

## **Systems and Innovations Committee Agenda**

January 14, 2019 2 to 3:30 pm

Members in attendance: Florence Pourtal-Stevens, Joe (for Frank Brown), Muriel DeLaVergne Brown, Mike Baker, Tatiana, Dawn (for Philip Mason), Frank Brown, Caitlin Hill

Others present: Sara Beaudrault, Joey Razanno, Janis Payne

Agenda Item	Detail Detail	Presenter		
Welcome, Introductions (as	Quorum is 50% +1 of committee membership	Mike/Florence		
needed) and roll call	Quorum achieved (10:00)			
Review of minutes	Review and approve minutes from August and October, November and	Mike/Florence		
	December meetings			
	Moved to approve and seconded. Passed.			
Public Health Division Agenda Items				
Statewide public health	The PH Division is working on a progress report for the statewide public	Sara		
modernization plan 2018	health modernization plan. Sara will discuss what we released last year			
progress report	and solicit feedback on the progress we want to highlight in the 2018			
	progress report.			
	https://www.oregon.gov/oha/PH/ABOUT/TASKFORCE/Documents/stat			
	ewidemodernizationplan-progressreport.pdf			
	This comes out of modernization assessment completed in 2016.			
	Annual progress reports are not required but we did this for			
	2017. This is what we would like to highlight:			
	Improve the public health systems capacity to provide			
	foundational health programs. Some ideas for			
	accomplishing this are: Following a phased approach,			
	applying a health equity and cultural responsiveness lens,			
	working with the tribes, creating incentive for cross			
	jurisdictions using funding to further our goal. (22:00)			
	Included in the report are the regional communicable			
	disease programs, update on the tribal public health			
	modernization assessment, CLHO public health modernization roadmap. What would the rest of the			
	committee like to see in terms of how we are building			
	public health capacity? Don't drop the tribal tracking even			
	if there are no changes. The grantees are mining equity			
	information along with modernization and we need to			
	keep highlighting that. Specific examples from the tribal			
	assessments would highlight the work being done. How			
	do we continue to build on the work? (30:00)			
	2. Align and coordinate public health with early learning,			
	CCOs, hospitals, other stakeholders and partners for a			
	collective impact on health improvement. Last year we			
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_	wrote about new and enhanced partnerships with CCOs			

and other partner organizations. Also covered were shared metrics where we are all working toward the same goals. This year we could talk about the next iteration of the health improvement plan where we bring in non-health partners. Local health departments could also share reports of new and enhanced partnerships. Local public health work impacts CCO metrics but they receive no incentive dollars because they are not part of the contracts. The fact that databases do not talk with each other has a major impact on shared metrics. We need to be able to quantify local public health contributions. This could have been addressed in CCOs 2.0. The SPARC Initiatives and regional health assessment projects are also good examples.

3. Demonstrate progress to improved health outcomes through accountability metrics and ongoing evaluation. We published a baseline report in 2018. Another report with be coming out this quarter that will show some results. If you think of anything more contact Florence, Mike or Sara. (42:00)

Next step: Sara will draft changes. Florence and Mike will send to the committee to review.

## Work plan Agenda Item -

Crosswalk between PH modernization and PH accreditation

Review the existing resources and discuss if we need to take this work plan item further:

https://orphroadmap.org/accreditation/

https://www.oregon.gov/oha/PH/ABOUT/TASKFORCE/Documents/Aligning%20Accreditation%20and%20the%20Foundational%20Public%20Health%20Capabilities%20%28November%202018%29.pdf

Provide a crosswalk between Public Health modernization and accreditation. CLHO has done some work on this. We also have information from PHNCI. Do we feel we have something further to contribute? This committee could take on the work of gathering and sharing this information. Caitlin will do research on whether and how the resources on the Public Health roadmap has been accessed and used by local public health. Muriel has used this for re-accreditation. We could share this with CLHO and accreditation coordinators.

We have links in GovSpace for this. (53:00)

Florence

Joey Razzano

This item reads: Use funding to advance health equity in Oregon which may include directing funds to areas of the state experiencing a disproportionate burden or disease or where health disparities exist.  Health equity could not be identified as a priority in any funding source. Isolation, poverty, race are indicators of equity. The Healthy Columbia-Willamette Collaborative is working on a similar definition strategy to incorporate data that integrates social and demographics factors.  Qualitative data is often not included in the numerical data being collected. (58:00)  Principle #2 and #3 may have been reordered from what PHAB originally had. We should also talk about incentivizing cross-jurisdictional sharing. This works well with some programs, but tobacco work is very local. The seven standards are not necessarily a checklist but should be taken into consideration. Some framing changes might be helpful. Should additional funding be used as a reward for accredited counties or an incentive for nonaccredited counties or both? The requirements of modernization put nonaccredited counties halfway there.  Next step: Draft a clarified document with more information on how to use the tool.  To do item for next meeting  Go to CLHO next month for feedback on this committees then come  Mike/Florence	Funding formula checklist	Discuss Checklist item #3 to clarify the intent of this item – this is based on the feedback provided by the Tobacco workgroup.	Mike
meeting  Go to CLHO next month for feedback on this committees then come  Mike/Florence		may include directing funds to areas of the state experiencing a disproportionate burden or disease or where health disparities exist. Health equity could not be identified as a priority in any funding source. Isolation, poverty, race are indicators of equity. The Healthy Columbia-Willamette Collaborative is working on a similar definition strategy to incorporate data that integrates social and demographics factors. Qualitative data is often not included in the numerical data being collected. (58:00)  Principle #2 and #3 may have been reordered from what PHAB originally had. We should also talk about incentivizing cross-jurisdictional sharing. This works well with some programs, but tobacco work is very local. The seven standards are not necessarily a checklist but should be taken into consideration. Some framing changes might be helpful. Should additional funding be used as a reward for accredited counties or an incentive for nonaccredited counties or both? The requirements of modernization put nonaccredited counties halfway there.  Next step: Draft a clarified document with more information on how to	
pack together in March to discuss our 2019 workplan.		Go to CLHO next month for feedback on this committees then come back together in March to discuss our 2019 workplan.	Mike/Florence

Co-Chair	Co-Chair
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## **Public Health Division Liaison**

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