

**Public Health Advisory Board (PHAB)**  
**July 15, 2011**  
**Bend, OR**  
**Meeting Minutes**

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**Attendance:**

*Board Members Present:* Thomas Aschenbrener, Shawn Baird, Betty Bode, Tom Eversole, Tran Miers (by phone), Kathleen O’Leary, Mike Plunkett, Alejandro Queral, Bob Shoemaker, Steve Westberg, Liana Winett (by phone)

*Board Members Absent:* Bill Perry, Rick Stone

*OHA Public Health Division Staff:* Tom Engle, Mel Kohn, Jean O’Connor, Brittany Sande

*Members of the Public:* Muriel DeLaVergne-Brown, Crook County Health Department; Scott Johnson, Deschutes County Health Services; Tom Kuhn, Deschutes County Health Services; Thomas Machala, Jefferson County Health Department; Laura Spaulding, Deschutes County Health Services; Teri Thalhofer, North Central Public Health District

**Opening:**

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

**Changes to the Agenda or Announcements**

Chair Eversole reminded the Board that PHAB will have several vacancies in membership coming up in 2012. He asked that board members think about good people that could contribute to the work of the Board and to engage them. A question came up about board membership and how the two-term limit applies. Brittany Sande will ask Katy King to check with the Governor’s Executive Appointments office to see if a member is allowed to only serve two terms no matter the length of the first term, or if someone joins the Board as a part of someone else’s term, if they then get two additional full terms for themselves. In other words, if you fill a partial term, are you then eligible for your two full terms? Update: Katy learned from the Governor’s Office that members who filled partial terms lasting two years or more of the four year term are only eligible to serve out that partial term and one full term. Members who initially served out a partial term of less than two years may then serve two full terms.

Shawn Baird shared that he was a panelist at the World Congress on Disaster and Emergency medicine in Beijing and presented the final paper from the H1N1

event regarding having paramedics do vaccinations for vulnerable populations. The abstract was published and the paper will be submitted for a peer review process in the next few weeks.

Vice Chair Betty Bode shared that she gathered some people together including Dr. Mel Kohn, a senior city planner, the sustainability director for the city of Beaverton, a community contract director for a neighborhood association, and a land developer in order to have a roundtable discussion to look at how public health has to be an integral part of planning communities and to include discussion on projects that are being looked at in Beaverton.

Changes to agenda: Chair Eversole stated that he wanted to address the bylaws revision under the core issues review. There was insertion of public health policy language that needs to be approved by the Board.

### **Approval of Minutes**

(Handout: *PHAB Meeting Minutes, March 2011*)

**A motion was made that the March 2011 minutes be approved as recorded; the motion was seconded; board members voted in favor with no opposition or abstentions; minutes are approved and will stand as written.**

### **Public Health Division Update – Dr. Mel Kohn, Public Health Director and State Health Officer, Public Health Division, OHA**

Dr. Kohn began by talking about the CDC Infrastructure Grant. He gave some background on the grant, how it was structured, and how it would be used. He stated that there will be changes to the public health system in Oregon as a result of the grant. There will be a focus on accreditation for state and local health departments. Accreditation will bring about some performance measures and a system for tracking in order to be transparent about how public money is spent and to explain what results people are getting for it. At a minimum this will be a roadmap for moving the system forward in the future.

Dr. Kohn also talked about the Community Transformation Grant (CTG). The CTG is another large funding announcement from the CDC. The goal of the grant is to transform communities and fund policy and environmental change, specifically focused on chronic disease outcomes. Jurisdictions over 500,000 could apply on their own, separate from the state. There is a menu of policy options, some that are required to be worked on, and others that can be chosen. \$7M was requested, with 50% going to local health departments. Things done at the state level will be done in support of what is done at the community level. It was

requested that a list of the policies in the grant be sent to the Board.

Regarding the budget, Dr. Kohn stated that the Drinking Water Program (DWP) and the EMS program had their general fund removed in the Governor's Recommended Budget and the proposal was to backfill those reductions with fees. However, legislators said no to new fees and decided to support the DWP and EMS programs with increases to fees in the Oregon Medical Marijuana Program (OMMP). The Division will promulgate rules to increase those fees. Experience in other states is that there's been a huge growth in issuance of medical marijuana cards and more dispensaries are opening. Experience suggests that this is a stable source of revenue. Although DWP funds were backfilled with OMMP funds, there is still a substantial hole and the Division is working through how that will be handled. There will likely be program reductions in places that in the last few years the program was expanded, specifically in smaller drinking water systems and oversight that the Division has been able to provide.

There was also a change in federal dollars. A huge cut to CDC's budget (\$747M) has rolled down to the states. CDC is doing everything they can internally to handle it but there is no way that states and locals will not be impacted. The biggest area is in preparedness. Dr. Kohn stated that he sent a letter to Oregon's congressional delegation regarding the cut and through CHLO has sent out information about this suggesting that others contact their congressional delegation. He also suggested that this might be something that PHAB wants to look at. In addition to cuts at the CDC, other federal funding streams (USDA, HRSA) might also be potentially threatened because of the budget situation in Washington, DC.

**Bob Shoemaker moved that PHAB write to the congressional delegation and work with Dr. Kohn in doing so. Betty Bode seconded the motion. The Board voted all in favor with no opposition or abstentions. Dr. Kohn will send the information about his letter and the letter to public health administrators to PHAB for PHAB to build on. A customized letter will also be sent to Rep. Walden, chair of the House Republican Leadership and co-chair of the Rural Health Committee.**

### **Public Health Prevention Block Grant Report – Tom Engle, Manager, Office of Community Liaison, Public Health Division, OHA**

There is a federal requirement that the Public Health Prevention Block Grant have an advisory board specific to the block grant. PHAB fills that role. The Office of Community Liaison is made up of three nurses doing things to help the state and

counties work well together including a review process, annual planning process, system level things such as workforce, and helping with accreditation by self-assessment surveys. There was a 20% cut to the grant in the current budget, and the grant will go to \$0 in the 2012 President's proposed budget.

There is a challenge seen in the workforce of local public health departments. Specifically, to what extent the leaders and administrators are prepared for modern public health. Standards have been changed so that administrators have to take 5 core courses. OSU will start offering the graduate courses online. The age of the nursing workforce is another challenge, with the average age of nurses being 48 to 49 years and public health nurses are about 5 to 6 years older. A third challenge seen pertains to sanitarians. There is no dedicated program for sanitarians and they are hampered by a probationary period of two years with their registration board, which has impeded them from getting modernized.

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

*(Handouts: DRAFT Bylaws; Appendix E: Board Self Evaluation; Public Health Accreditation Board – Standards & Measures)*

Kathleen O'Leary began by talking about accreditation. Deschutes County was a beta site for the national accrediting organization (Public Health Accreditation Board (PHAB)). What the national PHAB learned from Deschutes County and the other beta sites is significant. There has been an RFP for a performance management grant and many local health departments have responded in an application in order to get some more funding to help with accreditation down the road. A community health assessment, strategic planning and a health improvement plan are the required prerequisites to even apply for accreditation. Most of the local health departments are focusing on getting those in place. They are also looking at quality improvement measures within their health departments, and formal pieces around quality improvement in both state and local health departments is an important piece. Five Americorp VISTAS have been assigned to counties and are working with health departments to get them ready for accreditation. The VISTAS meet as a group and are amassing some tools and strategies that will be of assistance to other departments as well.

Tom Engle gave a brief overview of the costs associated with accreditation and what is included in the fees.

Questions were raised by board members about how much do legislators need to be educated about accreditation and how much messaging needs to be done? Now is the time to start doing that. It was suggested that as part of the

performance management grant activities, PHAB should talk with Katy King about how PHAB might craft a strategy and pull in the local health departments and other advocates. The expectation of CLHO and others is that all local health departments will become accredited. This is something that PHAB should be in alignment with in their recommendations to the Oregon Health Authority.

Chair Eversole talked with the Board about doing a self-assessment to look at how effective the Board is and if it is doing it's job as outlined in the bylaws. He offered a sample that he got from NALBOH of a self-assessment that another state uses. The Board engaged in discussion on a self-assessment for PHAB. Thomas Aschenbrener made a motion that called for the development and implementation of a self-assessment with the intention of not only informing the Board, but also communicating with the OHA and others about the relevance of PHAB. Alejandro Queral seconded the motion. There was further discussion about how the self-assessment would be conducted, whether it would be individually or as a group. It was proposed that the self-assessment should be done independently (as an online piece such as Survey Monkey) and then PHAB would have a conversation as a group at a meeting. The use of an external facilitator was also urged, to take the Board through the process and issue the final report so that it is robust and critical. **The Board voted all in favor with no abstentions or opposition of doing a self-study.**

A change was proposed in the bylaws to clarify the scope of advice given to the OHA by the PHAB. "Public health" was inserted under Article II, item B. Since a vote on the bylaws and subsequent approval of the bylaws was not posted to the agenda or included in the notice of the meeting, the bylaws will be voted on at a later meeting. The Board decided to still take a vote and ratify it at the next meeting. **The Board voted all in favor with no oppositions or abstentions of approving the bylaws as amended and ratifying them at the next meeting.** Ratification will be posted in the next meeting announcement.

In the bylaws it calls for PHAB to make a report to the legislature and other policy stakeholders and Chair Eversole stated that he wants the Board to consider beginning to work on it now. The Board should begin to track the items to be included in the report so if there's informative study, data collection, report writing or other assessment to be done the material is ready when the report is presented to Dr. Goldberg or a legislative committee. Tom suggested that a workgroup or committee begin working on the report and assembling the topics that the Board wants to address, and assessing if there is further information needed for the report. Over time the Board has heard issues around

infrastructure development, workforce development and accreditation, but there may be other issues including health disparities or others that the workgroup may land on. To be effective the report should be narrowly focused on one or two key priorities and the report should focus on things salient to the work of Dr. Goldberg and the Oregon Health Policy Board, in order to be relevant. Tom encouraged PHAB to choose topics early on so that if at subsequent meetings the Board would like to hear more about those topics, they can get on the agenda. **A motion was made to establish a workgroup to develop a report for PHAB to deliver and the motion was seconded. The motion was then amended to include, as a first step, having Dr. Kohn talk to Dr. Goldberg to survey the work of the OHPB to see what the key issues are that might be selected. The Board voted all in favor with no oppositions or abstentions. Alejandro Queral and Mike Plunkett volunteered to convene the workgroup, and they will recruit others.**

### **Lunch with a Leader – Mike Bonetto, Healthcare Policy Advisor, Governor’s Office**

(Handout: *Biography; Fact sheet: North Central Public Health District*)

Mike Bonetto shared with the Board information on the 2011 legislative session, particularly HB 3650, the health care transformation bill. There was bipartisan support on HB 3650 and great collaboration among all players. Four workgroups are being put together, dedicated to the transformation effort. These workgroups will focus on Coordinated Care Organizations (CCOs), global budget, metrics and outcomes, and dual-eligibles (Medicare and Medicaid). The goal is to have much of the workgroup work wrapped up by the end of November or early December in order to finalize plans and legislation and have it to the Legislature by January or February.

There was discussion with the local public health directors in attendance about the Regional Health Authority in Central Oregon: Muriel DeLaVergne-Brown, Crook County; Thomas Machala, Jefferson County; Scott Johnson, Deschutes County; and Teri Thalhofer, North Central Public Health District. They stated that looking at better ways to communicate and coordinate has been really helpful.

Scott Johnson talked about SB 204, which passed in 2011 to create the Central Oregon Health Council. It is now in the early stages of implementation. The council begins as a formative board of five members, including the head of Medicaid, the head of the hospital system, and a county commissioner from each of three counties. Three to six additional members will be added, which will come from profiles including health care professional, education, consumers and

business community. By November the up to 11 member board will be seated. One of their responsibilities is to craft for the region a health improvement plan, which has a population health component to it. They have been working with Public Health Division staff and Addictions and Mental Health staff to figure out what it needs to look like because the OHA is required to give the framework for the plan by September. It will be a 4 year plan and they are required to report to the Legislature in 2013 and 2015. The legislation expires in early 2016, with the possibility of the sunset being lifted. There was permissive language in the bill to add other counties.

Muriel DeLaVergne-Brown, Thomas Machala, and Teri Thalhofer shared the experiences of their county health departments.

The Board engaged in further discussion with Mike and the local public health department administrators about HB 3650 and the workgroups being convened. Discussion was particularly centered around how PHAB can be helpful in the process. **A decision was made that PHAB will hold a special meeting on August 10, 2011 to formulate one or two recommendations for each of the four workgroups. Prior to the meeting, information cited by Mike Plunkett and Thomas Aschenbrener will be sent to board members to help inform that discussion.**

### **Overview of Deschutes County Health Services – Tom Kuhn, Community Health Program Manager**

Tom shared a PowerPoint presentation with the Board, which described the services provided by the Deschutes County Health Department.

### **Closing:**

Chair Eversole declared the meeting adjourned.

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

**Friday, September 23, 2011  
Portland State Office Building  
800 NE Oregon Street, Room 1A  
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).