

**Public Health Advisory Board (PHAB)**  
**June 4, 2010**  
**Meeting Minutes**

---

**Attendance:**

*Board Members Present:* Thomas Aschenbrenner, Tina Castañares (by phone), Tom Eversole, Barry Kast, Tran Miers, Kathleen O’Leary, Bill Perry, Mike Plunkett, Alejandro Qeral, Bob Shoemaker, Rick Stone, Steve Westberg, Liana Winett (by phone)

*Board Members Absent:* Shawn Baird, Betty Bode

*OHA Public Health Division Staff:* Jayne Bailey, Katherine Bradley, Bill Coulombe, Tom Engle, Karen Girard, Katrina Hedberg, Katy King, Mel Kohn, Jane Moore, Brittany Sande, Gail Shibley, Sue Woodbury

*Members of the Public:* Dr. Rick Asai, Oregon Dental Association; Morgan Cowling, Association of Oregon Counties; Beryl Fletcher, Oregon Dental Association; Brett Hamilton, Tobacco-Free Coalition of Oregon; Mary Lou Hennrich, Community Health Partnership; Greg Lee, Oregon MPH Program; Diane Lund, The Lund Report; Mary Peaslee, Oregon Public Health Association

**Opening:**

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

**Changes to the Agenda or Announcements**

No changes were made to the agenda.

**Announcements:**

The September PHAB meeting will be on September 24<sup>th</sup> instead of the first Friday of the month. At that meeting, the Board will be appointing a nominating committee for board chair and vice chair. Elections for those positions will be at the December meeting. Board members should start thinking about who they would like to have on the nominating committee, as well as if any members have an interest in being in one of the elected positions.

**Approval of Minutes**

(Handout: *PHAB Meeting Minutes, March 2010*)

A motion was made that the March 2010 minutes be approved as recorded; the motion was seconded; board members voted in favor with no opposition or abstentions; minutes are approved and will stand as written.

## **Public Comment Period**

No public comments were made.

## **Federal Health Reform Update – Katy King, Government Relations Liaison, OHA, Public Health Division**

(Handout: “*Patient Protection and Affordable Care Act (HR 3590) – Selected Prevention, Public Health & Workforce Provisions*”)

The federal health reform bill has passed. There are a lot of provisions in the bill, but some that have a great impact on public health. Prevention and wellness funds are a “once in a generational opportunity for public health funding” – ASTHO.

The initial allocation is \$500 million, and allocations will go up in increments of \$250 million. The next increment will come in October and will be \$750 million, followed by \$1 billion the following year, then \$1.25 billion, and up to \$2 billion by 2015. It is a recurring allocation that will continue. Groups including the Public Health Alignment Workgroup and some national groups have written to Secretary Sebelius of the Department of Health and Human Services to ask that the funding be directed in an overall strategy through the CDC and through governmental public health. It’s not clear right now how that will play out, but a decision should be made on the first increment of money by October 1, 2010.

See handout for summary on the selected provisions.

## **Public Health Division Update & State Budget Report - Dr. Mel Kohn, Public Health Director, OHA Public Health Division**

(Handout: *DHS, Public Health Division 2011 – 2013 Current Service Level Budget, by Section or Program*)

Public Health Division (PHD) executive leadership staff paid a visit to Oregon State University and met with the public health faculty there to try and start to build more relationships than they’ve traditionally had in the past. They were encouraged by the openness to dialogue and to working together with academic partners on efforts to form a school of public health.

Two big items that have been going on in the PHD are what’s happening with the transition to the Oregon Health Authority (OHA) and budget issues. In regards to the OHA, there has been a lot of activity with consultants looking at which services will be shared between DHS and OHA. One example that may change is the analysis of human resource functions. Human resource functions have been divided into two groups: custodial functions (such as payroll), which the agencies don’t need two versions of and could be a shared service; and human resource

functions specific to the types of technical positions needed in each agency, which would need to be separate functions for each agency. There will be a human resource director in each agency, but a core set of functions that are shared. How the shared functions will be governed is also being looked at.

Another important thing that has been looked at during the transition to the OHA is how the agency will be organized so that it's not just a matter of moving boxes from one organizational chart to another, and looking at where services will fall in the new structure. While population based services that the PHD performs may be in its own unit, there are some functions that PHD does that more appropriately belong in more clinical areas. They'll need to look at which things belong in the more clinically oriented units vs. public health. There is still more to decide on this and they haven't gotten specific around the details.

In regards to the budget, there is a huge shortfall for the rest of the biennium. A directive came down that PHD needed to put forth a 9% general fund cut. The initial instructions were that 4% would come out of administration, which leaves 5% cuts in programs. In working on the next biennium's budget, the instruction from the Director's Office is for 30% cuts from each division so that the agency as a whole can put forward a cut list of 25% of the current service level budget. A joint leadership team (PHD and CLHO) met and had discussions of what cuts can be put forward. On the handout is a list of PHD programs and the total amount of general fund that is invested in each program.

The Board engaged in discussion regarding the allocation of general fund dollars throughout public health programs and sections and how the cut decisions are made.

### **Public Health Division Policy Packages for 2011 - 2013 – Dr. Mel Kohn**

Dr. Kohn shared with the Board some information on the policy option packages (POP) that are being put together as part of the OHA and PHD's budget request for the 2011-2013 biennium. The POPs touch on tobacco, obesity and oral health with the funding for an oral health director and dental program. If a program like that were to get funded, the funding would come to the OHA and then there would be discussion of how it gets distributed.

### **Sugar-Sweetened Beverages – Karen Girard, Health Promotion Manager, OHA Public Health Division**

Karen shared a PowerPoint presentation on the obesity crisis in Oregon and some of the factors related to the increase in obesity in the past 20 years. Her presentation included information on national obesity trends and chronic disease

issues related to obesity. The presentation also touched on the role that sugar-sweetened beverages play in the obesity crisis and what reducing the amount of sugar-sweetened beverage consumption could do in relation to obesity and associated health risks.

The Board engaged in discussion of the health impact of sugar-sweetened beverages. Katy King also shared information around the legislative concept that the PHD is working on to establish a tax on sugar-sweetened beverages. At this point in the process, it has been approved for drafting by Legislative Counsel. It still needs to be endorsed by the Governor's Office and also by the next administration. If the bill moves forward, a workgroup will be convened. The workgroup would look at the bill language once it is drafted and help come up with strategies around it. If the workgroup is convened, the PHD would like to have PHAB participation, if possible. Thomas asked board members Mike Plunkett, Tina Castañares and Bill Perry to be a part of the workgroup to bring their expertise to the conversation. Thomas also urged the workgroup to include in its thinking the role of school nutrition in the conversation of what might be going on.

**Lunch with a Leader – Dr. Judith Monroe, MD, FAAFP, Director, Office for State, Tribal, Local, and Territorial Support, Centers for Disease Control**  
(Handout: *Biography*)

Dr. Monroe shared with the Board information about her background and the work that she does at the CDC. She shared about her experience working as a physician and doing population level interventions in Appalachia. She then moved to Indiana and became the state health commissioner.

She is now at the CDC as one of the deputies directing the new office of State, Tribal, Local, and Territorial Support. One of her priorities in her new role is to better support state health departments and bolster the science of public health. Her office is the office of engagement and she wants to make sure people are taking all of the science that comes out of CDC and putting it into practice. She's been working on communications enhancements so that local health officers and health departments can get to the CDC faster than they can now. She's also working on how health departments can effectively cut their budgets due to the economy without losing services or going backwards with the health outcomes that have been achieved.

The Board engaged in dialogue with Dr. Monroe on topics of interest:

- Federal health reform and the allocation of money to public health
- Accreditation of local public health departments
- Public health advisory boards – how different board structures function in other

- states
- Vision for CDC
  - Environmental public health issues that the CDC is working on
  - Obesity control
  - Information technology and use of data
  - Oral health issues

Dr. Monroe also shared with the Board the six winnable battles that the CDC is working on to help align people and get people thinking about improvements that can be made across the nation. The winnable battles include HIV, motor vehicle injuries, teen pregnancy, tobacco, nutrition/food safety, and healthcare acquired infections. There is evidence of what needs to be done to fight these battles and if everyone across the nation can align, it can really make a difference.

### **Oregon Health Policy Board/Reporting Relationship – Thomas Aschenbrener, PHAB Chair**

(Handout: *Oregon Health Policy Board members' biographies*)

Due to the passage of HB 2009 during the 2009 legislative session the PHAB's reporting requirement has been changed and PHAB now reports to the Oregon Health Policy Board (OHPB) rather than the director of DHS. Thomas Aschenbrener, Tom Eversole and Katy King met with Eric Parsons and Lillian Shirley, chair and vice chair of the OHPB, to reaffirm that PHAB has a role in policy advice in the new structure. Thomas, Tom and Katy talked with Eric and Lillian about PHAB's role as an independent body and an advisory body to the OHPB, and made it clear that PHAB works by engaging in issues around the public's health. PHAB sees its role as one of continuing advocacy, including being present in legislators' offices as necessary and taking positions of PHAB's advocacy to the OHPB as well.

Overall, Thomas, Tom and Katy experienced support from Eric and Lillian in PHAB being active and proactive in offering support and advocacy. PHAB was encouraged to be proactive and to follow along and perhaps appear at the Health Improvement Plan (HIP) committee, which is the subcommittee that is charged with bringing forward recommendations to the OHPB as a whole. PHAB's bylaws will need to be amended due to the reporting change. Bob Shoemaker will work with Shannon O'Fallon to make the amendments.

PHAB engaged in conversation about how to leverage PHAB now in its new role. This is a real opportunity to have the forum to go before a public board and talk about public health issues, and for PHAB to provide recommendations to the HIP committee and the OHPB.

A suggestion was made to explore the opportunity of having PHAB make a report to the OHPB, or having a few minutes on the agenda at their regular meetings to at least weigh-in and bring the OHPB updates. It was suggested that at PHAB's next meeting, PHAB can take a look at the draft report from the HIP committee.

Coming back to an idea previously discussed of PHAB producing an annual public health report, the OHPB would be a good place to present it. It will be important for PHAB to be aware of the different committees of the OHPB and to be aware of appropriate places for PHAB to weigh-in and do so.

Thomas shared with the Board information on a contest to develop a 30 second public service announcement promoting local public health and a video announcing the contest that will be coming out June 15. The contest is a way to cause professionals to engage with public health and to use different ways to get public engagement in issues around public health.

### **Core Issue Review – Thomas Aschenbrener**

Thomas revisited something that Dr. Monroe had mentioned during her conversation – the creation of topic areas and creation of summits around the topic areas that have outcomes that go somewhere. Thomas asked members to think about if PHAB has a role in working on a topic area, finding the external resources, encouraging them, and convening the right group of people in order to take on a topic area summit for our state. If PHAB can encourage it to happen maybe it can occur here.

Thomas also questioned if PHAB should invite opportunities from gubernatorial candidates to come and talk to PHAB individually about issues, priorities and concerns. A key piece would be to inform the candidates of PHAB's issues which they would then make public as part of their campaign. Thomas would like to find a vehicle that will inform the members of PHAB and make the visibility of PHAB known to both candidates, and the issues of public health known to both candidates. A secondary effort would be to explore the notion of putting something forward in writing to give the candidates a chance to comment on points in writing to PHAB. This would be a fallback effort if PHAB isn't able to find a vehicle to talk with them in person. Katy will check with the Governor's Office to see if this is something that the Board can do.

### **Closing:**

Chair Aschenbrener declared the meeting adjourned.

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

**Friday, September 24, 2010  
Portland State Office Building  
800 NE Oregon Street, Room 1A  
Portland, OR  
9:00 a.m. – 2:00 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).