AGENDA

PUBLIC HEALTH ADVISORY BOARD

October 18, 2018
Portland State Office Building
800 NE Oregon St., conference room 1A
Portland, OR 97232

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

Meeting objectives:

- Review updates on the State Health Improvement Plan ending in 2019; and development of the 2020-2024 State Health Improvement Plan
- Prepare for late-fall and winter PHAB sub-committee work
- Hear updates on the upcoming legislative session related to Public Health Modernization

2:00-2:15 pm	**Welcome and updates** • Approve September meeting minutes	Rebecca Tiel, PHAB Chair
2:15-3:15 pm	**State Health Improvement Plan Updates** • Discuss progress to prevent and reduce tobacco use and improve oral health	Karen Girard, Amy Umphlett, Dr. Bruce Austin, Oregon Health Authority
3:15-3:30 pm	**Break**	
3:15-3:35 pm	**OHA Health Measurement Strategy** • Provide update on HPQMC • Discuss approach to aligning metrics committees around common goals	Shaun Parkman, Co-chair, Health Plan Quality Metrics Committee
3:35-3:50 pm	**PHAB Sub-Committees** • Review membership for PHAB committees • Review timeline for work for committees	Sara Beaudrault, Oregon Health Authority
3:50-4:05 pm	**2020-2024 State Health Improvement Plan** • Update on the 2020-2024 State Health Improvement Planning Process	Christy Hudson, Oregon Health Authority
4:05-4:50 pm	**Legislative Update** • Update on September Legislative Days and OHA's policy priorities for the upcoming session	Angela Allbee, Oregon Health Authority
4:50-5:00 pm	**Public comment**	Rebecca Tiel, PHAB Chair

5:00 pm	**Adjourn**	Rebecca Tiel, PHAB Chair

Public Health Advisory Board (PHAB)
September 20, 2018
DRAFT Meeting Minutes

Attendance:
Board members present: David Bangsberg, Carrie Brogoitti, Bob Dannenhoffer, Katrina Hedberg, Rebecca Tiel, Jeanne Savage, Jeff Luck, Alejandro Queral, Akiko Saito, Lillian Shirley, Teri Thalhofer, Tricia Mortell

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

Members of the public: Morgan Cowling (Coalition of Local Health Officials)

Approval of Minutes
-Rebecca Tiel, PHAB Chair

A quorum was present. The Board moved to approve the July 19 minutes. All in favor. Bob made a request to OHA staff to spell out the full name of an acronym when using it the first time in minutes.

Welcome and updates
-Rebecca Tiel, PHAB Chair

Rebecca shared that on September, 7 OHA held a Health Measurement Committee Summit. The goal was to begin alignment of committee leadership around measurement. Meeting materials were shared with PHAB members.

Public health modernization implementation
-Tricia Mortell, Dawn Emerick, Pam Hutchinson, Katrina Rothenbrerger, Carla Munns.

Pam Hutchinson, Carla Munns and Katrina Rothenberger gave a presentation about their public health modernization implementation: Cross-Jurisdictional Approach to Controlling Sexually Transmitted Infections in the Willamette Valley. Bob asked if any of the local hospitals have participated in this work. Jeanne answered that they do have hospital representatives seated on their advisory board, but the main engagement has been between local public health and coordinated care organizations (CCOs).

Tricia Mortell and Dawn Emerick gave a presentation about their public health modernization implementation: Public Health Modernization Grant Tri-County PH Partnership.

Public health modernization investment in statewide immunization infrastructure
-Aaron Dunn, Rex Larsen, Oregon Health Authority

Aaron Dunn and Rex Larsen detailed how the 2017-2019 modernization investment in immunization infrastructure will ensure that the public health system and system partners, such as health care providers and school, have easy access to the right data and the right time to improve clinical and population health.

Rex shared five innovation café projects in Deschutes, Douglas, Yamhill counties and through the Children's Health Alliance and Health Share. The Innovation Café is intended to improve immunization rates through targeted outreach.

Bob asked if there is any plan to do enhancements on ALERT Immunization Information System. Rex answered that ALERT IIS needs to work with electronic health records which makes system enhancements difficult. Rex hopes to see more improvements in the future.

Sustainable Relationships for Community Health
-Patricia Selinger, Shira Pope, Oregon Health Authority

Patricia and Shira gave a presentation on Sustainable Relationships for Community Health (SRCH): A local approach for building cross-sectoral partnerships.

Lillian emphasized that SRCH is a system-wide approach and demonstrates how public health modernization principals can be applied strategically.

Tricia shared that Washington County is looking at alternative pain management options and would like to use the SRCH model.

David wanted to encourage articulation of the SRCH model's use going forward as not just for prevention work but really to move the health care cost curve of the Oregon population by bringing clinical services into tighter linkage with community preventive interventions.

Public health modernization evaluation
-Steven Fiala, Program Design and Evaluation Services

Steven Fiala shared the Public Health Modernization Interim Evaluation Report. Rebecca commended OHA on the design of the report. David shared that he initially didn't think so much could be accomplished with the limited modernization funding, but he is very impressed with how much the public health system has accomplished.

Health equity policy and procedure
-Rebecca Tiel, PHAB Chair

PHAB members reviewed the Public Health Advisory Board Health Equity Policy and Procedure. PHAB members agreed that the policy and procedure were a good tool to set the tone of PHAB work no changes were made to the policy and procedure.

Public Comment Period

No public testimony was provided.

Closing

Katrina requested that deaths of despair be a future PHAB meeting agenda item.

The meeting was adjourned.

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

October 18, 2018
2-5 PM
Portland State Office Building
800 NE Oregon St Room 1B
Portland, OR 97232

If you would like these minutes in an alternate format or for copies of handouts referenced in these minutes please contact Julia Hakes at (971) 673-2296 or Julia.a.hakes@state.or.us. For more information and meeting recordings please visit the website: healthoregon.org/phab

OHPB Committee Digest

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

Public Health Advisory Board

During the September meeting, the Public Health Advisory Board reviewed and discussed the findings from the interim evaluation of the 2017-2019 legislative investment in Public Health Modernization. Key findings from the evaluation are:

- The investment resulted in new and expanded inter-governmental partnerships that have increased surge capacity for outbreak investigations and better preparation for public health emergencies**.** Local Public Health Authorities have created or expanded on inter-governmental partnerships through formal policies, like memoranda of understanding and cross-jurisdictional sharing agreements. These formal policies ensure sustainability of joint coordination and resource sharing and could be applied future foundational programs and capabilities.
- The investment has resulted in Local Public Health Authorities working more closely with tribes, RHECs and other partners on regional health equity assessments to ensure that health equity and community engagement principles are embedded in communicable disease prevention strategies. Meaningful engagement with tribes and Regional Health Equity Coalitions is essential to implementing strategies to eliminate health disparities. Some regions include tribes and RHECs in their regional governance structures and others have compensated partners for time and effort to participate in steering and work plan committees.
- The investment is improving system accountability and health outcomes through health care partnerships. LPHAs are working toward improved accountability and outcomes through partnerships with CCOs and health care providers. partnering with CCOs and working with health care providers to implement new systems for public health service delivery, including providing pneumococcal disease vaccinations in hospital settings.

The PHAB discussed system changes the Public Health Division has undertaken in response to adoption by the legislature of Oregon's Public Health Modernization framework, including the Sustainable Relationships for Community Health grant program. Sides from all the presentations are available on the PHAB website. The PHAB reviewed its Health Equity Policy and Procedure and decided to continue to use it to guide Board and subcommittee discussions, and as guidance to presenters.

COMMITTEE WEB SITE: https://www.oregon.gov/oha/ph/About/Pages/ophab.aspx
STAFF POC: Kati Moseley, Katarina.Moseley@dhsoha.state.or.us

Primary Care Payment Reform Collaborative

The Primary Care Payment Reform Collaborative convened in July to review and provide input on two straw proposals: 1) A primary care payment model developed by the Payment Improvement & Alignment workgroup; and 2) A behavioral health integration payment model developed by the Behavioral Health Integration workgroup. The two workgroups continue to convene monthly and are incorporating Collaborative input into the straw proposals. Further, the Metrics & Evaluation workgroup is reviewing current metric sets and making a recommendation on alignment to the Collaborative. This workgroup is also considering evaluation options of the Primary Care Transformation Initiative. The next Collaborative meeting is scheduled for October 23, 2018. Topics for discussion will include the revised payment model straw proposals, a proposed metric set for inclusion in the payment models and implementation strategies for the Primary Care Transformation Initiative.

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

Healthcare Workforce Committee

The Healthcare Workforce Committee met on September 12. Key items of activity include:

Health Care Provider Incentive Program

The Committee heard a summary of the first 8 months of activity for the Health Care Provider Incentive Program—OHA has obligated resources for insurance subsidies for more than 500 physicians and nurses across the state, more than 30 awards of loan repayment, and approximately a dozen health loan forgiveness awards, as well as new scholarships at National University of Natural Medicine that have been provided to naturopathic doctors. The Committee also reviewed a draft Evaluation Report on the program, which has now been submitted to the Oregon Legislature as required under HB 3261 (2017).

The Committee received a presentation from the Southwestern Oregon Workforce Investment Board proposing a pilot effort to expand the number of nursing graduates at SW Oregon Community College, using money from the Health Care Provider Incentive Fund to finance. The Committee voted to approve this project, contingent on a number of conditions being met. The Committee will be developing a clear protocol for receiving future requests around the Health Care Provider Incentive Fund and providing guidance for its use.

Healthcare Workforce Needs Assessment

The Committee received an update on the next Needs Assessment, due in February 2019. This report is planned to be developed and presented later this year to the Oregon Health Policy Board.

Increasing the Diversity of the Healthcare Workforce

The Committee was presented with an update on the development of recommendations on increasing the diversity of the healthcare workforce.

The Committee heard from Todd Nell, Director of the Oregon Workforce and Talent Development Board and discussed opportunities for collaboration between the two entities.

The Committee plans to provide an update to the Board on its efforts at its November meeting.

COMMITTEE WEBSITE: http://www.oregon.gov/oha/HPA/HP-HCW/Pages/index.aspx
COMMITTEE POC: MARC OVERBECK, Marc.Overbeck@dhsoha.state.or.us

Health Plan Quality Metrics Committee

At the September meeting, the HPQMC began planning the 2018-2019 workplan. Further development of the workplan will continue in the coming months.

The next meeting is Thursday October 11, 2018.

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

Metrics & Scoring Committee

In September the Metrics & Scoring Committee finalized benchmark and improvement targets that CCOs must achieve in order to qualify for incentive payments for calendar year 2019. The 2019 benchmarks can be accessed here: https://www.oregon.gov/oha/HPA/ANALYTICS/CCOData/2019-CCO-IM-Benchmarks.pdf. The Committee also heard a detailed update on the work of the Health Aspects of Kindergarten Readiness Technical Workgroup (a collaboration between OHA and the Children's Institute, with technical expertise from the Oregon Pediatric Improvement Partnership). The workgroup's presentation can be accessed here (see https://www.oregon.gov/oha/HPA/ANALYTICS/MetricsScoringMeetingDocuments/MS%20Presentation_Sep%202018_final.pdf#Page=31), and information on the workgroup, including meeting recordings and materials, can be found here (see https://www.oregon.gov/oha/HPA/ANALYTICS/Pages/KR-Health.aspx).

At its next meeting on 19 October, the Committee will hear a presentation on the state of public health, and where the CCO Quality Incentive Program might further aid improvements in public health.

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

Health Information Technology Oversight Council

HITOC's August meeting materials are available at https://www.oregon.gov/oha/HPA/OHIT-HITOC/Pages/HITOC-Meetings.aspx. HITOC's next meeting is on October 4th. HITOC will host an

exploratory panel on the intersection between health IT and the social determinants of health, hear an update on Oregon's Physician Orders for Life-Saving Treatment (POLST) registry, learn about emerging POLST issues, discuss the recent Office of the National Coordinator's request for information regarding the 21st Century Cures Act Electronic Health Record Reporting Program, get up to date on the CCO 2.0 process, review Oregon HIT Program updates, and discuss membership issues.

COMMITTEE WEBSITE: http://www.oregon.gov/oha/HPA/OHIT-HITOC/
Committee POC: Francie Nevill, Francie.j.nevill@dhsoha.state.or.us

Medicaid Advisory Committee

The Medicaid Advisory Committee met on September 26th. The meeting was primarily informational, and the committee received updates and overviews:

- CCO Performance Metrics Program;
- A 101 presentation on the Long-term Services and Supports system administered by DHS Aging and People with Disabilities (APD); and
- Planned transition to passive enrollment of dual eligible.

The committee will consider a revised version of the OHA/MAC health-related services for housing-related services and supports guide at its next meeting, October 24, 2018. The guide is expected to be completed and released to CCOs in the fall of 2018.

OHA and the Governor's office are currently reviewing almost two dozen applications received for the Medicaid Advisory Committee.

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

Health Equity Committee

HEC discussed in detail the criteria for recruitment of new members and decided that the recruitment will be finalized after conducting a quick gap analysis of current skills, geographic and demographic representation.

The HEC also briefly discussed the Equity Impact Analysis of the CCO 2.0 policy options and decided that the HEC members will provide their comments directly to OEI to be collated and integrated into the straw model.

As a follow up to HEC's ask about clarification around the role and engagement of OHPB and its subcommittees in OHA's legislative process, there was a presentation by Government Relations and OEI staff:

- Overview of OHAs legislative process
- Introduction to the processes related to Legislative Concept (LC) and Policy Option Package (POP)
- A brief overview of how OEI performs more in-depth analysis as Health Equity subject matter experts.

COMMITTEE WEBSITE: https://www.oregon.gov/oha/OEI/Pages/Health-Equity-Committee.aspx
COMMITTEE POC: Maria Castro, Maria.Castro@dhsoha.state.or.us

Statewide Supportive Housing Strategy Workgroup

The SSHSW is moving toward sunsetting as it fulfills the intention of its original charter and releases a set of recommendations on steps that should be taken in both the housing sector and the health care sector to expand permanent supportive housing (PSH) options in Oregon. As a reminder, the SSHSW consists of external partners from CCOs, Community Mental Health Programs, Hospital Systems, Counties, Housing Authorities, Community Development Organizations, and a variety of community-based housing and behavioral health organizations. It was convened jointly by Oregon Housing and Community Services and OHA starting in July 2017 on the heels of OHA's development of the 1115 waiver, where additional authorities for housing supports were considered.

The SSHSW has used their meetings to look at a variety of funding, program, policy and system infrastructure scenarios in Oregon and other states to identify what may be most helpful to support the expansion of PSH. After November 2018 the SSHSW will release a report that includes a description of the need for permanent supportive housing; the role of the work group; a set of principles to guide expansion of PSH; and three categories of recommendations. These include: recommendations to strengthen cross-agency collaboration and coordination, recommendations to expand PSH through new and existing housing and service resources, and recommendations for training and technical assistance to build PSH capacity. Of interest to health care partners may be recommendations such as provide additional guidance to CCOs regarding the use of health-related supports and services; develop and deliver housing navigator training; ensure providers know what Medicaid services can be used for tenancy supports; and other draft recommendations. The draft document is found at https://www.oregon.gov/ohcs/DO/sshwg/meetings/DRAFT-Oregon-SSHSW-Framework-09-04-18.pdf) and was discussed by the SSHSW at its September 2018 meeting. The process of refining the recommendations will be iterative and is expected to conclude in November 2018.

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

Measuring Success Committee

The Measuring Success Committee of the Early Learning Council met on September 5th to continue its work on an early learning system dashboard. The committee will be proposing 13 long-term, population-based measures to the Early Learning Council for consideration. For the early learning system goal of kindergarten readiness, the suggested long-term measures are: low birthweight, frequency of reading to children,

kindergarten assessment scores for approaches to learning, math, letter names, and letter sounds, kindergarten attendance, and third-grade reading. For the goal of healthy, stable, and attached families, the suggested measures are: maternal mortality, maternal depression, children free from abuse and neglect, food security, and a measure related to housing or economic security. With respect to intermediate measures, the Committee will continue to narrow the draft list by aligning the measures with the draft of the early learning system strategic plan. Following the Committee's October meeting, the recommendations for both long-term and intermediate measures will be proposed to the Early Learning Council.

COMMITTEE WEBSITE: N/A
COMMITTEE POC: Thomas George, Thomas.George@state.or.us

Oregon Opioid Initiative

HERC Chronic Pain Taskforce

- The Chronic Pain Task Force met on Sept. 20, where members to help set the parameters of an evaluation that will be conducted by the Oregon Health & Science University. In particular, OHSU's Center for Evidence-based Policy will be conducting a deep dive into the available evidence regarding opioid tapering.
- The results of this deep dive will be available for consideration by the task force in the winter. This will give the members an opportunity to revise their proposal. After that point, the VbBS and HERC will have another chance to deliberate on the proposed changes.
- As always, all of these meetings will be open to the public and all comments are welcome.

The best way to stay up to date on the HERC proceedings is to check our website, where meeting schedules, agendas and materials will be posted. Written comments should be sent to herc.info@state.or.us. Verbal comments will be received in person at the meetings.

Oregon Acute Prescribing Guidelines

- OHA convened partners from clinical and health system organizations to develop opioid prescribing guidelines for acute care settings, with a focus on emergency and urgent care, dental care, and post-operative care. Draft guidelines (link below) will be discussed at the 3rd (and final meeting) on September 7. Public comment on the guidelines has been accepted throughout the process. Implementation and adoption of the acute prescribing guidelines will be through the community clinical, health systems and applicable professional organization and licensing boards. Additional information can be found here: https://www.oregon.gov/oha/PH/PREVENTIONWELLNESS/SUBSTANCEUSE/OPIOIDS/Pages/task-force.aspx

COMMITTEE WEBSITE: N/A
COMMITTEE POC: Lisa Bui, LISA.T.BUI@dhsoha.state.or.us

Developing the 2020-2024 SHIP

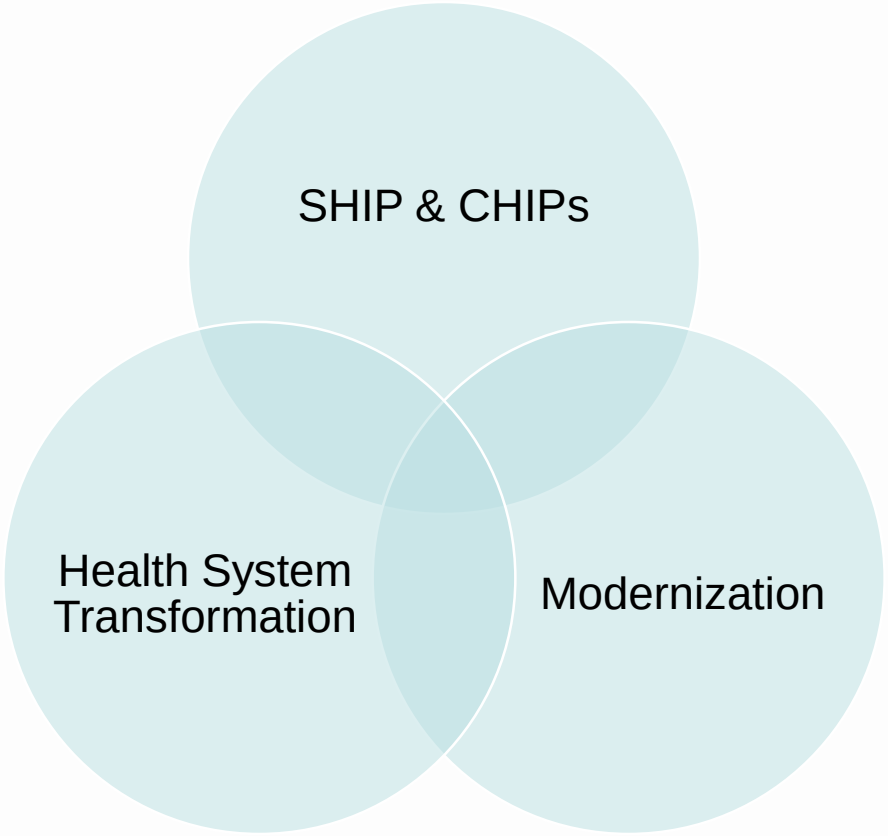
Christy Hudson, Policy Analyst
Policy and Partnerships Team
Christy.j.hudson@state.or.us

PUBLIC HEALTH DIVISION
Office of the State Public Health Director

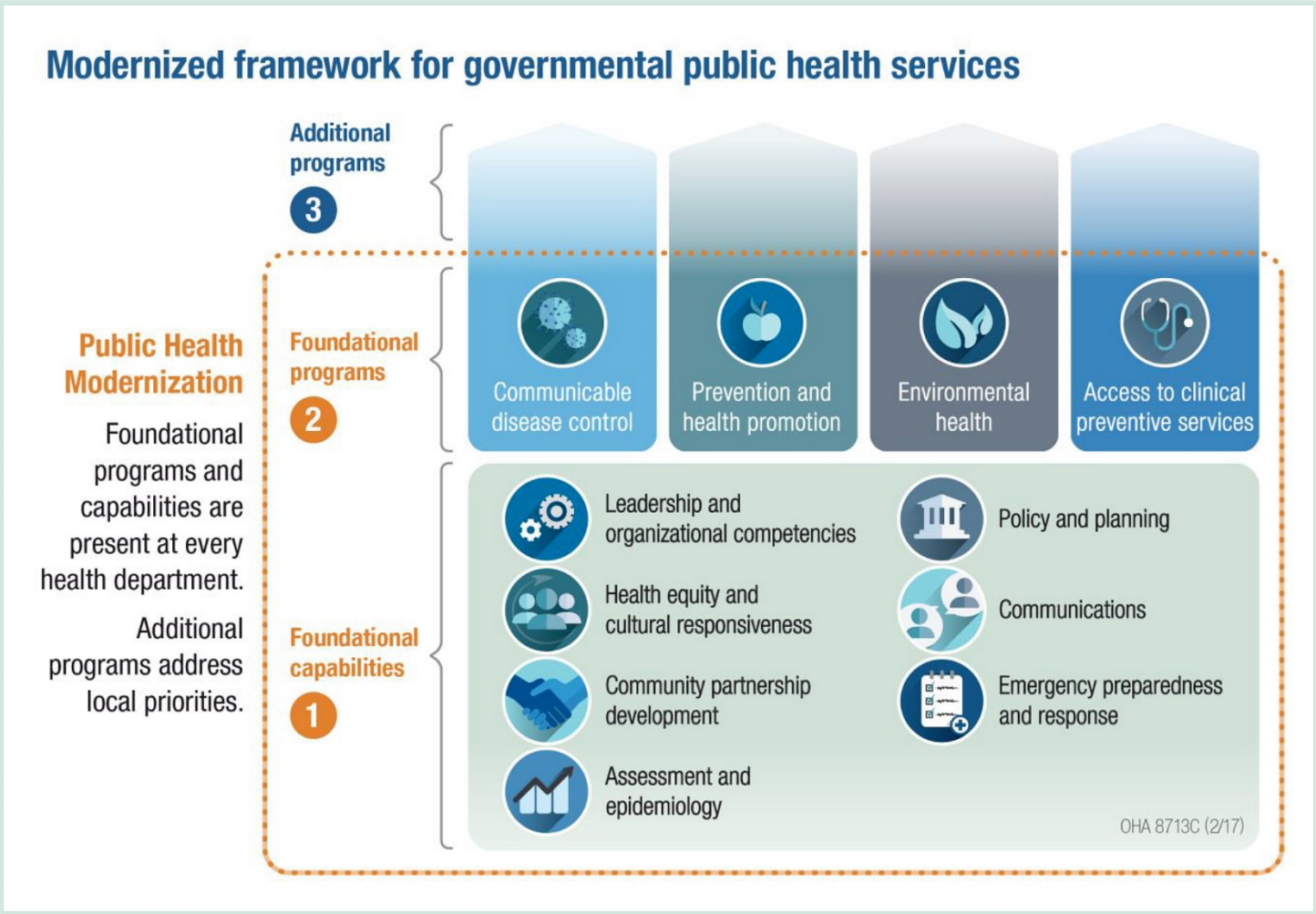
Vision

Oregon will be a place where health and wellbeing are achievable across the lifespan for people of all races, ethnicities, disabilities, genders, sexual orientations, socioeconomic status, nationalities and geographic locations.

Improving Population Health



SHIP & Modernization



PartnerSHIP

State and local public health authorities (Klamath, Multnomah and PHD)

Tribal public health (Coquille Indian Tribe & NWPAIHB)

Regional health equity coalitions (Southern Oregon, Linn/Benton, and Columbia Gorge)

Health care system (CCOs, Moda, OAHHS, CACs, HERC)

Culturally responsive, community based organizations (EOCIL, Pride Foundation, Asian Health and Services Center, IRCO, Hacienda Development Corporation)

Schools of public health (OHSU-PSU)

Strategic Issues

- ACEs/ALEs, toxic stress and trauma
- Safe, affordable housing
- Institutional bias across public/private entities
- Living wage
- Food insecurity
- Incarceration
- Climate change
- Violence
- Tobacco
- Obesity
- Substance use
- Access to mental health care
- Access to care
- Suicide

Community Input Process

- Online survey in English and Spanish
- Mini-grants to community based organizations
    - Eastern Oregon Center for Independent Living
    - Self Enhancement, Inc.
    - Next Door
    - Unite Oregon
    - Q Center
    - Micronesian Islander Community (of APANO)
    - Northwest Portland Area Indian Health Board
- Other community forums

Questions for PHAB

How do you see the 2020-2024 SHIP fitting into the modernization framework, especially given the likelihood of priorities focused on the social determinants of health?

Healthoregon.org/2020ship

Public Health Advisory Board
Key Tasks for PHAB Subcommittees, 2019
October 18, 2018

Purpose: Review membership and key tasks for PHAB subcommittees

Accountability Metrics Subcommittee
Meets the fourth Wednesday of each month from 1:00-2:00

Current membership: Muriel DeLaVergne-Brown, Eva Rippeteau, Eli Schwarz, Teri Thalhofer, Jennifer Vines

Key tasks for January-June 2019

1. Review 2018 accountability metrics data and provide oversight for development of 2019 Public Health Accountability Metrics Report.
2. Set benchmarks and targets for communicable disease accountability metrics.
3. Revisit oral health as a developmental metric.
4. Establish public health accountability metrics for the 2019-21 biennium.
5. Maintain communication with other metrics committees; seek opportunities to expand cross sector partnerships and provide leadership for population health metrics.

Incentives and Funding Subcommittee
Meets the second Monday of each month from 1:00-2:00

Current membership: Jeff Luck, Akiko Saito, Alejandro Queral, Bob Dannenhoffer, Carrie Brogoitti

Key tasks for January-June 2019

1. Make recommendations to PHAB on funding priorities and criteria for 2019-21.
2. Review and finalize 2019-21 funding formula once funds are awarded by the Legislature.
3. Consult as needed on other issues related to public health funding.

State Health Improvement Plan Update to the PHAB

Tobacco and Oral Health
October 18, 2018

OFFICE OF THE STATE PUBLIC HEALTH DIRECTOR
Public Health Division

Improve oral health

Key Questions

- How can we develop **shared ownership** of oral health across public health sectors with limited resources – both on the state and local levels?

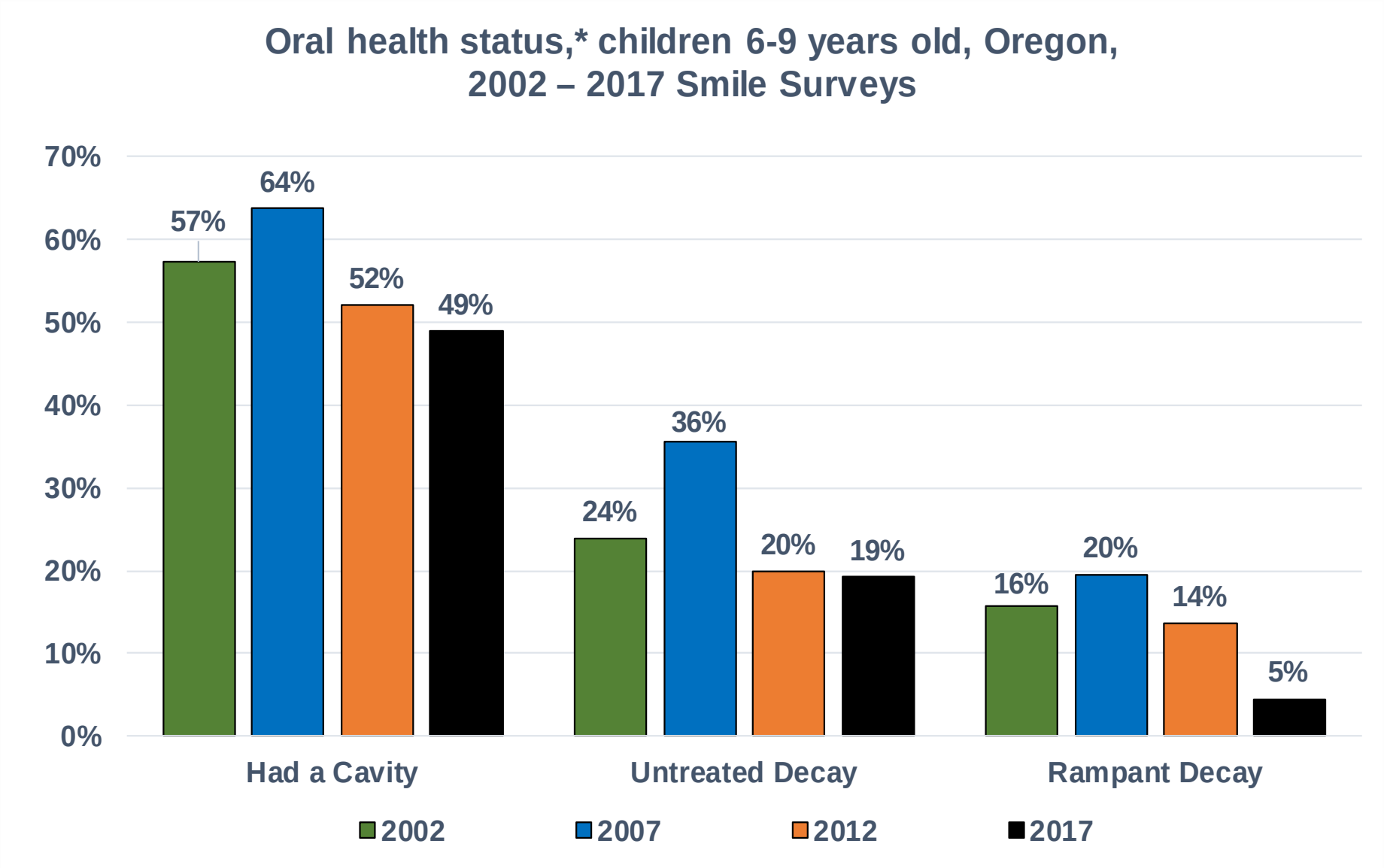
- What **community levers** should we be using given no new funding opportunities are on the horizon and oral health is not included as a main priority in CCO 2.0?

- How do we integrate oral health into **social determinants of health**?

Priority Targets

Measure	Baseline	Current Data	2020 Target	Data Source
Third graders with cavities in their permanent teeth	15.5% (2012)	7.6% (2017)	14%	Oregon Smile Survey
11th graders who have had one or more cavities	74% (2013)	75% (2015)	70%	Oregon Healthy Teens Survey
Adolescents (ages 12-17) who had one or more oral health problems such as toothaches, bleeding gums, decayed teeth or cavities in the past year	17.5% (2016)	Expected in 2019	15.75%	National Survey of Children's Health
Prevalence of older adults who have lost all their natural teeth	17.7% (2010)	13.3% (2016)	12%	BRFSS

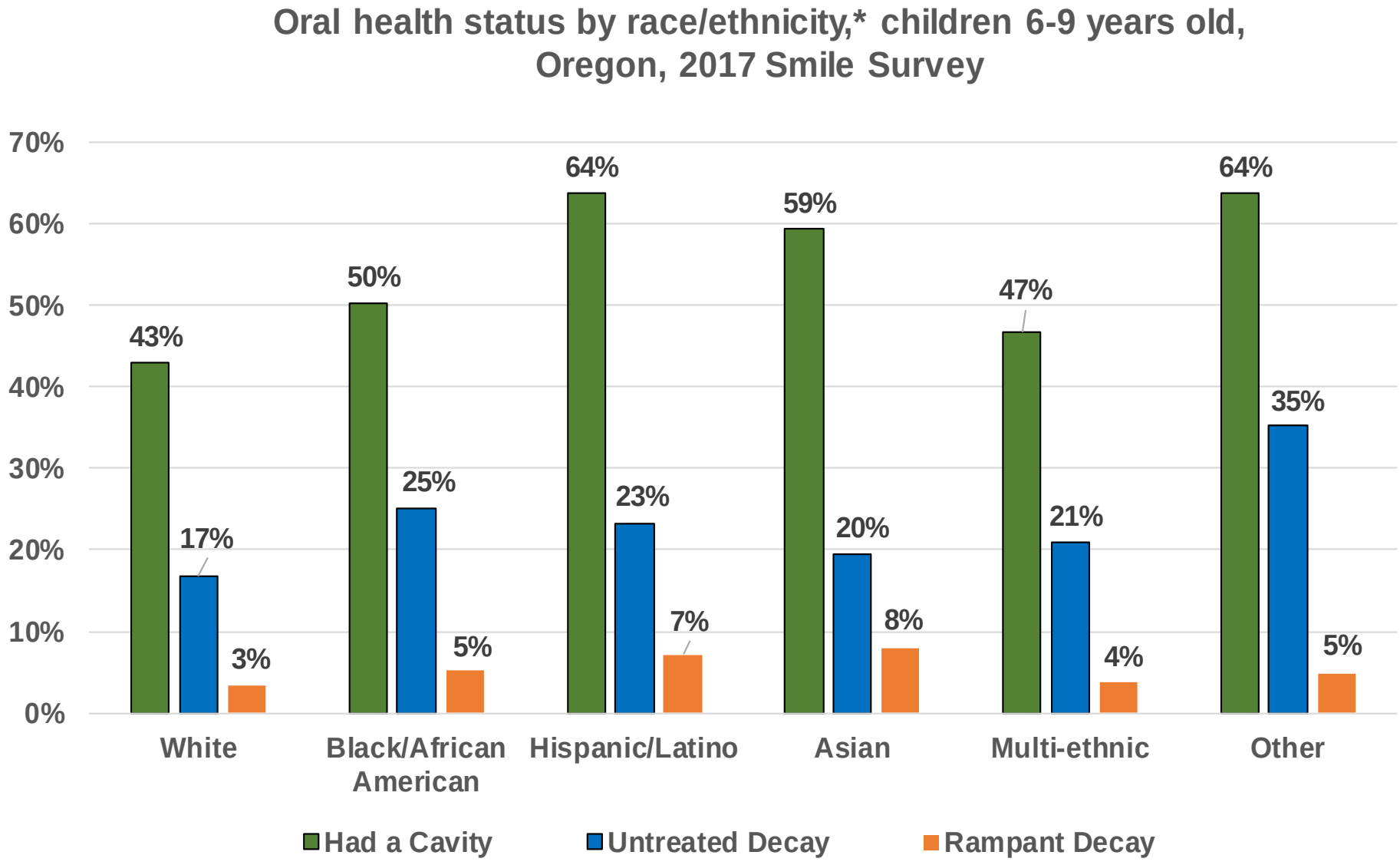
2017 Oregon Smile Survey Preliminary Data



*** Primary and permanent teeth**

Publication expected by the end of 2018 or early 2019

2017 Oregon Smile Survey Preliminary Data



*** Primary and permanent teeth**

Publication expected by the end of 2018 or early 2019

Point #1

- Reduced State Level Capacity
  - HRSA oral health workforce grant went to the OHA Primary Care Office after being in PHD from 2009-2018
    - 1.5 FTE reduction
  - Have not received a CDC oral health infrastructure grant since developing the Oral Health Unit from the 2003-2008 grant cycle
- Limited Local Level Capacity
  - Title V funding supports 10 LHDs and 1 Tribe to work on oral health activities from July 2018 – June 2019
- No new funding opportunities are on the horizon

Point #2

- Oral health integration is moving slowly
  - Not a priority in CCO 2.0
  - Training programs, such as First Tooth and Maternity Teeth for Two, are in constant jeopardy due to funding constraints
- Opportunity to collaborate on new CCO financial incentive metric: oral evaluation for adults with diabetes
- Limited staffing capacity to build meaningful relationships with partners that can assist in reaching racial/ethnic communities
- Oral health may not be as visible in the future
  - SHIP priorities potentially shifting to SDOH
  - Title V shifting more towards ACEs and SDOH

Point #3

- We have seen a small improvement in the oral health status of children in the last five years, but there are still 1 in 2 children that have had a cavity

- Big shifts are needed to improve the oral health status of Oregonians across the lifespan
  - Oral health assessments and fluoride varnish in all well child visits, adolescent well visits and nurse home visits
  - Oral hygiene and education provided at child care settings
  - Ensuring older adults have access to oral health care
  - Community water fluoridation

Feedback & Discussion

- How can we develop **shared ownership** of oral health across public health sectors with limited resources – both on the state and local levels?

- What **community levers** should we be using given no new funding opportunities are on the horizon and oral health is not included as a main priority in CCO 2.0?

- How do we integrate oral health into **social determinants of health**?

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Prevent and reduce tobacco use

Key Questions

- Are there **opportunities for tobacco control** to work with other entities to achieve prevention goals?
- How do we **maintain urgency for comprehensive tobacco prevention?**
- How best can we **address tobacco prevention fatigue?**

Oregon Health Authority

Priority Targets

Measure	Baseline	Current Data	2020 Target	Data Source
Cigarette smoking among 11th graders	10% (2013)	8% (2017)	7.5%	Oregon Healthy Teens
Other tobacco use (including e-cigarettes) among 11th graders in past in past 30 days	18% (2013)	17% (2017)	15%	Oregon Healthy Teens
Cigarette smoking among adults	18% (2013)	17% (2016)	15%	BRFSS

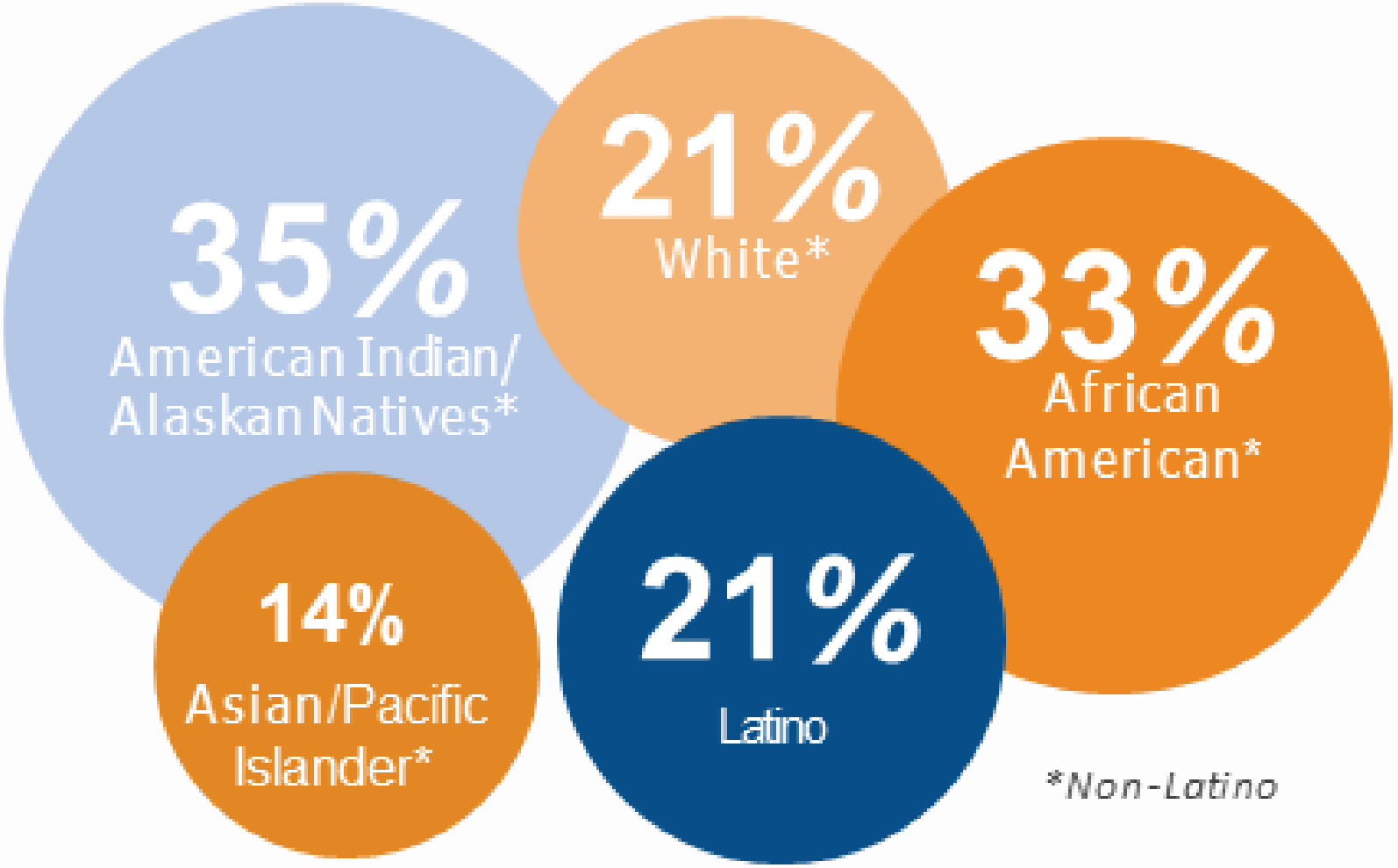
Tobacco use is still a problem

- Tobacco use remains the number one cause of death in Oregon and **disproportionally affects** people of color, youth and those with low socioeconomic status.

- The tobacco industry spends **$100M annually in Oregon**, much of it in targeted marketing to these populations.

- Emerging products (e.g. Juul) and the legalization of retail cannabis could **derail or reverse decades of progress** toward reducing tobacco use.

Smoking affects some communities more than others.



Oregon Health Authority

Nearly half of all 11th graders in Oregon who have ever used tobacco started with e-cigarettes

Prioritize what works: comprehensive, evidence-based interventions

- **Increase the price** of tobacco
- Protect and **expand indoor clean air laws**
- **Reduce industry influence** in the retail environment
- **Increase** (or preserve) tobacco prevention **funding**
- **Increase access** to tobacco cessation services

Oregon Health Authority

Think broadly and stay vigilant

- Tobacco **industry innovation remains fast and furious**

- Tobacco control must **pay close attention to the legalization of cannabis**

Key Questions

- Are there **opportunities for tobacco control** to work with other entities to achieve prevention goals?
- How do we **maintain urgency for comprehensive tobacco prevention?**
- How best can we **address tobacco prevention fatigue?**

Oregon Health Authority

Contact

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FOR INFORMATION ONLY

Information for Local Public Health Authorities
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Oregon Health Authority Public Health: Policy Option Packages and Legislative Concepts for 2019

Universal Family Linkages and Home Visiting POP 401-($8.7m, $4m GF)

- The proposed Universal Family Linkages and Home Visiting policy package would bring together statewide partners to design a preventive care system for families, and to deliver a universal, short-term, postnatal nurse home-visiting program for all Medicaid covered/eligible infants.
- OHA proposes a phased-in approach over the next three biennia.
    - The initial investment in 19-21 focuses on the Medicaid population with a vision for a private-public partnership where commercial health plans support the delivery of this intervention.
    - Within the Medicaid population, 10,000 families are projected to receive service in 19-21. 20,000 families in 21-23 and 32,200 in 23-25.
- The evidence-based Family Connects model complements rather than replaces more intensive home visiting programs. Family Connects would offer an initial nurse contact with families in their home, and allows the nurse to identify additional service needs and make referrals to services that best match each family's needs. This may include referral to a more intensive home visiting program. It assures no duplication of services and improves data collection from the start.
- The Governor's Children's Cabinet has identified universal home visiting as one of its priority strategies as it develops a multi-biennia early childhood initiative.

State Support for Public Health POP ($7.1)

- In the last two biennia, at the direction of the legislature, State Support for Public Health has been funded largely by OMMP card program revenue. Currently this amounts to $7.1M per biennia.
- OMMP has experienced a large decline in revenue due to the transfer of medical dispensaries to the recreational market. The number of cardholders has also declined.
- OHA is forecasting a large shortfall for 19-21 and has built a policy option package to replace OMMP revenue with GF to maintain current funding levels for SSPH.
- DAS and LFO are aware of this issue and anticipating the package.

Public Health Modernization POP 405/LC 390 ($48.5 m, $47.7m GF)

- This policy option package would build on the 17-19 legislative investment in a modern public health system. This policy option package would sustain progress made on communicable disease prevention and health equity and cultural responsiveness.
    - It also assures that communities can plan and implement measures to mitigate wildfire risk, enhance drought resilience, protect against chronic and acute diseases and more – year-round and years in advance, not just during an acute event or season.
- The way people live, work, play and learn is changing. This is driven by new technology, as well as a changing climate. Pathogens and illnesses are expanding into new areas as climate changes and as people and goods move ever-more globally. Disease like Ebola and Zika have become global health concerns, rather than concerns isolated to certain parts of the world.

- More and more, we see how events like wildfires and water toxins require communities to be prepared for, respond to and communicate about these environmental threats. These threats are increasing in frequency and intensity as we see with the lengthening of the wildfire season each year. What used to be considered wildfire events have become, over time, wildfire season – a predictable period during which communities are in emergency response mode.
- The demands on Oregon's public health system have increased as the rate of public health investment, particularly in environmental health, has decreased or remained flat. Most local public health authorities don't have the capacity to proactively identify, plan for and respond to these environmental health threats before they occur – yet this a foundational program for a modern public health system.
- This has strained the public health system's ability to respond to disease outbreaks and plan for the changes needed to better manage emerging public health threats because of climate change.
- The legislative concept for Public Health Modernization would make technical changes to statute to clarify state and local health authority roles and ease changes related to public health modernization.

Reducing Tobacco Use and Improving Population Health by Raising the Price of Tobacco POP 406/LC 388 (latest estimate: $293.3 m revenue gain for state, $29.3 for tobacco prevention)

- Tobacco is the leading cause of preventable death and disease in Oregon. Through increases in the price of tobacco, this policy package (POP) will reduce cigarette consumption among adults and youth and would particularly reduce smoking among Oregon Health Plan members**.**
- Tobacco claims almost 8,000 lives per year and costs Oregonians over $2.5 billion in medical spending, lost productivity, and early death.
- Price increases are the most effective policy tool to reduce tobacco use. Oregon's most significant price increase for cigarettes came in 1996, with a more modest increase in 2003.
- Oregon's cigarette tax is one of the lowest in the country at $1.33 per pack.
- This policy package aims to increase the price of tobacco products by:
  - Adding a $2 per pack tax on cigarettes.
  - Implementing an excise tax on inhalant delivery systems.
  - Defining little cigars as cigarettes to ensure they are not sold singly.
  - Creating a minimum pack size for inexpensive cigars.
  - Removing the tax cap on cigars.
- This policy would dedicate 10 percent of the price increase to tobacco and chronic disease prevention, which will further accelerate reduction in tobacco use among adults, youth and Oregon Health Plan members.
- The estimate sited is lower than what will appear in the ARB because ongoing work has produced the more accurate numbers of $293 m in revenue gain.

Reduce Alcohol Consumption and Improve Population Health by Increasing Prices of Beer, Wine and Cider-POP 407/LC 389 ($341 m for revenue gain to the state, $34 m to OHA for prevention)

- Alcohol use drives many of our most pressing health challenges. Excessive alcohol use fuels domestic violence, child abuse and neglect, adverse childhood experiences (ACEs), risky sexual behavior, stillbirths, miscarriages, fetal alcohol syndrome disorders and other birth defects, car crashes, serious injuries, lower educational outcomes, heart disease, liver disease, cancer, drug and alcohol addiction, and a host of other health and social problems.

- Excessive alcohol use also costs the Oregon economy over $3.5 billion per year, or roughly $2.08 per drink. This includes lost workplace productivity, health care expenses, criminal justice costs, and motor vehicle crashes related to excessive alcohol use.
- Price increases are the most effective policy tool to reduce excessive alcohol use. Research shows that alcohol prices are inversely related to several outcomes such as alcohol-related illness and death, motor vehicle crashes and fatalities, violence and sexually transmitted diseases, other drug use, and crime. This means that as we reduce excessive alcohol use, we also reduce the occurrence of these pressing health challenges.
- This policy package (POP) aims to reduce harms associated with excessive alcohol use by increasing the retail price of alcohol (beer, wine and cider) by 10 percent.
- Increasing the retail price of alcohol by 10 percent would decrease excessive drinking by approximately 5 percent.
- To further address the harms associated with excessive alcohol use, this POP directs 10 percent of any new revenues to the Oregon Health Authority (OHA) for alcohol and other drug prevention.

Fee Structure Revision for Drinking Water-POP 418/LC 386 ($1.8 million)

- Smaller drinking water systems in Oregon are vulnerable, and there is insufficient state and county capacity to support a water drinking system to monitor for emergent issues.
- Due to flat federal funding and rising personnel costs, program staffing and capacity has eroded over the past several years jeopardizing the program's ability to fully meet its mission and statutory mandates.
- Impacts of declining resources include periodic compliance data processing backlogs, limited capacity for technical assistance and emergency preparedness and an inability to adequately regulate approximately 900 very small water systems that fall between the federal and State lower thresholds.
- This legislative concept revises the fee authority of Drinking Water Services and increases fee revenue to support adequate regulation of all public drinking water systems.
- Specifically, authority to charge an inspection (sanitary survey) fee would be replaced with an annual regulatory fee based on the number of connections served by the water system, ensuring more equitable regulation of drinking water systems.
- The Drinking Water program estimates a need for 5-6 positions to restore base capacity at the state level.
- In addition, Local Public Health Authorities that perform surveys and respond to contamination alerts would receive a 25% increase in funding to adequately support local cost of services. ($400,000 annually).
- With these changes, the Drinking Water program would build capacity to regulate all public water systems equitably, ensure protection of public health and maintain the public's trust in the safety of public drinking water supplies.

Fee Change for Food, Pool and Lodging Programs-POP 419/LC 387 ($64k)

- These fees were last revised in 2003 and are not sufficient to cover the Oregon Health Authority's (OHA) costs to carry out the required regulatory work.
- Most inspections are performed by Local Public Health Authorities; however, OHA conducts inspections when a county transfers public health authority to OHA.

- Fee changes would cover OHA's costs of implementing regulatory programs directly or through contractors, establish a new fee for processing variances from food sanitation rules, and modify the fee structure for reviewing new pool/spa plans.

Expand Behavioral Health Services, including suicide intervention and prevention, in schools-POP 402 ($13M)

- Provide funding to implement the adult suicide prevention plan ($1 m)
- Fund the Youth Suicide Prevention Plan by developing online resources for youth; supporting Zero Suicide framework implementation and Lines for Life Youth Line; funding tribal mini-grants and LGBTQ youth supports ($6 m)
- Expansion of school based mental health services**.** Providing funding for increased mental health services will allow for early intervention of mental health issues that may lead to poorer health and education outcomes. Adequate mental health services can lead to a reduction in suicides.
    - Counties with no existing services ($2 million) to establish school based mental health services through existing CMHP; provide technical assistance using existing mechanisms
    - For counties with clear unmet need, even with existing SBMH services ($2 million), funding mechanism to be determined, likely grant application offering to those with demonstrated need as demonstrated by Oregon Healthy Teens, Office of Rural Health and other data
    - Address shortfall from 2017 SBHC Mental Health Expansion Capacity grant requests ($1.1 million) to assist SBHC sites with known unmet needs; fund through existing mechanisms
    - To develop SBMH services availability in pre-K and elementary school settings, targeting trauma and developing resilience in students who've experienced ACEs at earlier ages ($1 million); fund through grant application process

Public Health Housekeeping-LC 391

- Makes minor changes to statute to clarify and ease implementation of public health programs, including but not limited to:
    - Replaces local health department with local public health authority.
    - Streamlines communicable disease reporting through the LPHA.
    - Clarifies role of LPHA to ensure access to immunization and birth control.
    - Clarifies the distinction in roles between the local health administrator and the local health officer.
    - Removes mandate for OHA to maintain a tobacco law enforcement program with OSP.
    - Enables OHA to enter into contract with the federal government to enforce tobacco laws.
    - Clarifies Health Licensing Office's role in regulating several boards; clarifies exemptions and disclosures in HLO complaint response process; adds boards to HLO purview; clarifies licensing dependence on credentialing for Art Therapists and Lactation Consultants.
    - Enables OHA to contract for functions of the Oregon State Cancer Registry.
    - Aligns smokeshop certification with Oregon's tobacco sales age law.