

Future of Public Health Services Task Force
11/22/13 Meeting Summary (DRAFT)
 Oregon State Capitol
 8:30am-9:30am

Task Force Members in Attendance:

Tammy Baney (phone)	Gary Oxman	Liz Baxter (phone)
Charlie Fautin	Alejandro Queral (phone)	Nichole Maher (phone)
Carrie Brogoitti (phone)	Jennifer Mead	Carlos Crespo (phone)
John Sattenspiel, MD	Rep. Mitch Greenlick	Vicki Olson (for Rep. Jason Conger)
Senator Laurie Monnes Anderson	Thomas Cuomo (for Senator Bill Hansell)	

Staff in Attendance:

Courtney Westling	Stephanie Jarem	Lillian Shirley
Suzanne Hoffman	Bobby Green (phone)	Michael Tynan
Bruce Goldberg, MD (phone)	Mike Bonetto (phone)	Jeffrey Jackson Scroggin

Meeting Summary:

- **Introduction of Task Force Members**
- **Intent and Background of HB 2348A**
 - Representative Mitch Greenlick, Chief Co-Sponsor of the legislation, provided a brief presentation on the background and history of the bill, which initially was presented as a way to merge county public health offices into eight regional offices. The intent of the bill was to address concerns about counties that serve the same populations (e.g., Multnomah, Clackamas and Washington counties) and/or provide redundant services and determine ways of improving the efficiency and effectiveness of public health services
 - After testimony and discussion, the bill was amended to authorize a Task Force which will report on and study the regionalization and consolidation of public health services and the future of public health services in Oregon and potentially make recommendations for legislation.. The bill was passed enthusiastically in both the House and the Senate.
- **Overview of Meeting Decision Making**
 - Michael Tynan provided information for the structure and intent of the Task Force meetings from HB 2348A, specifically:
 - Membership requirements of the Task Force
 - Specific directive and focus of the Task Force
 - A majority of voting members (8) constitutes a quorum
 - Official action requires approval of a majority of members
 - A report is due no later than October 1, 2014 to the Legislative Assembly
 - Tammy Baney was nominated and selected as Chair of the Task Force by consensus

- Liz Baxter was nominated and selected as Vice Chair of the Task Force by consensus
- Meetings will be monthly and will range from 3-5 hours, depending on topics to be discussed. Full-day meetings are a possibility. Members indicated that Portland and Salem locations were amenable, but there is interest to travel to other areas in order to accommodate members and to gather input from additional regions and counties.
- **Review Task Force Work Plan**
 - The draft work plan provides a general timeline from November 2013-October 2014.
 - Nov '13 to Apr '14: information gathering (members will prioritize issues and staff will gather resources and arrange presentations)
 - May-June 2014: drill down on specific, prioritized issues, establish a direction
 - June-July 2014: develop and refine draft recommendations and report
- **Establish Task Force Priorities/Discussion**
 - Members discussed the intent of the Task Force with a focus on keeping an open mind – no preconceived notions of what the end product may be. Possible directions include reconfiguring public health, better understanding the role of public health, and/or evolving the current system to align with the coordinated care model and health system transformation.
 - The Task Force reviewed their statutory obligations regarding recommendations:
 - (b) The task force shall focus on recommendations that:
 - (A) Create a public health system for the future.
 - (B) Explore the creation of regional structures to provide public health services that are consistent with the distribution of population and established patterns of delivery of health care services.
 - (C) Enhance efficiency and effectiveness in the provision of public health services.
 - (D) Allow for appropriate partnerships with regional health care service providers and community organizations.
 - (E) Consider cultural and historical appropriateness.
 - (F) Are supported by best practices.
 - Agreement that certain public health activities (e.g., preparedness, disease surveillance, inspection) will likely always need to remain in public health – but is there another way to cover the entire state, ensure wellness of the full population, and better integrate the system?
 - Potential to build on Public Health Advisory Board work
 - Useful to hear more from other experts e.g. Dan Fleming, of the state of Washington, whose study assessed the cost if public health departments only provided their essential services, and used other agencies to provide additional services (e.g., immunizations)
 - Need to ensure that the Task Force establishes goals and creates a system of evaluation to determine efficiency and effectiveness of proposed recommendations.
 - Members agreed that there would be a major commitment to transparency in the Task Force, through the website, public hearings and testimony, and other forms of public input and feedback.
 - Request for staff to pull or create resources that establish common ground for the Task Force, including:
 - Common definitions of public health
 - Current county health department experiences

- Scope of work, statutory requirements, and role of county public health departments and other government agencies that may be responsible for aspects of public health (e.g., schools).
- Typologies of public health systems, including other experiences of states
- **Meeting Adjourned.**

DRAFT