

**Public Health Advisory Board (PHAB)**  
**September 5, 2014**  
**Portland, OR**  
**Meeting Minutes**

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**Attendance:**

**Board Members Present:** Shawn Baird, Betty Bode, Josie Henderson, Joe Ichter, Brooke Kyle, Jeff Luck, Pat Luedtke (phone), Loreen Nichols, Joanne Noone (phone), Alejandro Queral, and Liana Winett

**Board Members Absent:** Jim Coffee, Tran Miers, Mike Plunkett

**OHA Public Health Division Staff:** Katrina Hedberg, Rosa Klein, Dave Leland, Priscilla Lewis, Brittany Sande, Lillian Shirley, Michael Tynan

**Members of the Public:** Roger Burch, Morgan Cowling, Kathleen Johnson, Patricia Neal, Les Ruark

**Opening:**

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

**Changes to the Agenda & Announcements**

- *Betty Bode, PhD, RN (PHAB Chair)*

No announcements or changes to the agenda were made.

**Approval of Minutes**

(Handout: *DRAFT PHAB Meeting Minutes, June 2014*)

**A motion was made to approve the June 2014 meeting minutes as written; the motion was seconded; the Board voted all in favor with no opposition or abstentions. The June 2014 minutes will stand as written.**

**Appointment of Board Chair and Vice Chair Nominating Committee**

- *Betty Bode, PhD, RN (PHAB Chair)*

Board chair and vice chair elections will be made at the December 2014 meeting, according to the Board's bylaws. Shawn Baird volunteered to chair the nominating committee, which will put together a list of candidates to be voted on at the December meeting. Josie Henderson and Jeff Luck also volunteered to serve on the nominating committee. **Action: The nominating committee will talk with board members about their interest in serving in an officer position and present a list of candidates to be voted on at the December meeting.**

## **Public Health Division Update**

- Lillian Shirley, BSN, MPH, MPA (Director, PHD)

**Douglas County relinquishment of health services** – Douglas County had a successful transition of their mental health services and decided to approach public health services the same way. As of the end of August, the Douglas County Board of County Commissioners has decided not to relinquish public health authority to the state, at least for a year. This gives the state Public Health Division time to work with the local government, the communities and other stakeholders in Douglas County to find a good community solution. Douglas County is working with the local Federally Qualified Health Center to transfer clinical services, but the county will still be the local public health authority and they will still do vital records and their environmental health inspections. Some of the state staff is working with the county to identify appropriate plans for emergency preparedness and communicable disease investigations.

The Public Health Division will be pulling together a rule advisory committee to work on permanent rules related to county relinquishment. Betty Bode has agreed to serve on the RAC.

**Public Health Accreditation** – All documentation has been submitted to the Public Health Accreditation Board as of September 4th. The site visit will be on October 21 & 22.

**Staff updates** – Rosa Klein is the new legislative coordinator for the Public Health Division. Priscilla Lewis has joined the Public Health Division as deputy public health director.

**Status of recruitment for administrators** – Two administrator positions are currently open: Center for Health Protection and Center for Prevention & Health Promotion. Interviews will be held in September. Bob Nystrom is currently serving as interim administrator for the Center for Prevention & Health Promotion. Dave Leland has been interim administrator for the Center for Health Protection.

**Legislative Days in September** – Lillian will be presenting with Tom Burns, pharmacy manager for the Oregon Health Authority, on data on HepC in Oregon. Lillian will also be presenting on the Future of Public Health Services Task Force. Katrina Hedberg, health officer, will be presenting with environmental public

health partners from other state agencies on some issues around toxics and pesticides in human health.

**Health system transformation** – The Public Health Division has been working with the CCO Metrics & Scoring Committee to expand the list of things that will be important to know. This year there was an opportunity to open up some other metrics with the CCOs, so the Metrics & Scoring Committee has added a "tobacco use among the Medicaid population" as an incentive metric.

### **Follow-up to PHAB Priorities Discussion in June**

- Liana Winett, DrPH (PHAB member)

(Handout: *PHAB Bylaws*)

The results of the card sort from the discussion in June are on pages 4 and 5 of the June minutes. The Board had discussed operationalizing some of that into things that the Board may want to do moving forward, and whether or not the Board wanted to change the bylaws to reflect new types of products. As we prepared for the September meeting, we realized that in light of the Future of Public Health Services Task Force recommendations and the fact that a new Board chair and vice chair will be elected in December, it might make sense to table this conversation until a later time. The Board agreed that it would table this discussion until a future meeting in 2015 once a new chair and vice chair have been elected.

Since the Board did agree on guiding principles and focus areas, it might be helpful to consolidate it into a one pager as a supplement to the bylaws so they aren't lost in minutes, and new members can be provided with the document upon appointment to the Board.

### **Cultural Competency Assessment**

- Danna Drum (Performance Manager, PHD)

Danna provided the Board with an update on work that the Division is undertaking related to cultural competency and conducting a cultural competency assessment. One of the accreditation standards and measures of the Public Health Accreditation Board is related to completing a cultural competency assessment and having policies in place to ensure that interventions that we support as a Division are culturally and linguistically competent. Because we haven't done the broad assessment before, it felt like we needed to do that before moving forward with a policy.

See slides of presentation for further information. Slides are available upon request.

### **Strategic Plan Update**

- *Danna Drum (Performance Manager, PHD)*

(Handout: "*Public Health Division Strategic Plan 2015-2019*")

Back in 2011, the Division did some work around developing a Strategic Plan. Out of that work came 11 priority areas and 2 major goals. As the Division started to reflect on the work that was done, we recognized that it had been a very quick process because there was a sense of urgency around getting our Statement of Intent in to the Public Health Accreditation Board to say that we were going to pursue accreditation. As we engaged staff across the Division, particularly given all of the leadership changes that have occurred over the last few years, it became apparent that there were a variety of experiences of what that process was like. It resulted in some issues around staff buy-in because some staff couldn't see themselves in the plan, and felt like if they weren't in the plan, their work wasn't valued.

In the winter of 2014 the Division decided to take a step back. Key informant and group interviews were held with Division staff, leaders and partners. Out of the interviews came a recommendation to update the current plan through a robust staff engagement process using the Division's organizational structure. Every section provided input and/or recommendations. A Staff Working Group representing all Centers of the Division and a variety of levels of staff worked with PHD executive and section leaders to finalize the goals and objectives. Danna went over the updated Strategic Plan with board members. The updated Strategic Plan will be implemented beginning January 2015.

See slides of presentation for further information. Slides are available upon request.

### **Future of Public Health Services Task Force**

- *Alejandro Queral, JD, MS (PHAB member and Task Force member)*

- *Michael Tynan (Policy Officer, PHD)*

(Handouts: "*Future of Public Health Task Force Implementation Work Group, Draft Implementation Plan, August 29, 2014; Public Health Division governance structure graphics; ORS 431.195, Oregon Public Health Advisory Board*")

The Task Force was convened as a result of HB 2348 passed during the 2013 Legislative Session to explore the possibility of regionalization of local health services as a strategy for meeting the needs of the community and to improve on health outcomes. The Task Force spent several of its early sessions learning about and understanding what other states are doing with respect to their public health systems to meet the needs of their population. While spending time learning about other experiences, the Task Force also worked on defining what the scope of work and role of the Task Force would be in more detail than what the legislation provided. That shifted thinking a little and expanded the specific set of outcomes so it wouldn't necessarily be boxed in as regionalization as the only approach.

As the Task Force considered alternatives and alternative models one of the things that informed the process was the desire to engage at a local level and create a model that would allow decisions to be made in a way that would respond to needs in the community at the local level, rather than a top-down approach. A workgroup was created out of the Task Force to focus on developing the actual model (see handout). Before the workgroup was formed, the Task Force agreed that it needed to have a common set of standards for local health departments. The Task Force also concluded that it needed to have a set of foundational capabilities. That work and that decision was informed in part from the work that the PHAB subcommittee did on cross-jurisdictional sharing. The Task Force determined that there were some foundational capabilities that were common to all local health departments, but beyond that, local health departments could have some flexibility to tailor their resources to meet the needs of the community at the local level. The workgroup met to decide on what may be the mechanisms by which we can fund and structure the foundational capabilities at the local level.

In terms of next steps, the Task Force will be finalizing its report, and Rep. Greenlick will be drafting a legislative concept to be introduced during the 2015 legislative session. As we're moving forward, there may be a role for the PHAB to play as we continue to move these recommendations forward.

In addition to the update on the Task Force, Michael briefly went over the organizational chart of the Public Health Division governance structure (see handout).

### **Public Comment Period**

Patricia Neal, Lincoln County – Ms. Neal has served on the Public Health Advisory Committee in Lincoln County for the past 17 years. She serves on a number of other committees related to health and human services.

Ms. Neal expressed her concern about how the work of the Future of Public Health Services Task Force is going to come out. In particular, she is concerned that the Legislature will take this up and they may not know a lot about local public health departments and the wide variety of how they are structured. She provided some specific examples from Lincoln County. One of the other factors that she feels needs to be looked at is the geography of all of the counties. This can be a public health issue in terms of transportation, if residents have a difficult time moving throughout the county in a timely manner when they need care. She also expressed concern about funding and demographics of counties, particular the aging population of some counties. She also stated that she would like to see encouragement and support for public health advisory committees in all counties, especially in light of changes being made to the public health system.

Les Ruark, Gilliam County – Mr. Ruark has a long standing interest in the State's public meeting records and statutes and has been following the work of PHAB and the Future of Public Health Services Task Force. He is concerned about what will happen to the Task Force's recommendations. There has to be greater public participation in the recommendations that the Task Force is advancing. There also needs to be a greater effort to include outreach efforts in that work. He is concerned about the time period allowed for public comment related to the Task Force recommendations, and thinks that the time period should be extended.

### **Emerging Issues**

Board members raised issues that they would like to discuss at board meetings in the future.

- Marijuana legalization
- Aging and what that means for public health

### **Closing:**

The next Public Health Advisory Board meeting is:

**Friday, December 12, 2014  
9:00 a.m. – 12:15 p.m.  
Portland State Office Building**

**800 NE Oregon St., Room 1D  
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](mailto:brittany.a.sande@state.or.us).