

**Public Health Advisory Board (PHAB)**  
**January 19, 2017**  
**Meeting Minutes**

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**Attendance:**

**Board members present:** Carrie Brogoitti, Muriel DeLaVergne-Brown, Silas Halloran-Steiner, Katrina Hedberg, Safina Koreishi, Jeff Luck, Alejandro Queral, Akiko Saito, Teri Thalhofer, Tricia Tillman, and Jennifer Vines

**Oregon Health Authority (OHA) Public Health Division (PHD) staff:** Cara Biddlecom, Jeston Black, Karen Girard, Tim Noe, Lisa Millet, Laura Chisholm, Gabriela Goldfarb, Isabelle Barbour, Sara Beaudrault, Holly Heiberg, Christy Hudson, Angela Rowland

**Members of the public:** Morgan Cowling, Coalition of Local Health Officials;

**Approval of Minutes**

A quorum was present. The Board unanimously voted to approve the December 15, 2016 minutes.

**Public Health modernization updates**

**PHAB Membership update:**

Jennifer Vines, Akiko Saito, and Teri Thalhofer have all been reappointed for four year terms. The Board member designee who represents healthcare organizations that are not CCOs will be appointed soon.

**Oregon Health Policy Board update:**

The Oregon Health Policy Board (OHPB) is holding their annual retreat today and Lillian Shirley is attending.

**Statewide Modernization Plan update:**

The Statewide Modernization Plan was reviewed in December and is presently moving through the OHA publication clearance process. Cara will let the Board know when it is approved.

Meanwhile, the *Health and Economic Benefits of Public Health Modernization* report has been approved and is available on the OHA/PHD website here:

<http://public.health.oregon.gov/About/TaskForce/Documents/OHA-9959-Modernization-Benefits-Report.pdf>.



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**PHAB Statement on Funding for Public Health Modernization to Legislature and OHPB:**

The statement from the PHAB regarding funding for public health modernization has been sent to Rep. Mitch Greenlick, Sen. Monnes Anderson and the Oregon Health Policy Board. The statement is posted on the OHA/PHD website:

<http://public.health.oregon.gov/About/Documents/phab/PHAB-Statement-on-PHM-Funding.pdf>.

**Aligning Innovative Models for Health Improvements in Oregon (AIMHI) Meetings:**

Morgan Cowling provided a schedule update on the Aligning Innovative Models for Health Improvements in Oregon (AIMHI) meetings that the Coalition of Local Health Officials (CLHO) is holding across the state. All of the December and early January meetings were canceled due to inclement weather and rescheduled for February. Please visit: <http://oregonclho.org/public-health-issues/aimhi-meetings/> for more information and to register.

**PHAB Scope of Work Regarding Funding:**

ORS 431.123 outlines the duties of the Public Health Advisory Board, and ORS 431.125 outlines the Oregon Health Policy Board's duties. While PHAB's role is advisory, policy change falls within the purview of the Oregon Health Policy Board. ORS 431.123(6)(a) clarifies PHAB's role to provide recommendations for the distribution of funds to apply foundational capabilities and implement foundational programs.

Tricia asked about ORS 431.123(10) *Assist the Oregon Health Authority in seeking funding, including in the form of federal grants, for ORS 431.001 to 431.550 and 431.990*. Cara stated that section 10 pertains to identifying resources to implement public health modernization including support for federal grant applications.

Alejandro stated that he interprets the PHAB's role to assist OHA to seek additional funding broadly since there are no restrictions in statute. This could include talking to legislators. Muriel stated the PHAB could look at different funding mechanisms, for example, looking to areas where prevention saves money for other sectors.

Akiko proposed that since the PHAB Incentives and Funding subcommittee has not looked at additional funding sources, the subcommittee could do so as a part of their work plan.

**Action Items:**

- Discuss additional funding sources to support public health modernization at the next Incentives and Funding subcommittee meeting. Begin by looking at how certain tax revenues are allocated.
- PHD staff will research if there are any minutes or documentation within OHA that pertain to public health and behavioral health and funding.

**Potential Repeal of the Affordable Care Act (ACA) Impact:** Cara provided a summary of impacts in Oregon if ACA Prevention and Public Health Funds (PPHF) are eliminated. In Fiscal Year 2016 PHD received \$9.3M in PPHF, with \$1.3M passed through to local and tribal authorities, and non-profit organizations. There are also PPHF grants that go directly to other organizations that may be eliminated.

### **Healthy Places Initiative**

*-Gabriela Goldfarb, Environmental Public Health Section Manager, Oregon Health Authority*

Gabriela provided an overview of the Healthy Places Initiative. The Healthy Places Initiative was developed in response to air toxics concerns that arose in 2016, and to address public health system gaps identified in the public health modernization assessment. The public health modernization assessment showed that 2/3 of people in Oregon live in an area where the public health system's capacity for foundational environmental health work is minimal or limited. The goal is to increase capacity across the system, strengthen partnerships, and help communities set environmental health priorities.

OHA Public Health Division has formed an internal team with staff from the environmental health, chronic disease, communicable disease and emergency preparedness programs. OHA Public Health Division has also formed a working group that includes Crook, Multnomah, Jackson, Malheur, and Washington counties. The initial focus is to combat industrial point source air pollution, mobile sources, wood smoke, and wildfire smoke. The group will identify best practices to address environmental hazards to improve health outcomes.

The timeline includes identifying the health burden in January, determining evidence based strategies in February, identifying key metrics in March, and completing a discussion paper by April. Alejandro inquired whether the metrics developed by this work group will be used for the public health accountability metrics. Gabriela stated that environmental health data in this area is limited, and the March meeting will largely be about identifying gaps. However, the intent is that this group's work around metrics will inform the selection of accountability metrics for public health.

### **OHA legislative agenda**

*-Jeston Black, OHA Director of Government Relations*

Jeston provided an overview of the 2017 OHA Bills. A list of bills are included with the meeting materials.

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

#### **Obesity Priority Area**

*-Karen Girard, PHD Health Promotion Chronic Disease Prevention Section Manager*



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Karen provided an overview of the SHIP priority to slow the increase of obesity. Obesity is the second leading preventable cause of death in Oregon, with 65% of adults who are overweight or obese. There are many chronic health issues that go along with obesity including diabetes, heart disease, high blood pressure, asthma, high cholesterol and arthritis. Obesity rates vary widely among race and ethnicity. The drivers of obesity are insufficient physical inactivity and poor nutrition.

The SHIP contains four priority targets: obesity prevalence in ages 2-5, youth, and adults, and diabetes prevalence. Oregon is currently only on target to meet the priority target for obesity prevalence among children ages 2-5.

Data indicate that soda consumption has declined slightly for youth and adults in Oregon.

Population-level strategies in the SHIP to decrease obesity prevalence include: increasing the price of sugary drinks; increasing the number of private and public businesses and other places that adopt standards for healthy food and beverages, physical activity and breastfeeding; increasing opportunities for physical activity; and improving availability of affordable, healthy food and beverage choices. Alejandro asked how one defines opportunities for physical activity. Karen stated this includes partnerships with parks, schools, transportation, workplace interventions, and interventions to make communities more walkable and bikeable.

Safina asked about measurement of sugary drink consumption since consumption appears to be declining but obesity rates are steady or increasing. Data on consumption are self-reported through the Behavioral Risk Factor Surveillance System (BRFSS) survey and Oregon Healthy Teens Survey. The causes of obesity are multi-factorial, and a comprehensive obesity program requires a multi-prong approach that is supported by funding.

Currently OHA Public Health Division does not receive any categorical funding for obesity prevention. The health equity interventions are to increase the number of facilities that adopt healthy standards for OHA/DHS mental and behavioral health service providers; increase the number of people with type 2 diabetes who participate in the National Diabetes Prevention Program; and increase access to healthy foods in low income communities and with poor access to healthy foods.

Tricia recommended that the obesity health equity intervention include culturally specific interventions rather than a broad systems approach. For the third intervention in this category, Safina recommends adding “low income and minority populations”.

Akiko requested additional information on mental/behavioral health and obesity. Akiko also reminded Board members about the PHAB equity review policy and procedure that the Board

worked on last fall and requested that the policy and procedure be revisited at an upcoming meeting.

OHA Public Health Division will be reviewing and revising the health equity interventions in the SHIP soon.

Tricia stated that Multnomah County's Racial and Ethnic Approaches to Community Health (REACH) Committee is looking at people-based and place-based strategies for health equity. They are looking at race-specific issues first and then mapping the interventions in a culturally specific way. Tricia recommended that REACH staff give a presentation to PHAB on this work at a future meeting.

**Action Item:**

- Provide additional data on sugary drink consumption and mental/behavioral health and obesity rates.
- Review PHAB equity review policy and procedure at an upcoming meeting.

**Substance Use Priority Area**

*-Lisa Millet, Injury and Violence Prevention Section Manager, OHA Public Health Division*

The SHIP includes a priority to reduce harms associated with alcohol and substance use. Oregon is a leader in its strategy to reduce opioid use.

The priority targets are to reduce prescription opioid mortality and alcohol-related motor vehicle deaths. Unfortunately both targets increased in the first year of SHIP implementation.

Lisa shared an interactive data dashboard that shows opioid data per county. The data dashboard is available at:

<https://public.health.oregon.gov/PreventionWellness/SubstanceUse/Opioids/Pages/data.aspx>

OHA is working with Lines for Life to develop an alcohol and other drug policy academy for medical professionals, health officers, and Coordinated Care Organizations (CCO) medical directors. The policy academy will support increased collaborations across sectors to reduce opioid mortality.

Jeff suggested in the future to start these presentations with the priority areas and interventions to allow PHAB members an opportunity to provide helpful feedback about the SHIP.

### **Prepare for 2017**

Jeff called attention to the 2017 draft work plan and asked for feedback on the meeting schedule for the year, specifically whether Board members feel the work plan continues to warrant monthly meetings.

Akiko proposed meeting every other month with subcommittee meetings on the off months. Alejandro proposed meeting monthly during legislative session and during this period of federal policy changes that will impact health, with the possibility of shorter agendas. Katrina supports shorter monthly meetings to better maintain communication and continuity of work. Or, every other month meetings could be shorter or conducted by webinar, focusing on updates. Jeff proposed cancelling August and December meetings, as is often done by other boards and committees.

**Action Item:** A proposed alternate meeting schedule will be voted on as an agenda item for the February PHAB agenda.

### **Public Comment Period**

No public comments were made in person or on the phone.

### **Closing**

The meeting was adjourned.

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

**February 16, 2017  
2:30pm – 5:30 p.m.  
Portland State Office Building  
800 NE Oregon St., Room 1A  
Portland, OR 97232**

If you would like these minutes in an alternate format or for copies of handouts referenced in these minutes please contact Angela Rowland at (971) 673-2296 or [angela.d.rowland@state.or.us](mailto:angela.d.rowland@state.or.us). For more information and meeting recordings please visit the website: [healthoregon.gov/phab](http://healthoregon.gov/phab)