

**Public Health Advisory Board (PHAB)**  
**December 11, 2015**  
**Portland, OR**  
**Meeting Minutes**

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**Attendance:**

**Board Members Present:** Shawn Baird, Brooke Kyle (by phone), Jeff Luck, Pat Luedtke (by phone), Loreen Nichols, Alejandro Qeral

**Board Members Absent:** Jim Coffee, Josie Henderson, Joe Ichter, Tran Miers, Joanne Noone

**OHA Public Health Division Staff:** Isabelle Barbour, Sara Beaudrault, Katrina Hedberg, Priscilla Lewis, Brittany Sande, Lillian Shirley, Michael Tynan

**Members of the Public:** Betty Bode, former PHAB member; BJ Cavnor, One in Four Chronic Health; Kathleen Johnson, Coalition of Local Health Officials; Julie Mohr, Willamette Valley Medical Center; Lorren Sandt, Caring Ambassadors Program; Danielle Sobel, Oregon Medical Association; Katie Tyson, Oregon Nurses Association; Liana Winett, former PHAB member

**Opening:**

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

**Changes to the Agenda & Announcements**

No announcements or changes to the agenda were made.

**Approval of Minutes**

(Handout: *DRAFT PHAB Meeting Minutes, December 2014, March 2015, June 2015 & September 2015*)

**A quorum was not present so the Board was unable to vote on the approval of the December 2014, March 2015, June 2015 or September 2015 minutes.**

**Public Health Division Update**

- Michael Tynan, Policy Officer, PHD

- Priscilla Lewis, Deputy Public Health Director, PHD

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In Lillian's absence, Michael provided the Public Health Division update to the Board.

#### Reestablished Public Health Advisory Board

Due to the passage of [HB 3100](#), Public Health Modernization, during the 2015 legislative session, the Public Health Advisory Board will be reestablished with new membership beginning in January 2016. The Division is awaiting appointments to the reconfigured Board from the Governor's office and will work with new members to schedule meetings in 2016 as soon as possible. Current board members requested an update on the new Board once things are finalized.

#### Leadership update:

Tim Noe has been hired as the new administrator for the Center for Prevention and Health Promotion. He comes from Colorado and most recently worked with the health department there to coordinate and partner with tribal populations. Tom Eversole, administrator for the Center for Public Health Practice, will be leaving the Public Health Division to become the public health manager for Yamhill County. Collette Young, manager of the Acute and Communicable Disease Prevention section, will be filling in as center administrator on an interim basis.

#### Outbreak investigations:

The Division worked with counties, other states, and the CDC on the public health system effort around the Chipotle E. Coli outbreak.

There have been new cases of meningitis in southern Oregon. Pat Luedtke, health officer in Lane County, stated that there has been no epidemiological link between the cases in southern Oregon and the cases at the University of Oregon.

#### Marijuana update:

The Division is responsible for rulemaking around serving size, labeling, laboratory testing and accreditation, and early start retail marijuana sales. The Division is working with the Retail Marijuana Science Advisory Committee to review literature on serving size and concentration and to look at data from other states. The Division has also convened a rules advisory committee to provide input on all of the administrative rules that the Division is charged with promulgating. The

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Task Force on Researching the Medical and Public Health Properties of Cannabis, established with the passage of [SB 844](#) during the 2015 legislative session, will also begin meeting soon. The task force will look at research issues related to marijuana and will develop a report to the Legislature on its findings.

#### Public health modernization:

Modernization remains a key Oregon Health Authority priority of director Lynne Saxton.

#### **State Health Improvement Plan (SHIP)**

- *Katrina Hedberg, MD, MPH, State Health Officer and State Epidemiologist, PHD*  
(Handouts: "*Monitoring plan for state health improvement plan (SHIP)*")

The Public Health Advisory Board has been appointed as the body that the Division will be accountable to for the State Health Improvement Plan. The Division has created a monitoring plan that outlines the seven SHIP priorities and the priority owners. The priority owners have been developing work plans for their priority areas to talk about what is happening in the state around the issues. A schedule has been drafted to give the PHAB quarterly updates on all of the priority areas each year. The Division is also reporting on the SHIP priority areas to OHA director Saxton on monthly dashboards, and presented on the SHIP priority areas to the Oregon Health Policy Board.

Katrina presented a PowerPoint presentation on the "Oregon Opioid Overdose Prevention Initiative" related to the State Health Improvement Plan (SHIP) priority area of "reduce harms associated with substance use." This presentation is a preview of the SHIP priority area updates that the PHAB will receive on a quarterly basis starting in 2016. Copies of the slides are available upon request.

#### **Brainstorming Discussion**

- *All*

The December board meeting was the last meeting of the current PHAB. Due to the passage of HB 3100, Public Health Modernization, during the 2015 legislative session the PHAB is being reestablished with new membership in 2016. Board members were asked to participate in an "exit interview" type discussion to share

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feedback about their experience on the PHAB and to have a conversation with Division staff about what they thought would be helpful for the next PHAB.

Feedback provided:

- Frustration that the role of PHAB as an advisory board was undefined (i.e. gaps in the processes so board members never knew how the work and advice of the Board was used by the Division or turned into action).
- How do we paint a complete picture of what is happening? How do we implement some of the initiatives at the local level with the buy-in of the communities that are grappling with the issues on the ground? Would be useful to look at case studies as they emerge, either from Oregon or other states across the country in terms of how they might address some of the issues.
- Why don't we talk about the monetary and economic costs of problems, (i.e. the cost of doing something about it or not), and the cost of the intervention in order to frame some of the public health issues in the context of the cost to the state and communities? How do we give the tools to the next PHAB to start thinking in those terms and speaking the language that the Legislature speaks?
- Concern about too many local public health department representatives in the membership of the new PHAB. Community and academic members have brought unique and important views to the current PHAB and it'd be helpful to find a way to incorporate that perspective in the new PHAB.
- Bring external, critical stakeholders in to participate in discussions of the Board. Suggestion to bring back "lunch with a leader" where a guest was invited to participate in a discussion about a specific topic with board members at each meeting.
- Focus on issues and come back to them more than once. (i.e. hear about the issues and ask questions, but then hear some feedback about it at a following meeting, rather than revisiting issues once per year).
- Deliberate effort to look outside of public health.
- Reconsider the way that public comment is used. Look at how to bring public input to the fore and become more actionable by the Board.

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- Would be helpful for the new Board to know if they have a role in accreditation or if there is any other way that they can support the operational work of the department outside of what is called out in modernization.
- Possible use of a toolkit to get the new board members up to speed (something similar to the toolkit used for new local health officers).
- Helpful trainings for the new PHAB: Legislative training, OHA 101, Modernization 101, "Public Health in Oregon in the last 10 years" (i.e. issues such as fluoridation that have come up in the last 10 years).
- Areas of opportunity: fostering development with the CCOs; fostering development of primary care services.
- Depending on how the charter is written for the new PHAB, there may be an opportunity for the Board to be able to say and do the things that Division staff can't take on; have the tough conversations about topics such as needle exchange and sex education, whether it's through things such as position papers, white papers, etc.

### **Public Comment Period**

Liana Winett

Public recognition of a public health triumph – This is the 25<sup>th</sup> anniversary of the comprehensive safety belt law in Oregon. Oregon has one of the highest rates of compliance at 95%. A citizen initiative, this is a good example of Oregonians working together to solve a major problem.

BJ Cavnor, executive director of One in Four Chronic Health and Lorren Sandt, Caring Ambassadors Program

(Handout: "*Medicaid Drug Rebate Program Notice for State Technical Contacts*") They have formed the Oregon HCV Treatment Access Initiative. They presented some slides on what is currently going on with Hep C in Oregon and referred board members to the letter from The Centers for Medicare & Medicaid Services that was provided as a handout.

### **Recognition and Reception**

Since this was the last meeting of the current Board, board members were presented with plaques and thanked for their service on the Public Health

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Advisory Board. Board members and guests were invited to stay for a reception afterwards.

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).

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