

Public Health Advisory Board (PHAB)
September 12, 2016
Portland, OR
Meeting Minutes

Attendance:

Board members present: Carrie Brogoitti (by phone), Muriel DeLaVergne-Brown, Katrina Hedberg, Jeff Luck, Alejandro Qeral, Eva Rippeteau, Akiko Saito, Eli Schwarz, Lillian Shirley, Teri Thalhofer, Tricia Tillman, and Jennifer Vines

OHA Public Health Division staff: Isabelle Barbour, Sara Beaudrault, Heather Gramp, Holly Heiberg, Rosa Klein, Tim Noe, Britt Parrott, Angela Rowland

Invited guests: Jerri Bohard, Oregon Department of Transportation

Members of the public: Morgan Cowling, Coalition of Local Health Officials; Jackie Leung, Oregon Department of Transportation

Changes to the Agenda & Announcements

There were no changes to the agenda.

-Rosa Klein, Oregon Health Authority

Rosa Klein, Public Health Legislative Coordinator, announced that Representative Mitch Greenlick will attend the next PHAB meeting to discuss his vision for public health modernization. The conceptual framework for implementing by waves has shifted, and we need to demonstrate structurally how local public health will be provided, moving forward. Representative Greenlick continues to support this work and the recommendations the Board has made thus far. He will use this time to provide direction to the PHAB and discuss the critical elements of the statewide modernization plan.

Eli recommended the Oregon Health Policy Board (OHPB) be informed of this meeting. PHAB members also requested to receive discussion points prior to meeting with Representative Greenlick.

-Morgan Cowling, Coalition of Local Health Officials

Morgan provided a schedule for the CLHO AIMHI meetings. These meetings are intended to engage local communities, health and education stakeholders, and local elected officials in moving forward Oregon's new model for public health.



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This body of work is funded by the Robert Wood Johnson Foundation. See the Oregon CLHO website for more details. <http://oregonclho.org/public-health-issues/aimhi-in-oregon/>. PHAB members can help recruit for attendance at these meetings and are encouraged to attend.

Approval of Minutes

Eli made one edit to the August 18, 2016 meeting minutes.

A quorum was present. The Board unanimously voted to approve the edited August 18, 2016 minutes.

Subcommittee reports

-Teri Thalhofer, Accountability Metrics subcommittee member

Teri provided an update for the August 25th Accountability Metrics subcommittee. The subcommittee continued its process to review a long list of metrics. Subcommittee members have expressed that reviewing more than 300 measures is an overwhelming process. A proposal has been made to focus on measures that align with 2017-19 priority areas. In Cara's absence, Rebecca Pawlak will be staffing this subcommittee.

Lillian stated that identifying relevant public health measures is a problem nationally. In addition to providing accountability, the measures that are selected will help the broader community of Oregon understand the added value of public health practice. Muriel recommends picking measures at the local level that multiple agencies or sectors can work on to ensure the entire local system is working in alignment. At the same time, it is important to have common measures for the entire public health system to demonstrate progress statewide.

Akiko asked whether a scoring tool has been developed to help narrow down the selection of measures to consider. Alejandro asked how the measures relate to incentives.

Jeff made the following suggestions for this subcommittee over the coming months: focus on 2017-19 priority areas, identify those measures where public health has a clear role in improving outcomes and make sure this subcommittee

has sufficient staff support. Eli asked whether this subcommittee could meet in person. The subcommittee will discuss this at their next meeting.

-Tricia Tillman, Incentives and Funding subcommittee member

Tricia provided an overview of the August 31st Incentives and Funding subcommittee meeting. Subcommittee members have received questions about whether different versions of the funding formula will be applied to counties based on their self-assessment findings. Only one funding formula will be used; however, local public health authorities (LPHAs) will have some flexibility to apply funding based on local needs and priorities. The subcommittee will consider where gaps exist across the system in the 2017-19 priority areas to make sure the funding formula allocates sufficient funding to areas of the state with the largest needs. There was a suggestion to develop a list of frequently asked questions (FAQs) to be posted on the PHAB webpage.

The subcommittee also looked at three funding formula models and will continue to explore models at their next meeting. The subsequent meeting will focus on indicators to be included in the model. At a future meeting the subcommittee will discuss Measure 97 and its potential effects on public health funding, and other sources for funding public health.

Public health modernization updates

-Lillian Shirley, Oregon Health Authority

Lillian provided an overview of the OHA agency request budget which includes \$30 million for the implementation of public health modernization in the 2017-19 biennium. The full report is available online and through an email sent to Board members on August 31, 2016.

The specific request was based on the assessment and priorities. For the first biennium \$8.5 million of the \$30 million would remain with OHA Public Health Division (PHD) to be used for building capacity system-wide. Of the \$8.5 million, \$2.25 million would be allocated for population health data; \$3 million would go toward data systems upgrades. The health equity analysis is allotted for \$1.5 million. And \$600,000 would go toward accountability for health outcomes.



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The \$30 million is in addition to the current public health operating budget.

Tricia asked if the percentage of the \$30 million that would remain with PHD is consistent with the resource needs identified in the modernization assessment. Lillian replied that the percent breakdowns are similar and over two-thirds of the funds will be distributed to the counties.

Public health modernization with Oregon tribes

-Tim Noe, Oregon Health Authority

HB3100 did not require, nor does the state have the authority to require, that tribes are involved in public health modernization. Information about public health modernization has been shared with the tribes over the past few months at the SB 770 Health Cluster meetings, a Tribal Consultation and the Tribal preparedness conference. Four tribes have expressed interest in being involved in modernization work. Danna Drum and Tim have met with the Cow Creek Band of Umpqua Tribe of Indians and the Coquille Indian Tribe. Meetings are scheduled with the Confederated Tribes of Warm Springs and the Confederated Tribes of the Umatilla Indian Reservation.

Sharon Stanphill, Health Services Officer for the Cow Creek Band of Umpqua Tribe of Indians and Kelle Little, Health and Human Services Administrator for the Coquille Indian Tribe will ask the tribes to be involved in public health modernization work. They have agreed to present at the next Northwest Portland Area Indian Health Board (NPAIHB) meeting to initiate this process. It is anticipated that LPHAs will be involved with ongoing work with the tribes.

Jeff asked for a state map of the nine federally recognized Tribes. Tricia inquired whether there should be tribal representation on the PHAB.

Tricia asked about implications for the funding structure for public health modernization. The tribal population gets included in the county population, but the tribes are often not served by the local health department. Teri stated that this is not the case in her area of the state, where tribal members do seek services from local public health.

Follow up on health equity resources

-PHAB members

PHAB members reviewed equity references in HB 3100 and the draft health equity review tool policy and procedure. This policy would require PHAB to apply the health equity review tool to all products and deliverables recommended or approved by the Board.

Alejandro stated a health equity review needs to be conducted before a document is finalized. He also stated populations who may be affected need to be engaged before decisions are made. Eva stated the Early Learning Council specifically looks at community engagement and provides documentation of who was or was not included in the conversation, and why. Eli suggests that the policy require that outcomes are tracked; did the decision have the intended consequence, and did it move us toward achieving health equity?

Jen struggles with seemingly conflicting language in HB3100 for “equitable provision of public health services” and “health equity as it relates to race, ethnicity, and sex.” The first indicates the same level of services while the latter targets services for populations likely to experience health disparities. She proposes the two subcommittees use a health equity lens in all of their discussions. Muriel would like to see health equity embedded into all of the work of the Board. Tricia commented that the Multnomah County Public Health Advisory Board requires their presenters to highlight health equity in all presentations to their Board.

Tricia noted that the policy and procedure lacks a definition of health equity. She also commented that populations experiencing transient states or diagnoses that may lead to health disparities should not be conflated with gender, race, and ethnicity in the definition that is used by the Board. Katrina noted that REAL+D requires standards for data collection on health disparities and includes disability in its definition. Eva recommended also looking at definitions that include socioeconomic factors. Eli recommended a document from the Association of State and Territorial Health Officials: <http://www.astho.org/Programs/Health-Equity/Health-Equity-Orientation-for-SHOs/>

Board members note the need to take the time that is needed to work through equity discussions about all products and deliverables. Lillian stated that it is important to be clear as to what the Board is doing. The legislation instructs what the task is and we must complete the mandated deliverables.

Jeff summed up the next steps: there is a general Board consensus on using a tool for all of the policies, products and deliverables for PHAB, there should be a test to make sure the tool is effective; and the Board would like to discuss health equity definitions at the October meeting.

Oregon Department of Transportation and Oregon Health Authority partnership

-Jerri Bohard, Oregon Department of Transportation

-Heather Gramp, Oregon Health Authority

Jerri presented an overview of the Oregon Department of Transportation (ODOT) and Oregon Health Authority partnership. There are transportation linkages for the top five leading causes of death in Oregon; cancer, heart disease, chronic disease, stroke and unintentional injuries. Benefits for health in transportation decisions include increases in physical activity, decrease of greenhouse gases, increases in social coherence, increased capacity for natural disaster triage and access to jobs. This work also addresses health equity as communities of color rely more on transit, walking, and biking.

The ODOT/OHA Memorandum of Understanding (MOU) was created to integrate transportation and public health. This partnership addresses the Transportation Safety Action Plan, Statewide Transportation Improvement Program, Bicycle and Pedestrian Plan, Distracted Driving Task Force, and Public Transportation Plan. There is interest in involving transportation in work with CCOs, CACs and community health improvement plans to incorporate transportation's role to improve population health and reduce health disparities. Much of the transportation work will occur at the local level but public health modernization can help address the capacity issues.

Eli is interested in learning more about transportation barriers for older populations and for people who live outside urban areas, and the relationship with access to health care. Teri commented that local conversations about



medical transportation must address health equity. Tricia discussed mental illness and transportation. She also asked about diesel and health quality.

Tricia commented on a transportation legislative town hall held a month ago, during which transit justice was discussed. She also asked about a legislative transportation package and whether funds would become available for local health departments to work on transportation and health. Jerri responded that if there is a legislative package that passes, there are constitutional requirements that funds must be dedicated to transportation, which may include safe routes to schools.

Jerri proposed a future joint meeting of the Transportation Commission and PHAB. This was supported by Board members. Eva recommends including early learning in ongoing discussions.

OHA – ODOT Partnership website:

<https://www.oregon.gov/ODOT/TD/Pages/ODOT-OHA.aspx>

Public Comment Period

No public comments were made in person or on the phone.

Closing:

Tricia requested follow-up regarding the funding split for the state and local public health as it compares to the assessment gaps.

The meeting was adjourned.

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

**October 20, 2016
2:30pm – 5:30 p.m.
Portland State Office Building
800 NE Oregon St., Room 1E
Portland, OR 97232**



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If you would like these minutes in an alternate format or for copies of handouts referenced in these minutes please contact Angela Rowland at (971) 673-2296 Or angela.d.rowland@state.or.us. For more information and meeting recordings please visit the website: healthoregon.gov/phab