AGENDA

PUBLIC HEALTH ADVISORY BOARD

March 17, 2016
2:30-5:30 pm
Portland State Office Building, 800 NE Oregon St., Room 1E, Portland, OR 97232

Conference line: (877) 873-8017
Access code: 767068

PHAB Meeting Objectives

- Review and adopt PHAB charter
- Review draft PHAB work plan
- Learn about the Oregon public health modernization assessment
- Build an understanding of how Oregon's governmental public health system is currently funded

2:30-2:40 pm	**Welcome** • Approve January 29 meeting minutes	Jeff Luck, PHAB chair
2:40-3:00 pm	**Review PHAB charter** **Action item: adopt charter**	PHAB members
3:00-3:45 pm	**Public Health Modernization Assessment** • What information is being collected • Timelines • Progress	Cara Biddlecom, OHA Public Health Division Annie Saurwein and Jason Hennessy, BERK Consulting
3:45-4:00 pm	**Break**	
4:00-4:55 pm	**Overview of Oregon public health funding**	Morgan Cowling, Coalition of Local Health Officials Karen Slothower, Program Support Manager, OHA Public Health Division
4:55-5:15 pm	**Review PHAB work plan** • Discuss timelines • Review deliverables • Discuss formation of subcommittees	PHAB members

5:15-5:30 pm	**Public comment**	
5:30 pm	**Adjourn**	Jeff Luck, PHAB chair

Minutes DRAFT	**Public Health Advisory Board** **January 29, 2016**

Facilitator: Jeff Luck

Attendees:

Lillian Shirley
Silas Halloran-Steiner
Katrina Hedberg
Tricia Tillman
Carrie Brogoitti
Jeff Luck
Muriel DeLaVergne-Brown
Prashanthi Kaveti
Eli Schwarz
Teri Thalhofer
Eva Rippeteau
Safina Koreishi
Akiko Saito

Public Comment:

Jan Johnson
Brian Campbell
Morgan Cowling
Kionne Messkoub
Charlie Fautin

Agenda Topics	Lead	Notes
1. Welcome	Lillian Shirley	• This committee has been appointed by Governor Brown and on her behalf; Public Health Advisory Board (PHAB) members are appreciated for their public service. • This newly created PHAB was established in House Bill 3100 (2015) to provide oversight for Oregon's governmental public health system and to provide recommendations about public health issues to the Oregon Health Policy Board. • The PHAB members elected Jeff Luck as Chair and Carrie Brogoitti as Vice Chair. • Michael Tynan introduced the draft charter, which will be further discussed at the next PHAB meeting. The charter will need to be formally adopted by the Oregon Health Policy Board.
2. Introduction to Oregon's governmental Public Health System	Lillian Shirley and Charlie Fautin	• Lillian Shirley and Charlie Fautin gave an overview of Oregon's Public Health system (refer to "Oregon's Governmental Public Health System-January 29, 2016" slide presentation posted on the PHAB website). o A question was raised about how public health modernization relates to Oregon's state health improvement plan (SHIP) and the other high level plans that have been published within the last two years. ▪ Public health modernization is focused on making Oregon's governmental public health system more effective and efficient so it can better achieve health outcomes for everyone in Oregon. ▪ Implementing public health modernization is a priority for Oregon Health Authority Director, Lynne Saxton. ▪ Oregon's SHIP used epidemiological data and feedback from stakeholders across the state to prioritize leading health issues that could be addressed through a concerted effort across stakeholders. Health issues that are prioritized in the SHIP are those that impact a large number of Oregonians, such as tobacco, obesity, oral

		health and substance use. ▪ Implementing public health modernization will make it easier for Oregon's governmental public health system to deliver on the health outcomes identified in the SHIP. o A question was raised about governmental public health funding in relation to the Health Impact Pyramid. As a part of public health modernization, state and local health departments will be looking at their current spending to identify how it aligns with the foundational capabilities and programs for governmental public health, and where there are gaps. • A presentation about state and local public health funding was requested at the next PHAB meeting.
3. Introduction to Public Health Modernization	Michael Tynan	• Michael Tynan gave an overview of public health modernization (refer to "Modernization of Oregon's Public Health System and the Public Health Advisory Board-January 2016" presentation posted on the PHAB website). • A discussion was held about the health outcome and return on investment process. Staff from Program Design and Evaluation Services will present their model at a future PHAB meeting. • PHAB members discussed their role related to implementing public health modernization. o Staff have mapped out what key deliverables and timelines are related to public health modernization and will share a draft work plan at the next PHAB meeting.
4. Future agenda items	Jeff Luck	• PHAB members brainstormed a list of future meeting agenda items, including: o Reviewing and adopting the PHAB charter o Reviewing the draft PHAB work plan o A presentation about the public health modernization assessment and what PHAB members can expect to receive and comment on o Recap of the February legislative session o SHIP overview and discussion about seven priority areas o Funding for governmental public health o What governmental public health is doing to promote health equity
5. Public comment period	Jeff Luck	• Kionne Mescude commented that throughout the meeting, a few public health topics were not mentioned, including, homelessness, sanitation and hygiene and the Affordable Care Act. He also asked how public health modernization is aligned with public health accreditation, and whether there is a conflict between this PHAB and the Public Health Accreditation Board. o There is significant overlap between public health accreditation and public health modernization. o Although the names are confusing, this PHAB provides oversight for Oregon's governmental public health system. The Public Health Accreditation Board oversees the accreditation process for state and local health departments nationally.

Transcribed: Jill Brackenbrough

Oregon Health Policy Board
Public Health Advisory Board
Charter

Approved by the Oregon Health Policy Board on _____

I. Overview and Authority

The Public Health Advisory Board (PHAB) is established by House Bill 3100 (2015), Sections 5-7 as a body that reports to the Oregon Health Policy Board (OHPB).

The purpose of the PHAB is to be the accountable body for governmental public health in Oregon. The role of the PHAB includes:

- Oversight for the implementation of Oregon's State Health Improvement Plan.
- Oversight for the implementation of public health modernization.
- Development and implementation of accountability measures for state and local health departments.
- Development of equitable fund distributions to support governmental public health.

This charter defines the objectives, responsibilities, and scope of activities of the PHAB. This charter will be reviewed periodically to ensure that the work of the PHAB is aligned with the OHPB's strategic direction.

II. Duties, Objectives, Membership, Terms, Officers

The duties of the PHAB as established by House Bill 3100 and the PHAB's corresponding objectives include:

PHAB Duties per House Bill 3100	**PHAB Objectives**
a. Make recommendations to the OHPB on the development of statewide public health policies and goals.	• Regularly review state health data such as the State Health Profile to identify ongoing and emerging health issues. • Use best practices to provide recommendations to OHPB on policies needed to address priority health issues.
b. Make recommendations to the OHPB on how other statewide priorities, such as the provision of early learning services and the delivery of health care services, affect and are affected by statewide public health policies and goals.	• Regularly review early learning and health system transformation priorities. • ~~Align~~ Recommend how early learning goals, ~~and~~ health system transformation priorities, ~~with~~ and statewide public health goals can best be aligned. • Identify opportunities for public health to support early learning and health system transformation priorities. • Identify opportunities for early learning and health system transformation to support statewide public health goals.

c. Make recommendations to the OHPB on the establishment of foundational capabilities and programs for governmental public health and other public health programs and activities.	• Participate in the administrative rulemaking process which will adopt the Public Health Modernization Manual. • ~~Review the~~Verify that the Public Health Modernization Manual is still current ~~at~~ least every two years. Recommend updates to OHPB as needed. • ~~Participate in the administrative rulemaking process which will adopt the Public Health Modernization Manual.~~
d. Make recommendations to the OHPB on the adoption and updating of the statewide public health modernization assessment.	• Review initial findings from the Public Health Modernization Assessment. • Review the final Public Health Modernization Assessment report and provide a recommendation to OHPB on the submission of the report to the legislature. • Make recommendations to the OHPB on processes/procedures for updating the statewide public health modernization assessment.
e. Make recommendations to the OHPB on the development of and any modification to the statewide public health modernization plan.	• Review the final Public Health Modernization Assessment report to assist in the development of the statewide public health modernization plan. • Using stakeholder feedback, draft timelines and processes to inform the statewide public health modernization plan. • Develop the public health modernization plan and provide a recommendation to the OHPB on the submission of the plan to the legislature. • Update the public health modernization plan as needed based on capacity.
f. Make recommendations to the Oregon Health Authority (OHA) and the OHPB on the development of and any modification to plans developed for the distribution of funds to local public health authorities.	• Identify effective mechanisms for funding the foundational capabilities and programs. • Develop recommendations for how the OHA shall distribute funds to local public health authorities.
g. Make recommendations to the OHA and the OHPB on the total cost to local public health authorities of applying the foundational capabilities and implementing the foundational programs for governmental public health.	• Review the Public Health Modernization Assessment report for estimates on the total cost for implementation of the foundational capabilities and programs. • Support stakeholders in identifying opportunities to provide the foundational capabilities and programs in an effective and efficient manner.
h. Make recommendations to the OHPB on the use of incentives by the OHA to encourage the effective and equitable provision of public health	• Develop models to incentivize investment in and equitable provision of public health services across Oregon. • Solicit stakeholder feedback on incentive models.

services by local public health authorities.	
i. Provide support to local public health authorities in developing local plans to apply the foundational capabilities and implement the foundational programs for governmental public health.	• Provide oversight for the development of local public health modernization plans. • Provide oversight for Oregon's Robert Wood Johnson Foundation grant, which will support regional gatherings of health departments and their stakeholders to develop public health modernization plans.
j. Monitor the progress of local public health authorities in meeting statewide public health goals, including employing the foundational capabilities and implementing the foundational programs for governmental public health.	• Provide oversight and accountability for Oregon's State Health Improvement Plan by receiving quarterly updates and providing feedback for improvement. • Provide oversight and accountability for the role of local public health authorities in meeting statewide public health goals. • Provide oversight and accountability for the statewide public health modernization plan.
k. Assist the OHA in seeking funding, including in the form of federal grants, for the implementation of public health modernization.	• Provide letters of support and guidance on federal grant applications. • Educate federal partners on public health modernization.
l. Assist the OHA in coordinating and collaborating with federal agencies.	• Identify opportunities to coordinate and leverage federal opportunities. • Provide guidance on work with federal agencies.

Additionally, the Public Health Advisory Board is responsible for the following duties which are not specified in House Bill 3100:

Duties	**PHAB Objectives**
a. Review and advise the Director of the OHA Public Health Division and the public health system as a whole on important statewide public health issues or public health policy matters.	• Provide guidance and recommendations on statewide public health issues and public health policy.
b. ~~Provide oversight~~Act as formal advisory committee for Oregon's Preventive Health and Health Services Block Grant.	• Review and provide feedback on the Preventive Health and Health Services Block Grant work plan priorities.
c~~b~~. Provide oversight for progress toward implementing recommendations outlined in Public Health Division's cultural competency assessment (once released).	• Receive progress reports and provide feedback on implementation of cultural competency assessment recommendations.

Membership Composition

Per House Bill 3100, Section 5, the PHAB shall consist of the following 13 members appointed by the Governor:

1. A state employee who has technical expertise in the field of public health;

2. A local public health administrator who supervises public health programs and public health activities in Benton, Clackamas, Deschutes, Jackson, Lane, Marion, Multnomah or Washington County;
3. A local public health administrator who supervises public health programs and public health activities in Coos, Douglas, Josephine, Klamath, Linn, Polk, Umatilla or Yamhill County;
4. A local public health administrator who supervises public health programs and public health activities in Clatsop, Columbia, Crook, Curry, Hood River, Jefferson, Lincoln, Tillamook, Union or Wasco County;
5. A local public health administrator who supervises public health programs and public health activities in Baker, Gilliam, Grant, Harney, Lake, Malheur, Morrow, Sherman, Wallowa or Wheeler County;
6. A local health officer who is not a local public health administrator;
7. An individual who represents the Conference of Local Health Officials created under ORS 431.330;
8. An individual who represents coordinated care organizations;
9. An individual who represents health care organizations that are not coordinated care organizations;
10. An individual who represents individuals who provide public health services directly to the public;
11. An expert in the field of public health who has a background in academia;
12. An expert in population health metrics;
13. An at large member.

PHAB shall also include the following nonvoting, ex-officio members:

1. The Oregon Public Health Director or the Public Health Director's designee;
2. If the Public Health Director is not the State Health Officer, the State Health Officer or a physician licensed under ORS chapter 677 acting as the State Health Officer's designee;
3. If the Public Health Director is the State Health Officer, a representative from the Oregon Health Authority who is familiar with public health programs and public health activities in this state; and
4. A designee of the Oregon Health Policy Board.

Membership Terms

The term of office for a board member appointed under this section is four years, but a member serves at the pleasure of the Governor. Before the expiration of the term of a member, the Governor shall appoint a successor whose term begins on January 1 next following. A member is eligible for reappointment. If there is a vacancy for any cause, the Governor shall make an appointment to become immediately effective for the unexpired term.

Of the PHAB members beginning their term in January 2016:

- Four shall serve for terms ending January 1, 2017.
- Three shall serve for terms ending January 1, 2018.
- Three shall serve for terms ending January 1, 2019.
- Three shall serve for terms ending January 1, 2020.

Officers

PHAB shall elect two of its voting members to serve as the chair and vice ~~co-~~chair. Elections shall take place in January of each even-numbered year.

The chair and vice chair shall serve two year terms. ~~-~~If the chair were to vacate their position before their term is complete the vice chair shall become the new chair to complete the term. If a vice chair is unable to serve, or if the vice chair position becomes vacant, then a new election is held to complete the remainder of the vacant term(s).

The PHAB chair shall facilitate meetings and guide the PHAB in achieving its deliverables. The PHAB chair shall represent the PHAB at meetings of the Oregon Health Policy Board as directed by the Oregon Health Policy Board designee. The PHAB chair may represent the PHAB at meetings with other stakeholders and partners, or designate another member to represent the PHAB as necessary.

The PHAB vice chair shall facilitate meetings in the absence of the PHAB chair. The PHAB vice chair shall represent the PHAB at meetings of the Oregon Health Policy Board as directed by the Oregon Health Policy Board designee when the PHAB chair is unavailable. The PHAB vice chair may represent the PHAB at meetings with other stakeholders and partners when the PHAB chair is unavailable or under the guidance of the PHAB chair, or may designate another member to represent the PHAB as necessary.

Both the PHAB chair and vice chair shall work with OHA Public Health Division staff to develop agendas and materials for PHAB meetings.

III. Actions and Deliverables

Actions

The PHAB may take the following actions:

- Make formal recommendations, provide informal advice, and reports to the OHPB;
- Review and advise the Director of the OHA Public Health Division and the public health system as a whole on important statewide public health issues or public health policy matters;
- Identify priorities for Oregon's governmental public health system;
- Charter committees (for ongoing work) and/or work groups (for short-term work) on various topics related to governmental public health;
- Request data and reports to assist in preparing recommendations to the OHPB;
- Provide a member to serve as a liaison to other committees or groups as requested.

Deliverables/Actions

The PHAB shall deliver the following:

Deliverable	Time Frame
• **A work plan for the PHAB for 2016-2017**	Spring 2016
• **A proposal for reporting to the OHPB (e.g., frequency, format, etc.)**	Spring 2016
• **Report(s) to the OHPB (as agreed to with the OHPB ~~Board~~)**	At least annually
• **Recommendations to the OHPB**	As needed
• **Public Health Modernization Assessment report**	June 2016
• **Public Health Modernization Plan**	December 2016
• **Report(s) to the legislature as requested**	As needed

In addition to the deliverables listed above, the PHAB shall charter committees and work groups as needed and take direction from the OHPB.

IV. Staff Resources

The PHAB is staffed by the OHA, Public Health Division, as led by the Policy Officer. Support will be provided by staff of the Public Health Division Policy Team and other leaders, staff, and consultants as requested or needed.

V. Expectations for PHAB Meetings

The following expectations apply to all PHAB meetings:

- The PHAB will meet monthly for the first six months of 2016. In July 2016, the PHAB will determine if meetings should continue monthly or move to an alternate schedule, with meetings ~~every month beginning in January 2016, and continue~~ occurring at ~~-~~least quarterly. More frequent and ad hoc meetings may be called for by the chairperson.
- The PHAB shall meet at times and places specified by the call of the chairperson or of a majority of the voting members of the board.
- A standard meeting time will be established (with special exceptions).
- Meetings shall be conducted in accordance with Oregon's Public Meetings Law (ORS 192.610 through 192.710) and Public Records Law (ORS 192.001 through 192.505) and documented on the PHAB website: ~~http://public.health.oregon.gov/About/Pages/ophab.aspx.~~www.healthoregon.org/phab.
- Official subcommittee meetings shall also be conducted in accordance with Oregon's Public Meetings Law (ORS 192.610 through 192.710) and Public Records Law (ORS 192.001 through 192.505) and documented on the PHAB website: www.healthoregon.org/phab.
- A public notice will be provided to the public and media at least 10 days in advance of each regular meeting and at least five days in advance of any special meeting.
- A majority of the voting members of the PHAB constitutes a quorum for the transaction of business during PHAB meetings.
- PHAB members are expected to review materials ahead of the meeting and come prepared to discuss and participate.
- Written minutes will be taken at all regular and special meetings. Minutes will include: members present; all motions, proposals, resolutions, orders, ordinances and measures proposed and their disposition; the substance of discussion on any matter; and a reference to any document discussed or distributed at the meeting.

Conflicts of Interest
PHAB members shall disclose any actual or perceived conflicts of interest prior to voting on any motion. PHAB members shall make the disclosure using a standard conflict of interest form.

VI. Amendments and Approval

This charter may be amended or repealed by the affirmative vote of two-thirds of the members present at any regular PHAB meeting. Notice of any proposal to change the charter shall be included in the notice of the meeting.

Public Health 3.0: Time for an Upgrade

It is time to boldly expand the scope and reach of public health to address all factors that promote health and well-being, including those related to economic development, education, transportation, food, environment, and housing. Despite nearly $3.0 trillion in annual health care spending, the United States ranks 27th in the world in life expectancy, and relatively low in many other measures of health and well-being.[1,2] Worse yet, for the poor in this country, life expectancy is actually decreasing.[3] Given these trends, and persistent gaps in health status, it's time for a major upgrade to Public Health 3.0.

PUBLIC HEALTH 1.0

The public health system in its modern sense began to take shape after the industrial revolution in the late 19th century. During the 20th century, public health was empowered by extraordinary scientific advances in our understanding of disease, powerful new prevention and treatment tools such as vaccines and antibiotics, and expanded capability in areas such as epidemiology and laboratory science. We refer to this period as Public Health 1.0.

Yet, by late in the century, the capacity and effectiveness of public health agencies varied enormously across the country, with little consensus about what should be expected of public health. In 1988, the Institute of Medicine (IOM) declared in *The Future of Public Health* that "this nation has lost sight of its public health goals and has allowed the system of public health activities to fall into disarray."[4]

PUBLIC HEALTH 2.0

We conceive of Public Health 2.0 as beginning with this IOM report and continuing to the present day. The IOM Committee characterized the mission of public health as fulfilling society's interest in assuring conditions in which people can be healthy, and defined the core functions of governmental public health agencies as assessment, policy development, and assurance. This seminal report was enormously influential in shaping and reenergizing public health (e.g., by spurring national deliberations leading to the clear articulation of the essential services of public health). However, there was little emphasis on how public health leaders might work across sectors to address social, environmental, or economic determinants of health.

A CHANGING LANDSCAPE FOR PUBLIC HEALTH

Several developments are driving the need to re-envision public health practice once again. Health trends in the last 30 years are such that the leading causes of death and illness are now attributable to behaviors (e.g., smoking, sedentary lifestyle, and eating patterns) that are powerfully driven by the social and physical environments in which people live, learn, work, and play.

Today, the largest part of many state and local agency budgets are federal grants, giving state and local public health departments limited flexibility in how best to meet local needs.[5] Most health departments have not seen their budgets or functional capacity fully restored since the sharp and sustained budget cuts to public health at every level which followed the Great Recession in the United States (2007–2009).

The Affordable Care Act (ACA) improved access to health care for all. Today, 17.6 million people have access to affordable health care that did not have access before. This development is facilitating public health's transition away from clinical care provider of last resort to primary prevention and health promotion.

The ACA also catalyzed movement away from fee-for-service to value-based payments, potentiating innovative prevention and health-promoting care models.[6] The ACA's requirement that nonprofit hospitals must do community health needs assessments has increased collaboration between medicine and public health.

In the past decade, there has been a widening embrace of health department accreditation as one strategy to improve public health agency performance. As of November 2015, 33 states plus the District of Columbia have a health department accredited by the Public Health Accreditation Board (PHAB), reaching 45% of the US population.

Finally, there has been increasing recognition in recent years that we—in public health and beyond—must find ways to directly address the broad social and environmental determinants of health, through collaborative, cross-sector efforts. Elected and civic leaders have also become more aware of the importance of community health, realizing that a healthy community is one with a strong educational system, safe streets, effective public transportation, and affordable, high-quality food and housing.

ABOUT THE AUTHORS

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Correspondence should be sent to Patrick W. O'Carroll, Regional Health Administrator, 701 Fifth Avenue, MS 20, Seattle, WA, 98121. (e-mail: patrick.ocarroll@hhs.gov). Reprints can be ordered at http://www.ajph.org by clicking the "Reprints" link.

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PUBLIC HEALTH 3.0

In this context, we submit that it is time for a major upgrade to Public Health 3.0: a modern version that emphasizes cross-sector collaboration and environmental, policy, and systems-level actions that directly affect the social determinants of health. Several pioneering US communities are already experimenting with this expansive approach to community health. It is time to position *all* local and state public health authorities as leaders in building communities that, by their nature, promote the public's health and wellness.

What are the key components of Public Health 3.0?

Enhanced Leadership and Workforce

An exciting evolving model is one in which local and state public health leaders see themselves not only as the director of their governmental agency but also more broadly as the chief health strategist for their communities, capable of mobilizing community action to affect health determinants beyond the direct reach of their agencies.[7]

New Partners

Broad engagement with partners across multiple sectors is inherent to the Public Health 3.0 vision. It is especially important to engage elected leaders, by sharing our vision that health is a fundamental driver of community development. The business community is another key partner, with much to gain and give to this effort. Members of the general public—including those from the subpopulations at greatest risk of poor health—must also be brought into the process of identifying and deciding how best to respond to community needs.

Accreditation

The Public Health Accreditation Board accreditation process institutionalizes a culture of improvement, innovation and transparency, which fosters public trust and support. We encourage continued evolution and improvement of the PHAB process to incorporate Public Health 3.0 elements.

Technology, Tools, and Data That Matter

We need to develop timely, locally relevant health information systems instead of relying on data that are outdated, merged across years to improve sample size, and not actionable at the neighborhood level.

New Metrics of Success

We need to define what constitutes a healthy, sustainable, thriving community and, thus, how to measure success. A limited number of domains should be identified that collectively encompass the conditions and outcomes relevant to measuring the health of a community.

Funding

Adequate, flexible funding is necessary for a broadly engaged Public Health 3.0 organization. At the federal level, we need to explore ways of funding state and local public agencies to promote an expansive approach to assuring community health. New financial and other support for public health should be developed from state and local sources as well.

REALIZING THE VISION

To accomplish this upgrade to Public Health 3.0, we need to engage a broad spectrum of thought leaders to better define the vision and identify likely challenges to its implementation.

We at the federal level must also consider how we can help catalyze progress. It is time once again for the public health community to step up our game: to recognize the changing landscape of health in our country, and to develop and embrace dramatically enhanced, community-wide approaches to assuring the conditions in which all people can be healthy. AJPH

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CONTRIBUTORS

K. B. DeSalvo and P. W. O'Carroll led the conceptual development and writing of this article, with significant writing and conceptual input from all authors.

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Public Health Modernization Manual and Assessment

March 17, 2016

PUBLIC HEALTH DIVISION

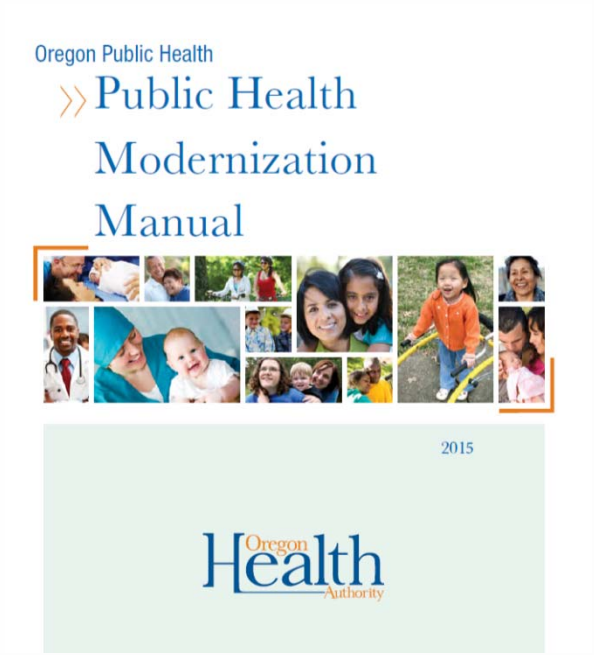
Office of the State Public Health Director

House Bill 3100 (2015)

- House Bill 3100 operationalizes many of the recommendations from the *Modernizing Oregon's Public Health System* report over the period of 2015-2017.
  - Adopts the foundational capabilities and programs for governmental public health.
  - Changes the composition and role of the Public Health Advisory Board beginning on January 1, 2016.
  - **Requires the Oregon Health Authority's Public Health Division and local public health authorities to assess their current ability to implement the foundational capabilities and programs; and requires the Public Health Division to submit a report on these findings to Legislative Fiscal Office by June 2016.**
  - States that local public health authorities shall submit plans for implementing the foundational capabilities and programs no later than December 2023.

Public Health Modernization Manual

- Needed a more detailed definition for each foundational capability and program, beyond the legislative definition in House Bill 3100
- Opportunity to more clearly articulate the mutually supportive roles of state and local public health
- Provides a roadmap for what needs to be implemented in a modern public health system



Timeline

Activity	Timeline
Public Health Division cross-divisional teams draft foundational capability and program definitions	May-July 2015
Local public health authority staff reviews and comments on draft definitions	July-September 2015
Coalition of Local Health Officials and Public Health Division Joint Leadership Team reviews, comments on draft definitions	July-September 2015
Coalition of Local Health Officials and Public Health Division Joint Leadership Team reviews, adopts definitions	October 2015
Definitions complied into the Public Health Modernization Manual	October-November 2015
Public Health Modernization Manual opened for public comment	November-December 2015
Coalition of Local Health Officials and Public Health Division Joint Leadership Team incorporates public comment	December 2015

Role of the Public Health Advisory Board related to Public Health Modernization

- Make recommendations to the OHPB on the:
  - Foundational capabilities and programs for governmental public health
  - **Adoption of a statewide public health modernization assessment and plan**
  - **Total cost of implementing the foundational capabilities and programs**
  - Use of incentives to encourage effective and equitable provision of public health services
- Develop plans for the distribution of funds to local public health authorities
- Provide support to public health authorities and monitor the implementation of public health modernization plans

For more information

healthoregon.org/modernization

publichealth.policy@state.or.us

(971) 673-1222

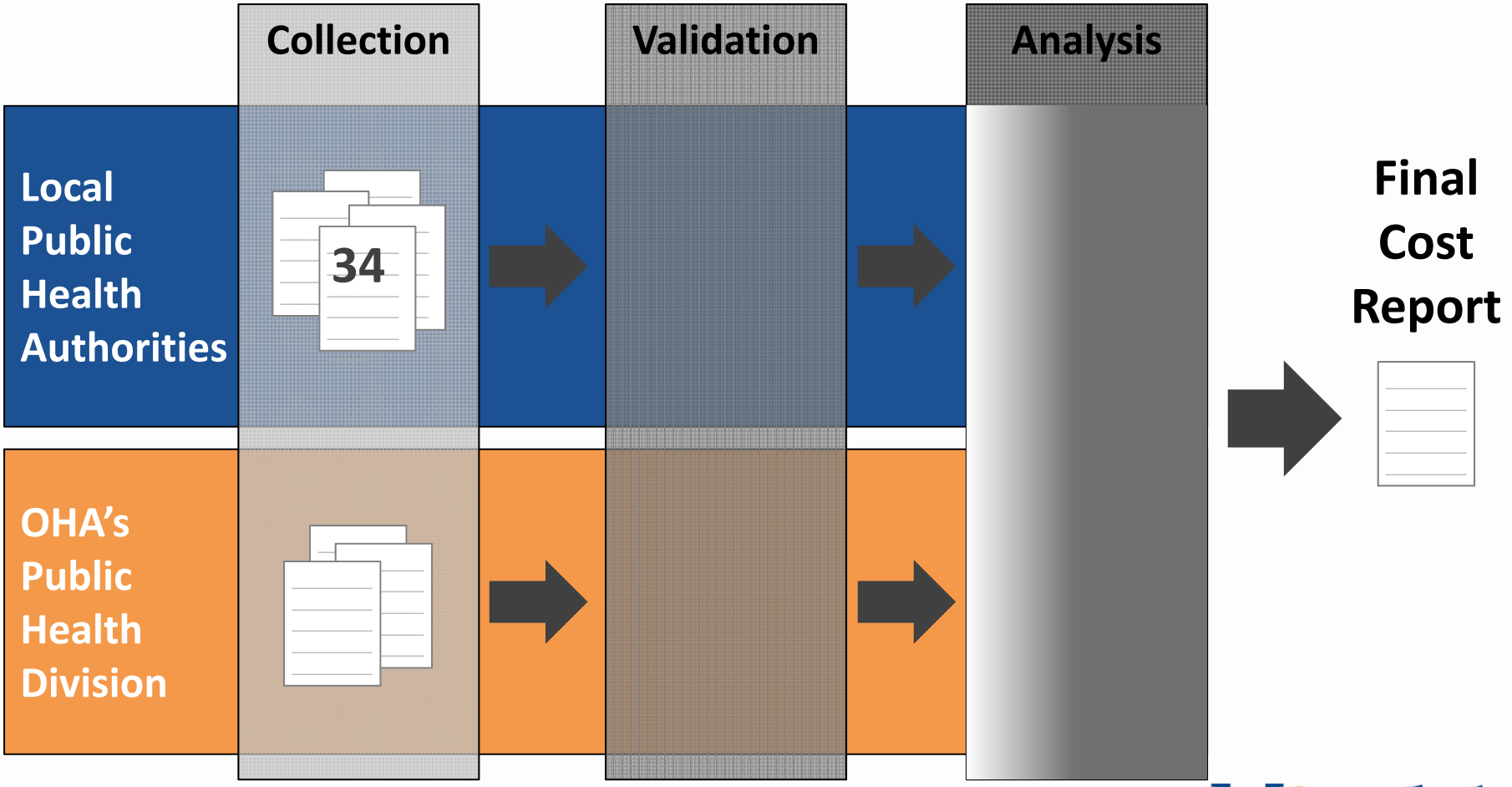
Public Health Modernization Assessment:

Overview

- **BERK Consulting was engaged to meet the requirement in HB 3100 that Oregon Health Authority's Public Health Division and local public health authorities assess the overall current ability and the cost to fully implement the foundational capabilities and programs**
  - **Collect information to answer two questions:**
    - **To what extent are the roles and responsibilities of Public Health Modernization being provided today? (*Qualitative and quantitative*)**
    - **What resources are needed to fully implement the roles and responsibilities of Public Health Modernization? (*Quantitative*)**
  - **Report these findings by June 2016**

Public Health Modernization Assessment:

Process Overview



Process: State and Local

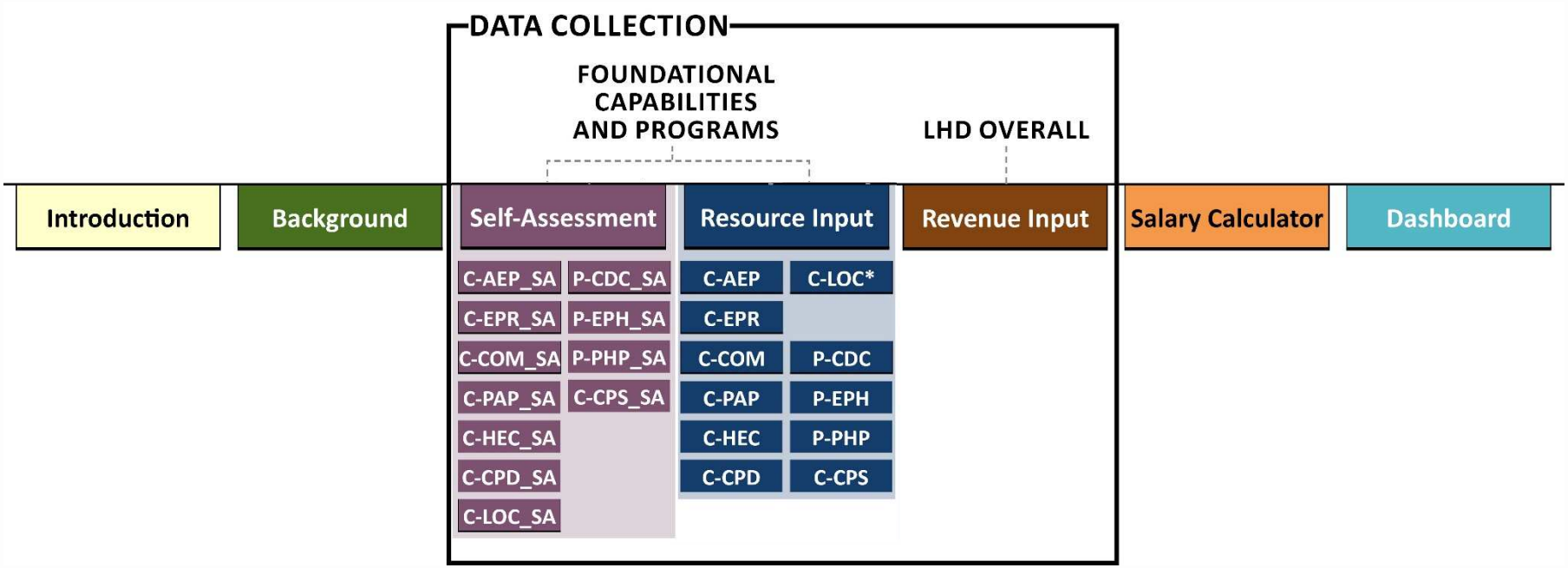
- Two processes are being used, one for local and one for the state, to respond to the unique challenges of collecting information from each
  - For the Local Public Health Authorities, a priority to get information from all 34 districts created a challenge around consistency of information collected
    - The local information collection tool was built to foster consistency in responses
  - For the state OHA's Public Health Division, one agency with one budgeting and accounting system allowed a simpler approach but with the added challenge of a large organization with a large service area

Public Health Modernization Assessment:

Local Information Collection

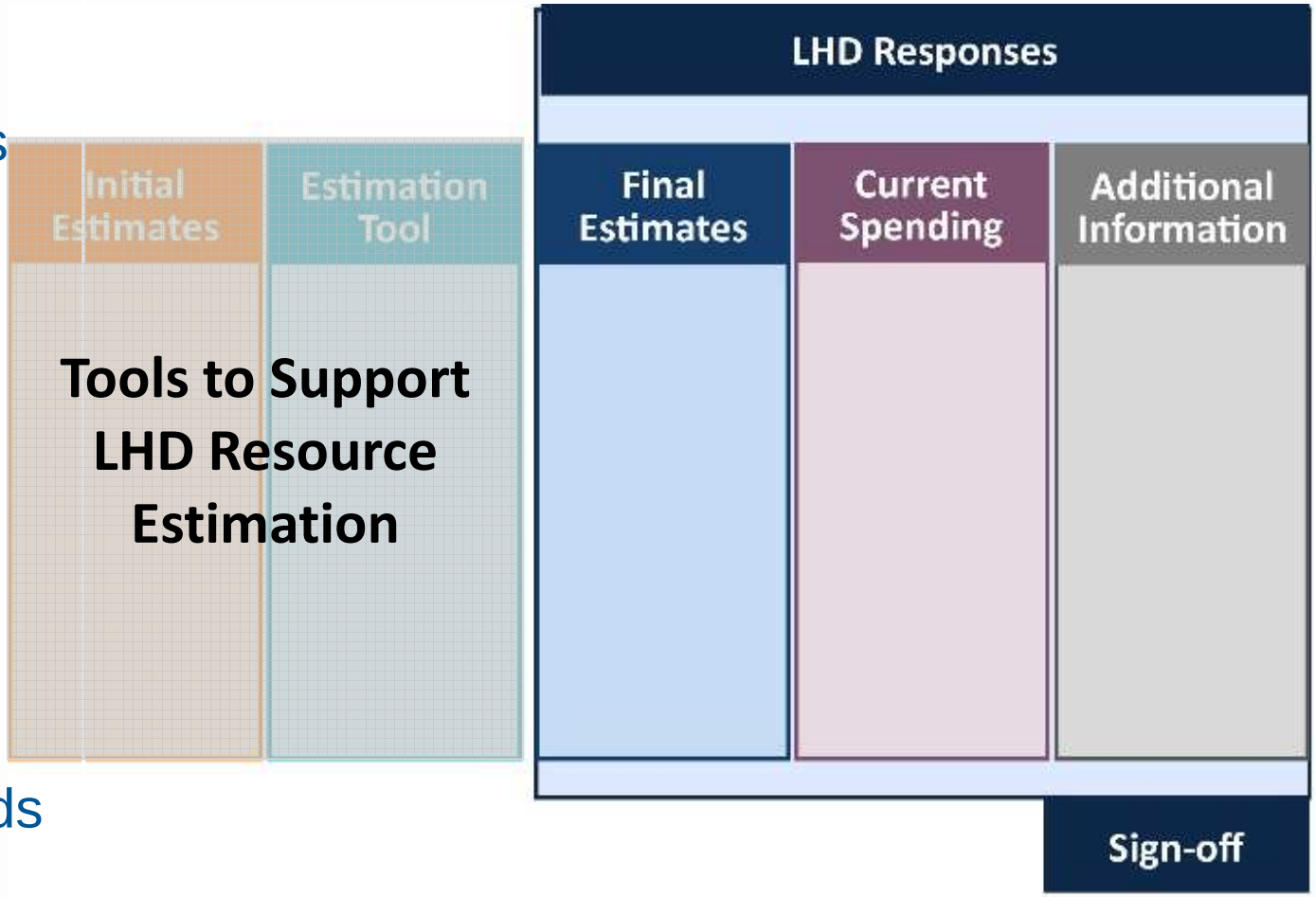
- Created an assessment tool to collect two types of information:
  - Current capacity and expertise
  - Resources, including
    - Current spending on public health modernization
    - Estimated need for full implementation
- Capacity and Expertise
  - Using the Oregon Public Health Modernization Manual, LPHAs were asked to self-assess the extent to which they are currently able to implement the required roles and responsibilities of Public Health Modernization
- Estimated Need
  - LPHAs were asked to estimate how much they would need for full implementation
    - The tool included initial estimates for expected needs using general cost factors adjusted to each local public health authority's demographic information

Public Health Modernization Assessment:
Local Assessment Tool



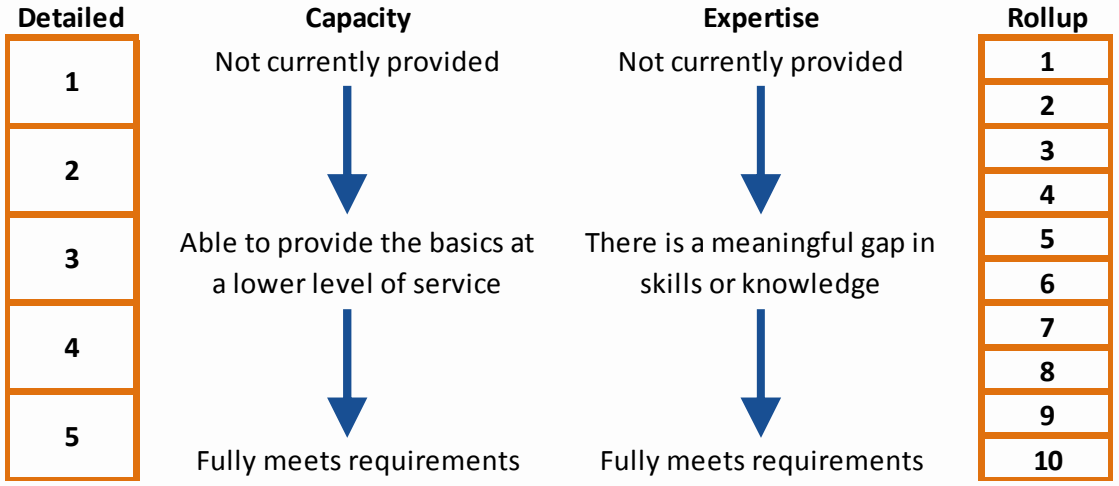
Public Health Modernization Assessment:
Local Assessment Tool – Resource Estimation

Resource Estimation: Allowed LHDs to document their current spending related to Foundational Capabilities and Services, and their additional resource needs related to full implementation.



Public Health Modernization Assessment:
Local Assessment Tool – Programmatic Self-Assessment

Programmatic Self-Assessment: Allowed LHDs to document their current capacity and expertise to provide Foundational Capabilities and Services, and any barriers to implementation.



	CAPACITY	EXPERTISE	BARRIERS	ADDITIONAL INFO
LOCAL ROLES	X	X		
LOCAL DELIVERABLES	X	X		
FUNCTIONAL AREAS	X	X		

Public Health Modernization Assessment:

State Information Collection

- **Created an assessment tool to collect Public Health Division's current capacity and expertise**
  - **Using the Oregon Public Health Modernization Manual, the Public Health Division was asked to self-assess the extent to which it is currently able to implement the required roles and responsibilities of Public Health Modernization**
- **For resource estimates, BERK is working directly with the Public Health Division**
  - **Allocating current spending between the Public Health Modernization Foundational Capabilities and Programs**
  - **Multi-round estimation workshops to estimate needs for full implementation**

Validation and Analysis Processes

- Using a variety of approaches, BERK has begun the process of validating results, including but not limited to:
  - Internal validity, including:
    - Do the results make sense in the context of each LPHA's demographics?
    - If there is a gap between current expertise and capacity and what is needed for full implementation, how is that reflected in current spending and estimated need?
  - External validity, including:
    - How do these estimates compare to each other?
    - How do these estimates compare to estimates from other states and national estimation work?
- The validated data will be combined to create a statewide implementation estimate and inputted into a model to allow future implementation simulations

Local Public Health Department Funding

Presentation to the Oregon Public Health Advisory Board

Morgan Cowling, CLHO Executive Director
March 17, 2016

Coalition of Local Health Officials

How are Local Health Departments funded?

- For many LHDs local funding is essential for supporting public health infrastructure
- Funds LHDs get before public health work
  - County General Fund
  - IGA – State Funding and Federal Grants
  - Other locally raised grants
- Funds they get after they provide a public health service
  - Fees
  - Medicaid and insurance

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Current Statutory Requirements for Local Public Health (pre HB 3100)

- ORS 431.416 (2) continued…

These activities shall include but not be limited to:

  - Epidemiology and control of preventable diseases and disorders
  - Parent and child health services, including family planning clinics as described in ORS 435.205
  - Collection and reporting of health statistics
  - Health information and referral services; and
  - Environmental Health Services

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Current Oregon Administrative Rules (pre HB 3100)

- Communicable Disease Investigation and Control
- Tuberculosis case management
- Immunizations
- Tobacco Prevention
- Emergency Preparedness
- Maternal and child health services
- Family Planning
- Women, Infants, and Children services
- Vital Records
- Environmental Health Services

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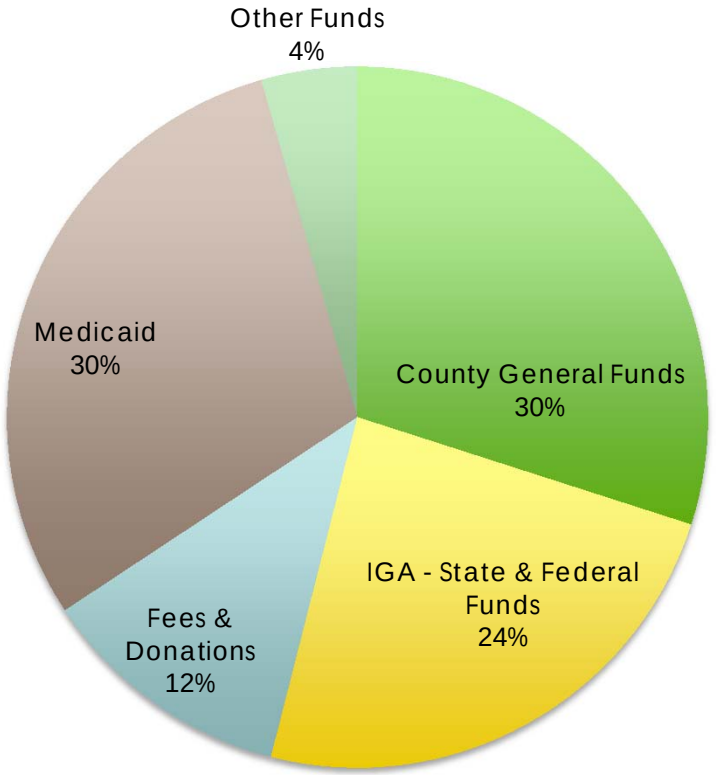
Local Health Department FY 2015 Projected Revenue



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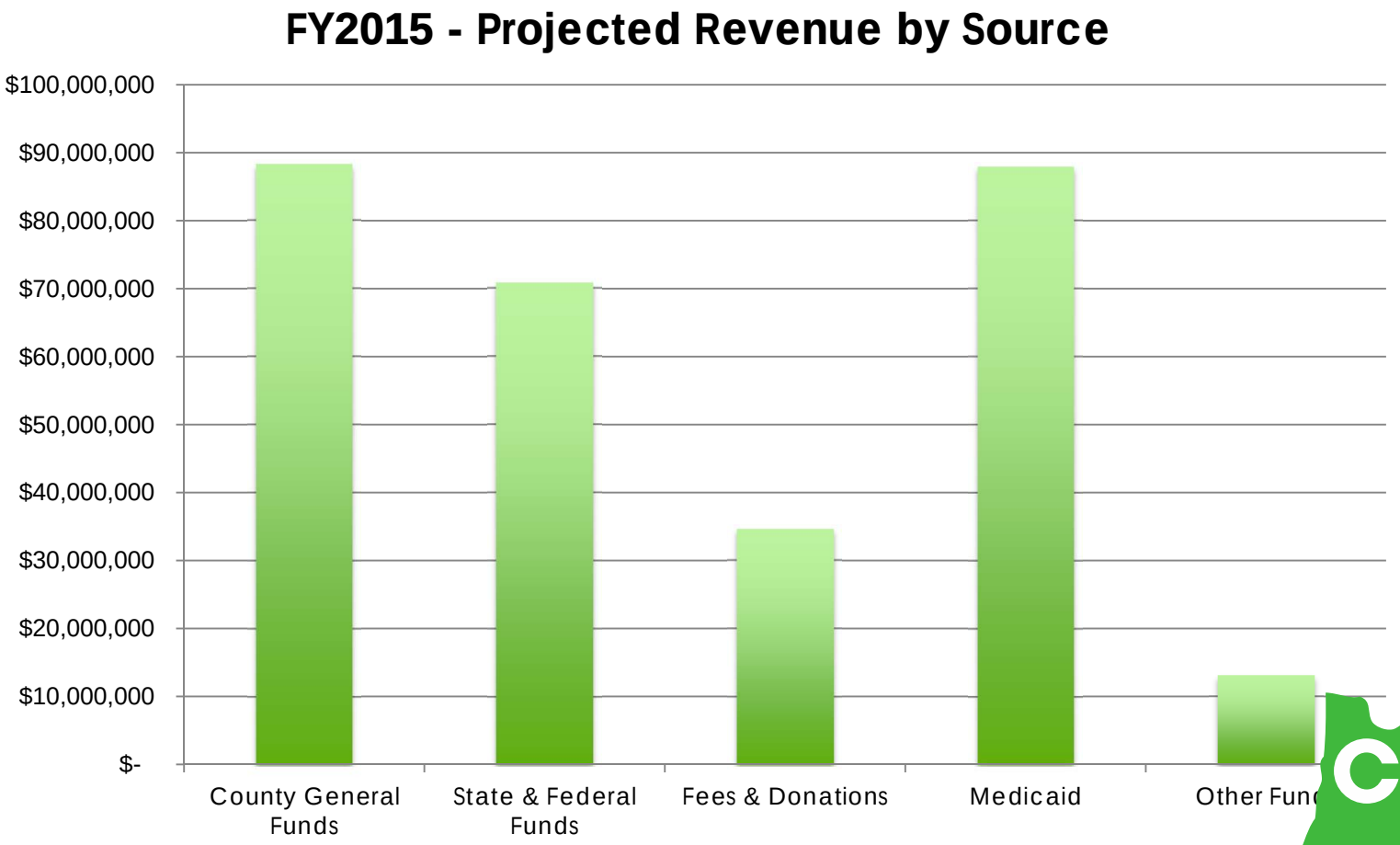
Local Health Department Projected Revenue by Source



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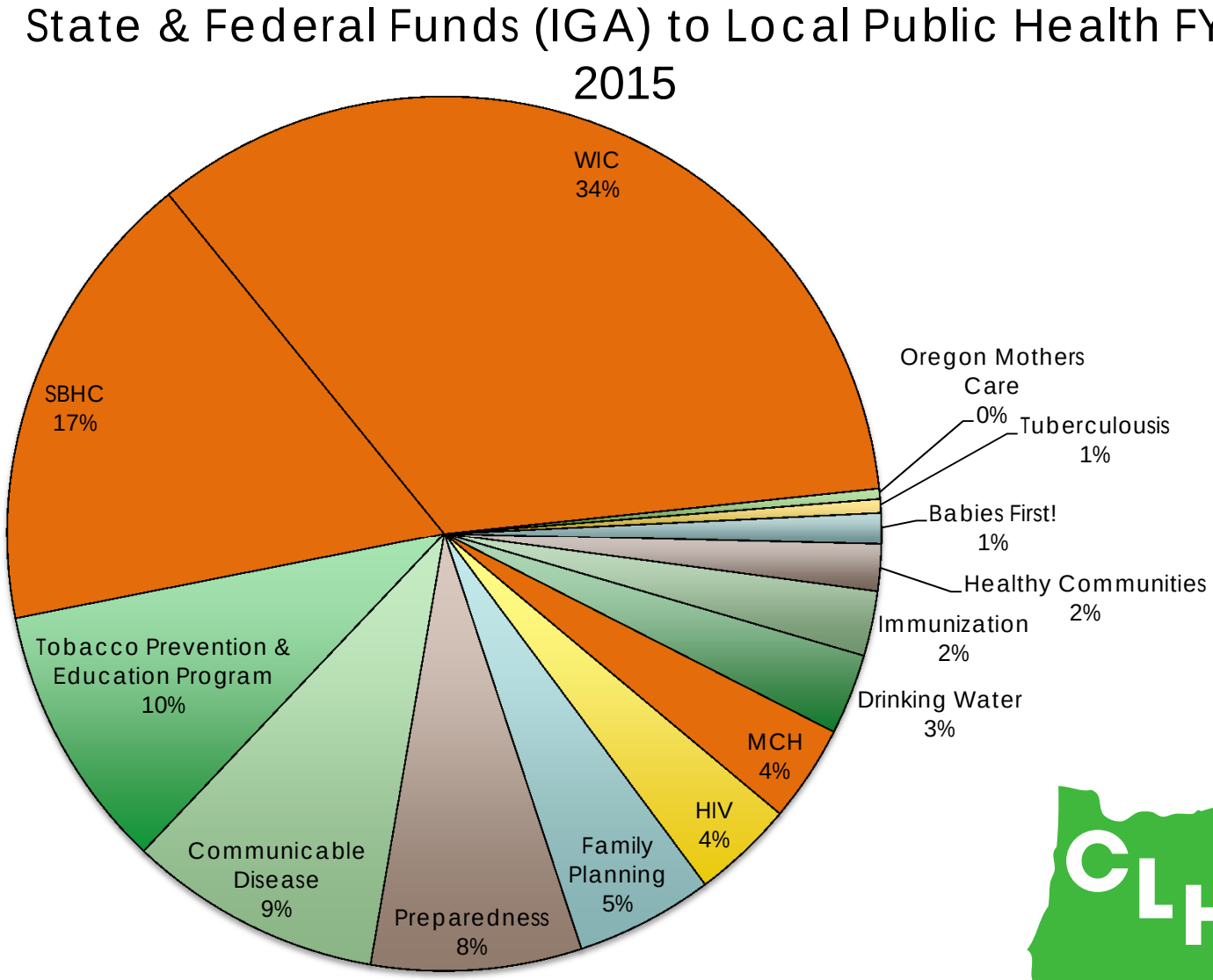
Breakdown by Program of IGA Funding



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Case Study: Communicable Disease Funding

- Communicable Disease – public health role to prevent the spread, track, receive reports, respond and investigate the spread of reportable diseases
- Currently required and a Foundational Program in Public Health Modernization
- Local public health funding is a mix of grants from state and federal funds infused with local county general fund
- Last increase in state CD funding was 2007,

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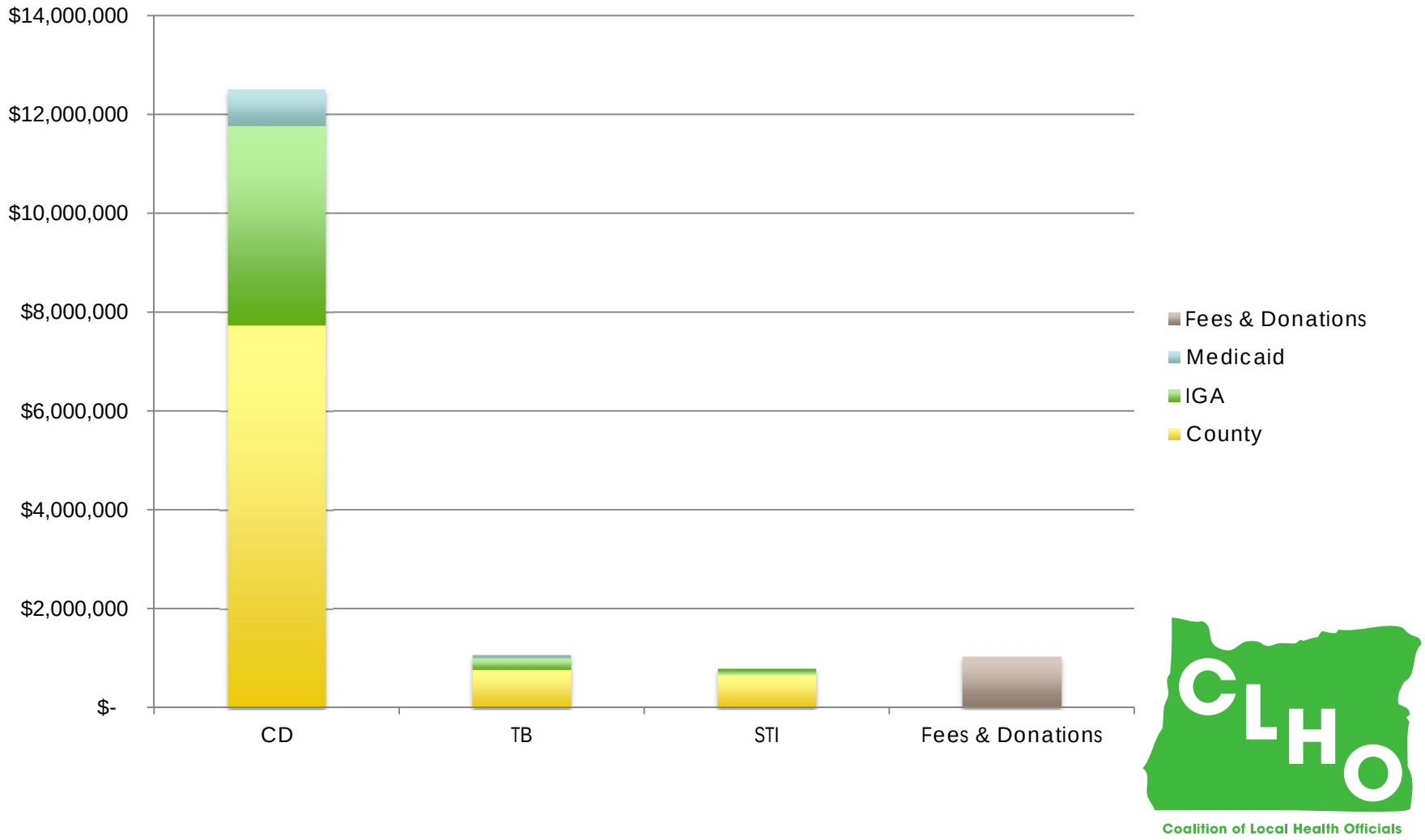
FY 15 – Communicable Disease Funding by CD Program



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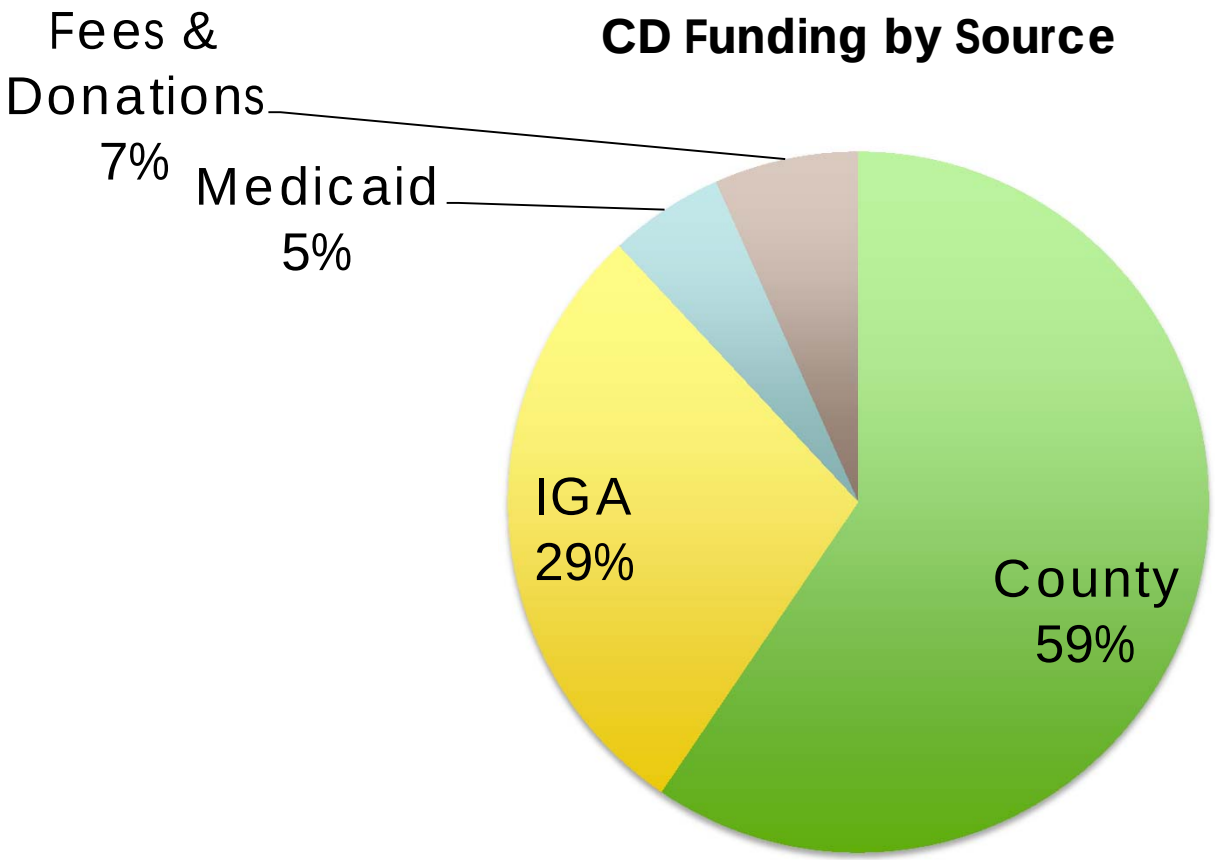
FY 15 Communicable Disease Funding by Source



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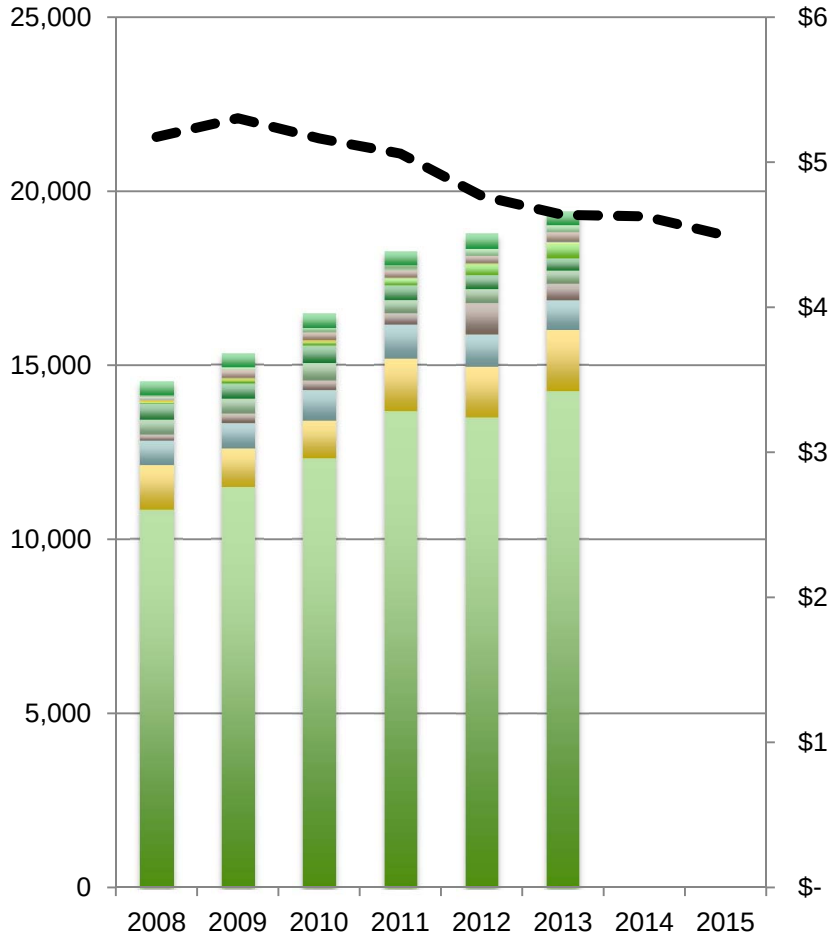
Changes in CD funding and Reportable Diseases

Number of cases of select notifiable conditions



Communicable disease, TB and STD funding to counties, in $ millions

- All others
- E. coli O157 (STEC)
- Cryptosporidiosis
- Hepatitis A
- Acute hepatitis B
- Early Syphilis
- Giardiasis
- Salmonellosis
- Pertussis
- Campylobacteriosis
- Gonorrhea
- Chlamydiosis
- Funding to c
  inflation-adj

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Questions?

Public Health Division
2015-17 Legislatively Adopted Budget Overview

Public Health Advisory Board Meeting
March 17, 2016

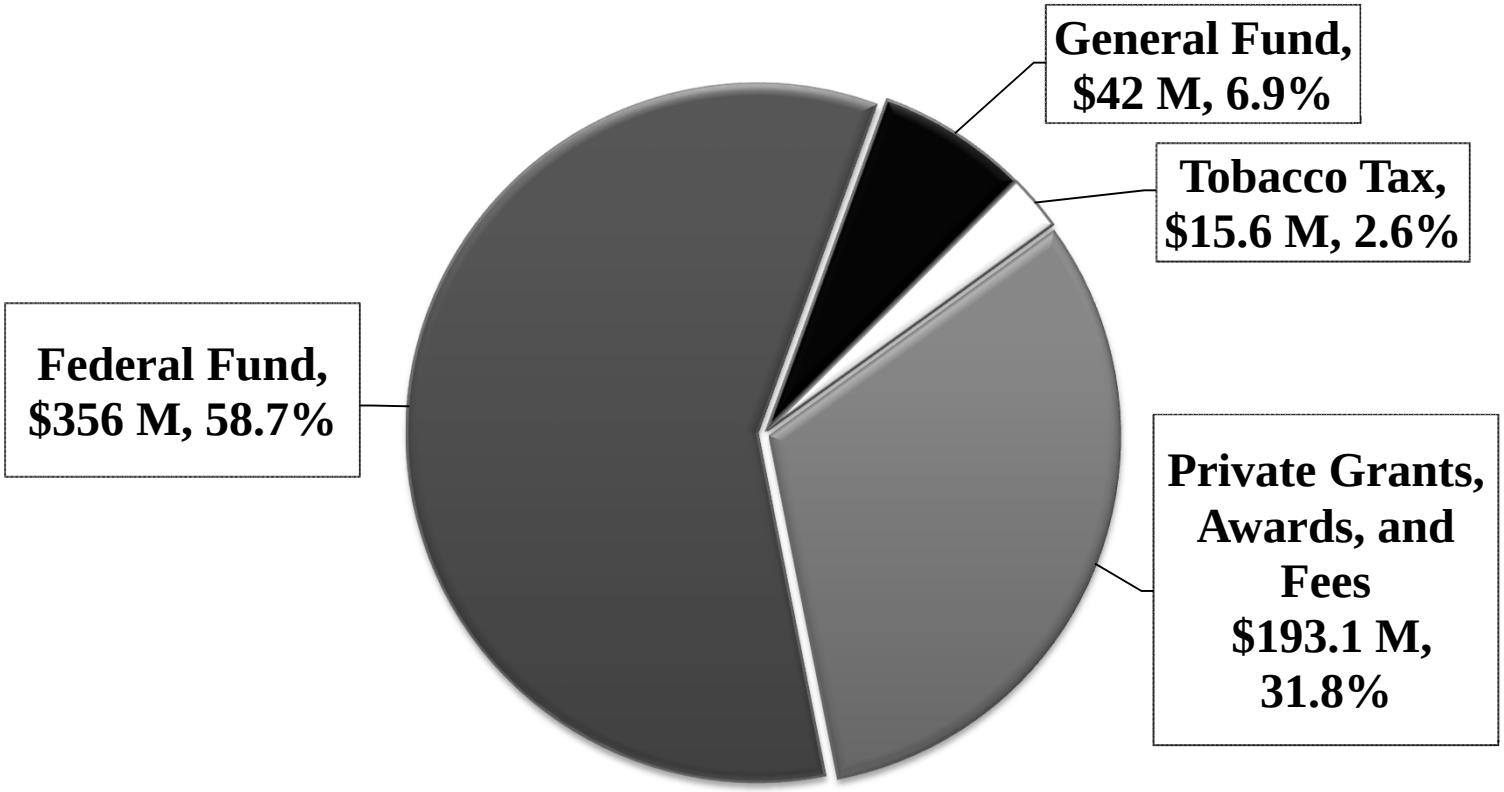
Karen Slothower
Program Support Manager
Public Health Division

Oregon Health Authority

State Public Health by Fund Type

Federal Dollars are the Largest Funding Source of the OHA Public Health Budget

Total Budget $606,756,342



Oregon Health Authority

$ 42.0 M General Fund is included in Public Health's 2015-17 Legislatively Adopted Budget

- Communicable Disease
- HIV/AIDS, Sexually Transmitted Disease, Tuberculosis
- Injury Prevention
- School Based Health Centers
- Immunization
- Women's & Reproductive Health (Contraceptive Care)
- Oral Health
- Pre-Conception, Perinatal and Child Health
- Informatics and Surveillance
- Public Health Laboratory
- State Support for Public Health to Local Health Departments
- Nurse Staffing

Oregon Health Authority

$ 208.7 M Fees and Private Grants or Awards is included in Public Health's 2015-17 Legislatively Adopted Budget

- Tobacco Tax
- Laboratory Testing & Newborn Screening Fees
- Vital Records
- Immunization Client Reimbursement
- Medical Marijuana Registration
- Health Facilities Licensing
- EMT Licensing
- Radiation Protection Licensing
- Water System Survey
- Other Fees and Grants
- WIC Infant Formula Rebate ($40M Non-Limited)

Oregon Health Authority

$ 356.0 M Federal Funds is included in Public Health's 2015-17 Legislatively Adopted Budget

- Health Security Preparedness and Response
- Contraceptive Care
- Maternal Child Health Block Grant
- Emerging Infections
- Chronic Disease Prevention
- Injury Prevention
- Immunization
- Drinking Water
- HIV, STD, TB Prevention
- Preventive Health Block Grant
- Other Federal Grants and Agreements
- WIC Food Vouchers ($102.7M Non-limited)

Oregon Health Authority

State Public Health
2015-17 Legislatively Adopted Budget
by Fund Type ($606.7M)

	Fund Type			
Budget Category	**General**	**Fees/Awards**	**Federal**	**TOTAL**
Personal Services	$11.8 M	$44.8 M	$79.7 M	$136.3 M
Services and Supplies	$8.9 M	$103.8 M	$62.9 M	$175.6 M
Local PH Systems & WIC	$21.3 M	$60.1 M	$213.1 M	$294.5 M
Capital Outlay	$. M	$. M	$.3 M	$.3 M
Grand Total	$42. M	$208.7 M	$356. M	$606.7 M

Oregon Health Authority

Oregon Public Health Advisory Board

2016 Work Plan

February 29, 2016 Draft

Meeting date	Topics	Presenter(s)	Actions/Deliverables
January 29, 2016	Elect chair and vice chair		Chair and vice chair elected
	Introduce charter		
	Overview of Oregon's governmental public health system	Charlie Fautin, Benton County Lillian Shirley, OHA Public Health Division	
	Overview of Public Health Modernization	Michael Tynan, OHA Public Health Division	
March 17, 2016	Review charter		Adopt charter; send to Oregon Health Policy Board for review and approval
	Review work plan and discuss needs for subcommittees		Revise/adopt work plan
	Overview of Public Health Modernization Manual, assessment tool and process	Cara Biddlecom, OHA Public Health Division Annie Saurwein, BERK Consulting	Discuss process for reviewing findings from assessment; advising on final assessment report
	Overview of governmental public health funding	Morgan Cowling, CLHO Karen Slothower, OHA Public Health Division	
April 21, 2016	Public Health Modernization Assessment report progress update	Annie Saurwein, BERK Consulting	
	Discussion about public health modernization funding formula and the use of incentives to encourage effective and equitable provision of public health services		

	Orientation to the Preventive Health and Health Services Block Grant	Danna Drum, OHA Public Health Division	
	Introduction to Oregon's State Health Improvement Plan; focus on health equity interventions SHIP deep dive: tobacco and substance use	Katrina Hedberg, Tim Noe, Karen Girard and Lisa Millet, OHA Public Health Division	
May 19, 2016	Review draft Public Health Modernization Assessment Report		Provide comments on the report
	Continued discussion about public health modernization funding formula and the use of incentives to encourage effective and equitable provision of public health services		Provide comments on initial recommendations
	Accountability measure development		Introduce process for accountability measures
	Discussion about health equity		
	Preventive Health and Health Services Block Grant work plan review	Danna Drum, OHA Public Health Division	
June 16, 2016	Finalize modernization funding formula and the use of incentives to encourage effective and equitable provision of public health services		Vote on final draft to be submitted to Legislative Fiscal Office no later than June 30
	Accountability measure development		
	Update on modernization health outcome and economic analysis project	Myde Boles, Barbara Pizacani and David Solet, Program Design and Evaluation Services	Provide comments on analysis plan
	Overview of statewide cultural competency assessment results	Danna Drum, OHA Public Health Division	Provide guidance and next steps on cultural competency work
July 21, 2016	Statewide modernization plan development		
	Accountability measure development		
	Metrics and Scoring Committee update		Discuss opportunities for measure alignment

	SHIP deep dive: obesity and communicable disease	Karen Girard and Collette Young, OHA Public Health Division	
August 18, 2016	Statewide modernization plan development		
	Accountability measure development		
September 15, 2016	Statewide modernization plan development		
	Accountability measure development		
October 20, 2016	Statewide modernization plan development		Provide feedback on the draft statewide modernization plan
	SHIP deep dive: immunizations and oral health	Aaron Dunn and Bruce Austin, OHA Public Health Division	
	Accountability measure development		Provide feedback on draft list of measures
November 17, 2016	Statewide modernization plan development		Adopt the final statewide modernization plan
	Succession planning for terms ending in 2017		Determine which members would like to continue; identify transition needs
December 15, 2016	Succession planning for terms ending in 2017		Receive an update on membership and transition needs; discuss member orientation if needed
	SHIP deep dive: suicide, year-end update	Katrina Hedberg and Lisa Millet, OHA Public Health Division	