

Public Health Advisory Board (PHAB)
June 3, 2016
Portland, OR
Meeting Minutes

Attendance:

Board members present: Carrie Brogoitti, Muriel DeLaVergne-Brown, Prashanthi Kaveti, Jeff Luck, Eva Rippeteau, Eli Schwarz, Teri Thalhofer, Tricia Tillman, Jennifer Vines

Board members absent: Silas Halloran-Steiner, Safina Koreishi, Alejandro Queral, Akiko Saito, Lillian Shirley, Katrina Hedberg

Oregon Health Authority staff: Sara Beaudrault, Cara Biddlecom, Steven Fiala, Dano Moreno, Angela Rowland

Guest presenters: Jason Hennessy, Michael Hodgins, and Annie Saurwein, BERK Consulting

Members of the public: Jan Johnson, The Lund Report, Catie Thiesen, Oregon Nurses' Association, Morgan Cowling, Coalition of Local Health Officials, Kellie DeVore, Planned Parenthood of Southwest Oregon, MaiKia Moua, Benton County Health Department, Rebekah Bally, Oregon Health Care Quality Corporation, Katherine McGinness, Oregon Health Authority, Kelly McDonald, Kelly McDonald LLC, Abdirahman Omar, Estela Gomez, Oregon Health Authority, Laura McKeane, AllCare Health Plan, Pat Luedtke, Lane County Health Department, Belle Shepherd, Oregon Health Authority, Lynn Knox, Oregon Food Bank

Welcome and Introductions

This meeting was designed to be an informational webinar for Public Health Advisory Board members. No motions were put forward during the meeting for a vote.

Steven Fiala provided an update on the key informant interviews. The stakeholders included PHAB members, the legislature, local public health, and health systems. They were asked to provide feedback on draft communications

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materials. Five interviews have been completed. Some preliminary findings were as follows: 1. Need for a concise vision to see modernization of public health in a tangible way by calling out language related to foundational programs; 2. Need to change a few key phrases, i.e. bedrock, fair shake; 3. Need to reference current issues, e.g. Zika virus, Cascadia Subduction Zone planning.

Next steps will involve finishing up the last few key informant interviews, revising the vision statement with the OHA communications officer, and setting up a conference call with all interviewees to further discuss the vision statement.

Eli asked where members can find the vision statement. Cara informed that it was sent out on May 20th via email.

Eva provided the Early Learning Council design team's goal statement from 2011, "Ensure that every Oregon child enters school ready and able to learn and is reading in first grade. Integrate and align state resources with outcome structures and expectations to meet these goals." She commented that this statement is simple and the Modernization vision statement could mirror this concept.

Jeff inquired when will PHAB members expect to see the updated version of the vision statement that reflects the stakeholder input and edits. Cara replied that it will be provided at the next PHAB meeting on June 16th for discussion. OHA will then take written board member comments via email thereafter.

Public Health Modernization Assessment Report

Jason Hennessy, Michael Hodgins, and Annie Saurwein, BERK Consulting

Annie provided an overview of the updates and edits made to the public health modernization assessment report. The assessment will be made up of three areas:

1. The executive summary will be only a few pages, highlighting key findings, policy implications, and phasing that can be used as a standalone document.
2. The summary report will include the background, assessment overview, overall results, policy implications, and phasing considerations.

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3. The full detailed assessment report will catalog all results from the report. BERK is in the process of streamlining writing, rewriting the barriers section, and will update the graphics according to the feedback received so far.

Annie noted a correction made to the Public Health Division's current spending. In the full report draft, a \$21M communicable disease control program that shouldn't have been counted as a part of public health modernization was inadvertently included. Removal of that \$21M decreased the Public Health Division's current spending in communicable disease control accordingly. Additional refinements led to the total additional need dropping by \$1.5M.

Tricia made a comment that the slide Annie presented for Updated Cost of Full Implementation had a numerical error. Annie determined that it was due to a sorting issue and will be corrected and sent out before the June 16th meeting.

A global edit made was to remove the second waffle chart which was replaced by a bar chart. Eli commented that it would make more sense to him if all 3 bars had the same scale in percentages. Tricia stated that local public health authorities may be ranking themselves as less than half on a 1-10 scale. It overestimates the capacity and expertise for local health authorities. The 5/5 area shows partial implementation when it should not. Annie added that the scale has been updated with the degree of implementation and population service language. Jason commented that less than 4% of the responses ranked at 5/5 out of the 10 scale, so if you moved this it would not show an overrepresentation in either group. Jeff requested that Jason's comment be added to the report text.

The next global edit made was that the resource graphics were contextualized to make them more intuitive. Jeff asked if the grey boxes will be same on each page. Annie stated that for each state page they will be the same and for each local public health authority page will have the same amount of boxes. This represents overall current spending and full implementation and additional increment with the share of each program out of the overall. Eli inquired on what the figure at the bottom of each set of grey boxes represents. Annie informed that in this example on slide 8, it represents the state share of current spending, full implementation, and additional increment. Tricia stated that this graphic adds

confusion. Annie stated that each box equals to \$500,000. Annie offered to add a legend that explains what each grey box means.

Annie explained that BERK added to the overall assessment results to compare the foundational capabilities and programs to see trends. She also displayed a new graph on page 17 of the draft summary assessment report. There it explains the distribution of unmet costs across all foundational programs and capabilities for the state and local public health authorities. Annie stated they will add a legend to explain the different shades of teal. Eli asked that a description of the percentages of funding be added to the graphic. Jeff recommended adding the dollar amounts to this graph. Tricia pointed out a potential risk to showing what the state's unmet need is versus the local public health authority's unmet need, in that the initial investment might go towards the state level instead of the local level if it is split out. Tricia requested a narrative around the large gap in capacity at the local level versus the state level. Teri expressed the need to articulate a full public health system perspective. Eva suggested that the unmet costs be placed side by side to what is currently being spent. The Incentives and Funding subcommittee could discuss this topic at the next meeting on June 15.

Eli pointed out that the graph on page 16 states Cost of Additional Increment of Service and on page 18 it is described as unmet costs. Eli would like to see consistent language to make the report more intuitive. Jeff asks that the narrative includes that PHAB recommends funding towards local public health departments and not just the state.

Annie proceeded to explain the level of implementation graph on page 18. This graph displays the patchwork quilt concept – that there are different needs in each public health authority. Each public health authority is a column. The determination was made to add size bands to these graphics so more detail could be provided without naming specific local public health authorities.

Annie discussed the three new graphs on pages 19, 20 and 21. She provided an example of the communicable disease control and environmental public health share of activities graphics on page 22. Eli asked clarifying questions on the percentages. Annie stated they will need to be updated.

Annie then explained the summary findings on page 28. Jeff commented that the remaining pages from 29-37 are the summary in text of what BERK thought were the important policy implications. PHAB members should provide feedback on these pages with as much review as possible. These comments should be provided via email by the end of the day Monday, June 6. Tricia asked about placing the summary findings in the front of the document. Annie stated that the executive summary is forthcoming. Tricia and Jennifer felt that the executive summary should be closer to two pages. Jennifer stated that the summary findings discussed process was light on conclusions. For example, that there is a large unmet need at the local level and for the state most of the unmet need is at the program level. Also, the size of the jurisdiction doesn't necessarily determine capacity. Jeff encouraged these types of conclusions and comments to be put in writing. Eva clarified the full implementation cost is annual rather than biennial. Eli commented that biennia and biennium need to be used in the correct context.

Annie discussed the phasing considerations from pages 34 and 35. Eli noticed that the planning for the assessment and the initial implementation is not calculated in the estimated unmet needs. Cara states that these costs could go into the leadership and organizational competencies foundational capability. Eli suggests to add case studies of examples of how the work is getting done and how phasing could take place. Jeff added that in addition to the BERK report the Public Health Division will have their own narrative document. Tricia shared that Multnomah County was asked to assess capacity around environmental health, and since then there have been many additional unanticipated environmental health needs. The assessment was based on what they currently knew, but not the unknown. Tricia asked if there is a way to see in the triennial review process what gaps the counties are having. Cara will connect with Danna Drum to see what key triennial review findings are for the state.

Cara requests input from the board on the phasing considerations. Please send all written input to PublicHealth.Policy@dhsosha.state.or.us.

Public Comment Period

Les Ruark, Written Testimony

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The planned webinar access notwithstanding, for the public to have any *real* opportunity to review and offer *meaningfully arrived at* comment on the draft policy recommendations the PHAB is to consider Friday, the draft recommendations needed to be posted yesterday, actually last week.

Here it is three days away from the meeting and the draft recommendations, as best I can tell, are still not posted. And, if they've been disseminated to board members the same communication hasn't been made known or available to interested persons.

For what it's worth (and said with an understanding of the need to keep the momentum of interest in gear, as well as a genuine respect for staff's work) I believe the PHAB is just plain moving this front along too fast.

From this point forward, the board needs to slow the pace down a little and ensure there *truly is* actual time for interested persons to a) obtain and review future draft recommendations, and b) prepare and submit comment on them.

I ask that this communication be made a part of the PHAB's meeting record Friday.

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 please contact Angela Rowland at (971) 673-2296 or angela.d.rowland@state.or.us. The handouts from this meeting as well as the minutes will be posted on our website: healthoregon.org/phab.

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