AGENDA

PUBLIC HEALTH ADVISORY BOARD

June 21, 2018
Portland State Office Building
800 NE Oregon St., conference room 1B
Portland, OR 97232

Join by webinar: https://register.gotowebinar.com/rt/4888122320415752707
Conference line: (877) 873-8017
Access code: 767068

Meeting objectives:

- Receive subcommittee updates
- Adopt updates to local public health authority accountability metrics
- Discuss the future direction of public health modernization in Oregon
- Receive updates on the progress of local public health modernization projects
- Review the Preventive Health and Health Services Block Grant work plan
- Discuss criteria for matching county investment in public health

2:00-2:20 pm	**Welcome and updates** • Welcome and introductions for new PHAB member • Approve May 17 meeting minutes	Rebecca Tiel, PHAB Chair
2:20-2:30 pm	**Updates to local public health authority accountability metrics** • Discuss recommendations from the Accountability Metrics Subcommittee on changes to opioid and active transportation local public health authority process measures ACTION NEEDED: Adopt local public health authority process measures	Teri Thalhofer, PHAB member
2:30-3:00 pm	**Advancing public health modernization in Oregon** • Discuss the charge to the Public Health Advisory Board to advance public health modernization in Oregon	Representative Mitch Greenlick, House District 33
3:00-3:45 pm	**Public health modernization implementation** • Discuss progress towards implementing regional public health modernization initiatives	Jocelyn Warren and Heather Amrhein, Lane County Public Health Teri Thalhofer and Carrie Brogoitti, PHAB members

3:45-4:00 pm	**Break**	
4:00-4:15 pm	**Preventive Health and Health Services Block Grant work plan** • Review proposed work plan ACTION NEEDED: Recommend FY19 work plan	Danna Drum, Oregon Health Authority
4:15-4:45 pm	**Matching funds criteria** • Review categories and line items for matching funds component of local public health authority funding formula • Discuss next steps for collecting actual county expenditures	Sara Beaudrault and Danna Drum, Oregon Health Authority
4:45-5:00 pm	**Public comment**	Rebecca Tiel, PHAB Chair
5:00 pm	**Adjourn**	Rebecca Tiel, PHAB Chair

Public Health Advisory Board (PHAB)
May 17, 2018
Draft Meeting Minutes

Attendance:

Board members present: David Bangsberg, Carrie Brogoitti, Bob Dannenhoffer, Muriel M DeLaVergne-Brown, Rebecca Tiel, Jeff Luck, Eva Rippeteau, Eli Schwarz, Lillian Shirley, Teri Thalhofer, Tricia Mortell, Jen Vines

Oregon Health Authority (OHA) staff: Cara Biddlecom, Julia Hakes, Sara Beaudrault, Kati Moseley

Members of the public: Alexandra Phan, Holly Losli, Cynthia Boelling (OHSU School of Nursing); Morgan Cowling, Caitlin Hill (Coalition of Local Health Officials)

Approval of Minutes

A quorum was present. The Board moved to approve the April 19 minutes.

Welcome and updates

-Rebecca Tiel, PHAB Chair

Rebecca shared highlights from the May 1 Oregon Health Policy Board meeting presentation.

Cara shared that Kati Moseley from the Public Health Division's Health Promotion and Chronic Disease Prevention Section will be rotating into Cara's position starting in July.

Local public health authority funding formula

-Akiko Saito, PHAB Member

Akiko reviewed the components of the 2019-21 local public health authority funding formula which OHA will submit to PHAB and Legislative Fiscal Office by June 30. The funding formula includes three components:

1. Base funds
2. Matching funds for county investment in public health
3. Incentive funds for the achievement of accountability measures

Teri expressed concerns over the proposed list of exclusion from county matching funds. Akiko clarified that the exclusions were just an initial discussion and will not be included in the Legislative Fiscal Office Report due June 30. Cara noted the PHAB will revisit these exclusions at the June meeting and continue to refine the process for collecting county investment in public health so that there is a mechanism for matching funds allocation in the 2019-21 biennium. As a part of this process, OHA will also pull together a workgroup with local public health

representatives to determine how to collect county general fund data needed to award matching funds.

Eli asked for additional background about county matching funds. Cara said OHA staff will provide additional context for PHAB members at a future meeting.

Sara noted that the Incentives and Funding Subcommittee discussed the $5-10 million funding range at length and used the PHAB funding principles as guidance in decision making.

Teri stated that competitive grant funding is inequitable in smaller counties due to decreased capacity for grant submissions. Bob said he would like to see the grant process continue up to $10 million. Muriel expressed concern with sustainability with the funding model. Cara shared that there will be additional discussion about how to build a future investment off the current infrastructure at an upcoming meeting.

Health system transformation and a modern public health system
Zeke Smith, Chair, Oregon Health Policy Board (OHPB)

Zeke commended the PHAB in all their work in advancing public health modernization and talked about the crucial role the PHAB plays in advancing health system transformation. Zeke noted the OHPB appreciated the attention to detail and guidance from the PHAB on the CCO 2.0 contracting process.

Teri shared that she had experienced difficulty making space to have discussions with the CCO in her region. Muriel stated that there is inconsistency in CCO and local public health relationships across the state.

Tricia noted that prevention is a common goal in the CCO 2.0 contracting process but appears the least funded.

Rebecca asked Zeke how the OHPB sees public health modernization fit into CCO 2.0. Zeke answered that he sees modernization addressing local priority health issues and elevating issues across the health system.

Dr. Bangsberg summarized that the OHPB is hoping to advance the idea that member health is population health in the CCO 2.0 contracting process.

Lillian reminded PHAB about upcoming CCO 2.0 listening sessions and events.

Public health modernization implementation

Muriel DeLaVergne-Brown and Bob Dannenhoffer, PHAB Member

Muriel presented about her local public health modernization initiatives. Lillian asked Muriel if Crook County has experienced any population changes given the influx of tech companies moving to the area. Muriel shared that there is a growing number of retirees in Crook County with 25% of the population being 65 and older.

Muriel noted that environmental health has been more difficult due to staffing: her staffer splits their time between two counties.

Bob presented about his local public health modernization initiatives. Lillian asked if there is any focus on flu and pneumonia vaccinations. Bob said his region is focusing on 2-year-old immunization rates.

Public Comment Period

Kimberly S. Kelley provided written public comment about Tickborne Diseases and medical errors.

Closing

The meeting was adjourned.

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

June 21, 2018
2-5 PM
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 Julia.a.hakes@state.or.us. For more information and meeting recordings please visit the website: healthoregon.org/phab

Public Health Advisory Board (PHAB)
Special Meeting
June 7, 2018
Draft Meeting Minutes

Attendance:
Board members present: Alejandro Queral, Jeff Luck, Eli Schwarz, David Bangsberg, Jeanne Savage, Carrie Brogoitti, Lillian Shirley, Bob Dannenhoffer

Oregon Health Authority (OHA) staff: Cara Biddlecom, Sara Beaudrault, Julia Hakes, Kati Moseley

Public Health Modernization Report to Legislative Fiscal Office
-Cara Biddlecom, Oregon Health Authority

Cara reviewed and discussed information included in the draft report to legislative fiscal office on 2017-19 and 2019-21 investments in public health modernization. PHAB members gave the following feedback:

- The table of contents organization of sub-section three needs to be reflected in the report itself.
- In the progress toward accountability metrics section: include a table showing the metrics that were adopted in the body of the report, and emphasize what we were able to accomplish with current funding compared to the full need.
- In the 2017-19 legislative investment section: describe approach to sustainability for the work established through the regional partnership grants, given uncertain funding.
- Throughout the report, describe how the public health system can continue to build on the infrastructure established with the 2017-19 legislative investment.

June 21 PHAB discussion with Representative Greenlick, House District 33
-Cara Biddlecom, Oregon Health Authority

Cara led PHAB members in a discussion about questions for Representative Greenlick that will help inform how public health modernization is advanced in the coming years. PHAB members would like to ask Representative Greenlick about the following:

- How can the PHAB support the legislature with information needs about public health modernization?
- What is the expectation of continued funding and how should we build off our existing capacity in the next biennium?
- Is the funding pyramid developed by the PHAB reflective of Representative Greenlick's vision?

- Is public health modernization a priority?
- Could CCO 2.0 be an opportunity to ask for modernization funds?

Public Comment Period
No public testimony was provided.

Closing
The meeting was adjourned.

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 Julia.a.hakes@state.or.us. For more information and meeting recordings please visit the website: healthoregon.org/phab

OHPB Committee Digest

PUBLIC HEALTH ADVISORY BOARD, METRICS & SCORING COMMITTEE, HEALTH PLAN QUALITY METRICS COMMITTEE, HEALTH INFORMATION TECHNOLOGY OVERSIGHT COUNCIL, HEALTHCARE WORKFORCE COMMITTEE, HEALTH EQUITY COMMITTEE, PRIMARY CARE COLLABORATIVE, BEHAVIORAL HEALTH COLLABORATIVE, MEDICAID ADVISORY COMMITTEE, STATEWIDE SUPPORTIVE HOUSING WORKGROUP

Public Health Advisory Board

The PHAB has advised OHA on changes to the 2019-21 local public health authority funding formula, which OHA is required to submit to Legislative Fiscal Office in June 2018. The funding formula includes three components: a base amount, incentives for achievement of local public health authority accountability measures, and matching funds to encourage continued local investment in public health. The report to Legislative Fiscal Office will be presented to PHAB in early June and will include other information like how the current 2017-19 public health modernization investment is being spent, progress towards public health accountability measures, and priorities for the next phase of public health modernization.

The PHAB is hearing from each of the eight regions funded by the 2017-19 public health modernization investment to gain a better understanding of the systems changes underway to improve communicable disease control and address communicable disease-related health disparities.

Chair Smith had an opportunity to talk with PHAB members about how public health modernization can support health system transformation and CCO 2.0 as well as opportunities to improve consistency in efforts on the ground.

COMMITTEE WEBSITE: http://public.health.oregon.gov/About/Pages/ophab.aspx
COMMITTEE POC: Cara Biddlecom, Cara.M.BIDDLECOM@dhsoha.state.or.us

Behavioral Health Collaborative

Regional Behavioral Health Collaboratives (RBHC) Updates: OHA will be supporting the implementation of a regional behavioral health collaborative, as recommended by the BHC, in the Metro Portland tri-county area.
There are several reasons why we have decided on this path:

- FamilyCare's decision to leave the Oregon Medicaid market has illuminated the different approaches within the region's behavioral health system and the opportunity for our timely attention to address the ongoing challenges in this region.
- Willing partners who can readily mobilize to make decisive impact.
- As the primary population center of our state, the tri-county area gives us the opportunity to make a meaningful difference as well as learn valuable lessons to be replicated by other regions of the state.

Risk Sharing:
Risk sharing for the waitlist will be moved to CCOs in 2020. A variety of challenges make adding this to the 2019 amendment not possible. The workgroup meets on May 30 to continue discussing risk sharing options for the OSH civil commitment population.
Workforce:
Assessment of the behavioral health workforce, including licensed and unlicensed providers, is in process. OHA and the Addictions Counselor Certification Board of Oregon (ACCBO) are providing data for on the behavioral health workforce. The assessment is still in the data collection process and due to some data not being available until August 2018, the assessment will be completed in January 2019 with a recruitment and retention plan by March 31, 2019.
Standards of Care and Competencies:
OHA staff is consulting with the Farley Center from the University of Colorado to develop core competencies for an integrated behavioral health workforce.

COMMITTEE WEBSITE: https://www.oregon.gov/oha/amh/Pages/strategic.aspx
COMMITTEE POC: Jackie Fabrick Jackie.FABRICK@dhsoha.state.or.us

Comprehensive Primary Care Plus (CPC+)

The Primary Care Payment Reform Collaborative convened on April 19, 2018. Agenda topics of note included: review of the work plan and timeline for developing Primary Care Transformation Initiative implementation strategy from the Collaborative; *Primary Care Spending Report in Oregon* presentation followed by a discussion about how the report can inform the Primary Care Transformation Initiative; CCO 2.0 value-based payment and behavioral health presentation and discussion; and presentation on three options for evaluating the Primary Care Transformation Initiative followed by small group discussion. In May and June the workgroups will convene to draft a proposed Initiative implementation strategy for Collaborative review and discussion at the July meeting.

The Collaborative convenes next on July 24, 2018 from 9:00 a.m. – 12:00 p.m.

COMMITTEE WEBSITE: http://www.oregon.gov/oha/Transformation-Center/Pages/SB231-Primary-Care-Payment-Reform-Collaborative.aspx.
COMMITTEE POC: Amy Harris, AMY.HARRIS@dhsoha.state.or.us

Healthcare Workforce Committee

The Healthcare Workforce Committee met on May 2, with 15 of 19 members participating.

The Committee received updates on recent activity of the Oregon Health Policy Board and on the Health Care Provider Incentive Program.

The Committee voted to approve revisions to its bylaws, that 1) Specifies members may serve two full terms of three years plus any partial term to which they are appointed; 2) Creates a new position of Immediate Past Chair, specifying duties of the position and changing the terms of the Chair, Vice-Chair and Immediate Past Chair to be one year; 3) Specifies that the Immediate Past Chair may serve on the

Committee for up to an extra year beyond the term dates to complete that accountability; and 4) Allow the bylaws to be amended with a 2/3 majority of a quorum of members present.

Committee members heard from the policy leads of each Policy Team for CCO 2.0 and offered feedback during the meeting and following the meeting. A letter approved by the Committee officially recommending items to require in the procurement process and during quarterly reporting was sent to OHA Director Pat Allen and OHPB Chair Zeke Smith.

Ongoing Activity:

A report identifying promising practices to increase diversity in the health care workforce will be developed between May and July and reviewed at the July Meeting.

Discussions with the Oregon Medical Board staff around improved data and data collections continue, with the objective of supporting the quality of information available in the Health Care Workforce Reporting Program.

The Committee will begin working on the 2019 Needs Assessment in July.

COMMITTEE WEBSITE: http://www.oregon.gov/oha/analytics/Pages/Hospital-Performance-Metrics.aspx
COMMITTEE POC: MARC OVERBECK, Marc.Overbeck@dhsoha.state.or.us

Health Plan Quality Metrics Committee

The Health Plan Quality Metrics Committee met on May 10th and approved the final aligned measures menu for 2019 state health care contracting. The Committee has reviewed 117 assorted health care quality measures since last July and approved 51 of the measures for inclusion on the measures menu. The Committee also identified twenty additional measurement topics that involve important aspects of health but where the Committee has of yet been unable to identify existing meaningful measures. These measurement topics will help guide the committee's future work to refine the measures menu with the aim of making it increasingly outcome-focused. In assessing the 51 quality measures included in the 2019 menu the Committee acknowledged that the available measures to date are heavily concentrated in prevention and early detection, with fewer measures addressing specialty care and health system integration and transformation. Other areas the Committee identified for near term focus include health equity, access to telehealth and other alternatives to face-to-face visits, obesity and upstream influences, and behavioral health.

As the Committee moves into the next phase of its work it will develop its work plan for the next 1-2 years, specifically considering how to best evolve the measures menu to advance measure alignment and adoption of evidence-based measures that promote desired outcomes. This will include examining approaches for creating new measures in areas of health where existing measures are inadequate. The committee next meets on Thursday June 14, 2018.

COMMITTEE WEBSITE: http://www.oregon.gov/oha/analytics/Pages/Quality-Metrics-Committee.aspx
COMMITTEE POC: Margaret Smith-Isa, Margaret.G.Smith-Isa@dhsoha.state.or.us

Metrics & Scoring Committee

In April the Metrics and Scoring Committee discussed oral health measures and tentatively endorsed the inclusion of an EHR-based drug and alcohol screening and referral (SBIRT) measure in the 2019 CCO incentive measure set (though final decisions will occur in July).

In May the Committee welcomed new member, Dr. Amit Shah, as a CCO representative. The Committee also heard presentations on:

- The first Public Health Accountability report (discussing areas in which the Committee and the Public Health Advisory Board might support joint efforts on areas with shared metrics) and
- The PCORI behavioral health integration study from Providence's Center for Outcomes Research and Education (which has implications both for measures of integration, as well as patient experience).

In addition, the Committee discussed the prenatal/postpartum care measures and potential changes for the 2019 measure set.

At its next meeting on June 15th the Committee will further discuss oral health measures, and begin formal decisions regarding the 2019 incentive measure set. Final approval of the full 2019 measure set will occur in July.

COMMITTEE WEBSITE: http://www.oregon.gov/oha/analytics/Pages/Metrics-Scoring-Committee.aspx
COMMITTEE POC: Sara Kleinschmit, SARA.KLEINSCHMIT@dhsoha.state.or.us

Health Information Technology Oversight Council

HITOC's June meeting will feature additional CCO 2.0 policy proposals from the value-based payment and behavioral health workgroups, as well as revisit the HIT components being developed for CCO 2.0. HITOC will also consider the network of networks advisory group charter to begin foundational work to support statewide health information exchange, and hear about a proposed federal rule changing elements to the CMS Meaningful Use Program.

COMMITTEE WEBSITE: http://www.oregon.gov/oha/HPA/OHIT-HITOC/
Committee POC: Sean Carey, Sean.M.Carey@dhsoha.state.or.us

Medicaid Advisory Committee

- On April 25, 2018 the Medicaid Advisory Committee (MAC) approved a set of recommendations and report on addressing the social determinants of health (SDOH) through Oregon CCOs. The recommendations include:
  - Explanation of why it is important to address SDOH through Oregon CCOs
  - Standard definitions of SDOH and social determinants of health equity that can be used for all Oregon CCOs
  - A set of roles that CCOs as health care plans can play addressing SDOH
  - A set of general recommendations for CCOs when addressing SDOH

- On May 23, 2018, the MAC approved a second set of recommendations aimed at how OHA can support and hold CCOs accountable to addressing the social determinants of health, in line with the committee's recommendations to CCOs (above).
- The full set of recommendations will be submitted to the OHA by the end of the month.
- The next work product of the MAC will be a housing-specific guide on health-related services, to be developed in collaboration with OHA. The MAC will working with OHA to develop a guide that builds on feedback from the Statewide Supportive Housing Strategy Workgroup, its survey and follow up interviews with CCOs regarding work in the social determinants of health, and the evidence base around housing and health

COMMITTEE WEBSITE: http://www.oregon.gov/oha/hpa/hp-mac/pages/index.aspx
COMMITTEE POC: Amanda Peden, Amanda.m.peden@dhsoha.state.or.us

Health Equity Committee

HEC retreat debrief

HEC members had the opportunity to reflect on the March retreat as a group. There was consensus that retreat was well facilitated and provided an excellent space to deepen the relationships between members, an instance to clarify the committee's role, and how equity work at OHA needs to go beyond merely using a lens.

OHPB Presentation Debrief

The co-chairs had an opportunity to share more on their presentation to the OHPB, including questions raised and discussion between co-chairs and Board members. Committee members in attendance also weighed in.

HEC Feedback to OHA on CCO 2.0

There was a conversation on formal feedback to OHA on CCO 2.0 and committee members requested that OHA CCO 2.0 policy leads come back to HEC and provide a follow up to the recommendations provided. The Committee had the opportunity to provide direct feedback on the month of April to the Social Determinants of Health and Health Equity and Behavioral Health policy options. However, there was agreement from the group that a clearly defined detailed recommendation coming from the committee is essential because the HEC has expertise in this area and the input has great value. The Committee will take the month of May to craft formal recommendations to OHA on CCO 2.0.

Committee Governance

The HEC has decided not to form an Executive Committee at this time due to attrition of members and with the desire to keep the group nimble and responsive to CCO 2.0 work. They will revisit Executive Committee formation in the future. In the interim, HEC will carry out their charge using ad hoc workgroups as they are more feasible and manageable at this point.

COMMITTEE WEBSITE: N/A
COMMITTEE POC: Maria Castro, Maria.Castro@dhsoha.state.or.us

Statewide Supportive Housing Strategy Workgroup

This committee was formed in 2017 as a joint effort by Oregon Health Authority and Oregon Housing and Community Services to increase capacity for supportive housing across the state. It grew out of the prior work that was done to assess the inclusion of housing supports in the CMS 1115 waiver submitted by OHA in 2016 (housing was ultimately not included in that waiver submission).

Workgroup members are external partners from Coordinated Care Organizations, Community Mental Health Programs, Hospital Systems, Counties, Housing Authorities, Community Development Organizations, and a variety of community-based housing and behavioral health organizations. A roster is located at http://www.oregon.gov/ohcs/DO/sshwg/2017-2019-Member-Roster-Supportive-Supported-Housing-Workgroup.pdf

The SSHSW advises OHA and OHCS on key program and policy considerations and is developing an implementation framework to support both the housing services and health services needs of homeless individuals or individuals at risk of homelessness, the majority of whom have one of more chronic health conditions or disabilities. The recommendations to be made by SSHSW members may include a variety of components such as identified resource streams, a standard set of criteria for effective supportive housing and services, and what long-term technical assistance is needed for housing and health system partners.

COMMITTEE WEBSITE: http://www.oregon.gov/ohcs/Pages/supportive-housing-workgroup.aspx.
COMMITTTEE POC: Heather Gramp, Heather.Gramp@dhsoha.state.or.us

Statewide CCO Learning Collaborative

Quality and Health Outcomes Committee Meeting
Barbara Roberts Human Services Building
500 Summer Street NE, Salem, OR 97301, Room 137 A-D
June 11, 2018
11:00 a.m. – 12:30 p.m.

Webinar link:	https://register.gotowebinar.com/rt/1604594670695078914
Toll-free conference line:	888-278-0296
Participant code:	673941

Improving Health Through CCO and Public Health Partnerships

Session Objective: Share strategies from around the state that could inspire or help other CCOs with developing strong partnerships with local public health to better serve their populations.

Each presentation will describe:

- Why this project is a priority for the CCO and for local public health authorities;
- How the project is funded;
- What outcomes have been achieved, or what outcomes are anticipated;
- Steps other CCOs and local public health authorities could take to do something similar in their community.

Reference document: Guiding Principles for Public Health and Health Care Collaboration

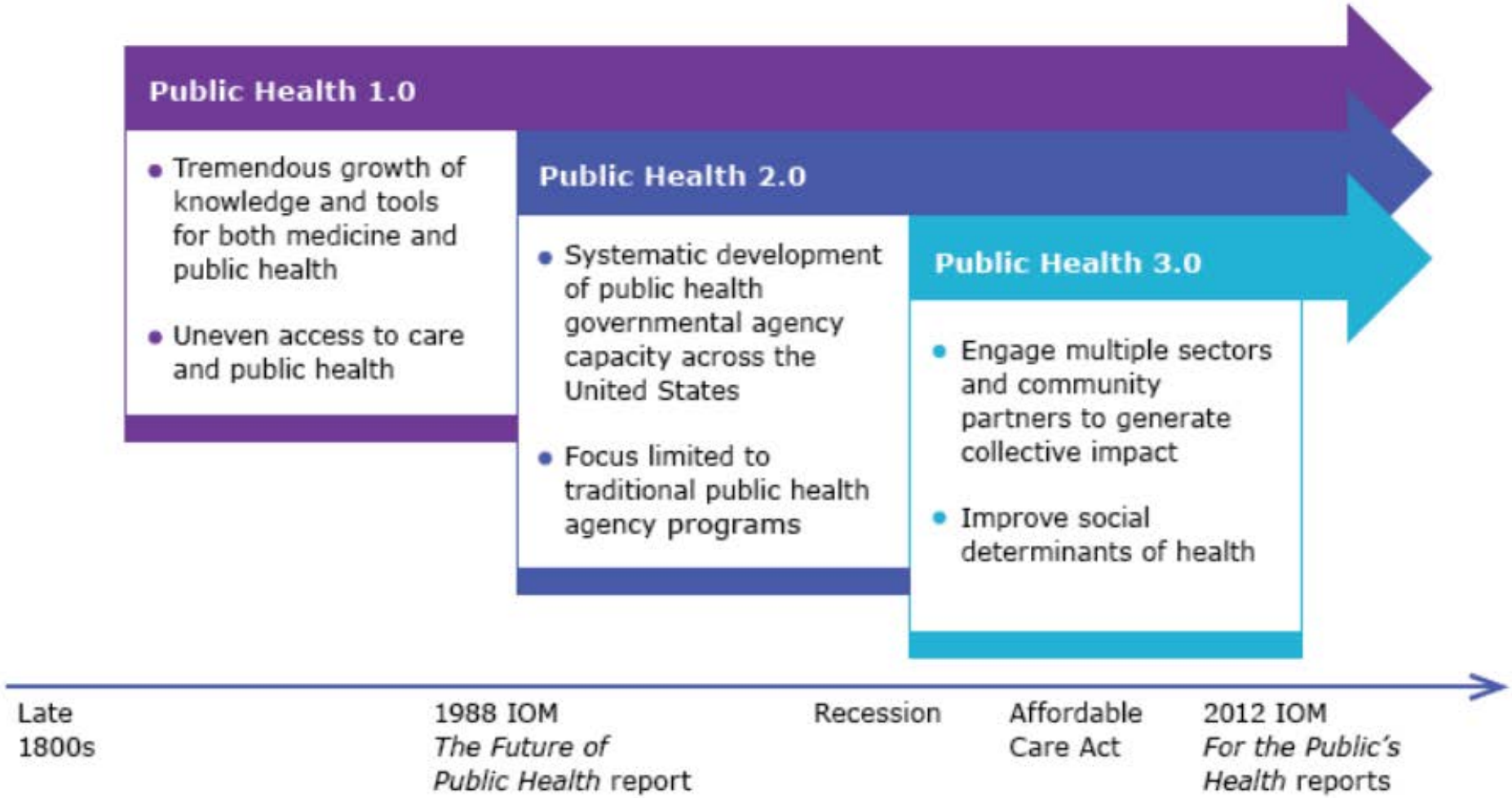
1. **Introductions and reflection** Rebecca Tiel, Chair of the Public Health Advisory Board *(10 minutes)*

2. **Childhood obesity prevention in the Columbia Gorge** Alison Little, PacificSource; Mimi McDonell and Judy Bankman, North Central Public Health District *(25 minutes)*

3. **A modern approach to controlling sexually transmitted infections in the Willamette Valley** Carla Bennett, Willamette Valley Community Health; Katrina Rothenberger, Polk County Health Department; Pam Hutchinson, Marion County Health and Human Services *(25 minutes)*

4. **Tobacco prevention and cessation in central Oregon** Stevi Bratschie, PacificSource; Tom Kuhn, Deschutes County Health Services *(25 minutes)*

5. **Wrap-up**


Public Health 1.0
Tremendous growth of knowledge and tools for both medicine and public health
Uneven access to care and public health
Public Health 2.0
Systematic development of public health governmental agency capacity across the United States
Focus limited to traditional public health agency programs
Public Health 3.0
Engage multiple sectors and community partners to generate collective impact
Improve social determinants of health
Late 1800s
1988 IOM The Future of Public Health report
Recession
Affordable Care Act
2012 IOM For the Public's Health reports

Public Health Advisory Board
Guiding principles for public health and health care collaboration

1. Purpose
This set of guiding principles is a tool that professionals can use to build collaborations between public health and the health care sector. This tool is a starting place for ideas that public health and health care can implement to reach common goals.

2. Guiding Principles
Value statement: We will not see meaningful improvement in population health without cross-sector collaboration. (Statewide Public Health Modernization Plan).

- Ensure broad, cross-sector collaboration between public health; coordinated care organizations (CCOs), hospitals and other groups within the health care sector; early learning and education; and community-based organizations to improve population health.
- Leverage existing opportunities for cross sector collaboration (i.e., community health assessments and community health improvement plans). (Public Health Modernization Manual)

Value statement: Direct services to individuals, including clinical interventions, are supported by the public health system's focus on prevention; policy, systems and environmental change; and evidence-based strategies to improve population health. (Statewide Public Health Modernization Plan, CDC 6|18 Initiative)

- Ensure a comprehensive spectrum of strategies are in place for assessing, developing and implementing shared priorities.

Value statement: Public health and health care must work together to ensure that every community member has access to high quality, culturally appropriate health care. This requires jointly developing and implementing solutions to address access and quality barriers. (Public Health Modernization Manual)

- Ensure health care and public health collaborations are outcomes-oriented, sustainable, and allow for transformation and flexibility in implementation.

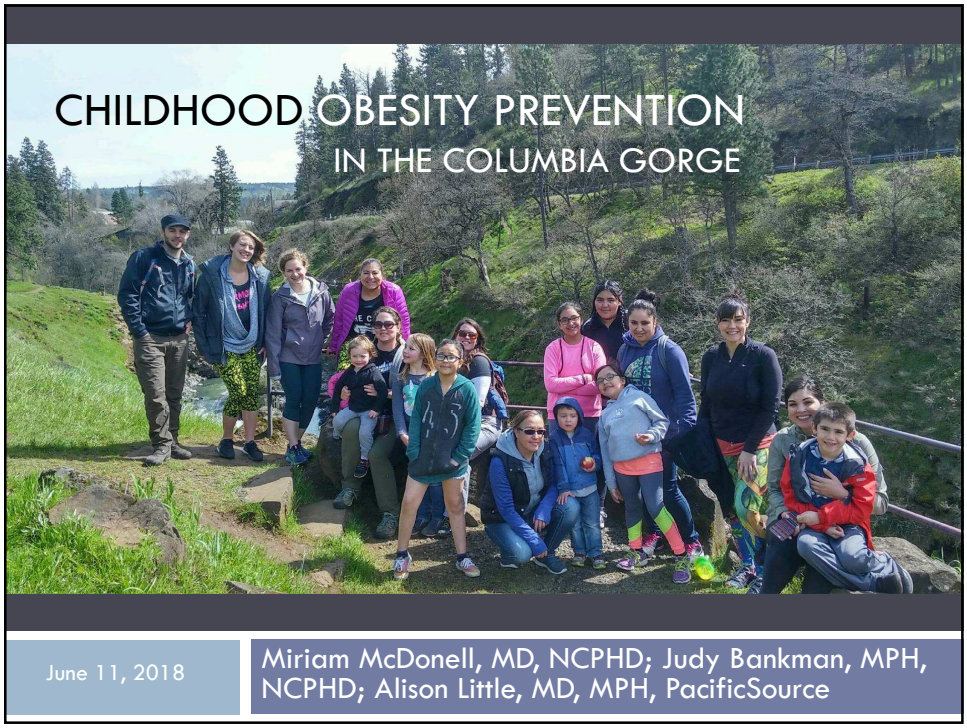
3. Strategies that align with guiding principles

- Leadership and governance: Include health care and public health perspectives on one another's governing and/or leadership boards and/or decision-making. Ensure that governing and/or leadership boards reflect the composition of the community being served. Ensure there are regular opportunities to solicit and include community input in the decision-making of the governing and/or leadership board. Leverage health care and public health funding to improve population health outcomes. (Public Health 3.0)
- Aligned metrics and data: Implement metrics that can be analyzed and reported by race, ethnicity, primary language and disability, that move health care and public health towards improvement in community health outcomes and elimination of health disparities (e.g., tobacco use prevalence). Identify what health care and public health contribute to individual measures and what could be done in the future. Tie performance payment to improved health outcomes that are shared across health care and public health partners. Develop systems to share data in order to develop community health assessments, identify emerging health issues, and evaluate the effectiveness of new policies designed to improve health. (Public Health 3.0)

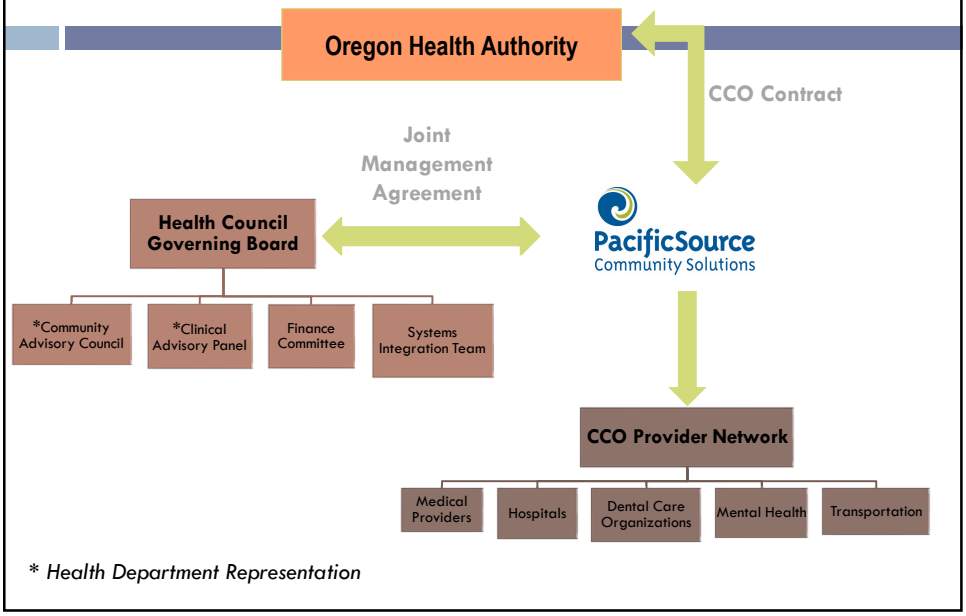
- Evidence-based practices: Collect and disseminate information on evidence-based clinical and population health strategies. Ensure that resources are invested in the implementation of practices that are grounded in scientific evidence, including promising culturally-specific practices. (Public Health Modernization Manual)
- Community health assessments and community health improvement plans: Ensure the continuation of partnerships across health care and public health to develop shared community health assessments and community health improvement plans; ensure assessments and plans meet all state, local and federal requirements. Utilize evidence-based and promising culturally-specific practices in the development of community health improvement plans. (Public Health Modernization Manual, Next Generation of Community Health)
- Access to care: Ensure that health care and public health organizations work collaboratively to collect data on access to care; review data to identify barriers to care; and develop solutions to improve access to care that are grounded in community needs. Ensure that health care and public health organizations work collaboratively to plan for and respond to emergencies. (Public Health Modernization Manual)
- Policy: Partner on the development and implementation of public policies that promote health and prevent disease.
- Workforce development: Collaboratively build the capacity of the health care and public health system so both are better equipped to address health outcomes and manage change. Ensure that the health care and public health workforce reflects the community being served.

4. Source documents

Oregon's Action Plan for Health
Public health modernization assessment
Statewide public health modernization plan
Public Health Modernization Manual
Public Health 3.0
CDC 6|18 Initiative
Next Generation of Community Health
Public Health Accreditation Board Standards and Measures
Coalition of Local Health Officials
Equity of Care

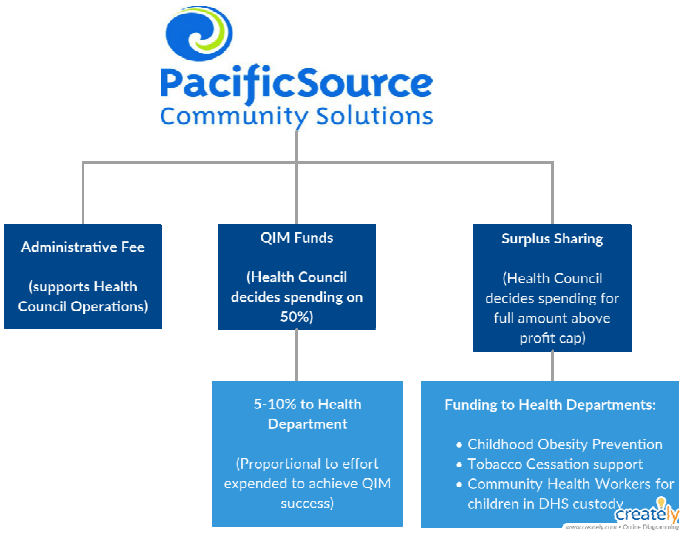


Columbia Gorge CCO Structure



* *Health Department Representation*

Financing Structure of Gorge Health Council



In addition, PS has direct contracts with the HD for family planning, immunizations, and other clinical services.

Coalition building to reduce childhood obesity

NCPHD-WIC data 2013

NCPHD + North Wasco County School District 21 + local elementary school- 2013

NCPHD + NWCSD21+ CGCCO - 2013/2014

Coalition building continued…

Coalition building continued…

Transformation funds awarded 2014 ($25K)

NCPHD + CGCCO + Mid-Columbia Health Foundation + Oregon Solutions Match

Oregon Solutions Project 2015

Coalition building continued…

Fit in Wasco County Coalition 2015

- **21 organizations and agencies**
- **Common goal**
- **Agreed upon strategies**
- **Backbone agency (eventually…)**
- **Secret ingredient**

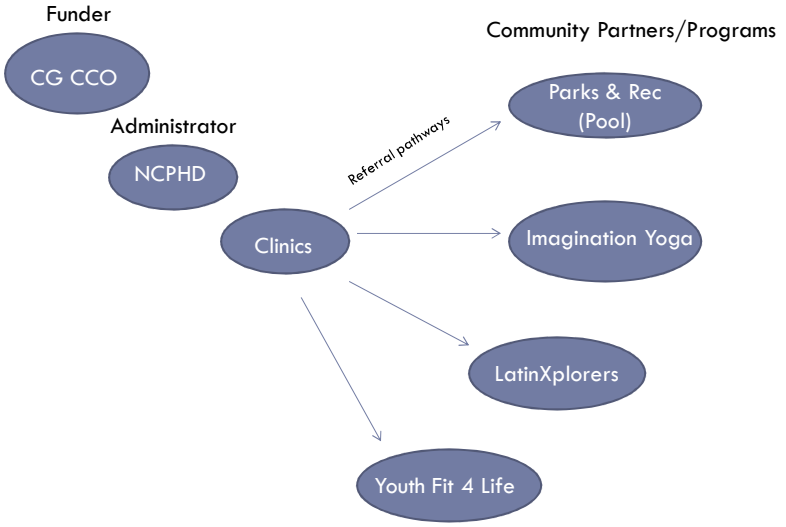
FIT IN WASCO COUNTY

Fit in The Gorge

Mejor Juntos – Better Together

- 3-year health promotion grant funded by Columbia Gorge CCO
- Goal to create nutrition & physical activity referral pathway at providers' offices
- Directly addresses childhood obesity QIM (assessment & counseling)
- Swim Rx pilot project provides low-cost family swim passes via a physical activity screen

Mejor Juntos continued…



Drink Fit

- Local restaurants agree to no longer serve free refills on fountain drinks
- 10% discount on annual licensing fee
- Raise awareness of harmful effects of SSBs
- Funded by Eastern Oregon CCO

Blue Zones Project & Walk to School Programs

- NCPHD is working with BZP – The Dalles to create a walking school bus and improve built environment around schools
- Continuation of NCPHD-run Step It Up! Students program
- CGHC is providing funding for Blue Zones Project

Move Naturally

Blue Zones Project

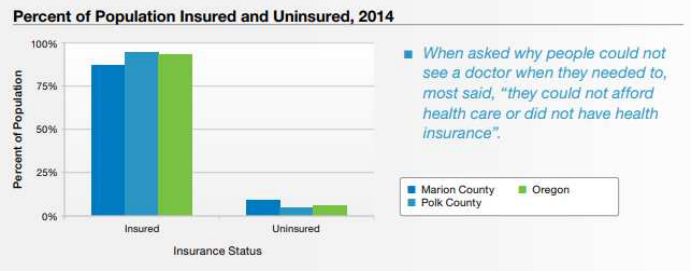
A Modern Approach to Controlling Sexually Transmitted Infections in the Willamette Valley

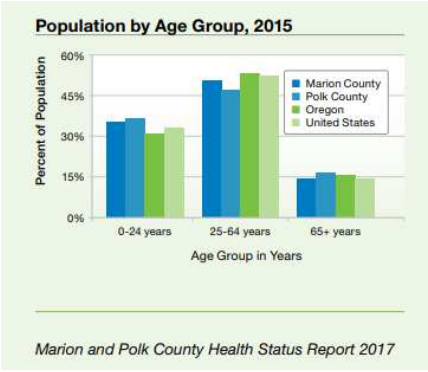
CARLA BENNETT, WILLAMETTE VALLEY COMMUNITY HEALTH
PAM HUTCHINSON, MARION COUNTY HEALTH & HUMAN SERVICES
KATRINA ROTHENBERGER, POLK COUNTY PUBLIC HEALTH

Marion & Polk Region

Marion County: 341,286 residents
Polk County: 83,696 residents
WVCH Enrollment: 103,000 members (2nd largest CCO by membership)

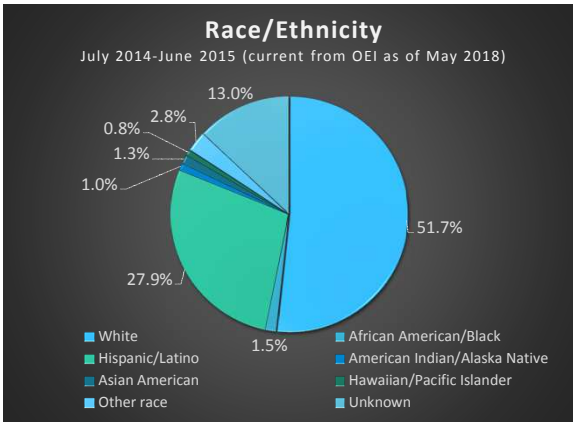
- 50% under the age of 18 years old
- 60% under the age of 25 years old

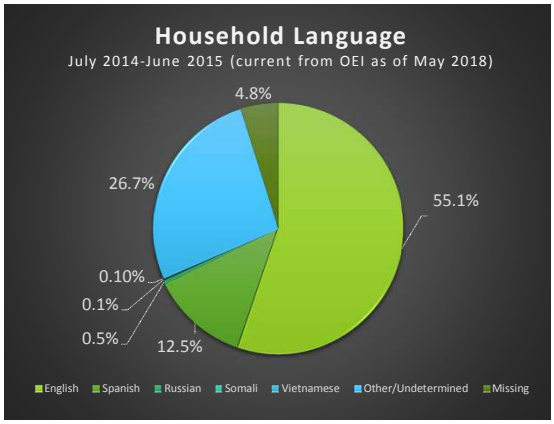




Willamette Valley Community Health

WVCH Demographics from the Office of Equity and Inclusion (most current data as of May 2018)





3

Public Health Modernization: Local Grants

- Primary objectives:
  - Develop a modern communicable disease control system
  - Emphasize elimination of health disparities
  - Establish new systems for local public health service delivery
  - Increase accountability for health outcomes
- Local public health authorities are required to work with at least one other local public health authority and another partner to implement regional communicable disease control strategies that aim to eliminate health disparities
  - ➢ = Marion County + Polk County + WVCH

Oregon Health Authority

4

Modernization Regional Partnership Grantees

Clatsop, Columbia and Tillamook counties	Capacity-building for regional approaches to communicable disease control
Deschutes, Crook and Jefferson counties; St. Charles Health System; Central Oregon Health Council	Outbreak response and emerging diseases
Douglas, Coos and Curry counties; Coquille and Cow Creek Tribes; Western Oregon Advanced Health CCO	Two year-old immunizations
Jackson and Klamath counties; Southern Oregon Regional Health Equity Coalition; Klamath Regional Health Equity Coalition	STIs, hep C and HPV vaccination
Lane, Benton, Lincoln and Linn counties; Oregon State University	Vaccination (two year-old, HPV, Hep A, pneumo)
Marion and Polk counties; Willamette Valley Community Health CCO	STIs and HPV vaccination
North Central Public Health District; eastern Oregon counties; Eastern Oregon CCO; Mid-Columbia Health Advocates	Gonorrhea
Washington, Clackamas and Multnomah counties; Oregon Health Equity Alliance	TB and viral hepatitis

Oregon Health Authority

5

Marion & Polk Focus

Red = Rate is worse (higher/lower) than the state
Green = Rate is better (higher/lower) than the state
↑ = Over time trend is increasing in undesired direction
↑ = Over time trend is increasing in the desired direction
†† = Rate is significantly different from the state (alpha = 0.05)
*Rate = Incidence Rate = Number of new cases in time period per 100,000 people at risk
NR = Not reported

Chlamydia, Gonorrhea & HPV Immunization rates

Disease/Infection (Time period/ Year)	Number of Cases in Region	Marion County Rate* (/ 100K)	Polk County Rate* (/100K)	Trend	Disparities Detected
Chlamydia (2011-2015)[1]	8422	444†	322†	↑	Black/African Americans, Pacific Islanders, American Indian/Alaskan Natives, Hispanics, Females, 18 – 25 year olds
Gonorrhea (2011-2015)[1]	728	39†	24†	↑	Black/African Americans, Males, 20 - 29 year olds
Cervical Cancer (2010-2014)[5]	64	10†	NR	NR	No
Vaccinations	**Number of Cases in Region**	**Marion County Rate (%)**	**Polk County Rate (%)**	**Trend**	**Disparities Detected**
HPV Adolescents (13-17) (2016)[4]	NR	32%	28%	↑	Males

6

Modernization Work Plan

- ❑ Develop policies describing regional relationships between partners (MC, PC, WVCH)
- ❑ Convene a communicable disease coalition in conjunction with the Early Intervention and Outreach (EOI) grant
  - Create, implement and monitor work plan to improve health disparities around gonorrhea, Chlamydia, syphilis, HIV, and to increase HPV vaccination rates
- ❑ By June 30th 2019 – develop and implement a regional health equity action plan to improve practices and implement policies to reduce communicable disease control-related disparities
- ❑ Increase provider knowledge of best practices for testing and treatment of CT and GC in Marion and Polk Counties
- ❑ Increase gonorrhea case and contact finding capacity in Polk County by 12/31/2018
- ❑ Increase adequate gonorrhea treatment in Polk County by 6/30/2019
- ❑ Maintain or improve rate of adequate gonorrhea treatment in Marion County by 6/30/2019
- ❑ Improve HPV vaccine administration rates among VFC providers in Marion and Polk Counties
- ❑ Marion and Polk Counties will hire a Program Coordinator and Outreach
- ❑ Marion County will train Polk County in the CD Model utilizing nursing staff, paraprofessionals, and epidemiologists

Communicable Disease Coalition

- Convening a group of diverse stakeholders with representation from underserved populations
- Focus will be on health equity to address disparities and connect with newly formed Willamette Valley Health Equity Coalition
- Intention is for the group to be self-governing and take ownership over the work with health department support
- Connection to other initiatives
  - EISO Grant

THIS IS PUBLIC HEALTH.
thisispublichealth.org

Aligning Practices & Priorities

- Sharing best practices – Public Health Worker & Evidence Based Practices in provider offices
- Gonorrhea inadequate treatment
- Communication from Marion County Health Officer will go to Polk County & WVCH providers
  - Aligning regional medical providers
- Sharing information between WVCH, Marion, and Polk Counties
- Created an IGA to share and train staff cross-county and respond to outbreaks

Innovative Priorities:

- Mobile screening and treatment van for STIs and reproductive health
- Collaborative street-outreach team focused on teens and homeless youth
  - Distribute condoms, link to PCP, connect members to a PCP they will go to, build education and trust with high disparities populations, free up availability at LPH clinics to ensure timely access to safety net and uninsured people, etc.

9

Why is this a priority for WVCH?

- **CCO commitment to health equity, LPH partnerships, and our shared community**
  - Population health: beyond WVCH enrollment, community members with high SDoH are CCO focus
  - Upstream approach: ensure women of child-bearing age are healthy = healthy babies
  - Data-driven population health management- strategic priority due to rising trend
- **Community Health Improvement Plan**
  - Prenatal care/reproductive care
- **Quality Incentive Metrics strategies**
  - Early contraceptive use
  - Adolescent well child checks
  - Timely access to prenatal care
- **Contractual requirements**
  - Health equity and disparities
  - Evidence-based guidelines

WVCH
Quality Coordinated Care

10

Shared Initiatives: Marion, Polk, & WVCH

- **Public Health Modernization Project**
- **Community Health Assessment & Improvement Planning**
  - Share data, align metrics, share in oversight & leadership
- **Representation on WVCH Committees**
  - Community Advisory Council (CAC)
  - Transformation & Quality Committee (TraQ)
- **Representation on County Health Advisory Board**
- **Data and information-sharing** around emerging topics relating to immunization capacity and reproductive health changes
- **State of Oregon Public Health Advisory Board-** WVCH's CMO is CCO representative

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"We all work in the same community with shared visions of improving the health of our populations and health equity to improve our most vulnerable community members' health and health outcomes"

Marion County OREGON

POLK COUNTY

WVCH Quality Coordinated Care

CARLA BENNETT, WILLAMETTE VALLEY COMMUNITY HEALTH

PAM HUTCHINSON, MARION COUNTY HEALTH & HUMAN SERVICES

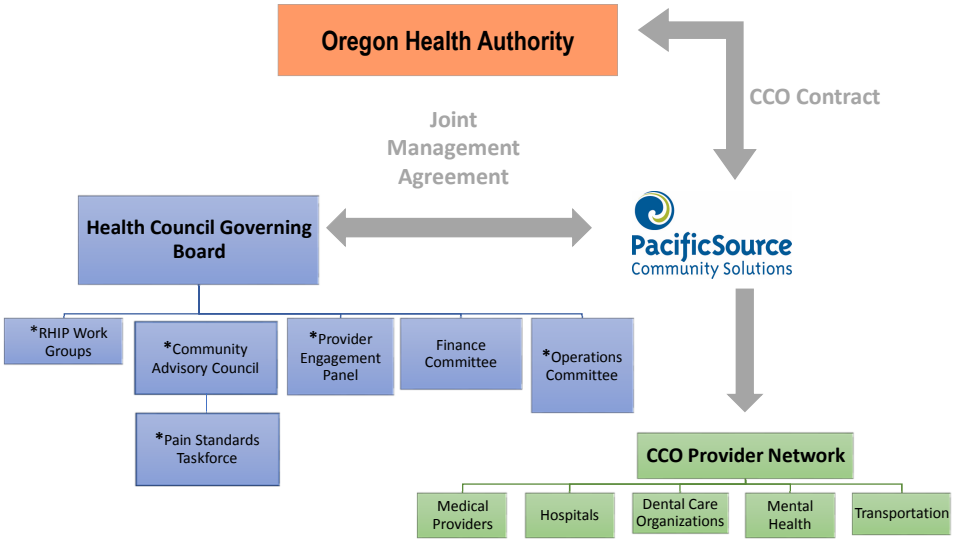
KATRINA ROTHENBERGER, POLK COUNTY PUBLIC HEALTH

12

Deschutes County Health Services

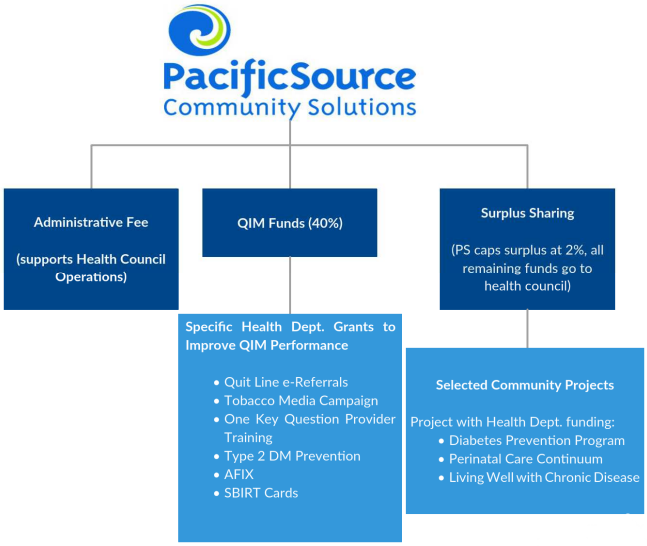
eReferrals to the Oregon Tobacco Quit Line Project

Central Oregon CCO Structure



* *Health Department Representation*
RHIP – Regional Health Improvement Plan

Financing Structure of CO Health Council



In addition, PS has direct contracts with the HD for family planning, immunizations, and other clinical services.

Project Development

- **Sustainable Relationships for Community Health (SRCH) Grant, 2015**
- **Increasing electronic referrals to the Oregon Tobacco Quit Line was identified as a possible initiative**

Quality Incentive Measures (QIMS)

- Research in Wisconsin showed that the percentage of adult tobacco users referred to a quit line service increased from 0.3% to 13.9% once eReferrals were utilized
- 2017 QIM Measure: Cigarette smoking prevalence
- Proposal written and approved for $45,000

QIM funding budget

- Deschutes County Health Services IT Staff time
- Mosaic Medical IT Staff time
- La Pine Community Clinic IT Staff time
- OCHIN Maintenance fees (project set-up and maintenance for five years)

The Oregon Tobacco Quit Line

01. **Sign Up:** We'll get some basic info and enroll you in the program.

02. **Get Help Online** Check out our web-based features to support your quit.

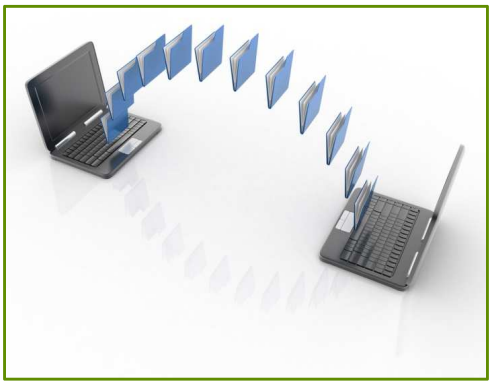
03. **Work With a Coach:** Call 1-800-QUIT NOW (1-800-784-8669) to reach a coach. They know what works!

CDC: "Quitlines are effective, evidence-based tobacco cessation interventions that help tobacco users quit through a variety of service offerings, including counseling, practical information on how to quit, referral to other cessation resources, and mailed self-help materials.

Partners

- **PacificSource and Central Oregon Health Council (QIM funding)**
- **OCHIN (the Epic EHR provider)**
- **Optum (the contractor for Quit Line Services)**
- **Oregon Health Authority (Quit Line funding source)**
- **Central Oregon Providers: Mosaic Medical, La Pine Community Health Center, Crook County Health Department, and Jefferson County Health Department**

Making eReferrals Functional



- OHA, OCHIN, & Optum created a Statement of Work (SOW) to outline the project timeline
- Working with local provider IT Site Specialists, Deschutes County Health Services staff coordinated implementation & training guidance
- OCHIN facilitated the training program by providing a recorded system training and publishing workflows

eReferrals goes live, August 2017!

- Following several months of pain staking IT work, provider training and coordination of system testing for the five organizations we began utilizing this new electronic system
- The bidirectional interface serves as a closed loop referral, making it easier and more useful for providers to submit, improving cessation outcomes

Functionality Overview:

- If Tobacco use is indicated for the patient, the system recommends through a Best Practice Alert that the provider complete an electronic referral to the Oregon Quit Line.
- The provider then completes the eReferral from inside the patient's health record.
- Once the referral is transmitted, any referral activity generated by Quit Line staff is imported back into the patient's health record, including medications prescribed.
- Providers are able to see the outcome of their referral and have the ability to continue support of their patient's quit efforts, increasing the likelihood of quitting.

Results

- At the Central Oregon clinics where the eReferral functionality was implemented, 207 referrals were made to the Tobacco Quit Line between August 2017 and January 2018
- This is compared to 5 referrals during the same period the prior year
- A 4,000% increase in referrals!
- **Issue:** of the 207 referrals, only 39 clients accepted the Quit Line services (19%)

Lessons Learned

Inability to reach clients after eReferral is made

Per Mosaic Medical staff, a high number of referrals are unsuccessful due to the inability to reach the patient. Data reveals this also.

Solutions:

1. **Include Voicemail Patient Consent in the eReferral form so Quit Line staff can leave messages for patients. *(This is built out and currently in testing between vendors: OCHIN and Optum)***

2. **Quit Line enabling text communication with patients. *(Dependent solely on future capabilities at Optum, currently not an option.)***

3. **Include "What to expect next from the Quit Line" on the Epic After Visit Summary (AVS). *(We're currently discussing a way to automate this messaging to avoid any extra steps for providers.)***

Next Steps…

- **Provide technical assistance to other counties that would like to make eReferrals possible**
- **Provide technical assistance to Central Oregon partners to continue to improve eReferrals utilization.**
- **Continue to work with Oregon Health Authority to promote the use of the Quit Line**

Cessation Campaign 2016-17

Cessation Campaign

Goal: Reach priority areas with higher proportions of people who use tobacco in Deschutes, Jefferson, Crook counties, and Warm Springs with cessation messages on the Cascade East Transit system Buses.

Program Structure

- 10 of 27 total CET buses had cessation messages wrapped around them
- Advertisements on the buses support social norms that prevent tobacco use and promote quit attempts
- Advertising included calling the Oregon Tobacco Quit Line
- The project objective was to increase utilization of the Oregon Tobacco Quit Line

Outcomes were mixed

- 107 total calls were made to the Quit Line from across Crook, Deschutes, and Jefferson County during campaign period (October 1, 2016 to March 31, 2017)
- CET buses had not been wrapped with advertising before, which created a new mass-media mechanism
- Bus drivers in the region attributed their desire to quit smoking due to the cessation messaging seen on the buses they drove
- Advertising remained on many buses following the campaign

Lessons Learned - Timing

- The absence of a coordinated statewide tobacco cessation campaign limited the outcomes of this effort in the tri-county area
- More media channels such as paid television, radio, mass-transit, billboard, print, digital, earned media, and promotional or sponsorship activities were needed to make this effective

Thank you!

PUBLIC HEALTH ADVISORY BOARD
DRAFT Accountability Metrics Subcommittee meeting minutes

May 23, 2018

PHAB Subcommittee members in attendance: Eli Schwarz, Teri Thalhofer

Oregon Health Authority staff: Sara Beaudrault, Cara Biddlecom, Julia Hakes

Welcome and introductions

A quorum was not present. The March 8 minutes were not approved.

The Public Health Accountability Metrics Report has been presented at a handful of other committee meetings. Rebecca Tiel presented the report to the Oregon Health Policy Board. Sara presented it at the CCO Medical Director QHOC meeting. And Jennifer presented to the CCO Metrics and Scoring committee/ The report has been well-received, with support for ongoing efforts to encourage CCO and public health collaborations to improve health outcomes.

Local public health process measures

Sara reviewed the local public health process measure for opioid overdose deaths. The current process measure is "Percent of top prescribers enrolled in PDMP". Sara asked the subcommittee to consider whether a new local public health process measure should be adopted for opioid overdose deaths given the passage of HB 4143 (2018), which requires all prescribers to enroll in the prescription Drug Monitoring Program (PDMP) program. Subcommittee members reviewed feedback provided by the Coalition of Local Health Officials and recommended we keep the process measure the same and monitor for compliance.

Isabelle Barbour reviewed the active transportation process measure and shared proposed changes to the process measure description based on discussions between PHD and Oregon Department of Transportation staff. Subcommittee members recommended simplifying the language in the process measure. Teri and Isabelle will work together on crafting more inclusive language for rural counties. Subcommittee members approved the proposed changes and agreed to move the revised process measure to PHAB for adoption.

Subcommittee business

Teri will give the subcommittee update at the June PHAB meeting.

Eli would like to revisit the 0-5 dental visits process measure after the subcommittee returns from its summer hiatus.

Public comment

No public comment was provided.

Adjournment

The meeting was adjourned.

The next Accountability Metrics Subcommittee meeting is scheduled for:

September 26, 2018 from 1-2 pm

Draft Active Transportation- Oregon Public Health Modernization
Local Public Health Authority Process Measure Description

Context:
In June 2017, Oregon's Public Health Advisory Board (PHAB) established a set of accountability metrics to track progress towards the modernization of Oregon's public health system. These metrics emphasize Oregon's population health priorities and help identify when goals aren't being met. These metrics also identify where public health can work with other sectors to achieve shared goals. Active transportation is one of two Public Health Accountability Metrics for Environmental Public Health.

Process measures for local public health authorities were created to highlight key actions that will need to be taken to forward progress on the accountability metrics. These process measures bring attention to the unique and essential roles and functions of local public health authorities (LPHAs).

Process Measure:
The local public health process measure for the active transportation measure reads as follows:

> ***Local Public Health Authority participation in leadership or planning initiatives related to active transportation, parks and recreation, or land use***

LPHA's are best positioned to identify and connect with local and regional transportation efforts their communities. The examples below reflect the Oregon Public Health Division and The Oregon Department of Transportation's best understanding of meaningful transportation planning efforts that can positively impact active transportation at the local and regional level.

Eligible types of transportation partner governing or leadership boards and/or activities include:

1. Advisory committees for the development or update of local and regional plans such as:
    a. Transportation System Plans (TSP)
    Definition: A TSP defines the transportation system desired for the future and how it can be achieved. It identifies transportation systems, as well as outlines policies and strategies necessary to meet existing and future travel needs (motor vehicle, pedestrian, bicycle, transit and freight) based on projected population and employment growth and community aspirations.
    Point of contact: city transportation, planning or public works department

    b. Comprehensive Plans (land use)
    Definition: The comprehensive plan, also known as a general plan, master plan or land-use plan, is a document designed to guide the future actions of a community. It presents a vision for the future, with long-range goals and objectives for all activities that affect the local government. This includes guidance on how to make decisions on public and private land development proposals, the expenditure of public funds, availability of tax policy (tax incentives), cooperative efforts and issues of pressing concern, such as farmland preservation or the rehabilitation of older neighborhoods

areas. Most plans are written to provide direction for future activities over a 10- to 20-year period after plan adoption. However, plans should receive a considered review and possible update every five years.
Point of contact: city planning department

c. Zoning Code Updates
Definition: Local (municipal) law that specifies how and for what purpose each parcel of private real estate may be used. Also called zoning ordinance.
Point of contact: city planning department

d. Bicycle and Pedestrian Plans
Definition: defines the bicycle and/or pedestrian element of the TSP in greater detail. May be incorporated into TSP as a chapter or adopted as a stand-alone document.
Point of contact: city transportation, planning or public works department

e. Transit Development Plans or Transit Master Plans
Definition: A long range plan for the future of the transit system. Should inform the TSP.
Point of contact: transit agency; economic development district

f. Safety Plans (ex. Corridor Safety Plans)
Definition: Addresses safety considerations. Topic and scope will vary. Common examples include a transportation corridor that has a high number of crashes (geographic based), or an issue such bicycle safety (topic based).
Point of contact: city or county public works or planning, ODOT

g. Neighborhood, Community or other Local Area Plans
Definition: These plans are typically prepared in support of a Comprehensive Plan and must be consistent with the Comprehensive Plan. They often provide additional guidance on how the Comprehensive Plan will be implemented in a particular area. Not all such plans will address or impact opportunities for active transportation.
Point of Contact: city planning department; parks and recreation districts

h. Parks and Recreation Plans
Definition: A plan for the future of parks in the community. Usually includes trails and paths which are part of the park system. May be adopted as a chapter of a Comprehensive Plan.
Point of contact: city parks department; parks and recreation districts

i. Safe Routes to School Action Plans
Definition: describes walking and biking facilities within a specified radius around a school to identify barriers for children walking and biking to school. Proposes a course of action.
Point of contact: individual schools, city planning or public works, or through local advocacy groups.

j. Health Impact Assessments related to land use and transportation planning
Definition: HIAs are structured processes for informing public sector decision making processes such as the development of land use and transportation plans. They can be led by public agencies or non-governmental organizations and often have advisory or steering committees or other mechanisms for getting stakeholder input. Not all HIAs related to land use and transportation planning will address or impact opportunities for active transportation.
Point of contact: Varies—local public health staff would be the best place to start.

2. Standing committees and decision-making bodies:

a. Area Commissions on Transportation: Regional committees that make recommendations on transportation issues, including making funding recommendations to ODOT.
b. Planning Commissions: city and county decision making bodies, generally appointed by a City manager or city council. Makes recommendations to City Council on land use decisions.
c. Bicycle and Pedestrian Advisory Committees: some cities may have a standing advisory committee, generally have an application process and is appointed by city manager, mayor or city council. An example is the City of Eugene Active Transportation Committee.
d. Transit Agency Board: if transit agency is a stand-alone district, rather than a department of the city, they are likely to have a board of directors. Selection process will vary.

Summary:

The intention of the active transportation process measure is to foster the creation of relationships between local public health professionals and governing or leadership groups that oversee transportation planning. Local public health authorities bring a valuable perspective to transportation and land use planning. Local public health practitioners may be more likely, than state agencies, to know about local opportunities to increase active transportation opportunities. By bringing health considerations to transportation planning efforts, the public health system can increase community access to active transportation options.

Lincoln, Benton, Linn, & Lane 2017-2019 Modernization

Public Health Advisory Board
June 21, 2018
Jocelyn Warren and Heather Amrhein
Lane County Public Health

New Systems for CD Control

- Collaboration between health care and public health
- Academic Health Department
- Regional partnerships

Goals for 2017-2019

- Implement regional strategies to address vaccine-preventable diseases with emphasis on reducing health disparities
- Develop & sustain regional “learning laboratory” model
- Engage local organizations and community members as strategic partners in CD control

Foundation for Future Work

- Public health and health care collaboration (Health Hub)
- Regional partnerships and learning lab
- Academic Health Department – interns, faculty expertise, practice informing training, other projects
- Data sharing
- Local familiarity with goals of modernization

Regional Positions

- Heather Amrhein – Regional Coordinator, managing AFIX implementation and communication between counties and OSU
- Sarah Canales – Regional Support, supporting AFIX implementation and grant tracking. Coordinating stakeholder engagement and health equity efforts.

Challenges & Barriers

- Regional approach means less attention to rural areas
- Data – using interns to extend capacity but more resources needed for epidemiology
- Time frame too short for outcome evaluation
- Limited staff capacity and funding for community engagement

Thank you!

Contact:

Jocelyn Warren
Public Health Manager
Lane County Public Health
151 West 7th Ave., #360
Eugene, OR 97401
(541) 682-3950

Eastern Oregon Modernization Collaborative

Teri Thalhofer, RN, BSN
Carrie Brogoitti, MPH

Left to Right: Callie, Ashley, Nora

Objectives: Gain Understanding of:

- New system for CD control, and how these systems address CD related health disparities
- Goals for current funding period
- Setting the foundation for sustained funding
- Building capacity in the region
- Challenges and Barriers

Overview of Program

- Background

Overview

- **Eastern Oregon Modernization Collaborative (EOMC)**
  - Formed in 2017
  - CGCCO and EOCCO region covering 14 counties
    - Baker, Gilliam, Grant, Harney, Hood River, Lake, Malheur, Morrow, Sherman, Umatilla, Union, Wallowa, Wasco, Wheeler
  - OHA Communicable Disease Modernization grant
    - Health Equity and Regional Policy
    - January 2018–June 2019
    - Three EOMC staff members were hired: Callie, Nora, and Ashley

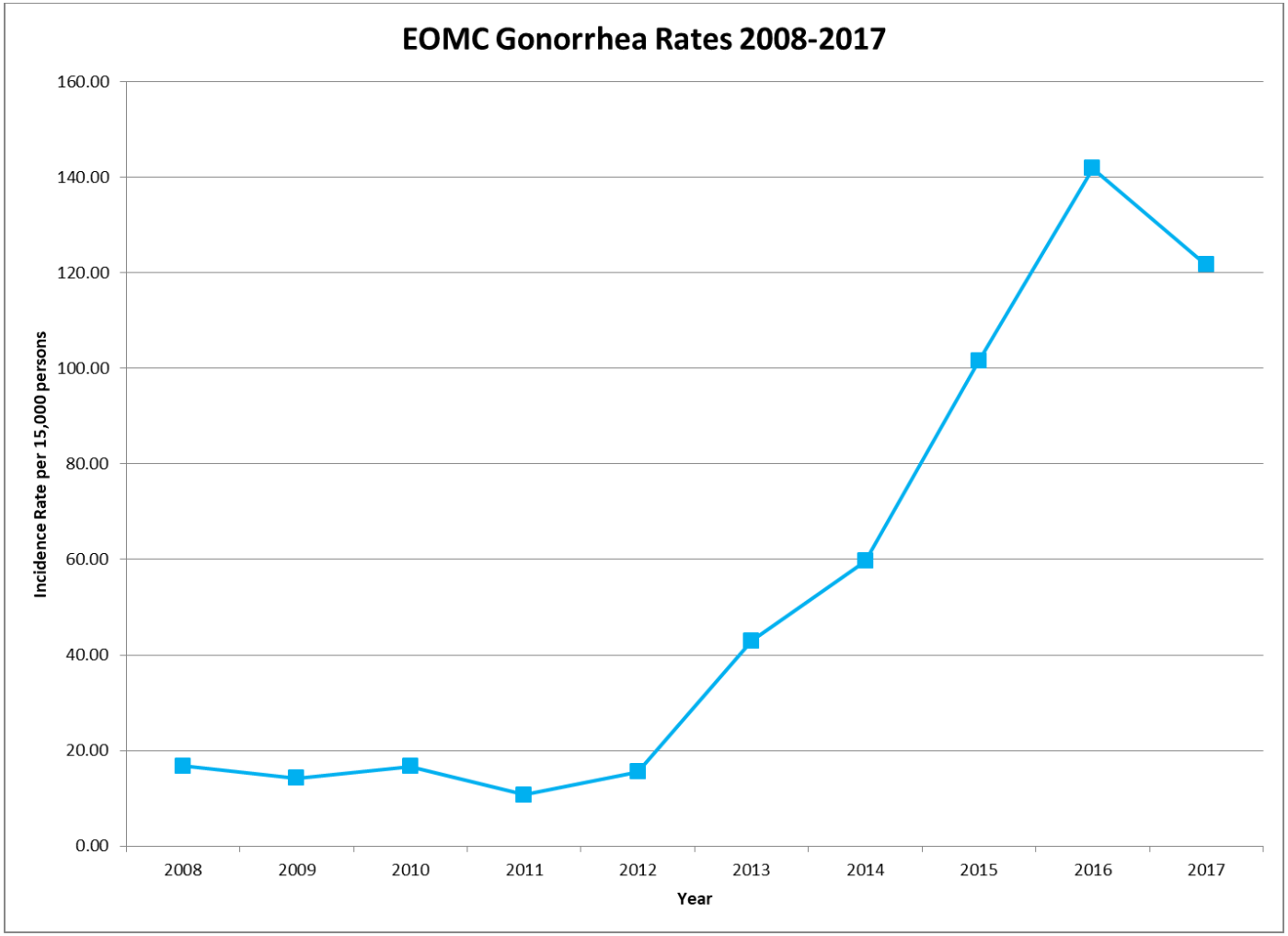
Overview

- Objective
  - Equitably improve sexual and reproductive health in EOMC counties by reducing STI prevalence, with emphasis on gonorrhea
- Outcomes
  - Improved gonorrhea identification and treatment for all symptomatic and asymptomatic cases and partners through a modernization approach in North, Central and Eastern Oregon

Current Issues

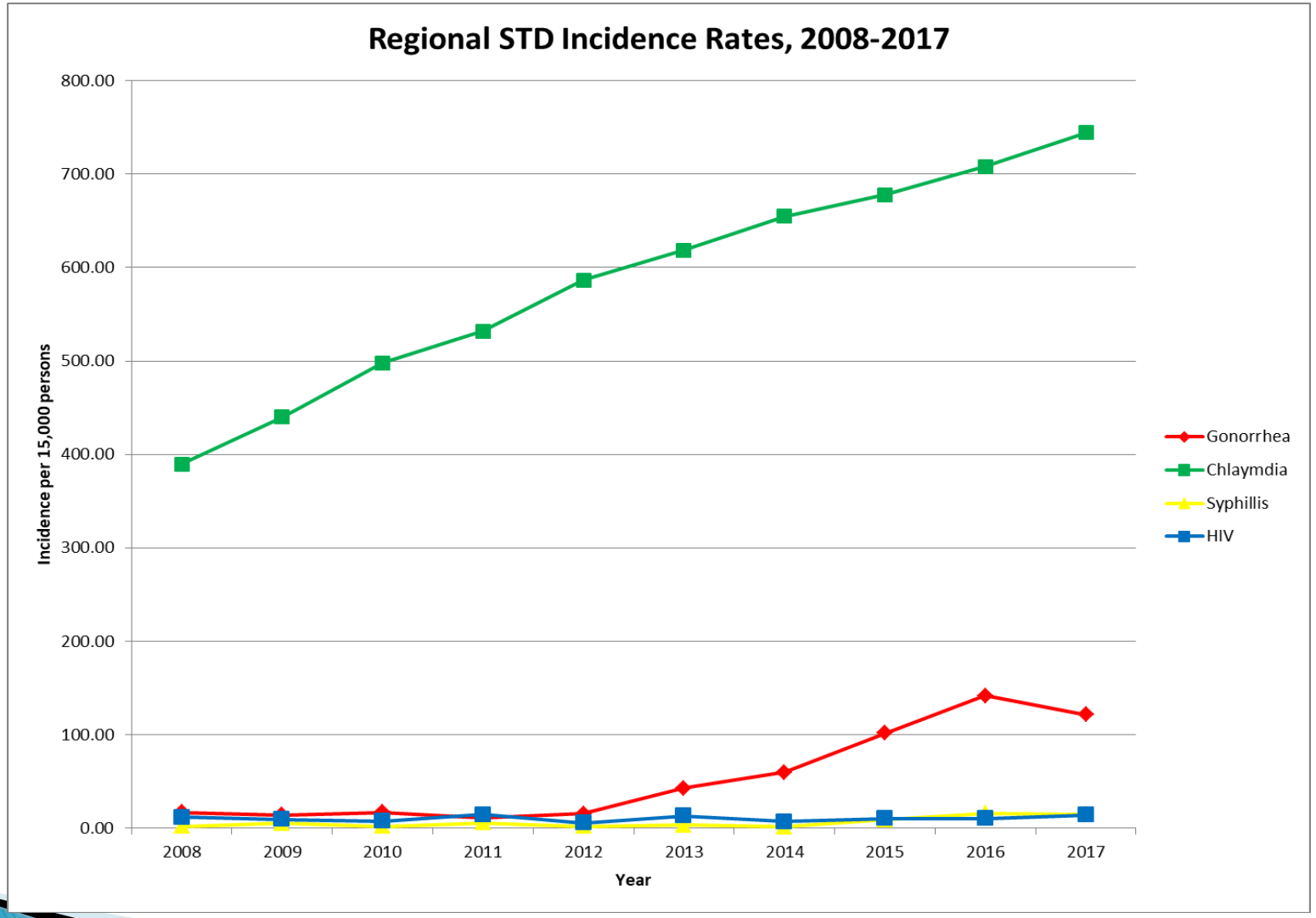
- Gonorrhea in EOMC region

Current Issues



Oregon Public Health Epidemiologists' User System (Orpheus). Portland OR: Oregon Health Authority; Accessed May 2017
Certified Population Estimates. Portland, OR: Portland State University; Accessed May 2017

Current Issues



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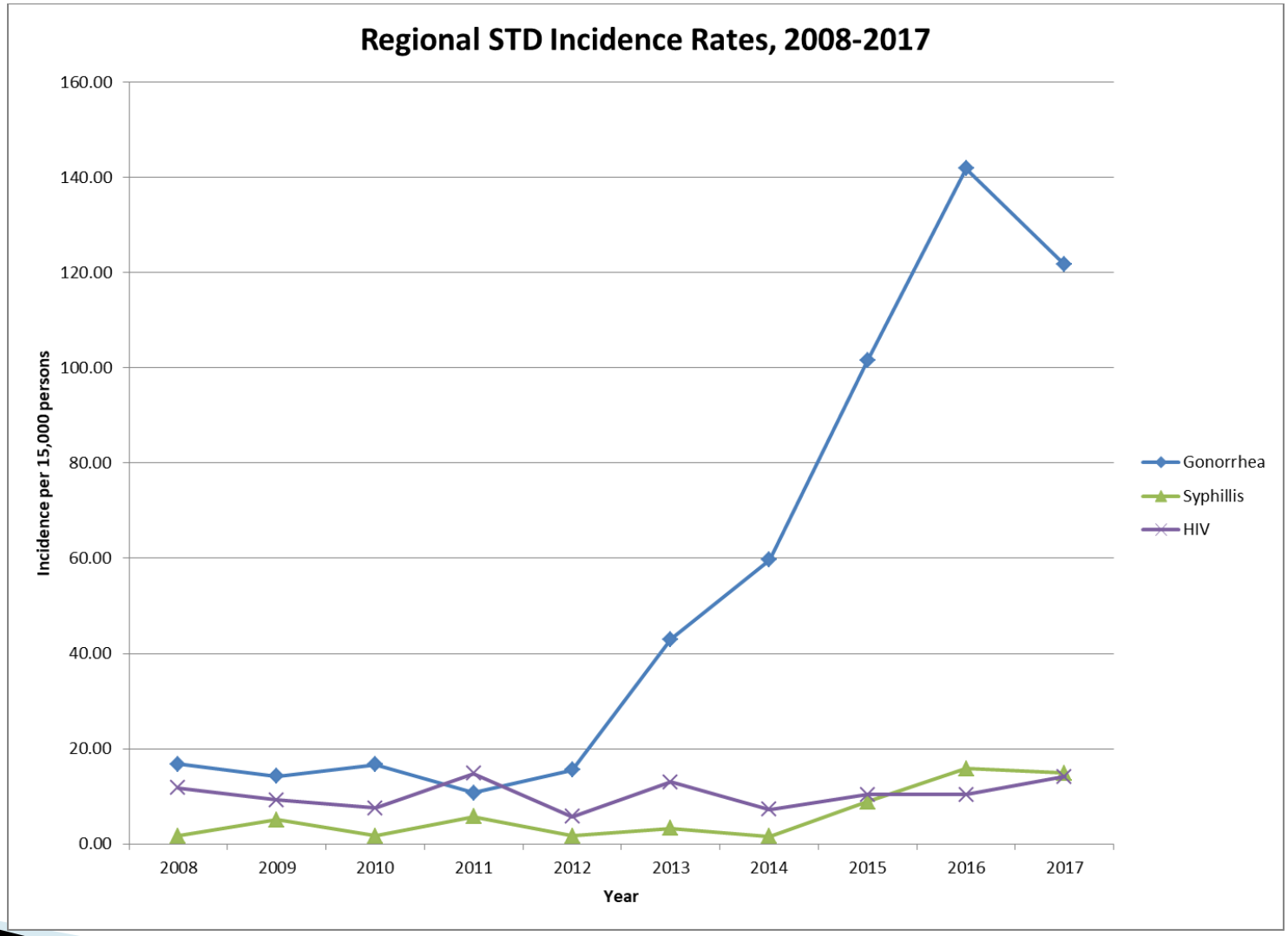

Oregon Public Health Epidemiologists' User System (Orpheus). Portland OR: Oregon Health Authority; Accessed May 2017
Certified Population Estimates. Portland, OR: Portland State University; Accessed May 2017

Data Sources

- What, where, why

Available Data

- Oregon Public Health Epidemiologists' User System (Orpheus)
  - Joint Database within Oregon Public Health Division
    - Integrated electronic disease surveillance system intended for local and state public health epidemiologist and disease investigators

Available Data

- Populations Estimates and Reports
  - Portland State University -> College of Urban & Public Affairs
  - Certified Estimates using industry standard methodologies
  - Used by Oregon Health Authority

Available Data

- Centers for Disease Control and Prevention (CDC)
- Census Bureau
- County Health Ranking Systems
- Surveys
  - BARHII

Collaboration

- Community Partners

Collaboration

- 14 counties
- EOCCO and GOBHI
- CGCCO
- Tribal
  - Confederated Tribes of the Umatilla Indian Reservation
  - Warm Springs
  - Burns Paiute
- Equity
  - Mid-Columbia Health Equity Advocates – The Next Door
- Clinical Advisory Groups

Community

- How the program will affect

Community

- Better sexual and reproductive health
- Improved patient outcomes for all by promoting best practices
- Improved partner notification and treatment for all
- Improved cross-institutional and resource sharing
- Increased Communicable Disease Capacity

Setting the Foundation

- EOMC has created a MOU outlining the partnership and relationships
- The EOMC Steering Committee will be the Steering committee for all public health modernization efforts in the EOMC region.

Capacity Building

- EOMC Staff are acting as surge capacity for member Counties
- EOMC staff are able to dedicate time difficult cases
- EOMC is providing equity training for regional partners
- EOMC staff has been able to dedicate time to building relationships with Tribal partners

Challenges and Barriers

- Large geographic area
  - GOBHI has gifted the project Vidyo, a video conferencing system.
  - Significant travel for staff and partners

  - **Building Trust**
    - It takes time to trust others to work in your community

    - **Regional Health Equity Coalition only covers part of the region**

Thank You & Questions

PUBLIC HEALTH DIVISION
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June 2018 – UPDATED June 11, 2018

Preventive Health & Health Services Block
Grant – October 1, 2018 through September 30, 2019 DRAFT Proposal

Background

- Non-competitive grant issued to all states and territories to address state determined public health priorities.
- The Public Health Advisory Board (PHAB) is designated as the Block Grant Advisory Committee which makes recommendations regarding the development and implementation of the work plan.
- Federal code states that a portion of the allocation (pre-determined) be used for rape prevention and victim services. This funding currently goes to the Oregon Coalition Against Domestic and Sexual Violence.
- Work plan must be tied to Healthy People 2020 objectives. Oregon has historically used the block grant to support infrastructure. Healthy People 2020 objectives in the 2018-19 work plan:
    - *Public health infrastructure (PHI-16. Increase the proportion of Tribal, State and local public health agencies that have implemented an agency-wide quality improvement process.)*
    - Accredited public health agencies *(PHI-17. Increase the proportion of Tribal, State and local public health agencies that are accredited.)*
    - Sexual Violence *(IVP-40. Reduce sexual violence.)*

Funding

For October 2018 – September 2019 work plan, Funding allocation from the federal Centers for Disease Control and Prevention is $1,202,991. PHHS Block Grant is funded through the Prevention and Public Health Fund. Proposed Work Plan and Activities for October 2018 through September 2019

Oregon's overall goal is to support ongoing implementation of Public Health Modernization's foundational capabilities so all Oregonians have access to the public health protections that prevent disease, injury and death.

Health Objective: Accredited public health agencies *(PHI-17. Increase the proportion of Tribal, State and local public health agencies that are accredited.)*
Total Proposed Funding: $767,304

- Public health modernization
    - Implement public health modernization assessment and planning with federally-recognized tribes in Oregon.
    - Develop, collect and report public health modernization accountability metrics data.
    - Collect, analyze and report local government public health investments for purposes of calculating public health modernization matching funds.
    - Collaborate with Conference of Local Health Officials (CLHO) and its subcommittees to advance public health modernization implementation.
    - Develop, strengthen and maintain high level strategic partnerships to advance a shared vision for the public's health in Oregon.
    - Support local governments and partners as they implement innovative public health delivery models.

- Local and state public health accreditation (Leadership and organizational competencies, health equity and cultural responsiveness)
    - Maintain OHA-PHD's national accreditation status through annual reporting and re-accreditation.
    - Co-facilitate (with CLHO) community of practice for local and tribal health department accreditation coordinators.
    - Provide local and tribal accreditation technical assistance, including assistance with OHA-PHD accreditation documentation requests.

- State health improvement plan (Assessment and epidemiology, policy and planning, community partnership development)
    - Develop new state health improvement plan (SHIP) for 2020-2024, ensuring a robust community engagement process with underrepresented communities.
    - Monitor and report on implementation of current SHIP and PHD strategic plan.
    - Develop cross-agency partnerships to facilitate successful implementation of SHIP.
    - Align and/or integrate SHIP, PHD Strategic Plan, coordinated care organization (CCO) quality metrics across systems.
    - Maintain statewide platform for sharing community health assessments (CHAs) and community health improvement plans (CHIPs).
    - Provide information and technical assistance on how the State Health Assessment (SHA) and SHIP can inform CHAs and CHIPs to CCOs, LPHAs and hospitals.

- Health equity (Health equity and cultural responsiveness, community partnership development)
    - Implement initiatives to improve OHA-PHD workforce diversity.
    - Increase diversity of OHA-PHD board and committee membership.
    - Implement OHA-PHD health equity work group action plan.

- Coordinate OHA-PHD partnerships with community-based organizations to support engagement with communities experiencing health disparities.
- Increase capacity for regional health equity coalitions (RHECs) to navigate the state and local public health system.

Health Objective: ***Public health infrastructure (PHI-16. Increase the proportion of Tribal, State and local public health agencies that have implemented an agency-wide quality improvement process.)***
Total Proposed Funding: $350,027

- Quality improvement (Leadership and organizational competencies, community partnership development)
  - Evolve and maintain performance management system to increase efficiency and effectiveness of business processes and public health interventions.
  - Coordinate general public complaint process within OHA-PHD and maintain complaint database to identify opportunities for policy and/or operational improvements.
  - Coordinate OHA-PHD work with LPHAs and federally-recognized Tribes in Oregon.
  - Coordinate and conduct triennial reviews of LPHAs to identify strengths and areas for improvement in implementation of public health services.
  - Continue to implement improvements to the triennial review process.
  - Provide technical assistance, training, tools and resources to LPHAs and Tribes, including new local and tribal public health staff orientations.
  - Partner with Conference of Local Health Officials (CLHO) on provision of OHA-PHD funded public health services.
  - Administer and manage financial assistance agreements between OHA and LPHAs and federally-recognized Tribes for public health services.

Health Objective: Sexual Violence ***(IVP-40. Reduce sexual violence.)***
Total Proposed Funding: $85,660

- Sexual Violence Prevention (Prevention and health promotion)
  - Fund community-based organization to conduct sexual violence primary prevention with marginalized communities using an anti-oppression framework.
    - Develop and implement primary prevention curriculum.
    - Support cross-community partnerships.
    - Develop and implement primary prevention curriculum.
    - Collect evaluation data and share learnings with the sexual violence prevention field.

PHAB Incentives and Funding Subcommittee
County public health investment exclusions for state matching funds
May 14, 2018

Background

ORS 431.380(1)(b) requires Oregon Health Authority (OHA) to incorporate into the local public health funding formula a method for awarding matching funds to a local public health authority that invests in local public health activities and services above the base amount. As the legislature increases state general funds for the public health system through implementation of public health modernization, the intent of this requirement is to ensure that local investments are sustained or increased.

The Public Health Advisory Board's Incentives and Funding subcommittee has recommended that matching funds be incorporated into the local public health authority funding formula at or above the $15 million level in the 2019-21 biennium. In order to award matching funds in the next biennium, it is necessary to develop reporting mechanisms and begin collecting baseline data in this biennium.

In March 2018, the Public Health Advisory Board recommended matching on all local county investments with some exclusions. PHAB's recommendations were based on the following:

- Supports each local public health authority to determine how county funds for local public health are used.
- Includes county in-kind and administrative investments.
- Is intended to reduce burden on LPHAs for expenditures tracking and reporting.

Exclusions

The following table lists categories, programs and services that would not be eligible for state matching funds. Excluded categories, programs and activities are those that primarily provide clinical services to individual clients or that are not included in the Public Health Modernization Manual.

Source data for exclusions: 2016 public health modernization assessment expenditures reporting guidance, and LPHA expenditures data reporting for FY17, Public Health Modernization Manual.

Category	Program or Activity (including but not limited to)
Client case management	• Provision of Ryan White case management services
Clinical services	• Reproductive health client services • Immunization clinics, including costs associated with providing immunizations at targeted community events* • Clinical support • Corrections health, including jail nurse

	• Individual dental services • Primary care services • Occupational health services
Other	• Medical examiner • Mental health services and addiction treatment • Provision of Emergency Medical Services • Refugee Resettlement Screening • Animal control/animal shelter
Any infrastructure, staff, supplies or other costs directly related to any of the above excluded items.	

*County funds used for immunization clinics to provide medical countermeasures during a public health emergency would be eligible for state matching funds. The definition for a public health emergency is included in ORS 433.442.

Next steps and approximate timelines

OHA convenes technical advisory group for FY18 expenditures reporting	August/September 2018
OHA develops expenditures reporting tool	September/October 2018
LPHAs report FY18 expenditures data	November/December 2018
OHA analyzes and validates expenditures data	January through March 2019

Decisions about whether matching funds will be awarded in the 2019-21 biennium will be made once final funding levels are known at the end of the 2019 legislative session.