Public Health Advisory Board (PHAB)
October 20, 2016
Portland, OR
Meeting Minutes

Attendance:
Board members present: Carrie Brogoitti, Muriel DeLaVergne-Brown, Silas Halloran-Steiner (by phone), Jeff Luck, Eva Rippeteau, Eli Schwarz, Lillian Shirley, Teri Thalhofer, Tricia Tillman (by phone), and Jennifer Vines
Oregon Health Authority (OHA) Public Health Division (PHD) staff: Sara Beaudrault, Rosa Klein, Tim Noe, Angela Rowland
Invited guests: Representative Mitch Greenlick, Senator Laurie Monnes Anderson, Carlos Crespo, Oregon Health Policy Board
Members of the public: Morgan Cowling, Coalition of Local Health Officials; Jan Johnson, The Lund Report; and Justin Freeman, State Representative Mitch Greenlick's Legislative Director.

Changes to the Agenda & Announcements
There were no changes to the agenda.

There are four PHAB member appointments expiring at the end of this year. OHA is working with current Board members whose terms are expiring to submit reappointment forms if members are interested in doing so. OHA will share the recruitment announcement with Board members when it goes out. Please share it with individuals who may be interested in filling one of the seats.

The PHAB Special Webinar to review the PDES *Health and Economic Benefits of Public Health Modernization* Report will be on October 27, 2016.

Morgan Cowling with the Coalition of Local Health Officials (CLHO) gave an update on the Aligning Innovative Models for Health Improvements in Oregon (AIMHI) meetings that CLHO is holding across the state. PHAB members are strongly encouraged to attend. Please visit: http://oregonclho.org/public-health-issues/aimhi-meetings/ for more information and to register.

Approval of Minutes
A quorum was present. The Board unanimously voted to approve the edited September 12, 2016 minutes.

Subcommittee reports
-Muriel DeLaVerge-Brown, Accountability Metrics subcommittee member

The subcommittee met on September 22, 2016. Jeff Luck joined this meeting, and the subcommittee agreed to focus in on measures for communicable disease, environmental health, and preparedness. Greg Whitman with the Public Health Activities & Services Tracking (PHAST) will join the subcommittee's next meeting on Oct 27 to review the PHAST measure set. The group discussed communicable disease measures and identified those that are in public health's wheelhouse, like STDs, foodborne illness and tuberculosis. The subcommittee agreed to do "homework" to continue to review which measures are appropriate to demonstrate progress toward modernization and focus on the assessment gap analysis.

-Jeff Luck, Incentives and Funding subcommittee member

The Incentives and Funding subcommittee has met twice since the last PHAB meeting.

At the September meeting the subcommittee discussed how to use the funding formula to incentivize change, including by incentivizing sharing services through cross-jurisdictional sharing agreements or other mechanisms. The group has discussed the use of grants for pilot projects for exploration and adoption of innovative sharing mechanisms.

At the October meeting the subcommittee got into details about the funding formula. Jeff reviewed the three versions of the funding formula that were shared with Board members. The subcommittee would like to hear feedback from the Board on these models.

Representative Greenlick asked what the cost per person is to deliver foundational public health services. The modernization assessment determined by county how much money was needed per year to implement the foundational services, but it wasn't calculated per capita. Representative Greenlick suggested starting with what's needed rather than focusing on what we could do with monies made available. Based on the $105M gap and ~4 million residents in Oregon, the annual per capita need is approximately $26.60. Board members stated that there is enough information in the assessment report and the *Health and Economic Benefits of Public Health Modernization* report to determine a rough estimate. Representative Greenlick reminded the Board that the public health system's task is to deliver a plan over the next decade of how we will get where we need to be, and it is the legislature's task to figure out how to fund it.

Senator Monnes Anderson encouraged local health departments to engage local policy makers – CCOs, health systems, early learning and other community partners - to incorporate public health modernization in their communities. She discouraging continuing this work in silos.

Advancing public health system change

-Representative Mitch Greenlick- District 33
-Senator Laurie Monnes Anderson, District 25

Representative Greenlick encouraged the Board to create a comprehensive map for all counties over the next decade. The map can be used to display an agreement county by county on how each county will achieve the goals of public health modernization. This may include regionalization in some counties. The model would help the Ways and Means committee make funding decisions based on the long-term picture and the steps needed to get there. Legislators need to be aware of what will happen for their constituents and when.

Representative Greenlick envisioned a plan coming out of HB 3100 that would fund a set of local health departments to modernize, expanding to additional sets of local health departments in each biennium. Senator Monnes Anderson concurred.

PHAB members spoke about how this implementation model and the current proposal to implement across all health departments simultaneously may impact counties.

Muriel shared that discussions about the model for how public health services can be provided locally have begun. One concern about funding some, but not all, counties will lead to haves and have nots. One finding from the assessment is that there are gaps across the entire system, in all foundational capabilities and programs, and for all local health departments. In order to work toward equity the model should be implemented across the entire system.

Teri stated that there may be missed opportunities of cross-jurisdictional sharing if all communities aren't moving forward in the same direction simultaneously.

Silas expressed that implementing by county waves may present a risk if funding does not become available to spread the model to other counties. He also raised an ethical question of improving capacity for work like communicable disease prevention while leaving other communities at higher risk. If modernization is implemented across the entire system with an initial focus on a subset of foundational capabilities and programs, local communities could identify where the investment goes, with a measurable plan to address the community's needs.

Carlos suggested looking at different levels of readiness across counties and said that some counties have a different level of readiness. If a county is in an urgent need, could be funded first through a different formula.

Tricia commented that the self-assessment looked at lack of capacity or expertise and not at health outcomes. It can be tricky to correlate investment with health outcomes; individual community challenges should also be considered.

Muriel stated that all local health departments are engaged and are working toward modernization. The counties are excited to move forward at the same time. Also, things like communicable diseases cross county lines, so this should be viewed as a true systems approach.

Carrie acknowledged that there are varying levels of readiness across counties. When counties come together to talk about something like communicable disease, it is a mechanism to start having the broader conversations.

Eva feels that implementing an initial set of foundational capabilities and programs across the entire system will build collaboration and prevent competition that may occur if some counties are funded but others are not.

Rep. Greenlick recommended communicating clearly with local health officials, county judges, and county board members. Each county representative should talk to their own senators and representatives. He encouraged the Board to continue working toward a clear vision of what it will take to modernize the public health system. He will support an implementation plan that moves the entire system forward simultaneously but needs the Board and public health authorities to give him the information he will need to take this forward.

Sen. Monnes Anderson stated that public health needs to be in the forefront and she continues to support modernization. She also wants to see county by county information about what is needed to become modernized.

Muriel stated it is easier for her to talk to her elected officials when she can say this is for everyone, not just for certain counties.

Eli stated that based on the assessment report one could determine the readiness by county. Counties do not want their specific information made public in that way since it is not scientific enough. Will continue to use the county size bands and prioritize the gaps in the next biennium. Teri is concerned of funding by readiness by county, as it eliminates the spirit of this work to collaborate. Should not be looking at county by county service delivery or state vs. local and instead look at innovative partnerships across the system.

Updates from CLHO Retreat and OPHA conference
-PHAB Members

Muriel provided an overview of the CLHO retreat.

- Discussion on public health modernization themes such as priorities
- Talked about accountability by choosing measures that showed success.
- Discussion about equity across the system
- Robust conversation with state staff on how to work together
- Job shadowing across departments / state and local
- Reorganizing CLHO committees.
- Locals provide technical assistance to the state as well

Jeff provided a quick overview of OPHA conference:

- Oregon Public Health Association (OPHA) Annual meeting was last week in Corvallis.
- The closing plenary session was about public health modernization. The slides are included in today's meeting packet.
- Provided history of public health modernization
- Good crowd and energy

Health equity definition and framework

-Tim Noe, Oregon Health Authority

Tim provided an overview of the PHD Health Equity Committee, which was formed, in part, in response to needs identified in the PHD modernization assessment. Tim reviewed criteria the committee has used to select a definition, as well as the committee's draft definition.

> *The Public Health Division defines health equity as the absence of unfair, avoidable, or remediable difference in health among social groups.*
> *Meaningful engagement with social groups. Interesting to define it by the absence of something.*
>
> *Health equity implies that health should not be compromised or disadvantaged because of an individual or population group's race, ethnicity, disability, gender, income, sexual orientation, neighborhood, or other social condition.*
>
> *Achieving health equity requires the equitable distribution of resources and power for health and the elimination of gaps in health outcomes between different social groups. Health equity also requires that public health professionals look for solutions outside of the health care system, such as in the transportation or housing sectors and through the distribution of power and resources, to improve health with communities.*

Eli noted that health equity is being framed as an absence of conditions. The group discussed what it means to remove these conditions.

Tricia shared information about Multnomah County's work in health equity. She stated the need to dismantle institutional white dominance. Health should not be compromised because society is organized to disadvantage certain groups of people. This could be incorporated into the definition by calling out societal prejudice, racism and discrimination, by a certain individual group. She offered a second look at the second paragraph to redistribute existing resources and power now versus later. Using a restorative justice approach requires looking back, not only forward.

-Kati Moseley, Oregon Health Authority

Kati reviewed the PHD conceptual framework for health equity. Kati shared a modified version of a framework developed by the World Health Organization (WHO) framework and the Bay Area Regional Health Inequities (BARHI) Initiative framework. PHD's version of the framework is helpful at a system level but is less useful when thinking about individual jobs or responsibilities. It seeks to define a broader lane for public health practice.

Lillian explained this work will be embedded in the division and will require PHD to work as a system rather than program by program.

Tricia asked how to build communication across the state and local level. How do we build the whole system as we learn about and engage in equity? Is PHD's committee informed by external partners? Lillian responded that we don't have that platform yet; it is aspirational and we can work toward it. Lillian recommends a deliberate approach with a work plan with actionable steps.

Statewide modernization plan

-Sara Beaudrault, Oregon Health Authority

The statewide modernization plan will be completed by the end of 2016. It will be built upon the report to legislative fiscal office and will demonstrate how public health modernization will be scaled up over the next 10 years. Sara reviewed an outline for the plan and steps that will be taken to complete this plan by the end of the year.

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 departments as it compares to the assessment gaps.

The meeting was adjourned.

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

November 17, 2016
2:30pm – 5:30 p.m.
Portland State Office Building
800 NE Oregon St., Room 1E
Portland, OR 97232

If you would like these minutes in an alternate format 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