

Public Health Advisory Board (PHAB)
June 1, 2012
Portland, OR
Meeting Minutes

Attendance:

Board Members Present: Shawn Baird, Betty Bode, Tran Miers, Alejandro Queral, Bob Shoemaker

Board Members Absent: Mike Plunkett, Liana Winett

OHA Public Health Division Staff: Tom Engle, Katy King, Mel Kohn, Jean O'Connor, Brittany Sande

Members of the Public: Morgan Cowling, Coalition of Local Health Officials; Ellen Lowe, Oregon Association of Hospitals and Health Systems

Opening:

The meeting was called to order, board members were welcomed, and introductions were made.

Changes to the Agenda & Announcements

No announcements were given. No changes to the agenda were made.

Approval of Minutes and Bylaws

(Handouts: *PHAB Meeting Minutes, March 2012*)

A motion was made to approve the March 2012 meeting minutes as written; the motion was seconded; the Board voted all in favor with no opposition or abstentions. The March 2012 minutes will stand as written.

Public Health Director Update – Mel Kohn, MD, MPH, Public Health Director

Dr. Kohn gave a PowerPoint presentation, which provided an overview of the Public Health Division's reorganization, the Division's strategic plan, the statewide health assessment that is being conducted, and the health improvement plan. Copies of the presentation slides are available upon request.

The organizational changes will be effective July 1, 2012. Existing sections of the Division are being re-sorted into three centers: Center for Health Protection; Center for Prevention and Health Promotion; and Center for Public Health Practice. The Office of the State Public Health Director will house enterprise-level programs. There is potential for other changes in the next six months to a year.

Dr. Jean O'Connor, deputy public health director, spoke about the Division's strategic plan, which it has been working on since last fall. In January a new mission, vision and set of value statements for the Division were announced. The values are the same as the Oregon Health Authority's values that were developed about 18 months ago, but the Division has created a series of statements about what those values mean to the Division. Earlier in the spring the Division also announced two goals: 1) to make Oregon one of the healthiest states; and 2) to make Oregon's public health system into a national model of excellence. Priorities under each goal were then identified, and meetings have been held with stakeholders on those priorities to try and set three to five year targets for each priority area and to set out some of the initial strategies and initiatives needed to achieve the outcomes. Staff in the Division's Performance Management Program is working on compiling the output from the meetings and will release a draft in the middle of June for some public comment in terms of the targets and the initiatives. The Division hopes to then release the final plan in July, but certainly by the end of August.

The Division has also been working on a statewide health assessment, which is one of the accreditation prerequisites. A small group met informally to come up with indicators that can be used for the statewide health assessment. Sixty-nine indicators have been identified. Staff has been working on pulling the data together to see what that will look like and then that will be made available for public comment as well.

The state has done a lot of work on health improvement planning activities. One statewide health improvement plan is required for accreditation, which the Division will use to move its work forward. The Division has engaged contractors to pull together all of the existing health improvement planning work being done in the state and to hold a couple of community listening sessions to see where there are overlap and gaps in the existing plans that needs to be filled in. The Division will expand the Oregon Health Improvement Plan into a final statewide health improvement plan by the end of August.

Dr. Kohn updated the Board on the coordinated care organization (CCO) work that is currently in progress. The list of CCOs that have been provisionally certified was released on May 31st. There will be two more waves for other CCOs to be brought onboard in the fall. Though the Division is not involved in the way that some of the other divisions of the Oregon Health Authority have been involved, it has been engaged and has tried to raise public health issues. The development of legislative agendas is also happening in the background.

Public Health Advisory Board Work Plan Proposal – Mel Kohn, MD, MPH, Public Health Director and Betty Bode, PhD, RN, PHAB Chair

(Handout: Public Health Advisory Board Work Plan Proposal)

Betty Bode and Alejandro Queral have had discussions with Katy King, Dr. Kohn and Dr. O'Connor about the proposal that PHAB adopt a focus area with a fairly short timeline and some fairly specific deliverables. Division staff, with input from PHAB, will develop a work plan for the Board. It is likely that PHAB members will need to play a different role than in the past in terms of being a part of some workgroups to move pieces of the work plan forward, and the workgroups would pull in some expertise from outside partners. Each of the workgroups would develop a set of recommendations or implementation proposals, bring them back to the full board to have a continued discussion about them, and then the Board would approve a final report which will be a set of recommendations to Dr. Kohn. It is also proposed that instead of meeting quarterly for five hours at a time, the full board will meet six times a year for three hours at a time.

Dr. Kohn shared the priority areas for consideration:

- 1) How can Oregon increase the efficiency and effectiveness of the local public health system? – Proposed workgroups: shared services models; quality improvement; contracting; public health legal authorities.
- 2) How can public health, especially the Division's prevention and health promotion programs, support CCOs in utilizing evidence-based prevention practices? – Proposed workgroups: technical assistance; workforce; prevention practices.
- 3) How can public health engage with CCOs around community health assessments? – Proposed workgroups: assessment methods; tools; reporting practices.
- 4) How can public health support further progress toward health in all policies approaches? – Proposed workgroups: environment/transportation; education; tools.
- 5) How can public health help to create the workforce needed for a transformed healthcare delivery system? – Proposed workgroups: MPH programs; community health workers; pre-hospital providers.

The Board engaged in discussion about the five priority areas that Dr. Kohn

presented for consideration. Morgan Cowling with the Coalition of Local Health Officials made a suggestion that if the Board is to look at priority #1, she encourages it to look at “how can Oregon increase the efficiency and effectiveness of the *public health system*,” rather than limiting it to just the local public health system.

Alejandro Queral made a motion to have the Board adopt priority area #1 as a first step in moving forward with a work plan. Bob Shoemaker seconded the motion. The Board voted all in favor of the motion with no opposition or abstentions. The Board will focus on priority #1 through December 2012 and then see where it is at that time.

The Board engaged in a brief discussion with Dr. Kohn about perspectives or skills that PHAB will need to carry out their work plan and workgroups effectively. If PHAB members know of people that would be a good fit for PHAB, members are encouraged to have them apply to the Board. Members should send ideas of workgroup members or thoughts about the workgroups themselves to Katy. The next steps will be for Division staff to have a conversation about how to handle appointments to the workgroups and discuss with Betty and Alejandro some ideas about how to best make use of all PHAB members. This will be vetted with the full board. Individual meetings with board members that are going to chair the workgroups will then be held.

Public Comment Period

Ellen Lowe spoke to the Board on the subject of CCOs and the community health assessments that they are required to do. She stated that although CCOs will only be working with the Medicaid population, they will come up with a list of things that contribute to better population health. This list of things important to health cannot be handled within the CCO itself, and this may be a good way to communicate what public health ought to be about.

Public comment by Tom Eversole, president elect of the Oregon Public Health Association, was read into the record by Alejandro Queral. Tom’s comments were in relation to the establishment of CCOs and addressed “two things that are critical to achieving the spirit and function of Oregon’s health care reform”: 1) governance and operation of CCOs must be transparent; and 2) administrative rules should require that a county commissioner, or their qualified designee, be a member of the CCO Board of Directors. His comments further urged that “unfortunately, if public resources do not remain tied to public accountability in these two ways, health disparities in Oregon may increase, and we may miss the

aim of Health Services Transformation.”

Closing:

Chair Bode declared the meeting adjourned.

The next Public Health Advisory Board meeting is:

**Friday, September 7, 2012
9:00 a.m. – 12:00 p.m.
Portland State Office Building
800 NE Oregon St., Room 1E
Portland, OR 97232**

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.