

**Public Health Advisory Board (PHAB)**  
**December 6, 2013**  
**Portland, OR**  
**Meeting Minutes**

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**Attendance:**

**Board Members Present:** Shawn Baird, Betty Bode, Josie Henderson (by phone), Brooke Kyle (by phone), Priscilla Lewis (by phone), Jeff Luck (by phone), Pat Luedtke, Tran Miers, Loreen Nichols, Joanne Noone (by phone), Mike Plunkett, and Liana Winett

**Board Members Absent:** Jim Coffee, Joe Ichter, Alejandro Qeral

**OHA Public Health Division Staff:** Jae Douglas (by phone), Tom Engle, Bobby Green, Renee Hackenmiller-Paradis, Dave Leland, Sandra Potter-Marquardt, Brittany Sande, Lillian Shirley, Michael Tynan

**Members of the Public:** Morgan Cowling, Coalition of Local Health Officials; Kathleen Johnson, Coalition of Local Health Officials; Jennifer Pratt, Oregon Primary Care Association

**Opening:**

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

**Changes to the Agenda & Announcements**

With Alejandro Qeral absent, the update on the Public Health Systems Funding Committee will be postponed to March. In place of this we would like to discuss the Future of Public Health Task Force.

The Update on the State Innovation Model Grant will be a shorter update given by Michael Tynan as Cara Biddlecom is absent.

**Approval of Minutes**

(Handouts: *PHAB Meeting Minutes, September 2013*)

**Shawn Baird moved to approve the September 2013 meeting minutes as written; Pat Luedtke seconded the motion; the Board voted all in favor with no opposition or abstentions. The September 2013 minutes will stand as written.**

**Introduction of Public Health Director and Public Health Division Update – Bobby Green, Interim Public Health Division Deputy Director**

(Handouts: Public Health Division organizational chart; “Oregon Public Health

Advisory Board Documents Used for National Public Health Accreditation”;  
“Domain 12: Maintain capacity to engage the public health governing entity”)

Former Multnomah County Health Department Director, Lillian Shirley, has got her first week underway as State Public Health Director.

Bill Keene, an internationally recognized epidemiologist for the Oregon Public Health Division’s Acute and Communicable Disease Program has passed away. He was an expert in his field and put Oregon on the map as one of the safest places to live. We have made an effort to ensure everyone received an e-mail with detailed information on his memorial service which will be held next Friday here at the PSOB.

OHA changes: While Bruce Goldberg steps in as the Acting Director of Cover Oregon, Tina Edlund has been appointed by the Governor as the Interim Director for the Oregon Health Authority. Sean Kolmer will be stepping into Tina’s former position. Please remember that these three have worked together previously so the team remains intact and we are moving ahead appropriately.

PHD changes: The Community Liaison Section was re-located from the Center for Public Health Practice to the Director’s Office. The Health, Security, Preparedness and Response Program (HSPR) is now in the Center for Public Health Practice and EMS, Trauma, and Data has moved into the Injury and Violence Prevention Section. The Research and Evaluation Program has been re-named Environmental Public Health and was moved into the Center for Prevention and Health Promotion.

The Future of Public Health Task Force had their initial planning meeting in November and appointed Commissioner Tammey Baney as its chair. The PHD’s Policy Manager, Michael Tynan, is our lead staff on this task force.

Pertusis outbreak in Klamath County: Through September 2013 there have been 49 cases reported but no new cases have been reported since October. Because of this increase an early exclusion day for 7<sup>th</sup> graders has been recommended.

There was threat of government shut-down last month. Our WIC Program was poised to be one of the highest profile public health programs impacted by this. We had successful media outreach, letting the public know WIC would remain open. Currently, we’re in the process of creating new rules that would give the program authority to suspend contracts when there is no appropriate funding

rather than requiring emergency rules or termination of contracts.

Due to our change in leadership, we requested and received a 120 day extension on our accreditation process.

**PHD/ODOT Relationship and Memorandum of Understanding – Margi Bradway and Jerri Bohard, Oregon Department of Transportation**

(Handout: Memorandum of Understanding between the Oregon Health Authority, Public Health Division and Oregon Department of Transportation)

In May of 2012 we had a meeting between key managers in ODOT & PH to discuss the need to improve our partnership. Since then, a MOU has been signed by both Directors.

At this point we are meeting quarterly in order to better understand the connection between transportation and health. Once we get past our terminology and cultural differences we really, structurally, are not that different in how we work with our stakeholders.

Policy Objectives in our MOU:

1. Communication and Planning
2. Safe and Active Transportation
3. Research and Data Analysis
4. Leveraging Opportunities

**Communication & Planning**

Hold regular meetings and slowly start to connect the ACT's (Area Commission on Transportation) with the Healthy Community Coalitions.

STIP Stakeholder Committee (Statewide Transportation Improvement Program)

This committee sets the framework for what the criteria is in regards to how we make recommendations on which transportation projects we select. As we develop criteria for which projects should be selected around the state this year, for the first time we are adding representation from Public Health. We have learned that is crucial to develop some criteria (economic benefit, health impact, the project readiness etc.) that cuts across all modes (transit, bike, freight) in order to develop attributes.

Other committees: TGM Advisory Committee (Transportation Growth Management), Bike and Pedestrian Plan Advisory Committee, and the

Transportation Options Plan.

### **Safe and Active Transportation**

Safety is important to both our agencies; we want to reduce crashes and fatalities for all across our state. We are collaborating on OHA's Safety and Pedestrian Plan and ODOT's Safety Action Plan.

Bike & Pedestrian Mode (Active Transportation): Promoting best practices at the state level by sharing our data analysis.

### **Research & Data Analysis**

Discussing data collection has allowed our data analysts to share their past survey data and furthermore discuss what should be collected in the future to help one another.

The Oregon Modeling Steering Committee, a statewide committee of transportation and land use experts, has begun the discussion on how to integrate health into our models. Due to the complexity of this discussion, a representative from the Public Health Division has been added to the Committee and this has been designated as a consistent agenda item.

Historically, our agencies have not seen eye-to eye on Health Impact Assessments (HIA's). However, from the ODOT perspective, we are beginning to better understand the importance of HIA's to the health community and where our points of influence are. We want HIA's to be integrated more up-front so that there is true influence by them on decision making.

### **Leveraging Opportunities**

Leverage both resources and funding, specifically opportunities to support each other when we apply to grants. To the extent that we can continue to go in together on potential federal funding is a huge opportunity for us.

There are impact issues from transportation on air quality, childhood asthma, water quality etc. and for these reasons we need more money going to the health department. However, there is a constitutional amendment that says any gas tax collected goes back to the highway. The PHD's Environmental Health Section has very limited resources for these kinds of projects and we are striving to find a solution to this. A conversation addressing this limitation needs to occur and we would like to try bringing it forward in the 2015 legislative session.

ODOT relies on Public Health to keep them informed as to who the key stakeholders are and where they are located.

A long-term goal of ours has been to get CCO's thinking about the link between health and transportation as a social determinant. However, we have discovered that CCO's are already aware, that in regards to sustainability, this sort of partnership is exactly what Oregon needs to benefit individuals and communities.

### **County Accreditation Update – Kathleen Johnson and Morgan Cowling, Coalition of Local Health Officials**

The Public Health Accreditation Board was formed in 2007 and the voluntary National Public Health Accreditation was launched in September of 2011. The OHA Public Health Division and CLHO formed a partnership shortly after in October of 2011 in order to support local public health accreditation.

Our goal is to ensure that we are supporting the local health departments that are on the leading edge and applying for accreditation. We also are trying to support an environment that is supportive of quality improvement and performance management.

There is a lot of community involvement specifically around the prerequisites for public health accreditation (community health assessment plan, community health improvement plan, and strategic plan). Public Health grant funds were really focused and directed toward these pre-requisites during the first two years. Now that we have made substantial progress with these across the state, there is more funding available for training and technical assistance.

Firstly, counties must submit their statement of intent followed by an application containing the three pre-requisites. At this time about 24 counties have completed their CHA's and 14 have completed their CHIP's. This is a very time-intensive process that requires a lot of dedication from leadership and staff at all levels. We have been able to make a lot of progress in a short amount of time largely due to the resources that CLHO has been able to provide with the national public health improvement initiative and the funding that has been made available to support this work. With the current Healthcare Transformation work, a lot of our counties are engaging with their CCO's in many different models. CCO's have to do the CHA's & CHIPs so there is a lot of opportunity for relationships between the two. The State has formed a workgroup that includes CLHO representation with the goal of creating alignment of this work and models that could support it.

Currently, there is not a centralized place where all of these documents are located. This is something we need to work toward so that not only the CCO's, the local health departments, and the hospitals have access to this work but also the community at large does as well.

CLHO's goal is to provide continuous support for counties throughout all the phases of accreditation. Now that we have counties that have submitted everything and are awaiting a site visit, we want to think about what the follow-up will look like and how these counties will maintain everything for their 5 year re-accreditation.

We want Oregon counties, collectively, to strive for and achieve these national standards and have them roll into our triennial reviews. CLHO has set up a subcommittee to work on accreditation standards and their operationalization here in Oregon. We want to make this as un-burdensome as possible for both the state and our local public health departments.

#### **Update on State Innovation Model Grant – Michael Tynan, Policy Officer, Public Health Division**

When the Affordable Care Act was passed, CMMI (Center for Medicare and Medicaid Innovation) was created to test innovation for payment and delivery system models that show promise for improving quality and slowing the rate of growth of cost. CMMI allows the creation and testing of innovative programs in States without congressional approval.

There were three levels of funding and Oregon was placed in the top tier, and some of the funds have been dedicated to our public health system. We will use this money to do inspections on patient center primary care homes through our HCRQI Program, expand our BRFSS (Behavioral Risk Factor Surveillance System), and provide funding for counties in order to test county and CCO intervention partnerships.

The application for this grant is due by next Friday.

#### **Looking ahead to the 2015 legislative session – Michael Tynan, Policy Officer, Public Health Division**

The 2014 session is approaching however the Public Health Division has been advised to not put any legislative concepts forward until 2015. We currently are working internally within the division on concepts we would like to put forward in 2015 and we are open to ideas here today.

Ideas suggested from the PHAB members included:

- We need support for the integration of data collection systems. Data here seems to be very fragmented as several different sources have data, some up-to-date, some not. Formalizing and standardizing our data into one repository is really important work that needs to get done. The data systems that we currently have don't speak to one another, the data is not collected in the same way, and counties don't seem to have equal access to them.
- We need professionalized Boards of Health. Every county use to have a separate Board of Health but overtime they all got pulled back by the county commissioners. At the local level, opportunities for creativity in regards to policy have fallen to the public health advisory committees; many of which are not very strong. Therefore, it is very difficult for counties to accomplish anything that is contentious. If you don't have a strong public health advisory committee or a professionalized board of health, things that are politically tough to accomplish are unattainable. We would like to find a solution to this.
- It has been very challenging to get funding for prevention in our state. In trying to work with our CCO's on some of our public health contracts it has become very obvious that we are never going to achieve where we need to go with coordinated care and health transformation if we don't invest in prevention.
- It was recommended that we consider legislature around late mid-wives which would get rid of the exemption of licensing for traditional birth attendants. Right now there is a committee being formed by Judy Mohr-Peterson however we do not know where the PHD's intersection lies with that.

If you have any further ideas, thoughts, or comments please feel free to email them to Michael Tynan or Brittany Sande.

### **Prevention Block Grant – Tom Engle, Office of Community Liaison, Public Health Division**

This grant came to be in 1981 and is not based on a formula, what each state gets is from multiple funding streams. While this was an idea that everyone jumped on board with back in the 80's it is no longer looked upon with favor by CDC

leadership or the executive branch of federal government. As the statute requires, we have PHAB overlooking this grant. This simply requires you all to review the spending of the grants money.

Jan Kaplan is now the Community Liaison Manager and he will be attending the PHAB's March meeting to present the proposal for the spending of the Prevention Block Grant money.

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

We have had one 1-hour planning meeting thus-far. We elected a chair and vice-chair however we have yet to plan when our subsequent meetings will occur.

There was some dialogue in regards to the work that PHAB has done in the area of cross-jurisdictional sharing and in particular the infrastructure. The Task Force was very interested in having some PHAB members come to future meetings to orient them on the system we have today. Structurally, it would be good for PHAB to always be made aware of when the Future of Public Health Task Force is meeting and we could then let them know we would like to make a formal presentation.

Once we receive the draft minutes from the Future of Public Health Task Force's initial meeting, we will distribute to PHAB. We also will communicate the Task Force's next meeting date and time through a formal invite to PHAB.

### **Public Comment Period**

No public comment was given.

### **Closing:**

The next Public Health Advisory Board meeting is:

**Friday, March 7, 2014**  
**9:00 a.m. – 12:15 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 Alayna Nest at (971) 673-1291 or [alayna.n.nest@state.or.us](mailto:alayna.n.nest@state.or.us).