

Public Health Advisory Board (PHAB)
December 7, 2007
Meeting Minutes

Participating:

Board Members Present: Thomas Aschenbrener, Shawn Baird, Betty Bode, Tina Castañares, Tom Eversole, Keith Harcourt, Candace Mueller, Bill Perry, Bob Shoemaker, Liana Winett

Board Members Absent: Lynn Martin, Tran Miers, Phyllis Rand

DHS Staff: Susan Allan, Katherine Bradley, Tom Engle, Grant Higginson, Katy King, Mel Kohn, Kathleen O'Leary, Brittany Sande

Members of the Public: Don Colburn, The Oregonian; Robert Duehmig, Office of Rural Health; Amy Goodall, The Oregon Medical Association; Dan Peddycord, Deschutes County Health Department; David Rebanal, Northwest Health Foundation; Rick Stone, Ball Janik LLP, PHAB Candidate; Steve Westberg, Central Oregon Home Health and Hospice, PHAB Candidate

Opening:

Thomas Aschenbrener called the meeting to order, welcomed the board members and invited introductions and announcements.

Changes to the Agenda

Barney Speight was unable to attend the meeting as the "Lunch with a Leader" guest as originally planned. Adam Davis with Davis, Hibbitts and Midghall Inc. will speak about community health priorities instead. Tina Castañares was originally scheduled to speak about primary and secondary prevention, but the discussion will be postponed. A discussion of information sent out by Susan Allan regarding the floods in Vernonia and other parts of Oregon will be added to her TOPOFF 4 Review later in the meeting.

Approval of Minutes

Minutes from the September 2007 meeting are not complete and will be reviewed for the March 2008 meeting.

Announcements

No announcements from members.

Public Comment Period

No public comments.

Public Health System Overview – Dr. Susan Allan, State Public Health Director

(Handouts: *Slides from PowerPoint presentation and Public Health Division Org Charts*)

Susan gave a brief overview of and orientation to the Public Health Division (PHD), particularly the way that it is structured and some of the services that it provides. She also discussed two of the org charts that the PHD uses to illustrate the way that the Division is set up and to show how the various offices are related to each other. The PHD is made up of lots of small programs with incredible scope. The PHD is broken up into 6 offices: Multicultural Health, Public Health Laboratory, Family Health, Community Health and Health Planning, Environmental Public Health, and Disease Prevention and Epidemiology. She expressed an interest in comments from the Board regarding if this type of a PHD orientation is useful and would be helpful to new members on a regular basis. She also requested feedback on what the value is of this presentation. No feedback was given or comments made during the meeting.

Susan discussed the benefits and challenges to the PHD being part of the Department of Human Services (DHS) (which is considered an umbrella agency and the largest in Oregon). There are over 120 programs in the PHD, which represents about 40%+ of programs in DHS, though the PHD is only 2.7% of the DHS budget. The PHD's emphasis is on prevention and early intervention, and it is multidisciplinary and community-based. The Oregon Public Health "System" is made up of the State (PHD), 34 local health departments, and the Conference of Local Health Officials (CLHO).

There are 5 challenges that public health currently faces:

1. Finding a place for public health in the healthcare reform discussion
2. Adequate capacity for a public health system – developing an effective legislative case for funding; training, workforce development, leadership development
3. The increasing diversity of the Oregon population
4. Connecting to national public health activities
5. Talking about public health effectively and developing and advancing public health goals and priorities together

The question was raised of "how can PHAB assist the PHD in getting to the greater vision?" There are a number of things that could be undertaken. It is a combination of having a menu of important issues and then watching for opportunities to act on those issues. There will be some upcoming legislative issues and Susan expressed the desire of the PHD to have support from PHAB like it did with HB 2185 during the 2007 Legislative Session.

DHS Transformation Initiative – Fariborz Pakseresht, Chief Administrative Officer, Administrative Services Division

(Handout: *Slides from PowerPoint presentation*)

Discussion of the DHS Transformation Initiative – The purpose of the project is to transform DHS operations over a 2-3 year period to become a world-class health and human services organization:

- Improve service delivery
- Increase efficiency
- Enhance effectiveness in achieving mission

The Focus:

- People: the people we serve, staff, taxpayers – **Tom Eversole suggested including local government partners: in public health, there are many services not delivered by DHS, but by county partners. Therefore, having local partners included in the transformation project would be helpful. Fariborz ensured that the scope of this project does include partners. There is no way that DHS can become a world-class organization without its partners. LGAC (Local Government Advisory Council) is part of this conversation.**
- Doing the right things: future and strategic planning
- Doing things right: creating results and outcomes

Transformation Initiative Phase 1: Discovery

- Baseline agency operations
- Benchmark against national leaders to size and prioritize improvement opportunities
- Develop a “Roadmap” to transform operations over the next 2-3 years, solicit input and feedback from DHS staff

Fariborz recognized the need to come back with the firm that is handling the project to get PHAB feedback, including its thoughts on the process and challenges that the public health system is facing. One way that PHAB can be involved is that there will be an advisory committee that someone from PHAB will serve on. It is important for the project to stay connected with PHAB because the intent is not just to create a model and put it out there, but also to test it with as many groups as possible.

Thomas suggested an informal convening of PHAB to discuss the project, and he will work with Susan and get a note out to the members of the Board.

Federal Funding Update – Katy King, Government Relations

PHAB is the advisory board for the Public Health Prevention Block Grant. The grant funds the Community Liaison office, which offers technical assistance to

local health departments and also helps to fund the Office of Multicultural Health and provide some domestic violence funding. The grant is part of the Department of Labor, Health & Human Services, and Education appropriations budget. It passed both Houses of Congress and was then vetoed by the President but it's going to come up again. This is important because Sen. Smith included another provision to provide funding for the National Violent Death Reporting System and that would include \$7.5 million nationally to help fund some projects in the state. There is talk about county timber fund payments being included in the energy bill, which would extend the timber payments for another four years, although with gradual reductions during that time. Katy has heard that the Labor and Health & Human Services budget would be up, which is important because over 60% of public health funding is federal funding. She doesn't know whether or not the President will veto them again because they are over his recommended funding levels.

TOPOFF 4 Review and Update on Flood Recovery Efforts in Oregon – Dr. Susan Allan

TOPOFF 4 happened during the second week of October 2007. It was an emergency preparedness drill that simulated a radioactive dispersal device (RDD) being detonated in downtown Portland. The PHD worked 24 hours/day for 4 days.

Successes:

- The PHD set up an emergency support function (ESF) 8 (the health and medical part of emergency response) and set up the Agency Operations Center (AOC) on the third floor. Internally, within the boundaries of the PHD core responsibilities and physical space, it all worked amazingly well. The exercise did what it was supposed to do as a learning exercise. The purpose was to teach others what they were supposed to do in an emergency, and people learned their roles and played them by the end of the week.
- The Federal Government came in with a lot of resources. About 23 representatives from different federal agencies came in and set up on the first floor. The PHD ended up inviting them into the AOC as liaisons. It was good for public health to learn about how the feds and their resources can fit into the state system since Oregon hasn't yet had to call on federal emergency assistance. The PHD learned a lot and was able to coach the feds on how they could have been even more effective to the state.
- The exercise got the attention of people in the broader state system about what might have to happen in an emergency. Everyone got a better understanding of what their roles would be in a situation similar to this.

Recent Flooding in Oregon:

The AOC stood up promptly and went into formal assessment response mode for the flooding emergency during recent events in Oregon. Staff used training and things learned from TOPOFF to jump right into emergency response, supporting hospitals and county health clinics during power outages and testing drinking water systems. They are working with the federal government to reinstate formal medical care to the county hit hardest when the clinic was completely flooded out. They are working on getting staff and medical supplies back to the county. Three epidemiology strike teams have gone out to try and gather information from key hospitals to find out if there has been a rash of injuries or illness from this disaster.

Public Health Division Budget – Bill Coulombe, Deputy Public Health Director

(Handout: Packet of pie charts illustrating various aspects of the Public Health Division's budget)

Bill gave an explanation of where the funding at the state and local levels come from and how it is dispersed throughout offices and programs within the PHD and local health departments.

Estimate of annual budget amounts (based on population numbers in economic forecast of 3,746,900):

- Total PHD budget – per person, all sources: \$61.99/year
- Portion of PHD budget to local health departments, all sources: \$37.94/person/year
- Total to local health departments (not just “per capita”), state general funds: \$4.19/person/year
- State budget, general funds state and local: \$6.67/person/year

2009 Legislative Concepts and Budget Proposals – Katy King

(Handout: 2009 PHD Legislative Concept/POP Proposal List – DRAFT)

Katy gave a brief overview of the Public Health Division's 2009 Legislative Concepts list. The timeline for coming up with state legislative concepts starts when the previous session ends. The PHD has already started discussion of what it will move forward with for the 2009 session.

Timeline: The PHD will need to have its concepts vetted with the Director's Office, some partners and the Governor's Office before March of 2008, and then they go to the Department of Administrative Services (DAS) in April of 2008. Categories of the public health 2009 legislative agenda include Community Health Protection, Environmental Health Protection, and Children's Health Protection.

Lunch with a Leader – Adam Davis, Partner, Davis, Hibbitts and Midghall Inc.

(Handouts: *Biography, slides of PowerPoint presentation “Community Health Priorities,” and article from The Oregonian, “Poll finds rosy view and range of worries,” about the survey that Davis, Hibbitts and Midghall conducted regarding concerns that Oregon adults have and want the governor and state Legislature to address*)

The Oregon Health Policy Commission and the Northwest Health Foundation have been working together on looking at basic issues surrounding public health and communication. They have engaged Davis, Hibbitts and Midghall to poll the community to help identify the values, beliefs, and priorities of Oregonians about the health of the public. Adam gave a presentation on the results of the survey.

Oregon Health Trust Board subcommittee reports – Tom Eversole, DVM, Director, Benton County Health Department and Tina Castañares, MD, Government Relations, La Clinica del Cariño Family Health Care Center

(Handouts: *“Oregon Health Fund Board December 2007 Newsletter,” “SB 329 Benefits Committee,” “SB 329 Overview, Duties of Subcommittees & the Office for Oregon Health Policy and Research,” “Timeline for State Health Reform Plan Development 2007-2008,” “Benefits Committee Draft Charter,”*

Tom Eversole – Serves on the Benefits Committee and attends on behalf of PHAB. The Benefits Committee’s challenge is to balance access, quality and cost in looking at designing a benefits package that would be covered under SB 329. The committee is taking it as a charge to design a benefits package for all Oregonians. The committee has had two initial meetings so far. Tom requested that members of PHAB make any comments that he can take back to the committee. No comments were made at that time.

Tina Castañares – Serves on the Delivery System Committee. The committee has had two meetings so far. It is a large committee with broad representation and with lots of diversity. The first meeting was an orientation and establishing of timelines, and discussion of the emphasis and charge of the committee. The primary discussion was that of the “primary care home.” The second meeting was a discussion of the draft charter, which Tina can make available at the next PHAB meeting. The Delivery System Committee will be making recommendations around the adoption of quality metrics throughout whatever systems are put in place by SB 329.

(Handout: *“DRAFT – Health Care Reform Issue Paper”*) – Grant Higginson, MD, MPH, Administrator, Office of Community Health and Health Planning

Grant briefly went over the draft paper written by the Public Health Division in relation to SB 329 regarding health care reform.

AOC, CLHO and PH Contracts – Tom Eversole

(Handout: *“Intergovernmental Agreements (IGAs) between DHS and Local Health Departments for public health services”*)

Tom gave an update on the ongoing discussion by a group of state and local counsels, and state and local program staff convened by the Association of Oregon Counties (AOC) to iron out concerns about boilerplate language. For the most part the issues have been resolved. However, a number of county counsels have concerns that still need attention.

The agreement between DHS and the Local Public Health Authority is an IGA (Intergovernmental Agreement). The IGA has two components. The deliverables for these contracts are program elements (PEs) jointly developed by the Conference of Local Health Officials (CLHO) and DHS. The second component is the boilerplate portion, which covers issues such as fund recovery, payments, liability, and the like. These latter sections apply to all program elements.

The Office of Community Liaison at the Oregon Public Health Division works very effectively in communicating with local health administrators and maintaining good state/local relationships. This relationship has been key to resolution of administrative differences when they do arise.

Closing:

Thomas Aschenbrener declared the meeting adjourned.

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

**Friday March 7, 2008
Portland State Office Building
800 NE Oregon Street
Room 918
Portland, OR
9:00 a.m. – 2:00 p.m.**

If you would like this these minutes in an alternate format please contact Brittany Sande at (971) 673-1291.