

**Public Health Advisory Board (PHAB)**  
**December 2, 2011**  
**Portland, OR**  
**Meeting Minutes**

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**Attendance:**

*Board Members Present:* Thomas Aschenbrenner, Shawn Baird, Betty Bode, Tom Eversole, Tran Miers, Kathleen O’Leary, Bill Perry, Alejandro Qeral, Bob Shoemaker, Steve Westberg

*Board Members Absent:* Mike Plunkett, Rick Stone, Liana Winett

*OHA Public Health Division Staff:* Katherine Bradley, Katrina Hedberg, Katy King, Mel Kohn, Jean O’Connor, Brittany Sande, Gail Shibley, Christine Stone

*Members of the Public:* Morgan Cowling, Coalition of Local Health Officials; Heather Fercho, Sisters of the Road; Mary Lou Hennrich, Oregon Public Health Institute; Noelle Hersom, First Quality Healthcare Group; Christen McCurdy, The Lund Report; Mark Nystrom, Association of Oregon Counties

**Opening:**

Chair Tom Eversole called the meeting to order, welcomed board members and invited introductions.

**Public Comment Period**

Mary Lou Hennrich, representing the “Healthy Kids Learn Better Coalition” - Health in Education Reform

(Handouts: *Summary of Healthy Kids Learn Better Coalition, Fundamental Supports Diagram, “Health and Academic Achievement Research Fact Sheet”*)

Mary Lou spoke to let the Board know what the Healthy Kids Learn Better Coalition has been up to and to encourage the Board to think about not only health care reform, but also education reform. She stated that both are huge systems that are currently being transformed. She spoke about the necessity of making places where we all live, work, learn and play be health supporting and not put up barriers to people’s health. There is concern that especially in K-12 there isn’t an embracing of the idea that one of the goals should be having healthy people come out of the educational system. It’s going to be important to get the idea into the education transformation that health is important, and there is never going to be academic achievement and success if there aren’t healthy kids.

## **Changes to the Agenda & Announcements**

Betty Bode spoke about the problem of increased homelessness. She shared with the Board information on an event scheduled in January. The Westside Economic Alliance is partnering with Vision Action Network of Washington County in an effort to bring awareness about homelessness to the business community and ask for their support. Phillip Mangano, the first director of the United States Interagency Council on Homelessness, will come to present a business case to end homelessness. There has been some political action around homelessness to change ordinances in order to open shelters and public health support to do training for volunteers, but there hasn't been engagement of the business community.

Betty also recognized Thomas Aschenbrener for his service with the Greater Portland Pulse. Metro wants to do some markers on the health of the community and where we're going. Thomas served on the committee.

Tom Eversole noted that there are a number of vacancies on the Board, one of which will be his seat and his last meeting is in March so someone will need to preside as chair at the June meeting. Katy King encouraged board members to suggest or recruit members for the Public Health Advisory Board. Board members that have only served one term or less than half of a second term are eligible to reapply for another full term.

## **Approval of Minutes and Bylaws**

(Handouts: *PHAB Meeting Minutes, July 2011, August 2011 & September 2011; Draft bylaws*)

**A motion was made to approve the July, August and September 2011 meeting minutes as written; the motion was seconded; the Board voted all in favor with no opposition or abstentions. The July, August and September 2011 minutes will stand as written.**

**A motion was made to approve the bylaws as amended to include the words "public health" in section B of Article II. The motion was seconded.** There was some brief discussion about whether the specific statutory references should be listed in the bylaws or whether it should just say "as coded (or provided) by statute." Board members agreed to approve the bylaws as they stand and take this into consideration in the future. An amendment was not made to the motion. **The Board voted all in favor with no opposition or abstentions. The amendment of the bylaws has passed.**

### **Public Health Division Update – Mel Kohn, MD, MPH, Public Health Director**

(Handouts: *10.5% General Fund Reduction Request, Detail of 10.5% Reduction Options*)

A lot of the work in the Public Health Division has been focused on the February legislative session. In regards to the budget, all agencies were asked to put forward a reduction option list. The Division tried as much as it could to make reductions that fit with the principles it had worked out with the Conference of Local Health Officials (CLHO) about how to do this, and to look at the whole public health system as reductions were put forward.

Another item of interest that the Division has been working on is the Portland Water Bureau variance request. It was a challenging issue scientifically and politically. The Division has a legal brief that was put together describing the background information and the reasons why the variance was granted and the other conditions that are in place. Gail Shibley and her staff are also busy in Lane County working on a pesticide issue at Triangle Lake.

Dr. Kohn shared information with the Board about the Governor's "10-Year Plan for Oregon Project." It was started over the summer when the Governor convened some agency heads to look at a way to bridge across agencies as he looks at the budget. Five areas or groups of agencies were assembled: healthy people, education, economy and jobs, healthy environments, and livable communities (safety). Dr. Kohn is participating in the healthy environments and livable communities workgroups and Dr. Bruce Goldberg is chairing the healthy people workgroup. Each of the groups will be given a budget target and they are going to say what they will buy with that budget that lines up with their objectives to reach the high level goals that they've established. Dr. Kohn sees huge opportunities for public health.

Dr. Kohn also shared that he was invited to participate in the founding summit meeting for "Partnership for a Healthier America," national group that will be implementing Michelle Obama's "Let's Move" campaign. A lot of big businesses and corporations were there talking about things that they will be doing for obesity prevention. There was good representation from Oregon as well.

### **Strategic Planning Briefing – Jean O'Connor, JD, DrPH, Deputy Public Health Director**

(Handout: *"Oregon Health Authority, Public Health Division, Strategic Planning Input as of November 16, 2011"*)

Since September the Division has been thinking about what the strategic plan and vision is for the future, to set direction and priorities for the Division and to help fulfill the requirements for accreditation. The Division is planning to apply for accreditation by fall 2012, so it is important to pursue the strategic planning process now. The approach that the Division is using aligns with the strategic planning effort going on right now in Oregon Health Authority (OHA) and it is the same approach used and recently completed by the Department of Human Services. The timeline for the strategic planning process coincides with the OHA process, both of which will be completed in mid to late January to start to be operationalized in the spring. The Division will continue to revisit the plan and goals as part of the overall transformation effort on a regular basis.

The strategic planning process started in September with a very brief survey that asked for input from Division staff, county partners, and other organizations that were then asked to forward the survey on. Almost 400 responses were received. See handout for more details. After the survey two retreats were held at the Division, one with section managers and one with supervisory managers. There was also a retreat with the Public Health Leadership Team, and a meeting will be held with CLHO to give them a chance to provide their input.

Staff were asked at the retreats to focus on three draft goals and provide input on what the Division needs to do to achieve the goals: improve the life-long health of all Oregonians; ensure high quality and accessible public health services across the entire state; public health, education, and healthcare working together to achieve statewide priorities. See handout for summary of staff discussions.

Dr. O'Connor stated that she wanted to have a conversation with the PHAB about what board members believe the goals of the Division should be and have discussion about whether or not the three draft goals are the right ones.

Board discussion - ideas and input:

- Public health needs to work with county health officials and the business community to build bridges and get public health "out of its box."
- Have a customer focus group in addition to meeting with staff, PHAB and CLHO.
- Send the same survey to county commissioners, making sure that they don't pass it off to health department administrators, to get their perceptions and understandings.
- It would be useful to have clarity on how the process works, defining what

the plan is for the Division and what the broader vision is for the public health system in Oregon.

- Engage associations, businesses, education associations and other interests so that they can gather the viewpoints of their members about how they perceive the role of public health in their work and have them send a representative to whatever process is created (focus group) to represent their members. Engage them to get their points of view without tapping too much into limited resources.
- Concern that we not design and make recommendations on legacy and the way things have always been, but look at what public health needs to become because of changes to the landscape.

Further Board discussion specific to the three goals:

- Good overarching, strategic level goals. Goal 3 (public health, education, and healthcare working together to achieve statewide priorities) involves goals for other groups as well as public health and would want to define how public health was going to engage. May be too broad and should be something more focused on what public health specifically will do.
- There has been some discussion about bringing public health into the education silo and that could be worked into Goal 3. The Division should work to coordinate public health with the general education philosophy that is emerging in the state.
- In Goal 1 (improve the life-long health of all Oregonians) it would help to have more of a parameter of what life-long health is. It will help to clarify the goal to know what the end point is.
- Emphasize the targeting of reduction of health disparities rather than just saying “all Oregonians” because it doesn’t necessarily highlight the discrepancies.
- More link with the Triple Aim
- Increase the confidence of the Division with its customers.
- Want to see a policy that says that public health is a core, essential service that has to be maintained at 100% and fully funded. Health is not an option.
- Address the issue of health inequities. We cannot assume that if we do the same for everybody, the outcome will be the same for everybody.
- In Goal 2 (ensure high quality and accessible public health services across the entire state) “across the entire state” is too general. It should be focused on the people that particularly need attention that aren’t getting it. Should address groups of people and not just geography.

- Adequate funding for public health. Look at where to find revenue sources that will provide a sustainable public health system. Look at how the work that public health does is financed.
- Be clear on what a public health function is vs. what a clinical care function is to begin to support one another as robust partners.
- Sustained financing should be one of the goals.

**2013 Legislative Session Preparation and PHAB Legislative Committee Report – Katy King, Government Relations Manager, OHA; Alejandro Queral, JD, MS, PHAB Member**

*(Handout: Memo to PHAB from PHAB Legislative Committee re: DRAFT ideas for legislative action in 2012/2013)*

Katy shared with the Board that the Division will get more time than usual to work on concepts for the next legislative cycle. Now with annual sessions it makes more sense to have concepts into DAS by the end of April/beginning of May. This allows more time to have conversations, outreach with stakeholders and have an initial discussion with PHAB and come back in March to really refine it. Katy encouraged PHAB members, as they brainstorm ideas for legislative concepts, to think about if they align with the Authority's goals and the Triple Aim; will they meaningfully promote public health in Oregon and address some causes of health disparities; are they things that are politically feasible; do they have a fiscal impact; and are the concepts supported by the Governor's Office? She reminded board members that for the March board meeting, there will have been another budget forecast and there will be some outcomes from the 2012 legislative session that may further refine what the legislative agenda will be. She asked that PHAB members start the brainstorming discussion to think about possibilities and then narrow and refine. All concepts are subject to approval from the Director's Office.

Alejandro directed board members to the memo written by the PHAB Legislative Committee on ideas from their initial brainstorming session. The committee includes board members Tran Miers, Shawn Baird, Tom Eversole and Alejandro Queral. The committee met to start the process to inform the Authority on legislative priorities to focus on. He requested that PHAB members help by providing input and reactions to what is in the memo, ideas for other concepts that PHAB should focus on, and direction in terms of priorities with the idea that the Board can come up with three to five ideas that the committee can develop further and start digging into deeper in terms of political feasibility, impact,

unintended consequences, and fiscal assessment. The committee needs the Board's input about which three ideas it should analyze and further refine in order to come back in March to determine what rises to the top and what the level of alignment is with concepts or legislative issues that the Authority is putting forward. If the committee doesn't get feedback from board members they will select for themselves what makes sense with feedback from Katy and others.

Bob Shoemaker provided input, stating that under "broad ideas" on the memo, the first two (assessment of Oregon's public health system, capabilities and readiness; and Health Impact Assessments for projects that meet specific budget threshold, criteria, etc.) are too general. He also questioned on the third one (incentives for wellness programs at the county level through a public-private partnership) if legislation was really necessary. He further stated that the fourth one (mechanism that would allow re-investment of health care savings into public health) is the specific one that might be the most helpful of them all.

Mel Kohn provided his thoughts and some comments on the PHAB legislative committee ideas.

Tom Eversole brought up the idea of having an indicator on death certificates about whether or not alcohol or drugs contributed to the death. The example he gave was tobacco and how that would be useful information. Bill Perry stated that he thought the issue of hard alcohol retail sales should be taken off the list.

Gail Shibley shared with the Board that the issue around exposure to toxic or potentially toxic chemicals is getting some renewed discussion and interest.

The legislative committee will convene and take the Board's input into account and come back to the Board in March.

**Coordinated Care Organizations (CCO) Update – Thomas Aschenbrener, CCO Workgroup Member and PHAB Member; Mel Kohn, Public Health Director**

The CCO Criteria Workgroup has had its fourth and final meeting. Most of the workgroup discussions have been around what should be in the criteria, but the consistent message back from the workgroup chair is to not have as much structure and let the creativity emerge from the community. Conversations continue around how to regulate the CCOs and who will be on the decision-making governing board of the CCOs. There's been a huge push for those with financial risk (the providers) to be the only people on the governing board, but Thomas was reassured that there would never be a recommendation that the

governing board would only be made up of direct service providers. People heard that it had to go beyond direct service providers and hopefully it will include local public health. The pieces that remain open are the question of who is going to be responsible for reviewing the proposals and what the guidelines are that will be used to review them. The issue of whether consumers, public health and elected local officials should sit on the board is still up in the air, although there's been consistent thinking that the consumers should be present. There's also been a fair amount of conversation about a consumer advisory board and whether it should have the responsibility of defining the patients' responsibilities and creating the infrastructure of what patient responsibilities are (i.e. show up for appointments, participate in smoking cessation, or participate in weight loss programs).

Thomas stated that he is encouraged by the work being done in Deschutes County to put together a CCO that includes local county elected officials, local public health, and the health system. It should be a model for the rest of the state.

Dr. Kohn and Dr. O'Connor provided some information on the next steps in the process. OHA staff are working on a business plan for the CCOs and that is what will go forward to the legislature for consideration during the legislative session in February. Whatever gets adopted by the legislature will be implemented starting in March (to possibly include the development of a request for proposal (RFP)) and then hopefully the first CCOs will be up and running July 1, 2012.

### **Core Issue Review – Tom Eversole, DVM, MS, PHAB Chair**

#### **Communications with OHA**

Tom Eversole reviewed the protocol for PHAB communicating its recommendations to Oregon Health Authority. PHAB is in regular dialogue with the Director of the Public Health Division, who attends PHAB meetings. Formal recommendations from PHAB are communicated to the Director of the Division, who in turn communicates them to the Director of OHA. The OHA Director will consider PHAB recommendations and share them with others as appropriate. Chair Eversole said that he will be deliberate in the future to request confirmation and feedback from the OHA director.

#### **Board Self Assessment**

The Board had agreed to conduct a self-assessment. Chair Eversole has received a self assessment tool used by the National Association of Local Boards of Health (NALBOH). Chair Eversole agreed to send the self assessment survey to PHAB members as an electronic survey. Because the tool is designed for boards that

have duties which PHAB does not, some items may not apply. Results will be reported at the March meeting for PHAB members to discuss.

**Closing:**

Chair Eversole declared the meeting adjourned.

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

**Friday, March 2, 2012  
Portland State Office Building  
800 NE Oregon Street, Room 1E  
Portland, OR  
9 a.m. – 2 p.m.**

If you would like these minutes in an alternate format or for copies of handouts referenced in these minutes please contact Brittany Sande at (971) 673-1291 or [brittany.a.sande@state.or.us](mailto:brittany.a.sande@state.or.us).