**Systems and Innovations Committee Minutes**

April 24, 2024 – 1 pm to 2.30 pm

**Committee Attendees:** Alex Coleman, Amber Roche, Erin Jolly, Heather Kaisner, Jessica Dale, Julie Hamilton, Katie Plumb, Kim La Croix, Lindsey Manfrin, Naomi Biggs, Rebecca Chavez, Sarah Poe, Sarah Zia, Vanessa Baker

**OHA Attendees:** Andrew Epstein, Sara Beaudrault

**CLHO Attendees:** Laura Daily

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| **Agenda Item** | **Detail** | **Action Item** |
| Welcome, Introductions, agenda review, and roll call | Quorum is 50% +1 of committee membership* Quorum met
 | Roll callEnsure quorumReview agenda for the day |
| **Committee Agenda Items** |
| Approve March Minutes / Presented by the Co-chairs | * March meeting minutes approved
 | Approve |
| **Agenda Item** |
| PHM funding methodology survey discussion / Presented by Sara Beaudrault | Matching and incentive funds methodology survey* Every two years the funding formula that is used to distribute public health modernization (PHM) funds to local public health is updated by the Public Health Advisory Board (PHAB) Incentives and Funding subcommittee. The subcommittee would like feedback from public health on topics to consider as they update the funding formula.
* OHA needs to submit the funding formula to the legislative fiscal office by June 30, 2024
* Sara shared her screen and displayed the “LPHA public health modernization funding formula survey”. The optional survey will be emailed to the group on April 25th with a due date of May 3rd. The survey seeks feedback on:
	+ Increased floor payments and the impact that had on areas such as staff capacity.
	+ Regional positions and other strategies to increase capacity.
	+ Incentives and matching funds.
* Discussion
	+ Sarah P mentioned that she did not hire additional staff but that she was able to retain staff by using modernization funds and asked how she should note that in the survey.
	+ Sara replied that they could add staff retention as a specific question.
	+ Sarah P asked how other administrators are paying for communicable disease (CD) and disease intervention specialists (DIS) after the loss of COVID funding.
	+ Heather replied that her health department has an outreach and engagement team that was fully funded by COVID funding that performs work around modernization and foundational capabilities. She shared that her LPHA is now funding required CD work using modernization funds and would like to be able to provide that information somewhere in the survey. She asked the group if any other LPHAs are experiencing something similar.
	+ Lindsey replied that information may not be helpful when it comes to updating the funding formula but it would be beneficial information to share with the legislature when it comes to increasing the amount of funding to LPHAs.
	+ Sara suggested that information could be added to the workforce report section related to position type.
	+ Jessica mentioned there is value in capturing the sustainability aspect around regional funding as it relates to the funding formula for counties that are using a regional model.
	+ Katie asked if the subcommittee would be updating the health indicators that are built into the formula and inquired about other areas the subcommittee is looking to review.
	+ Sara replied that they are not considering updating the health indicators. The Incentives and Funding subcommittee will be looking at the 2018 methodology to make sure that it still feels appropriate and will also be making incentives and matching fund payments to LPHAs.
 | Discuss |
| PHM reporting / Presented by Andrew  | Update on status of what LPHAs will be required to report for PHM (PE51) work* Andrew shared his screen to display the “Progress Reporting Instructions and Questions” related to PE 51.
	+ Responses in Smartsheet must be completed at one time. Work cannot be saved and returned to complete later.
	+ LPHAs will be asked to report in October for the time period between 7/1/2023 – 9/30/2024.
	+ Unlike the last biennium reporting, evaluation questions will be separate from the reporting process questions.
	+ Based on feedback, a prompt has been added in section 2 (Public health system goals for this PE 51 funding cycle) to consider the connection between LPHA-selected accountability metrics process measures and PE 51 work.
* Discussion
	+ Jessica stated that the addition of the section 2 prompt around health goals was requested with the idea that outcome changes take years to demonstrate and previous narrative reporting has not done a good job of capturing all the steps that are involved in that process. She asked the group for feedback on this addition.
	+ Lindsey shared that the added prompt may be better placed within the instruction section of the document. She felt that reading it without the context provided by Jessica was confusing and felt the language narrows the scope of how modernization funding could be used. She suggested expanding on the prompt a bit more.
	+ Andrew proposed moving the prompt from section 2 into the instruction section and changing the language to “7. As you complete the PE 51 reporting, consider how the work may align with achieving the LPHAs selected public health accountability metrics process measures.”
	+ Jessica expressed approval of the changed language.
	+ Naomi wants to make sure that there is no confusion in the language that would lead people to believe that PE 51 funds can be used for direct services. She asked Jessica what the intent of expanding on the scope of reporting is.
	+ Jessica replied that they did not want to expand on the scope. The idea of the added prompt is to provide a narrative of how the work being done is interwoven. She provided an example of an employee focused on communication that provides information about syphilis testing requirements to health care workers. This communication results in more testing of syphilis during pregnancy which will eventually result in a decrease in congenital syphilis. Without providing this information the impact the communication employee has on other areas is lost.
	+ Andrew suggested following up with Jessica outside of the meeting to rephase the new prompt. They can share the change with the group by email.
* Andrew continued to share and review the “Progress Reporting Instructions and Questions” document.
	+ Based on information from the CBO activity reporting, Andrew asked the group if they would like to include a question about challenges or barriers in each section.
	+ Naomi shared that she prefers to discuss challenges at the end of the report and would prefer not to make the document longer.
	+ Andrew stated that he is following up with the OHA workforce coordinator to determine if the questions related to LPHA workforce development plans in Section 4 are useful information for OHA. He is waiting to hear back and will remove them if they are not deemed useful.
	+ Andrew shared that he removed a question related to foundational capability strategies since in the past that has not changed for most LPHAs from when they initially answered the question at the start of the biennium as part of the goal and strategies form.
	+ A question related to LPHA collaboration with community partners to collect data has been expanded upon to support evaluations or communications around modernization work.
	+ We have the option to add questions similar to the new CBO activity reporting form questions around specific populations served and languages used to perform work other than English. Andrew shared he thought this question was more valuable for CBOs since LPHAs serve the whole community and asked if the group would like these questions to remain.
	+ Several committee members felt these questions should be removed.
	+ Jessica expressed concern that some counties may not have CBOs supporting priority populations and thinks this data would be beneficial to collect from both CBOs and LPHAs as part of the modernization evaluation.
	+ Heather asked how this information would be utilized.
	+ Andrew replied that specifically the questions related to languages used by LPHAs to perform work is not something OHA is collecting but if LPHAs think it is useful information OHA could collect it.
	+ Sara stated that the work LPHAs do is so different from the work of CBOs that they cannot be compared equally. There is an assumption that LPHAs are serving all population groups if they are present within the LPHAs jurisdiction.
	+ Andrew offered that there is an opportunity for LPHAs to provide specific population information as part of the health equity and cultural responsiveness narrative summary.
	+ Amber stated that if the questions are to remain within the document that she would like to see clarity added about the intent of the questions; are they about communities served or outreach to specific communities.
	+ Jessica stated that since she is the only one in support of the questions remaining, they should be removed from the document. Andrew removed the questions related to specific populations and languages used.
	+ Katie asked Jessica if she felt that LPHAs need to better communicate the modernization work they are doing.
	+ Andrew shared that a contractor will be dedicated to providing support analysis of the data collected from CBOs and LPHAs. He is hopeful that the contractor will be better able to gather and communicate those success stories from LPHAs.
	+ Jessica replied that her main concern is around the way LPHAs evaluate and share out the work that is being done. She provided an example of a health equity summit held in Klamath County that drew 2,000 people. She believes that human connection stories are important particularly when asking the legislature for additional funding.
	+ Based on group feedback, Andrew removed questions related to community events.
	+ Erin asked if language can be added to the document to capture examples of specific work that was possible due to modernization investments to sections that cover updates on strategies from the workplan.
	+ Andrew stated there is a space in section 6 to share work examples and an optional file upload feature is included. Support was shared by the group for that idea.
	+ Andrew asked the group if they felt that the document is ready to be finalized and sent out.
	+ Support was shared for the document to be shared out to the group.
	+ Andrew stated that he can send the document out in May to LPHAs. The Smartsheet will be available closer to the October reporting date.

  | Update/Discuss |
| Guidance for PE 51 deliverables / Presented by Andrew | Health Equity Plans guidance* Andrew shared his screen and displayed the “Health Equity Assessment and Plan Guidance LPHA Deliverable for PE 51 Public Health Modernization” document.
* The goal is to have the guidance document sent out to all LPHAs by July 2024.
* The document is not new guidance; it contains an updated version of the 2017-19 guidance. Topics and additions include:
	+ An overview of the plan and assessment that is grounded in the language of the modernization manual’s health equity section.
	+ Health Equity definition.
	+ Added language to include that the health equity plan may be a standalone plan or incorporated into a broader document such as a strategic plan.
	+ Optional OHA-provided templates can be used or LPHAs may use their own format.
	+ LPHAs must demonstrate that an assessment was performed in the past five years using the elements included in the guidance.
	+ A table containing a column for health equity assessment guidance and health equity plan guidance. This table contains language taken from the public health modernization manual for local roles.
	+ OHA does not have the capacity to review, score and approve 33 health equity plans in a timely way. Andrew is proposing that LPHAs use a form that will demonstrate fulfillment of PE 51 deliverable requirements. The form will include:
		- Types of documents submitted (e.g., stand alone or regional health equity plan/health equity assessment).
		- Check boxes to confirm each element has been met.
		- A section to explain if any of the elements listed were not included in the LPHA submissions.
* Discussion
	+ Erin asked if this document is final and asked about the process before the document goes out.
	+ Andrew stated that the guidance document is not final. He is sharing the document with the group because he wants this to be a collaborative effort that will function well for LPHAs.
	+ Erin added that a document like this is helpful but felt that a lot of the bullet points within the table and form seem externally focused and aligned with LPHA community health assessment and improvement plan work. She requested clarity around internally and external focused plans.
	+ Andrew agreed to send the guidance document to select volunteers to review and provide feedback before it is finalized and sent out to the LPHAs.
 | Update |
| Wrap-up and next meeting | * Send guidance document to select volunteers for review and feedback with the expectation it be returned by Friday, May 10th.
* Update on cost and capacity assessment will be emailed to the group.
* Update on the work of the Outline Workgroup will be emailed to the group.
 | Discuss and adjourn |
| **Next meeting: May 22, 2024 – 1:00 pm to 2:30 pm** |

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