

## Public Health Advisory Board (PHAB)

March 2, 2012

Portland, OR

### Meeting Minutes

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#### Attendance:

Board Members Present: Shawn Baird, Betty Bode, Tom Eversole, Kathleen O'Leary, Mike Plunkett, Alejandro Qeral, Bob Shoemaker, Steve Westberg, Liana Winett

Board Members Absent: Tran Miers, Bill Perry

OHA Public Health Division Staff: Katherine Bradley, Tom Engle, 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; Beryl Fletcher, Oregon Dental Association; Brett Hamilton, Tobacco-Free Coalition of Oregon; Joe Ichter, Oregon Health and Science University; Erin Moulds, Coalition of Local Health Officials; Chris Sweeney, Pac/West Communications; Jeremy Vancuren

#### Opening:

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

#### Changes to the Agenda & Announcements

Katy King – Public Health Week is April 2-6, 2012.

Liana Winett – April 20, 2012 is the Oregon MPH student research symposium at Portland State University.

Change to the agenda – Sen. Steiner-Hayward and Rep. Greenlick were not be able to make it for lunch with a leader because the legislature had not adjourned. Congressman Earl Blumenauer attended as a special guest speaker.

#### Approval of Minutes and Bylaws

(Handouts: *PHAB Meeting Minutes, December 2011*)

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

### **Public Comment Period**

Brett Hamilton, Tobacco-Free Coalition of Oregon

(Handout: *Copy of written comments; "Tobacco Prevention Saves Lives and Money: Protect Tobacco Prevention and Education from Cuts"*)

TOFCO is concerned about the diversion of \$1.5 million (9%) Tobacco Prevention and Education Program (TPEP) funding from Oregon's Tobacco Use Reduction Account (TURA) and its unintended consequences to Oregonians. TOFCO requests that this be considered in the context of discussions of coordinated care as Oregon moves into health care reform, particularly as coordinated care relates to prevention. Brett made a request to PHAB to look at the tobacco and public health funding and look at how to restore and increase that funding. He proposed that a percentage of the Tobacco Master Settlement Agreement (MSA) funds start going towards tobacco prevention with a percentage of that money being put towards TPEP.

Written comments from Adrienne Mullinax were read into the record by Chair Eversole. Adrienne's comments were related to mandatory licensure, adherence to a revised set of guidelines, and revamped standards of practice for all currently unlicensed and licensed direct entry midwives. A copy of Adrienne's comments is available upon request. It was noted that the Oregon Health Licensing Agency and not the Oregon Health Authority, licenses midwives.

### **Public Health Division Update/Budget Update and Governor's 10-Year Plan – Mel Kohn, MD, MPH, Public Health Director**

Dr. Kohn began with a budget update. He stated that very serious budget cuts are happening, particularly in the Oregon Health Plan. There was an 11 percent cut to the health plan last session, and this time the legislature is looking at a 20 percent cut. One of the ways they are hoping to fill that is through federal money, but that hasn't come through yet. Most of the reductions in the General Fund so far, with the exception of the TURA reduction, are going to be non-specific and the Division will have to figure out how to absorb them. The Division's budget is approximately 8 percent General Fund right now. To some extent, cuts to the General Fund have been backfilled with Other Fund revenue sources (e.g. medical marijuana fees) so it's not necessarily that the overall budget is making the same decline, but it's going in that direction and paralleling what is happening at the federal level. Budget choices are forcing the Division to look at its structures and programs and ask some hard questions about what does it really need to do, how might it do it more efficiently and more effectively at a lower cost, and where can it pool resources. There has been a lot of discussion about how to leverage all of the different activities going on across the whole Oregon Health Authority. It is

expected that there will be some structural changes within the Division.

Dr. Kohn briefly touched on the Governor's 10-Year Plan, which is a new structure for building the budget for the next session. The Governor created groups that are first talking about some high level goals and then talking about how to invest the dollars available to achieve those goals, without respect to agency borders and units.

**Public Health System Workgroup – Jean O'Connor, JD, DrPH, Deputy Public Health Director and Alejandro Queral, PHAB Member**

Dr. O'Connor gave a PowerPoint presentation: "Strengthening the Public Health Infrastructure for Improved Health Outcomes." (Copies of the slides are available upon request). Additional information on accreditation and performance improvement can be found at [www.healthoregon.org/accreditation](http://www.healthoregon.org/accreditation).

In relation to infrastructure, Alejandro stated that Dr. O'Connor's presentation gave a good overview at a high level. The Northwest Health Foundation (NWHF) will be working at the local level. In forming the CCOs, the challenge will be how to create structures that address the need of the communities. Over the next six months to a year or longer, the NWHF will be convening conversations in three or four communities to try and identify common themes or potential barriers in the way of better integration and coordination with the public health system and CCOs or health care delivery systems. In terms of accreditation, the NWHF distributed some grants to support the initial stages of the accreditation process for 10 local public health departments. The NWHF will be releasing a second RFP to support the accreditation process in the late spring. They want to allocate some resources to ensure that the local public health departments that have already made significant progress in terms of their prerequisites actually carry all the way through to the end, i.e. having sufficient resources to apply to the Public Health Accreditation Board.

Morgan Cowling of the Coalition of Local Health Officials (CLHO) shared that a position at CLHO has been funded to work with the counties that didn't receive a grant from the Division or the NWHF, to provide some technical assistance and try to raise capacity in all of the health departments.

After brief discussion, a motion was made that the PHAB write a letter of support for the Division's accreditation process. The motion was seconded. The motion was amended so that the whole committee can review the letter before it is sent to the Division. The Board voted all in favor with no opposition or

abstention to write a letter of support for the Division's accreditation process. (Letter attached to minutes as Exhibit 1)

A second motion was made that the PHAB write a letter to Dr. Kohn to endorse pursuing, as a part of public health system transformation, accreditation efforts, workforce development and strengthening infrastructure as a part of the strategic plan and other work of the Division. The motion was seconded. The Board voted all in favor with no opposition or abstention to write this letter to Dr. Kohn. (Letter attached to minutes as Exhibit 2)

There was some brief discussion about the Division's strategic communications plan. The Division needs to identify what the common areas are that it wants to be strategic and collaborate on in terms of communication. One way to move forward would be for the Division, CLHO, and the NWHF to sit down and figure out what those areas are. This could be a possible agenda item for the June or September board meeting.

#### **Congressman Earl Blumenauer**

Congressman Blumenauer stopped in for a brief discussion with the Board. Topics that were touched on included; health care reform in Oregon, the Affordable Care Act, the Farm Bill, and Safe Routes to School. Congressman Blumenauer stated that he is most interested in what the board members are seeing in terms of concerns for the implementation of health care reform in Oregon. This could be a possible agenda item in the future with the Congressman returning for a more in-depth conversation with the Board. Time was allowed for board members to ask questions and provide comments to the Congressman.

#### **Legislative Update (February 2012 Session) – Katy King, Government Relations Manager, Public Health Division**

(Handout: "2012 Session Legislative Update")

Katy provided a brief overview of the 2012 legislative session and major bills of interest to the Public Health Division.

There were some bills of public health interest during the 2012 session, but the Division is really looking ahead to the 2013 session for major policy initiatives. Proposed legislative concepts for the 2013 session are due to the Department of Administrative Services by May 1.

Major bills of public health interest from the 2012 session (see handout for more details):

- HB 4015 – Lead poisoning prevention clearinghouse (passed)
- HB 4123 – Toxins in Children’s Products (informational hearing held)
- HB 4172 – Enforcement of tobacco laws (passed)
- SB 1503 – Vaccination of Health Care Workers (died in committee)
- SB 1507 – HIV Testing (passed)
- SB 1580 – Implementation of Coordinated Care Organizations (passed)

**PHAB Recommendations for 2013 - Alejandro Queral, JD, MS, PHAB Member**

*(Handouts: Memos to PHAB from PHAB Legislative Committee re Legislative Concepts for Discussion: Health in All Policies; Realizing and Allocating Savings From Improved Population Health Outcomes; Tobacco Master Settlement Agreement – allocation of funds to Tobacco Prevention and Education Program )*

Alejandro gave a brief overview of the background and potential recommendations outlined in each of the memos (see handouts for more details). Time was allotted for board member questions and discussion of each concept.

Recommendation #1: Health in All Policies – Potential recommendations for PHAB discussion:

- 1) Require each state agency to develop a plan for implementing HiAP;
- 2) Require agencies to implement HIA if project, initiative or policy meets a predetermined threshold by funding or population impact;
- 3) Require HIA for cuts to any social services agencies; develop and implement an educational component of local elected officials to understand the need for HiAP;
- 4) Governor’s executive order – empower PHAB or another independent entity to conduct a study to develop HiAP recommendations.

Recommendation #2: Realizing and Allocating Savings From Improved Population Health Outcomes – In general, PHAB should recommend that the State of Oregon establish, as an element of health transformation, an accounting methodology that tracks realized savings and a policy framework that allows or requires a portion of realized savings to be allocated to specific programs. More specifically:

- 1) Track the realized savings for the OHP population in each of the key indicators of population health identified in the report to the OHA of potential statewide savings resulting from health transformation in the state;
- 2) Identify the entities that would benefit financially from realized savings;
- 3) Identify potential policy barriers to and new approaches for allocating a portion of the realized savings to public health and primary care services for the OHP populations;

4) Determine what an optimal level of re-investment is (i.e. what portion of the realized savings) that would continue to create savings in the future.

Recommendation #3: Tobacco Master Settlement Agreement (MSA) – allocation of funds to Tobacco Prevention and Education Program:

- 1) Amend ORS 431.831 to require that a portion of the \$181 million be allocated to smoking cessation programs for uninsured Oregonians;
- 2) Amend ORS 431.831 to require that a portion of the \$181 million be allocated to the Tobacco Use Reduction Account.

More than an endorsement of this idea, there needs to be a strategy for moving it forward. This concept is different than past MSA concepts in that it looks at a more permanent solution to the problem, rather than looking short term at the current biennium.

**A motion was made to move all three of the legislative concepts forward, knowing that there will be some clean-up of the language before they go to Katy for formal submission on behalf of the Board. The motion was seconded. The Board voted and the motion failed. The general consensus is that more work needs to be done on the “Realizing and Allocating Savings From Improved Population Health Outcomes” concept before a formal recommendation can be made.**

**A motion was made to move forward with the MSA and the Health in All Policies concepts. The motion was seconded. The Board voted all in favor with no opposition or abstention to move forward with the MSA and Health in All Policies concepts. The PHAB legislative committee will work on determining which of the specific recommendations for the MSA concept will be put forward.**

The next steps will be for the PHAB legislative committee to make some changes to the concepts based on the feedback received at the meeting. Katy will work with Alejandro on the paperwork in order to formally submit the concepts.

### **Core Issue Review**

At the last meeting there was some brief discussion about a proposal for a legislative concept to include alcohol and other drug-related deaths on death certificates. Tom Eversole asked Katy King to put it on the list for the next meeting if the Board wants to have further discussion about this.

Tom reminded board members that PHAB had voted to do a self assessment. He reminded board members to take the survey for the board self assessment from NALBOH.

Based on the discussion earlier in the meeting about the Division's strategic communications plan, Tom stated that it would be good to revisit the topic at a future meeting so the Board can hear about what is happening with that.

**Election of Vice Chair for June Meeting and Reconfiguration of PHAB Exec Committee**

Current board chair Tom Eversole's second term expires on May 31. Therefore, vice chair Betty Bode will assume the role of board chair at the next meeting in June. **Alejandro Queral was nominated for vice chair and a motion was made to elect him as vice chair for the next meeting in June. The motion was seconded. The Board voted all in favor with no opposition or abstention.**

Liana Winett volunteered to participate on the PHAB executive committee.

**Closing:**

Chair Eversole declared the meeting adjourned.

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

**Friday, June 1, 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).

# PUBLIC HEALTH ADVISORY BOARD

P.O. Box 14450  
Portland, OR 97214-0450  
(971) 673-1291

March 16, 2012

Dr Mel Kohn  
Director, Oregon Public Health Division  
Oregon Health Authority  
800 NE Oregon Street, Suite 930  
Portland OR, 97232

Dear Dr. Kohn:

Oregon's Public Health Advisory Board strongly supports Oregon Public Health Division's application and efforts to become accredited through the national Public Health Accreditation Board.

Accreditation of the state public health division will be a major step forward in achieving our goal of establishing a robust, fully functioning public health system for Oregon. The accreditation process will provide a means for the Division to identify performance improvement opportunities, to improve management, develop leadership, and improve relationships with the community. It will challenge the public health division to critically evaluate what business it does and how it does that business. It will stimulate and support quality and performance improvement in the Division. It also will stimulate greater accountability and transparency. It will demonstrate the State's commitment to county health departments and to the people of Oregon.

The purpose of Oregon's Public Health Advisory Board is to advocate and build consensus for state policies that protect and promote the personal, community and environmental health of all people in Oregon. Appointed by the governor and representing a diverse constituency, Board members participate in public health policy development and advise the Oregon Health Authority on policy matters related to the operation of the agency. In that capacity, we

recommend that the Public Health Division apply for accreditation and that the Oregon Health Authority support the Division in all ways necessary to achieve successful accreditation.

Oregonians expect and deserve a world class system of public health. Accreditation of Oregon Public Health Division is essential to building and sustaining the capacity and quality necessary to protect our residents and to address the state's emerging health needs.

Thank you.

Sincerely,



Tom Eversole, DVM, MS, MS  
Chair, PHAB

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Public Health Advisory Board Members

*Tom Eversole, DVM, MS, Chair*

*Betty Bode, PhD, RN, Vice Chair*

Shawn Baird, EMT-P; Tran Miers, RN;

Kathleen O'Leary, MPH, RN; William Perry; Michael Plunkett, DDS, MPH;

Alejandro Queral, JD, MS; Robert Shoemaker, JD; Richard Stone, JD;

Steven Westberg, CPA; Liana Winett, DrPH

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March 16, 2012

Dr Mel Kohn  
Director, Oregon Public Health Division  
Oregon Health Authority  
800 NE Oregon Street, Suite 930  
Portland OR, 97232

Dear Dr. Kohn:

Oregonians expect and deserve a strong system of public health. Furthermore, a robust public health system is critical to achieving the triple aim of Oregon's Health Services Transformation.

Members of Oregon's Public Health Advisory Board (PHAB) have reviewed a number of qualities of the public health system required to successfully promote and protect the health of Oregonians and thus also reduce costs to Oregon's Coordinated Care Organizations. Key among the factors discussed by PHAB have been: 1) Public Health infrastructure, 2) accreditation of local health departments, and 3) Public Health workforce development.

### *Public Health Infrastructure*

Many local health departments in Oregon today do not have the capacity to monitor health status, conduct disease prevention activities or control communicable disease outbreaks. An assessment of Oregon's Public Health system (CLHO, 2008) reports that local health departments are spread too thin, categorical funding limits ability to do the work, health education/communication is lacking, community outreach must be enhanced, and data systems and technology need to be updated. Public health security for the next generation of Oregonians depends upon us closing serious gaps in Oregon's Public Health Infrastructure.

*Accreditation of state and local health departments*

Accreditation serves to promote and protect the health of the public by advancing the quality, performance, and efficiency of all public health departments. It promotes greater accountability and transparency. Support of state and local health departments in their accreditation efforts will demonstrate the State's commitment to county boards of health (commissioners) and to the people of Oregon.

*Public Health Workforce Development*

Oregon's public health workforce is inadequate, and needs are growing. Oregon must address public health workforce recruitment, retention and training. Many among the workforce lack public health training and are not sufficiently prepared to conduct population-based approaches to protection, promotion, and prevention, which are at the heart of the profession. Growing complexity of public health science requires that more practitioners receive formal training and professional development. Every health department should have well-educated leaders with access to continued training in personnel and fiscal management, quality improvement, grant writing, cultural competency, and emerging technologies.

As the Oregon Health Authority continues to develop Oregon's Health Services Transformation, it will be important to attend to the Public Health system as part of that development. A robust Public Health system is critical to OHA and its Public Health Division's mission of "promoting health and preventing the leading causes of death, disease and injury in Oregon."

We hope these recommendations are helpful to you, Dr. Goldberg and OHA. Members of PHAB are keenly interested in supporting Health Services Transformation in order to create a world class system of public health for Oregon. We expect that you will call upon our individual skills. If the Public Health Advisory Board can provide further information or insight toward that end, please contact us.

Thank you.

Sincerely,



Tom Eversole, DVM, MS, MS  
Chair, PHAB

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