**Systems and Innovations Committee Agenda**

May 25th, 2022 – 1 to 2 pm

Join ZoomGov Meeting

<https://www.zoomgov.com/j/1605421048?pwd=OHkvZUp3cERjd3Q1alN5RWo5SmswQT09>

Meeting ID: 160 542 1048

Passcode: 737322

1 669 254 5252

In attendance: Florence Pourtal, Sarah Zia, Andrea Krause, Lindsey Manfrin, Elizabeth Maxwell, Brian Mahoney, April Holland, Alex Coleman, Amber Roche, Jessica Dale, Kathleen Rees, Rebecca Chavez, Julie Hamilton, Shane Sanderson, Vanessa Becker, Julie Hamilton, Laura Daily, Sara Beaudrault and Ilana Kurtzig

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| **Agenda Item** | **Detail** | **Action Item** | **Presenter** | **Time** |
| Welcome, Introductions (as needed) and roll call | Quorum is 50% +1 of committee membership* Quorum met
 | Ensure you have quorum | Florence | 5’ |
| **Committee Agenda Items**  |
| Approve April minutes | * Minutes approved and seconded
 | Discuss and approve | Jessica | 2’ |
| **OHA Agenda Item**  |
| Introduce new members (as needed) | Guests: Kathleen Rees, Elizabeth Maxwell and Jennifer ??? | Discuss | All | 5’ |
| Funding Formula | Indicator’s conversation* Talk through the changes that PHAB is talking about
* How would these changes impact our counties?
* Solicit ideas for data and data sources
* Look at the indicators of the formula (ACS racial diversity, SES, rurality etc.)
 | Continue the conversation | Sara and/or Mike Baker |  |
| Discussion* Look at the indicators of the formula (ACS racial diversity, SES, rurality etc.)
* Add some new indicators (cost of living, cost of housing, migrant populations etc.)
* Do we want to narrow down the focus of the indicators?
* Do we want to weigh the indicators differently?
* PHAB is eager to get input and feedback
* Floor payments are funds that go to LPHAs, this is an amount of money that each LPHA receives to do the work in the program element
* Indictors are another piece of funding formula.
* Funds to go throughout Oregon where there might be more need
* Add some new indicators (cost of living, cost of housing, migrant populations etc.)
* Do we want to narrow down the focus of the indicators?
* Do we want to weigh the indicators differently?
* PHAB is eager to get input and feedback
* Floor payments are funds that go to LPHAs, this is an amount of money that each LPHA receives to do the work in the program element
* Indictors are another piece of funding formula to reflect the need of the community to access public health services.
* Funds to go throughout Oregon where there might be more need
* where LPHAs are needing more access
* Two indicators that are required in statute
* Health status
* Burden of disease
* The other indicators were added by PHAB in 2017
* Currently, all are equally weighted
* The question is changing indicators or weighting certain indicators more heavily than others
* Adding an indicator for seasonal workers
* Seasonal workers have not been counted, but are covered by LPHA services
* PHAB subcommittee recommended weighting certain indicators more heavily than others
* How are seasonal workers defined in the report?
* Discuss seasonal workers and how it might be included
* Seasonal workers may live in one state and work in another, accessing LPH services
* Suggested to look at SNAP data
* All indicators rely on American Community Survey (ACS) data
* Weighting the two indicators (Health Status and Burden of Disease) lower, and weight the indicators that PHAB has added, higher
* PSU population and race/ethnicity data rather than US Census bureau data, may be more up to date
* The definition of “rural” is different in different areas of Oregon particularly from the Office of Rural Health at OHSU
* Race and Ethnicity data, to add not just ACS information but to look at other data sources and information sources, particularly rural data
* Look at state data compared to ACS and census data
* Focus on children enrollment in schools, looking at race and ethnicity
* Base funding
* Have 1 funding formula to use through different funding streams
* Hire at least 1 person
* How will we be able to use the base funding for other programs?
* New funding formula will go into effect July 2023
* 1 full-time position is with 20 million
* Data sources
* Suggested not only using the ACS data source but to look at more local/rural data
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| Subcommittees | CLHO committee communication strategies:  |  |  |  |
| * CLHO subcommittee and how do we ensure that committee members are sharing back to their LPHA and the administrator – idea of looking at the charters and updating it if this is not an expectation
* How best to facilitate two-way communication between the OHA divisions and the CLHO subcommittees – need consistent mechanism to ensure best communication Wants to make sure communication is flowing, and to make sure Administrators can prepare ahead for committee
* Define a standardized approach to communication
* Overall, come up with a standardized approach based on best practices – what’s working and what’s not working with your current communication systems
* CLHO Communicable Disease (Kathleen Rees)
* Focus on work with ACDP/Immunization
* COVID workgroup with specific COVID issues
* Clear information about what was discussed and send the communication out to everyone
* Clear and complete communication
* Areas of Improvement
* Need to have local and state decision makers in the same meetings
* OHA Administration/ Health Officers together
* LPHAs
* When trying to have a meeting where decisions are being made it was suggested to have state and local representation in the room
* Policy to provide feedback from the counties
* High staff turnover
* Counties need to know who the OHA point person for specific diseases
* Who is working on this communication?
* Who do we reach out to?
* More formalize process, compared to word of mouth
* Opportunities for meet and greet and how to do this moving forward, after COVID
* How can CLHO/Communicable Disease workgroup facilitate more conversation?
* Wants to hear the communication from other counties
* Closing the loops and requesting more formal feedback
* Preferred format and regular feedback
* CLHO Prevention and Health Promotion (Elizabeth Maxwell and Jennifer Little)
* Program element and service element
* Improve the 2-way communication between OHA and LPHAs
* HPCDP digest, ADPEP and TPEP monthly calls, IVPP monthly meetings. Grantees and Contractors annual meeting.
* Regional support network meeting with state liaisons
* More opportunities for two-way communication (it often feels one-directional from OHA)
* BM108 workgroup of committee
* Common themes
* More feedback and more communication
* How to ensure members to report back to LPHA authorities
* Point out new members
* Offer at Big CLHO that administrators are communicating with them
* Members getting more of an opportunity to provide feedback
* Best way for OHA to seek the feedback
* How do LPHAs get the opportunity to provide feedback to OHA?
* What would be the best way to provide the feedback space to LPHAs
* More planning to use standing meeting already set up for feedback
* Difficult when LPHAs need to provide feedback quickly, but they show up
* More intentionality to use standing meetings
* Regular communication for non-urgent or non-emergent
* OHA needs to make sure proper staff are at meetings and LPHAs need to ensure proper staff are on committees
* Emergent or urgent issues, use existing structure and be flexible
* PH Administrators if OHA can’t participate ASAP
* Next step: Share conversation with Big CLHO and OHA. Does CLHO S&I want to go through this exercise? Update committee charter template?
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| Wrap-up and next meeting | PH modernization plan - When/how do we start working on this?* ‘
 |  | All | 3’ |
| **Next meeting: June 22th, 2022 - 1 to 2 pm** |
| **Co-Chair**Florence PourtalLincoln County Public Health Director541-265-0405fpourtal@co.lincoln.or.us  | **Co-Chair**Jessica DaleKlamath County Public Health – Assistant Director541-885-2434jdale@co.klamath.or.us  |
| **Public Health Division Liaison**Sara BeaudraultPublic Health Modernization Lead971-645-5766 - Sara.beaudrault@dhsoha.state.or.us  |