

**Public Health Advisory Board (PHAB)**  
**September 23, 2011**  
**Portland, OR**  
**Meeting Minutes**

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**Attendance:**

**Board Members Present:** Thomas Aschenbrener, Betty Bode, Tran Miers, Kathleen O’Leary, Bill Perry, Bob Shoemaker, Steve Westberg (by phone)

**Board Members Absent:** Shawn Baird, Tom Eversole, Mike Plunkett, Alejandro Queral, Rick Stone, Liana Winett

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

**Members of the Public:** Morgan Cowling, Coalition of Local Health Officials; Beryl Fletcher, Oregon Dental Association; Patrick Heath, Multnomah County; Katie McClure; Christen McCurdy, The Lund Report; Roey Thorpe, Planned Parenthood

**Opening:**

Vice Chair Betty Bode called the meeting to order, welcomed board members and invited introductions.

**Changes to the Agenda & Announcements**

No announcements or changes to the agenda were made.

**Approval of Minutes and Bylaws**

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

**A quorum of at least 8 members was not present so the approval of the minutes and bylaws could not be voted on. A vote to approve the July 2011 and August 2011 meeting minutes and the draft bylaws will be taken at the next quarterly board meeting.**

**Public Comment Period**

No public comment was given.

**Coordinated Care Organizations (CCO) Report – Dr. Mel Kohn, Public Health Director, PHD, OHA; Thomas Aschenbrener, CCO Workgroup Member & PHAB Member**

Thomas Aschenbrener began by talking about his experience as a CCO workgroup member. He shared that the state and the Oregon Health Authority have worked incredibly hard to try and address the issues around CCO certification. He stated

that the workgroup will have CCO criteria that is meaningful, and that he's pleased with the nature of the conversation around equity and how CCOs will identify their ability to address the issues of health equity. The part that he doesn't see happening is the part that says CCO criteria must include the inclusion of local public health in the CCO. He's trying to find a way to make sure that that part is there, but he's not seeing a place that calls out public health specifically.

He shared that most people on the workgroup are trying to look out for the common interests and make sure we have systems that will address the needs for all people. There is a lot of presumption that organizations and entities will be named CCOs but some don't wish to address comprehensive care, even though that is what CCOs are about. This potentially leaves gaps in care for parts of the population, particularly around women's health services. Some of the potential CCOs do not want to do women's health, particularly reproductive health and family planning.

Dr. Kohn stated that in addition to the CCO criteria workgroup, there are three others: global budget, Medicaid/Medicare dual-eligibles, and the metrics workgroup. Dr. Kohn has been tracking the global budget and CCO criteria workgroups. One thing that came up is the board structure issue for these organizations. There seems to be a sense of a need for a community advisory board, and then an advisory board that has a fiscal responsibility (more traditional board role for a corporation), but what is unknown is to what extent should those overlap. The OHA and the Governor's Office are working hard to try and keep things focused on what's the real outcome for Oregon as a whole. Issues about local public health and where the best places are for local public health to be wrapped in are still open questions. It is important that there is a strong relationship, but what that means is still being defined.

The product of the work being done by the workgroup, the OHA, and the Governor's Office will be a report to the legislature during the February session. It is unclear what the legislature will have time to address, but they have agreed to take action on this in the 2012 session. Thomas is hopeful that the workgroup will have something to put forward and the legislature will move something forward that the workgroup gives them.

Dr. Kohn had conversations with OHA leadership and the Governor's Office and noted that the general philosophy about what the CCO requirements should be is that there should be as few requirements as possible. There should be enough requirements to make them viable and good stewards, but as few requirements

as possible so that local innovation and ownership are driving this. If board members have any thoughts or suggestions about CCOs, they are encouraged to bring them to Thomas.

**Public Health Division Update: Director’s Report and State & Local Accreditation – Dr. Mel Kohn, Public Health Director and State Health Officer, PHD, OHA; Jean O’Connor, Deputy Director for Cross-Office Initiatives, PHD, OHA; Morgan Cowling, Executive Director, CLHO; Kathleen O’Leary, CLHO Chair and PHAB Member**

(Handout: “Community Transformation Grant Application Update”)

Dr. Kohn gave a brief director’s report and began by introducing Jean O’Connor, who started with the Public Health Division (PHD) in July as the deputy director for cross-office initiatives.

The latest revenue forecast for the state came in with another shortfall. The PHD is about to go to another budget reduction exercise and the PHD has been asked to prepare another budget reduction list of 15%. Oregon Medical Marijuana Program fees are being raised following direction from the legislature. The comment period closed on Sept. 22 and the administrative rules are expected to be in place Oct. 1.

Approximately 70 percent of the PHD’s budget comes from federal sources. Dr. Kohn has been hearing from the CDC that there will likely be major cuts to federal sources and that there is still a lot of decision making to be done by Congress. There have been threats to program funding across the board, and the budget landscape will look different in a year from now for the PHD.

Katherine Bradley, administrator for the Office of Family Health, shared information about a competitive home visiting grant that the PHD was awarded. Oregon was one of ten states to receive a grant. The PHD was awarded \$4.7 million over the next couple of years to support home visiting.

Jean O’Connor shared information with the Board about state health department accreditation efforts that are currently underway. The PHD was awarded a performance management and public health infrastructure grant from the CDC. The focus of the grant is on readiness for public health accreditation.

The national Public Health Accreditation Board (PHAB) formally kicked off a process by which state and local health departments can apply for formal accreditation. The board was formed and funded by the CDC and other national

organizations. There is still a lot that hasn't been defined, but the national PHAB has issued a set of standards that all health departments should do or demonstrate that they can do, and identified a process that departments have to go through to apply. There are three prerequisites that health departments have to meet before they can apply. These include having a strategic plan for the health department, doing a community or state assessment, and creating a community or state health improvement plan. The goal of all three prerequisites and the process that follows is to transform the health department's work into something that ensures that people, regardless of where they live, have access to the same services.

The PHD is using the grant from the CDC in different ways: funding local health departments to do their own accreditation readiness work; and using it to support a quality improvement and performance management effort in the PHD. This is important because quality improvement and performance management is one of the national PHAB standards, so all health departments will have to show that they do continuous quality improvement for accreditation. The PHD is also doing two more things with the grant:

- 1) Partnerships activity - trying to identify how the PHD can better utilize partners and partnerships in order to influence policy changes that might have a significant effect on population;
- 2) Getting a PHD strategic plan, health assessment and health improvement plan in place. The goal is to be finished with the three prerequisites by Sept. 2012. Lydia Emer will be the accreditation coordinator for the PHD.

Kathleen O'Leary shared information about the local public health department accreditation efforts underway. Local health departments' work around accreditation predated the grant. Deschutes County was a beta test site and Lila Wickham with Multnomah County was a beta tester on the national PHAB beta testing team. Eight counties have been connected with an AmeriCorp VISTA through the PHD to work with local health departments working toward public health accreditation. In addition to the work they are doing in the counties, the VISTAs come together as a group (they have a place on the Health Alert Network (HAN)) so that everything they're working on (materials, strategies, planning, templates, etc) is available to all local health departments. A number of counties also have support from the Northwest Health Foundation to do the work on the prerequisites in order to apply for accreditation.

Morgan Cowling shared information on the collaboration between the state and local health departments around accreditation. CLHO worked with Tom Engle,

manager of the Office of Community Liaison with the PHD, to do a survey of counties in terms of accreditation. They looked at what kind of support was needed in terms of dollars, staff resources, and technical support. With help from grants from the NHWF and the PHD's grant from the CDC, 13 counties received a grant to help with working on meeting the prerequisites to apply for accreditation. There are still counties that don't have any support or infusion of resources though. Additional resources were identified at CLHO to hire a program manager to support the other counties and continue their work as well. The program manager will be able to make connections between those that have resources and lessons learned to share, and help translate to those that don't have resources. The goal is to increase local capacity for accreditation across the whole local system.

The Board engaged in discussion about state and local accreditation and asked questions of the presenters.

**2011 Legislative Session Report – Katy King, Government Relations Manager, PHD, OHA**

*(Handout: 2011 Summary of Major Legislation)*

During the last session the PHD tracked 644 bills and testified on about 50 bills. Katy went over the report and some of the major activities of the 2011 legislative session.

Katy began by highlighting some of the information in the director's message at the beginning of the report. The approved general fund budget for the PHD for 2011-13 was \$32.6 million. The report details how public health will be funded with fee revenue, much of it from an increase in medical marijuana fees. Some programs will still see a reduction: Safe Drinking Water Program - \$900,000 GF and \$900,000 FF; and the Immunization Program was reduced by about \$100,000. The state is looking at another budget shortfall and will have to revisit issues in the February session.

Katy provided information on some of the legislation highlighted in the report. The PHD helped pass SB 107, allowing ALERT Immunization Information System (IIS) information to be shared for specific public health purposes and outreach, such as newborn hearing screening.

The PHD worked with Rep. Nathanson on HB 2371, vaccine stewardship, to improve safe handling of federally funded vaccines through the Vaccine for Children program. Every year there are kids that need to be revaccinated because

of handling errors. In 2009, private providers had to revaccinate 60,000 kids and lost about \$8.9 million in vaccine and other handling costs. The PHD had unrecoverable costs of about \$500,000 for vaccine replacement. This will require that vaccine providers accepting Vaccine for Children vaccines do an online training and always have at least one person trained in every facility.

The PHD worked with Rep. Tomei on HB 2235, maternal and mental health, to increase provider awareness of maternal depression. No funding was made available, but the PHD will be able to do some outreach with hospitals to increase the awareness of how prevalent this is.

The Tobacco Prevention and Education Program (TPEP) funding was maintained. Funding for this program was cut in half in 2003 and not fully restored until 2007. The PHD will need the support of PHAB and other partners going forward to make sure that the funding for TPEP is maintained.

The PHD also worked on some business efficiency bills. HB 2868 streamlines licensing for temporary restaurants like those at fairs and Saturday markets. Instead of paying an inspection fee each time they moved to the next venue, they would pay once during a cycle. This reduces county workload and overtime costs as well. The PHD worked with the Oregon Restaurant and Lodging Association and others on this. Another business efficiency bill was HB 2112 to clarify the ability of Oregon State Public Health Laboratory (OSPHL) to contract with other government agencies. The OSPHL has had a regional newborn screening program for over 30 years, which accounts for about 1/3 of the laboratory budget. HB 2112 put the OSPHL's authority to contract with other agencies in statute.

The PHD's Public Health Emergency Preparedness (PHEP) program worked on HB 2111, an isolation and quarantine bill that is an update to the landmark Public Health Laws and Authorities bill passed in 2007, to shore up gaps to respond during a public health emergency. PHEP also worked with Sen. Johnson on SB 563, which will allow retired medical providers in some circumstances to register to become volunteers during a public health emergency. The PHD is working with licensing boards on framing the rules for that.

The legislature passed legislation sponsored by Sen. Rosenbaum, SB 433, to broaden access to coverage of breast and cervical cancer treatment for low income women. Before the bill passed, due to restrictions in funding, women diagnosed with breast or cervical cancer in a clinic that was not recognized by the system couldn't get free treatment. Sen. Rosenbaum saw an inequity in this and

worked to get additional funding so that no matter where they are diagnosed, low income women will still get treatment.

Looking ahead to the February session and beyond there is still a lot of work to do. SB 108, the Model Injury and Prevention Law, died in Ways and Means upon adjournment. There was a misunderstanding about what the bill was trying to accomplish. Since 1999 there has been an injury and violence prevention program in place and funded by the CDC. The PHD wanted to have the authority to run the program in statute to emphasize the importance of it. One of the concerns expressed was that it might lead to a growing regulation over certain activities. The PHD tried to express that the program is already in place and that it makes sense to clarify the PHD's authority, and it's especially helpful to have the authority in statute when applying for grants. The PHD will be calling on the Board and others for support on this in its education and outreach efforts.

Sen. Bates is convening stakeholders to continue discussions about SB 106 and SB 234 around EMS and Trauma System improvements. The legislature did provide additional funding for some of the vacant trauma positions. The PHD was instructed to look for ways to improve its data system.

The PHD had a couple of ambitious legislative concepts on its agenda that didn't move ahead for various reasons but may be revisited in the future. One was a proposal for a sugar-sweetened beverage tax to provide funding for obesity prevention programs as a way to deal with the obesity epidemic, and the other was a tobacco tax increase to pay for TPEP.

Things will be done a little differently in the agency to prepare for the 2013 legislative session. Divisions will be putting together their preliminary lists of concepts to go to the OHA Cabinet for consideration. The deadline is Dec. 19, which is earlier than normal, so that PHAB can have a chance to weigh-in on the legislative agenda that the PHD is proposing. Katy stated that she'll be looking for the Board to start thinking about some possible legislative concepts that the PHD can consider for 2013 and she asked board members for thoughts of potential legislative concepts or themes that the Board wants to explore before December.

Thomas Aschenbrener stated that he would like the Board to have a conversation about what PHAB can advance as a legislative concept through the agency that would help with the process of infrastructure considerations. He further stated that there should be some role for PHAB to play in supporting that activity to show the state and local health departments coming together to address some of

that work. He urged Katy, Dr. Kohn, Kathleen O’Leary and Morgan Cowling to be a part of that conversation.

**Lunch with a Leader – Enviromedia Social Marketing – Kevin Tuerff, President; Zach Hyder, Chief Marketing Officer & Regional Director; Tamala Barksdale, Vice President & Director of Marketing**

(Handout: *Presenters biographies*)

Thomas Aschenbrener began with an introduction of Enviromedia. Presenters introduced themselves and provided background on themselves and their firm.

The Enviromedia representatives shared a PowerPoint presentation that outlined the work they do and highlighted some of the projects they’ve worked on. Time was allotted at the end of the presentation for board members to ask questions and engage in discussion.

**Core Issue Review – Katy King and Thomas Aschenbrener**

Katy King shared information about the National Association of Local Boards of Health (NALBOH) conference that she and Tom Eversole attended in Idaho. The conference provided an opportunity to network with members of state and local board members from all over the country. They also discussed shared agenda items, such as board self-assessments and the need to work in concert on them, particularly funding issues. One example of this is the Public Health Prevention Fund. ASTHO and CSTE are advocating for this. There’s an opportunity for NALBOH to work with them as well. State and local boards of health agreed this was a priority. They plan to connect with ASTHO to begin conversations to find new partnerships and mobilize in a new direction.

Thomas Aschenbrener reminded the Board that Alejandro Queral agreed to take the lead on a special workgroup and needs volunteers to work with him. Thomas stated that there are three elements of the work that the workgroup has been tasked with:

- 1) What does a fully functioning system of public health for the State of Oregon in the future need to look like? What defines the world class system of public health for Oregon?
- 2) Accreditation and how to effectively support accreditation processes
- 3) How do we assure that we are training a public health workforce for the work of public health?

Thomas suggested that board members send Alejandro an email if they are interested in working with him.

Katy also reminded the Board that Tom Eversole has called for a workgroup to come up with some legislative recommendations. The Director's Office and the Governor's Office ultimately set the priorities for the PHD, but PHAB will have the opportunity to influence the process.

Thomas reminded board members that PHAB will be looking at some transitions on the Board as terms expire, and asked for thoughts or ideas of individuals that could serve or would be good in this role. He asked that people share their ideas of potential members with Katy. Currently there are two vacancies on the board, and in 2012 four board members who have served the majority of two terms will term out. The Governor's Office said they are interested in diversity when appointing new members. Board members are urged to share their ideas of potential candidates.

**Closing:**

Thomas Aschenbrener (acting chair) declared the meeting adjourned.

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

**Friday, December 2, 2011  
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).