate public health in the health care sector.

Topics and strategies discussed

- A road map of current collaboration
- Collaborative service models
- Expertise and evidence-based interventions
- The action plan for health
- Shared metrics and data that are outcome oriented and sustainable
- Work to improve population health across sectors
- Leadership and governance and assuring public health representation on governing boards
- Community Health Assessments (CHA) & Community Health Improvement Plans (CHIP)

Tricia brought the draft guiding principles to the urban counties she represents and internally with Multnomah County. The feedback she received includes that the language needs to be more assertive and action oriented by increasing the use of the word *ensure*, for example ensure continued CCO partnerships. They would like to see a strategy focused on communication and policies for public health, for example, CCO partnership through tobacco prevention policy. They want to acknowledge the need to advance the workforce to achieve the triple aim and public health modernization goals. The principles need to address social determinants of health and health equity. For example, CCOs and public health could work around the housing strategy or better language access strategy.

Jeff recommends being more concrete with clear examples.

Eli suggested to use the State Health Improvement Plan priority summary page to discuss with CCO representatives who could review and explain what the guiding principles could potentially look like.

Safina and Cara presented at the March 13th Quality Health Outcomes Committee (QHOC) and gave an update to CCO medical directors about the work on these guiding principles. This document could be a good opportunity to get feedback and jumpstart systematic collaboration at a future QHOC meeting.

Katrina recommended using the *Practical Playbook* for more concrete examples of cross-sector collaborations.

Rebecca mentioned to also include the hospital association in system collaboration. The hospital association uses guiding principles as an important framework for evaluation policy or initiatives. Specific language is more helpful.

Health care organizations are the intended audience.

Action Item: PHD staff will incorporate the feedback from today and email out to the Board. The edited guiding principles will be reviewed at the May PHAB meeting. The Venn diagram that Safina developed will also be updated and sent out to the Board.

Review State Health Assessment Steering Committee and timeline

Katrina Hedberg, Oregon Health Authority

Katrina announced that PHD is updating the State Health Assessment (SHA) to be in accordance with public health accreditation. There will be a robust planning process using the Mobilizing for Action through Planning and Partnerships (MAPP) model. This allows for community involvement through direction from a stakeholder steering committee. The state recommends 2 PHAB representatives in this steering committee from local and non-local public health areas.

PHAB volunteers:

- Alejandro Queral, PHAB – non-local representative
- Rebecca Pawlak, hospital representative
- *To be determined through email - local health representative*

Preventative Health and Health Services Block Grant work plan

-Danna Drum, Oregon Health Authority

Danna requested feedback for the direction of the Preventative Health & Health Services Block grant work plan. She held a public hearing last week with no attendance. The work plan addresses five Healthy People 2020 objectives including accreditation, quality improvement,



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workforce training, state health improvement training, and sexual violence. There is \$1.1 M available with \$85,660 of that amount set aside specifically for rape prevention.

Tricia inquired on the amount of funds distributed to tribes or local health departments. Danna answered that these dollars have not been directly distributed to tribes or local health departments, but do fund the strategic partnerships manager and the two local public health consultants who work closely with these groups. Tricia questioned when the PHAB can weigh-in on state funding priorities and make sure they align with the State Health Improvement Plan and health equity goals.

Danna noted that the PHAB is the designated advisory committee for the block grant and has an opportunity to weigh in as they see fit. The block grant funding begins on October 1, 2017 with the final work plan deadline of July 1, 2017. This grant is funded through the Prevention and Public Health Fund. Tricia inquired if these funds will be ending after 2019. Lillian stated that in this current climate, the program element process may be changing.

Jeff stated these concerns would be a long-term discussion.

Lillian noted that the block grant helped to make public health modernization happen and the state did a lot of heavy lifting towards the beginning.

Jeff inquired if modernization is tied to the triennial reviews. Danna responded that program elements do not align with public health modernization, but the tools could be shifted. She sees an opportunity to frame the work being done in program elements to tie with foundational capabilities and programs. The Conference of Local Health Officials (CLHO) negotiates program elements and decides on deliverables and accountabilities. The tools for the review are tied to federal funding requirements and to language in the program element.

Kathleen Johnson commented that CLHO can review the program elements and look at modernization.

The PHAB voted to formally support the block grant work plan proposal. All in favor.

Public Comment Period

No public testimony was provided in person or on the phone.

Closing

In anticipation of the Affordable Care Act repeal, the www.95percentoregon.com website was created in Oregon. Sara Beaudrault contributed the population health data and potential consequences for women's reproductive health to the website. This useful tool provides many talking points.



The meeting was adjourned.

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

April 20, 2017
2:30pm – 5:30 p.m.
Portland State Office Building
800 NE Oregon St., Room 1A
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



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