Public Health Advisory Board (PHAB)
June 15, 2017
Meeting Minutes

Attendance:

Board members present: David Bangsberg, Muriel DeLaVergne-Brown, Jeff Luck, Diane Hoover, Safina Koreishi, Rebecca Pawlak, Akiko Saito, Eli Schwarz, Lillian Shirley, Teri Thalhofer, and Jennifer Vines

Oregon Health Authority (OHA) staff: Isabelle Barbour, Cara Biddlecom, Sara Beaudrault, Emily Elman, Christy Hudson, Helene Rimberg, and Angela Rowland

Members of the public: Kelly McDonald

Approval of Minutes

A quorum was present.

- Page 2 change $5 to $5M
- Page 7 the accountability metrics agenda item at the Metrics and Scoring Committee meeting will be moved to August due to a conflict

The Board unanimously voted to approve the edited May 18, 2017 minutes.

Welcome and updates

-Jeff Luck, PHAB chair

- David Bangsberg, Dean of OHSU-PSU School of Public Health has been appointed as the Oregon Health Policy Board liaison to the PHAB.
- The OHA budget passed out of the joint Ways and Means Human Services Subcommittee. There is a proposed $5M allocated for public health modernization for the 2017-2019 biennium.
- HB2310 should be scheduled for a hearing in the next few weeks.
- The proposed Public Health Rules Advisory Committee will consist of two workgroups, one for the delegation of local public health authority and subcontracting, and the second workgroup for the local public health funding formula, accountability metrics, and incentives. The workgroup meetings will be held July-August, the committee meetings will be August-September, and the public comment period will be October-November. The rules will go into effect January 2018. PHAB members can participate in this process since they offer valuable expertise.
- Eli inquired on the timeline for the PHAB Accountability Metrics Subcommittee. The next step for the subcommittee is to determine process measures that align with the outcome measures to be selected today, and to identify performance targets.

Subcommittee updates

Incentives and Funding Subcommittee
– Akiko Saito

Akiko provided an overview of the Incentives and Funding Subcommittee meeting held on June 13th. The subcommittee made a decision to continue with the previously proposed funding formula. If the legislature awards under $5M annually, funds will be allocated to pilot projects. If funds are above $10M annually it will be fully allocated to all local public health authorities (LPHA) through the funding formula.

The subcommittee suggests moving forward with regional demonstration projects so that all county size bands can participate in modernizing the public health system. The funding focus area was decided with guidance from the Joint Leadership Team (JLT) to specifically look at communicable disease control. There was a discussion about a scoring matrix for the projects that include health equity and community partnerships to ensure other foundational capabilities are utilized as a part of the project. Another recommendation was to build a learning environment by providing technical assistance in support of pilot projects including regularly scheduled conference calls. There was a discussion about ensuring that local public health authorities are supported with technical assistance for grant writing to eliminate any unfair advantage. Additional points could be awarded for creative partnerships.

Accountability Metrics Subcommittee
-Jeff Luck

The May 31st Accountability Metrics Subcommittee meeting discussed the stakeholder survey. The survey gathered input from a number of stakeholders by prioritizing modernization goals in a practical way. The subcommittee identified a recommended list of accountability measures for public health that will be discussed as a part of the following agenda item. The measures should allow an opportunity to collect data from a significant part of the state to show the legislature progress.

Public health accountability metrics

-Myde Boles, Oregon Health Authority

Myde presented the findings from the stakeholder survey and the recommendations for accountability metrics from the Accountability Metrics Subcommittee. She explained the background for the measure selection, which began with a list of outcome metrics proposed by PHD managers for each foundational program, was followed by webinars with the Conference of Local Health Officials (CLHO) and the Conference of Local Environmental Health Supervisors (CLEHS). Following these sessions, PHD launched a public stakeholder survey to obtain additional feedback on the initial list of measures. The survey engaged 201 respondents,

including local public health, coordinated care organizations, PHAB, etc. Twenty-four accountability metrics were included in the survey.

The selection criteria used for each measure includes how it promotes health equity, how it is respectful of local priorities, has transformative potential, its consistent with state and national quality measures, and how feasible it is to measure.

Communicable disease control
The subcommittee recommended *two-year vaccination rate* as the first choice measure and *gonorrhea rate* as the second choice. Although vaccination rates can be out of public health control it does align with its priorities.

David asked about the feasibility of Hepatitis C screening based on laboratory data. Myde said that screening is not a local public health activity and that prevention interventions, such as needle exchange programs, are emerging but not readily available in all areas of the state. Muriel stated the Hepatitis C screening is in the primary care wheelhouse but is an important issue. Lillian reaffirmed the purpose of these measures are for accountability for the entire state. The collection of Hepatitis C surveillance data is in the purview. David mentioned Indiana provides a good example with its statewide needle exchange program. These are important preventable diseases with a plethora of data available. It is an example of a public health emergency.

Safina understood that Hepatitis C wasn't chosen due to the lack of current capacity. Three years from now the infrastructure could be developed and it could be selected as an emerging issue that aligns with modernization. We are looking at capabilities and need to determine the possibility to be accountable at the state and local level for outbreaks.

Muriel commented that drug and alcohol prevention in primary care is integrated into public health work. Her county is looking at needle exchange as a public health responsibility. Jeff mentioned the goal is to identify measures for which health departments can make changes.

Eli anticipated this discussion from the subcommittee. The Metrics and Scoring Committee is in the same situation and has a desire to monitor many measures. Eli suggests that PHAB use the additional measures for monitoring to keep it them close in our minds. If conditions allow, then PHAB can adopt them as metrics rather than discard the ones that aren't selected this year.

Salmonella infections was chosen as a subsequent measure that is not under public health control but the subcommittee instead recommended *secondary Salmonella infections*.

Prevention and health promotion
Adults who smoke cigarettes was ranked as the first choice but the subcommittee preferred a *youth tobacco measure* including electronic cigarettes. There was concern about using a measure from the Oregon Health Teens (OHT) survey since not all Oregon school districts participate.

Opioid mortality ranked second since it is transformative, but the number of cases is small at the local level so the data must be combined over a few years. The subcommittee subsequently ranked *youth who smoke cigarettes, youth use of vaping/e-cigarettes,* and s*uicide deaths*. The subcommittee recommended removing *adult obesity* and *binge drinking* measures.

David inquired on the subcommittee's discussion between *opioid use* and *suicide*. Teri commented that LPHAs are not getting the funding to work on suicide prevention as it is typically allocated to mental health partners. Lillian said that local public health participates at the local level in suicide coalitions. Oregon is participating in the Zero Suicide initiative through community based organizations and other sectors.

Teri asked who at the state level is responsible for suicide prevention. Lillian stated that the state injury and violence prevention program provides the data and convenes suicide prevention workgroups. The grant money flows through the OHA Health Systems Division for prevention and behavioral health coalitions. Akiko remarked this is a good opportunity to bring in creative partnerships. Muriel is partnering with a hospital in her county to work on suicide prevention.

Rebecca questioned why adult obesity wasn't selected. Myde said that specific measure wasn't ranked highly.

Eli recommends the Board review the PHAB guiding principles for health care and public health collaboration. The practical implications of these measures could be discussed in collaboration with health care partners.

Environmental Health
The *active transportation* measure was ranked first by the subcommittees since it reflect land use planning and transportation planning work. This measures the percent of people who walk, ride a bike, or ride a bus to get to do things. Jeff says transportation is not just an urban issue. Teri commented how Wasco County is suffering from transportation issues due to poor sidewalks.

The *drinking water standards* measure was ranked second. It is more closely tied to health outcomes and is a priority for CLEHS. Lillian stated that Oregon has bypassed national standards so it can be hard to improve. She mentioned that the Public Health Division Strategic

Plan also includes targets for drinking water standards but they still need a policy change as OHA cannot test or certify private wells.

Access to clinical preventative services
The *effective contraceptive use* measure is recommended as the first choice since it aligns with the CCO metric and its priorities. Consider *dental visits for children 0-5, dental sealants in schools*, and *partner expedited therapy*. If communicable disease control uses the gonorrhea measure, *partner expedited therapy* isn't needed here.

Public health accountability metrics health equity review
Cara provided a summary of how the accountability metrics aligns in the PHAB health equity policy.

- Demonstrates progress
- The metrics require the promotion of health equity per the measure selection criteria
- The metrics do not address individuals but help to understand disparities
- The metrics don't address one area of health inequity over another
- The metrics don't directly address an equitable distribution of power
- The community was engaged through a stakeholder survey with cross-sector partners, transportation, early learning, CCOs, etc.

Eli mentioned there is an overlap with CCO metrics and that a race and ethnicity breakdown should be included. Teri mentioned that CCO data is collected through Medicaid clients and the accountability metrics will be used for the full state population, not just Medicaid.

Eli asked if the Board can work with CDC on small area analysis. Lillian mentioned the 50 largest cities data as a resource, which contains a lot of variables. This is a small piece of information to drive changes to the system and how it is funded and accountable. The challenge is in the analysis. Jeff mentioned there is variation across the state so we will want to see the numbers.

The Board adopted the prioritized accountability measures with a unanimous vote for:

Communicable disease control

1. *Two-year old vaccination rate*
2. *Gonorrhea rate*

Prevention and health promotion

1. *Adults who smoke cigarettes*
2. *Opioid mortality*

Environmental Public Health

1. *Active transportation*

2. *Drinking water measures*

Access to clinical preventative services

1. *Effective contraceptive use*
2. *Dental visits, children 0-5*

Action Item: Jeff will send the approved accountability metrics to the Health Plan Quality Metrics Committee to encourage the use of these measures.

Lillian mentioned an example of using a health equity lens in the case of colorectal cancer. Oregon's public health system has targeted African American men and mortality has decreased due to increased targeted screening. It is compelling to tell this clinical story with a health equity lens through a public health perspective.

Modernization Implementation Planning

-Cara Biddlecom, Oregon Health Authority

Cara provided the Incentives and Funding Subcommittee recommendations for funding regional projects, which include encouraging cross-jurisdictional sharing, targeting communicable disease control, and providing technical assistance. The CLHO-PHD Joint Leadership Team (JLT) reviewed the deliverables in the Public Health Modernization manual to provide recommendations for prioritizing capabilities and programs in specific order:

1. Communicable disease control
2. Health equity and cultural responsiveness
3. Leadership and organizational competencies
4. Assessment and epidemiology (primarily focused on state and regional public health work)
5. Environmental health
6. Emergency preparedness and response

Eli recommended using an adopted communicable disease accountability measure to hone in on communicable disease control. Cara stated that communicable disease risk is different within different areas of the state. Also, the soon to-be-determined state performance measures could help in the next biennium. Teri stated a measure should be chosen that could improve outcomes and is attainable. Muriel mentioned the challenge of reporting communicable diseases and working with partners to screen patients.

Rebecca stated that initial funding could be helpful to get modernization started. She says that Memoranda of Understanding (MOUs) and cross-jurisdictional sharing would be great examples for the legislature to see.

Diane stated that the leadership and organizational competencies work could be cross-jurisdictional sharing agreements. Applications shouldn't use the "jargon of the day" but instead provide specific outcomes.

Akiko stated that it isn't a county project but instead a regional project. A scoring matrix could award more points for health equity and cultural competency work. It is important to get that type of information at the beginning.

Teri stated that all LPHAs can be ask to be involved. This impacts the leadership of every public health administrator. The data on where the disparities are will show where LPHAs need to work together.

Eli stated that a considerable amount of time needs to be allocated to this work. He questions if two years is a reasonable timeline. Any funding allocated this year would be for the two-year biennium only.

Cara commented that it is difficult to have a concrete conversation with information we currently don't have. The funding mechanism should be made available to local jurisdictions as soon as possible after funding is determined by the legislature. She also mentioned the thought that some jurisdictions will have difficulties in hiring the right positions in a timely manner due to workforce shortages.

Action Item: Jeff requested a timeline of the necessary steps to distribute funds by January 2018 at the July PHAB meeting.

David summarized that there isn't enough money to spread across the state to develop competitive requests for proposals for communicable disease control, but proposals could be evaluated based on building leadership capacity and how that capacity could be related to environmental health or emergency preparedness. Teri stated that CLHO is not in favor of the competitive process but rather a collaborative process. The history is that the counties with the most resources tend to be awarded the competitive grants. David asked how to push an idea forward when more than one idea is on the table. Teri stated through consensus. Since the funding is limited it needs to be provided for more than one jurisdiction.

Jeff stated that the criteria must make it clear how this is different than ever done before to set the bar.

Eli stated the need to show legislators that the outcomes are being met. Rebecca stated that this needs to be a new way for doing business and need a collaborative way to push the state forward with limited resources. Teri identified the need to move the system forward. Jeff stated that the direction that PHAB and CLHO are moving are aligning. Cara stated there will be a need to develop infrastructure.

Eli asked if the Incentives and Funding Subcommittee could provide a different formula for less than $5M. Jeff mentioned that it wouldn't provide adequate resources to hone in on even a narrow set of capabilities.

Jen mentioned absence of the large county representative voice. Lillian stated that the existing Board members should fill in the holes to provide a large county voice. Teri stated that burden of disease has been a part of the considerations. For example, gonorrhea is a large problem in Multnomah County, but the Board is looking at the burden of disease need and not the specific county needs.

Public Comment Period

No public testimony was provided.

Closing

The meeting was adjourned.

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

July 20, 2017
2:30pm – 5:30 p.m.
Portland State Office Building
800 NE Oregon St., Room 1A
Portland, OR 97232

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