

Public Health Advisory Board (PHAB)
September 5, 2017
Meeting Minutes

Attendance:

Board members present: David Bangsberg, Carrie Brogoitti, Muriel DeLaVergne-Brown, Katrina Hedberg, Safina Koreishi, Jeff Luck, Rebecca Pawlak, Alejandro Queral, Akiko Saito, Eli Schwarz, Lillian Shirley, and Teri Thalhofer

Oregon Health Authority (OHA) staff: Sara Beaudrault, Cara Biddlecom, Danna Drum, Britt Parrott, and Angela Rowland

Guests: Morgan Cowling and Nancy Martin

Approval of Minutes

A quorum was present. The Board approved the May 18, 2017 minutes. The Board made edits to the July 20, 2017 minutes including an update of the attendee list and a correction to a Board member comment. The edited July minutes were approved with all in favor.

Welcome and updates

-Jeff Luck, PHAB chair

Lillian Shirley provided the Oregon Health Authority (OHA) leadership update.

- Patrick Allen is the acting OHA Director.
- Dawn Jagger will be the interim OHA External Relations Director.
- Splitting the OHA CFO/COO position into two positions between Laura Robison and Kristine Kautz.
- Jeremy Vandehey will be the interim Director of the Health Policy and Analytics Division.
- Victoria Demchak has been assisting Jeremy in the Governor's Office and will continue in her role.

Cara Biddlecom provided an update on the State Health Assessment.

- Rebecca and Alejandro sit on the Steering Committee.
- Two subcommittees have been formed to focus on qualitative and quantitative data collection.
- Working to engage non-traditional partners in the process.
- Next Steering Committee meeting will be held on September 11.
- The state health profile indicators are being updated with emphasis on social and structural determinants of health.
- The framework for the state health profile indicators will be revised to follow the public health modernization foundational programs rather than the county health rankings.



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- This assessment will form the basis for the next version of the State Health Improvement Plan.

Cara provided an update on the Public Health Modernization rulemaking.

- Rules Advisory Committee met on August 16.
- The next meeting is September 14.
- David Bangsberg, Muriel DeLaVergne-Brown, and Rebecca Pawlak are on the committee.
- These rules will be effective January 1, 2018.

Local public health authority transitions will become a new standing topic as they come available.

The Public Health Modernization Request for Proposals (RFP) was created for local public health authorities. The RFP will be released next week.

Subcommittee updates

-Sara Beaudrault, OHA

Sara provided an update on the Accountability Metrics subcommittee's work last month. There was consensus among subcommittee members to recommend that the existing American Community Survey (ACS) measure (*Percent of commuters who walk, bike, or use public transportation to get to work*) be used now to report on active transportation. Subcommittee members also recommended that, moving forward, PHD pursue opportunities to enhance the Oregon Household Activity Survey (OHAS). This sits nicely with the partnership with Oregon Department of Transportation (ODOT).

Alejandro asked if the OHAS is a one point question or longitudinal survey. Sara stated the recommendation is to move towards a longitudinal survey if more resources come available. Alejandro commented that this needs to be measured over time to provide an accurate picture. Katrina mentioned that the feedback provided from the quantitative State Health Assessment subcommittee discussed this gap in state health indicators and how there is a need for alignment. Muriel questioned if there was discussion of any challenges in rural areas that lack public transportation. Sara stated this is part of phase two to look at all local public health authorities and how they can help support this measure and that it might be very different across the state currently. Eli recommends discussing with ODOT on how to put resources into the OHAS for more valid information.

Action item: Discuss how to add resources to help enhance the OHAS with the Oregon Transportation Commission (OTC) when have joint meeting with the PHAB.

Sara also announced that process measures will come to the Board before the end of the year.



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Health Plan Quality Metrics Committee

-Shaun Parkman, OHA

Shaun provided an overview on the Health Plan Quality Metrics committee (HPQMC). In 2015, SB 440 established the committee to align health outcome and quality measures used in Oregon. Specifically, the committee works around health plans that are publicly funded. The committee is a subcommittee of the Oregon Health Policy Board and Jeff Luck is a member. Margaret Smith-Isa is the primary point of contact Margaret.g.smith-isa@state.or.us.

David asked if the PHAB wanted to recommend a population metric for the HPQMC to consider. Shaun doesn't see those types of measures moving forward until next year based on the formal mechanisms and upcoming tight deadlines. David mentioned the importance in timing and alignment with CCO metrics. Public health should have an opportunity to make their suggestions.

Rebecca asked if the same measure is being selected despite that there is a diverse pool of patients being served, including the Oregon Educators Benefit board (OEBB), Medicaid, and Public Employees Benefit Board (PEBB). Shaun stated that the committee is aware of that challenge. Jeff remarked that the HPQMC is determining the details on how to select measures by creating specific criteria and that committee members with a public health viewpoint can help guide these conversations. David proposed taking the PHAB accountability metrics to the committee. Jeff noted that the PHAB accountability metrics have been shared with the HPQMC staff.

Lillian stated that roughly 42% of Oregonians have their insurance paid by public funds therefore it would be a good investment for the state to focus on population health.

Eli asked with the large population served, how it addresses health equity. Shaun indicated that due to the stiff timeline this has not been addressed. Eli stated that rigid criteria and rules potentially harms innovation. Shaun stated that the legislation is fairly specific.

Eli recommended that this committee review any crosswalks of community health assessments in Oregon. David stated that the overarching goal is to help the CCO model by creating incentives to move upstream. The opportunity to put metrics that are reimbursable would be beneficial. Teri Thalhofer stated that CCO metrics have led to more data mining to make the numbers work rather than being focused on changing the actual patient experience.

David made a motion to recommend to the Oregon Health Policy Board that the Health Plan Quality Metrics Committee create a mechanism for PHAB to introduce measure concepts that promote upstream population health and social determinants of health for consideration in a timeline that would allow for such measures to be included in the new CCO contract.



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PHAB members want to make sure this informs and captures the CCO model to move upstream and social determinants of health. Muriel seconded. All in favor.

Teri requested that CCOs collaborate with governmental public health on meeting those metrics.

Tobacco prevention evaluation findings

-Shaun Parkman, Oregon Health Authority

The PHAB is responsible for discussing implications of tobacco prevention funding since there was a 2017 budget note added to HB 5006 which brings to the PHAB recommendations of how to apply a \$3.6M loss in tobacco master settlement agreement investment in tobacco prevention. The Incentives and Funding subcommittee will bring a recommendation forward for consideration at the October PHAB meeting.

Shaun presented on the Tobacco Prevention and Education Program (TPEP). TPEP is a comprehensive program including state and community interventions, health communication interventions, surveillance and evaluation, and administration and management. The community interventions base funding is allocated to all counties and Tribes with an additional two competitive grants for local communities. The competitive grants were Strategies for Policy and Environmental Change (SPArC) and Sustainable Relationships for Community Health (SRCH).

In SPArC, all grantees passed best-practice tobacco retail policies with more advancements through policy change than non-SPArC counties. For example, Crook County passed a policy that the quit line number must be posted in all tobacco retail outlets.

In SRCH all eight CCOs and 10 local health departments implemented referral systems to the tobacco quit line; formal partnership agreements were secured; and shared projects were created between CCOs and public health.

David asked how the program knows the changes are permanent and after the money is spent it doesn't go back to status quo. Shaun stated that since policies are created they are sustainable.

Muriel stated that her county's TPEP coordinator was doing this work for 20 years. It is very important and effective.

Rebecca stated that with the modernization framework it is important to be nimble and flexible and this program works well to get great outcomes.



Eli asked on the original amount of money provided for these grantees. \$1M for SPARC \$600,000 for SRCH. Katrina mentioned some funds come from state tobacco tax. She also stated that public health works to implement evidence-based control programs.

Jeff read the budget note.

The Oregon Health Authority, in collaboration with the Tobacco Reduction Advisory Committee, shall make recommendations to the Public Health Advisory Board on reductions to the Tobacco Prevention and Education Program, based on the loss of Tobacco Master Settlement Agreement (TMSA) funding, that reflects best practices for tobacco control, to minimize programmatic disruption. The Oregon Health Authority shall report to the Legislature the impact of the loss of TMSA funding to tobacco prevention in Oregon, across state and local programs, health communications, tobacco cessation, and data and evaluation.

Eli stated that if you take money away from one place you will have to get it from another. Tobacco prevalence is one of the accountability metrics, therefore some of the future modernization money could be used for TPEP.

Muriel voiced concerns about how the base TPEP funding has made competitive grants successful. Eli says that one could use health equity strategies as a way to address tobacco across the state. The cost of tobacco due to loss of life could make a case to CCOs and is also CCO incentive measure. In spirit of collaboration perhaps they could use health care funds. Tobacco use prevalence rates among Medicaid members are much higher. Katrina asked what role the Tobacco Reduction Advisory Committee (TRAC) plays. Katrina mentioned that PHAB already prioritized how to spend the initial public health modernization investment for 2017-19.

Karen Girard, the OHA Health Promotion and Chronic Disease Prevention Section Manager, indicated that they are also consulting with the Coalition of Local Health Officials (CLHO), Tribes, and TRAC prior to PHAB and then providing a report to the legislature.

Eli recommended providing a summary on the return of investment. Karen remarked that the bill to increase the age to purchase tobacco to 21 led to incredible pressure to pass with a great statewide effect so the ROI is being tracked. Rebecca stated that the framework for modernization funding pyramid would be a helpful tool that outlines where to put resources in the scale of investment. It is helpful to show how you can succeed with cuts and maintain programs that display positive health outcomes. David stated these TPEP programs are well run and are executed well. If funding can be moved over from the health care system that would be a huge win. Eli would like this to be the Oregon Health Policy Board's task. David agreed that this would require new dollars rather than to scavenge from other public health programs.

Guiding Principles for Public Health and Health Care Collaboration

-Safina Koreishi, PHAB member



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Safina provided an overview of her work on health care collaboration with the Columbia Pacific CCO. She created the *Opportunities for partnerships with public health and health care* Venn diagram and shared with the Quality and Health Outcomes Committee, which consists of CCO medical directors, many months ago. The CCO medical directors appreciated the visual interplay between public health and CCOs. More recently, Columbia Pacific CCO brought together their leadership team and three county public health directors to discuss shared priorities with an ease and impact scale to determine focus areas. Immunizations were determined as a shared priority. The group created a collaboration framework to display what is shared work and what is not to reach the goal to increase immunizations for children under two years old and decrease school exclusions.

Lillian is interested in seeing what public health work in this framework fits in the public health modernization foundational capabilities. It would be great to have conversations with the Federally Qualified Health Centers (FQHCs) and local public health authorities regarding what they are responsible for.

Muriel discussed an example in Crook County regarding perinatal care continuum and working with the local CCO on embedding community health workers in the clinics. This helped improved enrollment in WIC. David stated that examples like those should be the types of metrics that get incentivized.

Eli congratulated Safina for pushing the envelope. He will be presenting the *Guiding Principles* with the Metrics and Scoring Committee and the Health Share board.

Cara shared the Columbia Gorge Health Council's suggested edits for the *Guiding Principles* with the Board.

Jeff motioned to adopt the *Guiding Principles* document and it was approved with all in favor.

New PHAB charter template

-Cara Biddlecom, Oregon Health Authority

Cara stated that the Oregon Health Policy Board (OHPB) staff and OHPB committee staff are working to streamline committee processes and procedures. She has shared the PHAB *Guiding Principles* draft with internal OHPB staff.

The PHAB charter has been reformatted for standardization with the only addition from HB 2310 which creates a position on the PHAB for a Tribal member or Tribal member representative.

Jeff made a motion to adopt the new PHAB charter template with all in favor.



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Next step is work on PHAB bylaws in October.

Public Comment Period

No public testimony was provided.

Closing

The meeting was adjourned.

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

**October 19, 2017
2:30 pm – 5:30pm
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.org/phab



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