



# Benton County

## Public Health Planning Advisory Committee

### (PHPAC) January 15<sup>th</sup>, 2014 Minutes

**Present:** Drew Desilet (Vice-Chair), Jennifer Costa, Lesli Uebel, Marisa Thierheimer, Bonnie Bailey (Chair), Louise Marstall, Judy Sundquist, Jim Gouveia, Erin Kenney & Gregg Olson

**Excused:** Tara Gaitaud & Mariam Rehman

**Guests:** Emily Costa & Joyce Christopher

**Staff:** Charlie Fautin, Bill Emminger & JonnaVe Stokes (recorder)

#### I. Call to Order and Introductions

Meeting was called to order at 6:04 p.m. by *Bonnie Bailey, Chair*. Introductions were made.

#### II. Approval of December 2013 Minutes

**MOTION was made to approve the December 2013 minutes as written; motion seconded; all in favor, so approved.**

#### III. Food Sanitation Inspections - *Bill Emminger, Environmental Health Division Manager, Benton County Health Services (BCHS)*

- Food code became unified and synchronized in 1976
- Developed a universal inspection form including 12 critical violations and 32 non-critical violations.
- The 100 point scoring system was developed for enforcement.
  - Currently a score of 70 is passing under the Oregon Model and 60 is passing under the Food & Drug Administration (FDA) Model.
- In 2001, Oregon developed a workgroup to update the outdated FDA food code to a 1999 version.
- In 2012 a new scoring system went into effect in Oregon.
  - Terms were changed from Critical Violation to Priority Violation, Non-Critical Violations to Core Violations and a new violation category called Priority Foundation (major contributing factors that cause foodborne illness) was established.
  - This new system is more focused on foodborne contributing factors, but there is room for improvement.
- Enforcement: critical violations must be corrected before a sanitation officer leaves and/or a plan is put into place to be executed within a 14 day time frame; requiring a follow-up inspection.

#### IV. National Public Health Week

- April 7-13<sup>th</sup>, the Board of Commissioners will be convening as the Board of Health to hold the first annual update of Benton County's Community Health Improvement Plan, review the county health rankings in Oregon put out by the Robert Wood Johnson Foundation and present the 2014 Sheldon Wagner Award.

#### V. Member Activity Reports - No reports

#### VI. Department Updates - *Charlie Fautin, Deputy Director, BCHS*

- PHPAC discussed a proposal to endorse a "Health in All Policy" model (systems adjustment using a health screening policy) to the Board of Commissioners. Policies have a significant effect on communities.
- Judy Sundquist was presented with a certificate of appreciation for her two years of service as PHPAC's Vice-Chair.
- Chair Bailey suggested choosing a theme to focus on in 2014, the committee will review public health areas and decide at a later date.
- Deputy Fautin recommended a presentation of Benton County's Health Department current programs.

#### VII. Adjourn - Meeting adjourned at 7:33 p.m.



# Benton County

## Public Health Planning Advisory Committee

### (PHPAC) February 19<sup>th</sup>, 2014 Minutes

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**Present:** Drew Desilet (Vice-Chair), Lesli Uebel, Bonnie Bailey (Chair), Louise Marstall, Judy Sundquist, Jim Gouveia, Erin Kenney & Gregg Olson

**Excused:** Marisa Thierheimer, Jennifer Costa, Mariam Rehman & Tara Gaitaud

**Guests:** Joyce Christopher

**Staff:** Charlie Fautin, Sara Hartstein & JonnaVe Stokes (recorder)

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#### I. Call to Order and Introductions

Meeting was called to order at 6:03 p.m. by *Bonnie Bailey, Chair*. Introductions were made.

#### II. Approval of January 2014 Minutes

**MOTION was made to approve the January 2014 minutes as written; motion seconded; all in favor, so approved.**

#### III. Health in All Policy (HiAP) - *Sara Hartstein, Health Policy Specialist, Benton County Health Services (BCHS)*

- Health is not just the absence of disease it also includes social inequities and the environment we live in.
- HiAP is an approach to public policy that takes a systems approach based on health impacts.
- Founded in health related rights: health equity and social justice.
- Aims to improve the accountability of policy makers on health impacts.

#### **Handout: What is a Healthy Community?**

- California HiAP what should a healthy community look like?

Five key elements of HiAPs:

- 1) Promote health equity and sustainability within:
  - Specific policies, programs and processes
  - Government decision-making processes
- 2) Support intersectoral collaboration
- 3) Benefit multiple partners
- 4) Engage stakeholders
- 5) Create structural or process change throughout a whole institutionalized system

No "one" right way to implement

Prioritize and seize the opportunity

#### **Handout: Government Mechanisms as Opportunities for Change**

Richmond, California slogan: "city services through the prism of health."

- Health is included in their general plan
- Aligned their 5 year strategic plan with their budget
- Adopted HiAP ordinance for the city

King County, Washington: Equity and social justice initiative

- Trained employees and require use of equity impact review tool:
  - Stage 1 – what is the impact of the proposal on determinants of equity?
  - Stage 2 – who is affected
  - Stage 3 – impact review: opportunities for action (develop a list of likely impacts and actions with negative impacts mitigated and positive impacts enhanced.)
- Adopted equity and social justice ordinance
- Integrated health into their strategic plan
- Inter branch team and developed a work plan
- Produce annual reports to show highlights of their work

## Benton County, Oregon

- What does HiAP look like right now?
  - 10 years ago the county commissioners activated Healthy Active Community Environments (department heads from: Public Works, Human Resources, Sheriff's Department, Planning, Health Services and Park and Recreation) meeting quarterly to align work around internal county initiatives.
  - Develop incentive programs: alternative modes of transportation to work, connecting bikes and trails between city and county planners; mapping and identifying resources (August in Motion, Bike valets system at DaVinci Days, fall festival and the fair).
  - Developed partnerships between local government, community partners, stakeholders
- What do we want it to look like later?
  - Formalize a process to include health in all policy.
  - Develop options to present to the commissioners this Spring and Summer.
  - To be adopted in the Fall of 2014.
    - Cannot be burdensome
    - Needs to be informative
    - Can't mandate a HiAP for every decision

The City of Corvallis does not have a formal process yet, but are interested in HiAPs.

Are there any rural models out there? Lane and Multnomah counties are currently working on HiAPs.

- Members want to look at other models that are already out there
- Institutionalize what we are already doing
- Be aware of what will impede other processes/departments

**\*Members: Olson, Kenney, Desilet and Uebel agreed to subcommittee with Hartstein on the HiAP work to report back to PHPAC in March.**

*Chair Bailey* asked the committee which theme they would like to adopt and act on in 2014.

**MOTION was made to adopt two themes 1) Health in All Policies and 2) Public Health Accreditation in 2014; motion seconded, all in favor, so approved.**

## IV. Linn, Lincoln & Benton County Public and Mental Health Meeting - *Charlie Fautin, Deputy Director, BCHS*

- What is the relationship between public and mental health statutorily?
- Counties are currently liable to the entire population while the Coordinated Care Organizations (CCO) have received the funding and serve a small portion of the population.
- First meeting to be held in Newport, Oregon on the 26<sup>th</sup> next week.
- As a regional PHPAC where do we need to be positioned with the CCOs?
- *Uebel and Sundquist* prepared a list of questions for the upcoming meeting.

## V. National Public Health Week - April 13-17<sup>th</sup>

Benton County Annual Board of Health Meeting set for *Tuesday, April 8<sup>th</sup>, 2014 from 6:00 - 7:30 p.m.*

**\*Recorder to send out nomination form to the committee.**

## VI. Member Activity Reports

*Gouveia* – is an active member of the Benton County Children's Mental Health Committee which has started a local gap analysis.

*Sundquist (via phone) & Fautin* - attended the Future of Public Health Legislative Taskforce

Presentations included:

- Equity and inclusion
- Jim Moorefield from Willamette Neighborhood Housing discussed the Linn-Benton Equity Alliance
- Director of the Oregon Health Authority went over transformation updates

- Jennifer Pratt with the Oregon Primary Care Association gave an update on Federally Qualified Health Centers
- Health Officer from Lane County & Chair of Health Officer Caucus, discussed the medical intersection of public health, CCOs and Safety Net processes.

The first few months of this taskforce include data gathering so the committee can prepare a report with recommendations to the legislature by October 1, 2014. These meetings are held monthly and open for public participation.

**VII. Department Updates** - *Charlie Fautin, Deputy Director, BCHS*  
see handout

**VIII. Adjourn** - Meeting adjourned at 7:35 p.m.



# Benton County

## Public Health Planning Advisory Committee

### (PHPAC) March 19<sup>th</sup>, 2014 Minutes

**Present:** Drew Desilet (Vice-Chair), Lesli Uebel, Bonnie Bailey (Chair), Louise Marstall, Judy Sundquist, Jim Gouveia, Erin Kenney & Marisa Thierheimer

**Excused:** Jennifer Costa, Gregg Olson, Mariam Rehman & Tara Gaitaud

**Staff:** Charlie Fautin & JonnaVe Stokes (recorder)

#### I. Call to Order and Introductions

Meeting was called to order at 6:05 p.m. by *Bonnie Bailey, Chair*. Introductions were made.

#### II. Approval of February 2014 Minutes

**MOTION was made to approve the February 2014 minutes as written; motion seconded; all in favor, so approved.**

#### III. Program Updates - *Charlie Fautin, Deputy Director, Benton County Health Services (BCHS)*

**Handout: February 2014 Updates**

**Handout: Local Public Health in Oregon**

- Prepared for the Public Health Task Force to describe local health department laws, functions, mandates and funding.
  - Discussed how funding flows from the state to local health departments.
  - 29% of local funding comes from federal pass through funds and 30% from county general resources.
  - There is no mandate for local funding, some counties contribute no money to public health.

**Presentation: Briefing to Public Health Planning & Advisory Committee**

- Mandated public health programs: communicable diseases, parent and child health, health statistics, information and referral (411 and online resources), environmental health services and disaster preparedness (hospital, sheriff's department and emergency management).
- Reviewed the person and population centered organizational chart.
  - Three sectors: Promotion - health policy, Provision - healthcare and Protection - regulation.
- Discussed the large amounts of time required by management to apply for and report to grant funders.
- County health revenue: 40% comes directly from grants.
- County expenses: 77% of the costs are direct employee salary and benefit packages.
- Public health staff and program areas:
  - Environmental Health: permitting and inspection of rural water and septic systems; restaurant and food event licensing and inspection; hotel, motel, camp, spa and pool inspections; as well as contract inspections.
  - Preparedness: plan writing, training, drills, exercises and collaboration with emergency management, Oregon State University, Linn-Benton Community College, Good Samaritan Regional Medical Center, clinics, schools, law enforcement, etc.
  - Health Promotion / Healthy Communities: chronic disease (obesity & age related), tobacco, adolescent risk (alcohol & other substances; gambling; suicide), food security, health equity, healthy housing and workforce health prevention.
  - Communicable Disease: infectious disease investigation, case management and disease prevention.

- Public Health Nurse Home Visiting: Cacoon (medically fragile children ages 0-5), Babies First! (high-risk first births - mainly teens) and Maternity Case Management (prenatal case management).
- Women, Infants, Children: nutritional assessment, counseling, financial support for pregnant women and children ages 0-5.
- Family Planning: sexual health, pregnancy testing and contraceptive care.
- Quality Improvement: strategic planning, safety, epidemiology and accreditation.

**V. National Public Health Week - April 13-17<sup>th</sup>**

Benton County Annual Board of Health Meeting set for *Tuesday, April 8<sup>th</sup>, 2014 from 6:00 - 7:30 p.m.*

***Handout: National Public Health Week Agenda***

**VI. Department Updates**

*Lesli Uebel & Judy Sundquist: The Linn, Benton and Lincoln Regional Coordinated Care Organization (CCO) meeting* was a gathering of regional Public Health Planning Advisory Committees and Mental Health Advisory Committees to discuss the future of public health (PH) and funding.

Taskforce meeting: presented PH financing at the state and budget. Patrick Libbey discussed various structures and forms to deliver PH services all across the country.

- PowerPoint presentations and meeting materials are posted on the website.
- The ultimate goal is for the PHPACs to respond to the task force report and collaborate with other PHPACs across the state.
- Benton County PHPAC members discussed attending a Public Health Taskforce meeting and participating during the public comment period.

Some Benton County PHPAC members also plan to attend the InterCommunity Health Network-CCO Community Advisory Council (CAC) meetings put on by our regional CCO Samaritan Health Services.

- The next CAC coordination meeting is Wednesday, April 23<sup>rd</sup> at 11:00am.

**VIII. Adjourn** - Meeting adjourned at 7:31 p.m.



# Benton County

## Public Health Planning Advisory Committee

### (PHPAC) April 16<sup>th</sup>, 2014 Minutes

**Present:** Lesli Uebel, Bonnie Bailey (Chair), Louise Marstall, Judy Sundquist, Erin Kenney & Gregg Olson

**Excused:** Jim Gouveia, Tara Gaitaud, Jennifer Costa, Marisa Thierheimer & Drew Desilet (Vice-Chair)

**Staff:** Mitch Anderson & JonnaVe Stokes (recorder)

#### I. Call to Order and Introductions

The meeting was called to order at 6:05 p.m. by Chair Bailey. Introductions were made.

#### II. Approval of March 2014 Minutes

**MOTION was made to approve the March 2014 minutes as written; motion seconded; all in favor, so approved.**

#### III. Tri-County Advisory Council Meeting Plan

*Committee members Lesli Uebel & Judy Sundquist* attended the first tri-county meeting in February at Newport.

- At this meeting attendees were able to collaborate and hear what other advisory groups' goals were.
- Tri-County Advisory Council (TCAC) members were very concerned about disconnects between public health (PH) and the Coordinated Care Organizations (CCOs) and that PH is often the underdog receiving the brunt of funding cuts.
  - TCA members agreed to provide input at future state PH Taskforce Meetings over the phone.
- After attending the PH Taskforce Meeting, Uebel stated there was already collaboration and cooperation between public health officials and the CCOs; ie: through Community Health Assessments (CHAs) & Community Health Improvement Plans (CHIPs).

#### PHPAC Committee Members and Health Director Discussion on Future CCO Models

*Isn't the fee for service model currently used at the CCOs moving towards payment by capitation (fee for person)?*

- Alternative payments are still a ways out in primary care, but they are already happening in behavioral health at our local CCO (InterCommunity Health Network of Samaritan Health Services).
- There are currently no models for the primary care side to switch to. For the healthcare home or team based care to work they need to know what it will cost per member per month.
  - No one is piloting this model yet.
  - Benton County Health Services (BCHS) will be piloting an alternative payment model this Spring as a federally qualified health center.
    - This pilot may help pull those costs out so providers can go negotiate with the CCO at a later date.
- The alternative care model has to be able to account for services that are currently not quantified, that can be converted into codeable and billable services, with a price attached to those services.

*Third world countries have community health worker models, are there none in first world countries?*

- There are no outside models the CCO is looking at locally; this CCO is trying to keep healthcare available so the whole system doesn't fall apart.
- There is constant work behind the scenes on how it's all going to work out.
- We are only a year and a half into the CCO model.
  - Year one: keep the system going.
  - Year two: start your pilot programs and see what's going to work.
    - Oregon Health & Science University (OHSU) is already involved in a pilot of alternative payment methodology.
    - BCHS is also working on how to bill for all mental health services offered that are currently non-codeable.

There is not a lot of talk about the community health worker delivery model at the CCO, but health navigators do exist in primary care.

- BCHS and the local CCO have focused efforts on upstream population public health.
- What can public health provide about CHAs and CHIPs?

Recent CCO negotiations:

- BCHS proposed a CHA/CHIP alignment across the three local counties (Linn, Lincoln and Benton) to the CCO.
- The CCO has agreed to pay for a year-long project for one year to rework the Linn, Lincoln and Benton County CHIPs that will work for the CCO, the Community Advisory Council (CAC) and the hospital (who must report certain requirements to the state).

*What does the alignment mean?*

- Creating a template with the same metrics (data fields) for each county. This is complex because data comes from community coalition meetings, ie: on health equity issues and includes mining data from the medical side of the healthcare delivery system.
- Pulling the numbers apart for each county and putting them back together for the CCO/Regional CHIP. There may also be future geographic information system (GIS) maps showing health issues that exist across the tri-county region.

*Enrollment has been higher than expected for current Oregon Health Plan (OHP) clients with the CCOs, are the CCOs getting paid a capitated rate now?*

- Yes they are.

*Who plans to attend the next Regional/Tri-County Advisory Council Meeting?*

- Louise Marstall, Gregg Olson and Judy Sundquist plan to attend.
- The TCAC members plan to spend time collecting feedback from the audience (made up of regional PHPACs, Mental Health Addictions and Developmental Disabilities Advisory Committees and community members) about what they want from the committee and what role each of their own committees should play in relation to the county and region?
  - TCAC members then plan to build a list of functions from each of the regional committees, see where there are commonalities, duplication, gaps, etc. and build a map to work from.

#### **IV. Public Health Taskforce Meeting**

- Chair Bailey read testimony at today's PH Taskforce Meeting on behalf of PHPAC.
- Topics the taskforce were discussing:
  - Defining foundational services; which had not yet been agreed upon.
  - What public health would look like if all the funding went through the CCOs.
  - What the CCOs would look like if all the funding went through public health departments.
- PHPAC Committee members were encouraged to attend if they can.

#### **V. Health in All Policies (HiAP) from the Board of Commissioner (BOC)/Corvallis City Council Meeting**

*Committee members Drew Desilet, Jim Gouveia, Erin Kenney, Judy Sundquist & Lesli Uebel and BCHS staff Charlie Fautin all attended.*

- Sara Hartstein gave a great presentation to the BOC and there seemed to be good support for this idea.
- Charlie Fautin answered questions on the role of this process and addressed concerns that this would not slow down decision making processes.
- Both councils seemed to be on board and wanted to support their community members. One councilwoman wanted to add HiAP to the top of every policy checklist.
- Next steps? A template is being drafted and will be discussed at a future BOC work session.



## VI. National Public Health Week Event

Committee members Louise Marstall, Drew Desilet, Judy Sundquist, Erin Kenney, Jim Gouveia, Bonnie Bailey and BCHS staff Charlie Fautin, Mitch Anderson & JonnaVe Stokes all attended.

- This event was not as well attended as it was last year, when it took place right after the original CHIP workgroups ended.
- Mac Gillespie updated the audience on the CHIP process and timelines of the five priority workgroups. The audience broke into small groups and answered questions proposed about the five different work areas, so they could give input back to the commissioners and workgroups.
- Betty Johnson received the Sheldon Wagner Award and Julie Manning received the Public Health Recognition Award.

## VII. Robert Lawrence Public Health Week Lecture - Was a discussion on the effects of meat.

**\*Committee member Sundquist to provide link to PHPAC, check OPHA website.**

## VIII. Presentation of Public Health Structure & Funding Follow-up - Provided the foundation for local public health funding and mandated programs.

**\*Check back in with Deputy Director Fautin at the next meeting.**

## IX. Member Activity Reports

Committee member Erin Kenney will be attending a “Blue Zones Talk” which discusses people who live over 100 years in certain areas of the world; event to be hosted by Virginia Garcia in Portland, Oregon.

Director Anderson discussed local mental health.

- State policy is focused on crisis instead of intervention.
- Youth suicide rates have steadily climbed in the last 20 years no matter what has been done.
- Worldwide: Causal factors reports are all written by psychologists, psychiatrists and tend to be funded by pharmaceutical companies or hospitals.
  - The number one causal factor stated is: mental illness with depression.
  - No one is asking the question: why are these people so unhappy? What are the root causes? Suicide rates continue to climb each year.
- Looking outside the US: most of these articles are written by sociologists not mental health providers.
  - These articles start with why people are so unhappy, why anxiety is so high and what is going on in those communities that may be promoting suicide.
  - Studies revolve around the media portrayal that young women have to be beautiful models, they have to be powerful and they have to compete physically with men.
- These outside articles all discuss what is happening in the environment to get back to the root causes of suicide.
  - One of these environmental factors includes electronic communication. Teenagers are under-socialized, they don't know how to communicate or talk with one another, they don't know how to ask for help and they expect instant gratification while often missing the context of electronic messages.
  - Kids have a general feeling that they don't belong, they are disconnected and isolated.
  - One study out of Australia on single parent homes thought suicide rates would be higher; what they found was exactly the opposite - suicide rate were lower.
    - In these home kids had a role in parenting younger siblings which added a sense of worth or value. Having connections with people is one of the things that is making the difference.
- Some kids get their self-worth based how many likes they receive from Facebook and Instagram postings they get from the internet.
- Adults need to use every single opportunity they can to connect kids with one another, ie: through the educational system, community groups, neighbors, etc.

- Other factors include parents encouraging and pushing their kids to go for everything. This mentality often has the opposite effect on children and tires them out, and sooner or later they can't do anymore or meet additional parent expectations.
- Deputy Director Charlie Fautin, Health Officer Bruce Thomson and Health Department Director Mitch Anderson have plans to hold a public health investigation of local suicides to see what social and environmental points they can learn from each of these situations and how they can help make this a public health agenda.
- This topic will be continued and rolled into the Adolescent Mental Health workgroup (where schools, parents and community members have agreed to work on youth suicide prevention).

**X. Adjourn** - Meeting adjourned at 7:37 p.m.



# Benton County

## Public Health Planning Advisory Committee

### (PHPAC) May 21<sup>st</sup>, 2014 Minutes

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**Present:** Jim Gouveia, Lesli Uebel, Bonnie Bailey (Chair), Marisa Thierheimer & Gregg Olson  
**Excused:** Tara Gaitaud, Erin Kenney, Judy Sundquist, Louise Marstall & Drew Desilet (Vice-Chair)  
**Staff:** Kelly Volkmann, Charlie Fautin (by phone) & JonnaVe Stokes (recorder)

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#### I. Call to Order and Introductions

The meeting was called to order at 6:02 pm by Chair Bailey. Introductions were made.

#### II. Approval of April 2014 Minutes

**MOTION was made to approve the April 2014 minutes as written; motion seconded; all in favor, so approved.**

#### III. Tri-County Advisory Council Meeting Follow-Up – Gregg Olson, PHPAC member

Topics of discussion: different problems in each of the three local counties (Linn, Lincoln, Benton); the local Community Advisory Committee (CAC) governance structure and the three health departments' role in health transformation.

- Challenges: although mental health is highly prescribed and well understood (financial relationships, patient care, outcome measures and mandated services) public health is not within the Coordinated Care Organization (CCO) structure.

#### IV. Cover Oregon / Health Insurance Exchange Updates – Kelly Volkmann, Health Navigation Manager, Benton County Health Services (BCHS)

*What do you know about Cover Oregon?*

- The computer system failed.
- Paper applications are being filled out.
- Many have been enrolled.

*How much do you know about the Affordable Care Act (ACA)?*

- It is Oregon's health insurance exchange.
- All states originally had a choice to choose their own exchange or use the federal system.
- All residents have to go through the Oregon portal (Cover Oregon) which points them to a qualified health plan: the Oregon Health Plan (OHP) (covering those who earn 138% below poverty level), a Citizen Alien Waived Emergency Medical Plan, (CAWEM) or other qualified health plans.
- The old lottery system is now gone (when only children or pregnant women could get OHP).

Cover Oregon's (CO) original intent was to offer online only applications.

- Health navigators knew this wouldn't be a good idea for people who don't have access to the internet or don't feel comfortable using a computer.
- The online portal never became functional.

Changes coming:

- CO will remain the doorway for paper applications and direct users to the federal portal.

Cover Oregon was not a failure

- This process had never been done in history.
- Although the portal didn't function as planned, the community partner program worked well.
- Approximately 240,000 Oregonians were enrolled in health insurance who previously were not.

Benton County Health Services (BCHS) received two grants to provide outreach and enrollment services.

Health Navigator Team

- 11 community health workers
  - 9 bilingual/bicultural (Spanish)
  - 2 monolingual English
1. Health Navigators (HNs) work across the continuum from primary care to community engagement.
    - Primary and specialty healthcare, healthcare utilization and access, social service and resource connection, community, school and church engagement as well as advocacy, policy and systems change.
  2. HNs maintain trusted connections with community members.
    - Low income, Latino, homeless, schools and community agencies.

BCHS navigation staff

- Are certified as application assistors.
- Can take referrals from BCHS staff.
- Can help any community member or BCHS client enroll in Cover Oregon.

Outreach strategies:

- Invited all community partners in Linn and Benton to a strategic planning meeting to address gaps.
- School outreach
- Dental outreach
- Rural outreach (Alsea, Kings Valley, Monroe, Adair)
- Community-specific outreach
  - Latino, students, (K-12 and college/university) homeless and inmates.

In-reach strategies

- Cover Oregon presentations to all teams in the health department and the community health center.
- Created an internal pathway through the electronic health record.
- Provided referral cards.
- Communicated with all internal partners.

From July 2013-May 2014 BCHS held 33 community events and completed 1,069 applications for 1,714 people (1,377 were eligible for OHP, 648 were internal clients). They handed out over 7,700 brochures, utilized twitter feed, Facebook and the Gazette Times for advertising and logged countless hours of phone calls with applications and follow up.

Access does not equal utilization

- Access alone won't affect the clinic's "bottom line" or achieve the "Triple Aim" health outcomes.
- Access is the essential first step to being able to use health services, but does not ensure that clients actually USE the services.
- There hasn't been an increase in overall county, state or national health providers that will see OHP clients.
  - OHP clients have a lower incentive of pay for health providers and many have chronic health needs.

Barriers to using healthcare services:

- Not knowing about preventative care.
- Not knowing what insurance covers.
- Not having a primary care provider or a medical home.
- Inability to navigate the healthcare system.
- Concern about co-pays and deductibles.
- Transportation, language and low health literacy.

BCHS Strategies to increase utilization:

- HNs follow up with clients to make sure they were approved.
  - Will call Cover Oregon to discuss applications when needed.
- Encourage clients to call after they have received enrollment packets from the CCO.

After client enrollment meeting:

- Briefly explain the local Coordination Care Organization (CCO) and it's role in the client's healthcare coverage.
- Provide an overview of covered services.
- Talking points
  - Choosing a primary care provider.
  - Choosing a dental plan and a dental home.
  - How and why to establish care BEFORE getting sick.
  - Preventative services.

"Tools" given to clients

- List of local primary care providers who will serve OHP clients.
- Contact information for dental plans.
- Business card with phone numbers for
  - Cover Oregon
  - OHP
  - Local CCO
- Social service/resource information if needed
  - WIC, food assistance, housing assistance and mental health resources.

Additional Services

- Navigation assistance through a complex system
  - HNs will make the phone calls for or with clients if needed.
  - The goal is to help clients learn to do this for themselves.
  - Clients can meet with a health navigator as many times as they need.

Next Steps

- No "enrollment period" for OHP, so navigation work continues.
- Gearing up for summer outreach season
  - Lebanon Latino Health Fair
  - Soccer Tournament and family weekend
- Hoping for continued community partner funding from the OHA/Cover Oregon.

**V. CCO Community Advisory Council Representation – *Charlie Fautin, Deputy Director, BCHS***

- There are multiple CAC groups.
- There has to be a 51% OHP enrollee membership on the regional CAC.
- Each CCO can design any requirements beyond that.
  - Our CCO decided to have a CAC in each of the three counties. The local CAC members from each county feed into the regional CAC.
  - Membership of each local CAC goes through the local health director (Mitch Anderson is Benton County's). The local CAC has no percentage requirements to be on the council.
- Seats are currently available locally.

**\*Charlie and JonnaVe to contact Tara Gaitaud to give a brief overview of the local CAC.**

## VI. Member Reports

*Lesli Uebel – PHPAC member:* discussed the local Strategic Planning Meeting the commissioner’s held recently.

- Was glad to see others in the county were discussing similar issues to PHPAC. Concerns: that all locations of meetings are currently held in Corvallis and the need to get into rural towns.
- A second meeting was held in Monroe, discussions only revolved around the farmers in between Corvallis and Monroe who don’t want the public to have access to their property (arising from the new Bailey Rail Branch development plans).
- One more Strategic Planning Meeting is planned for May 29<sup>th</sup> in north Albany.
- These meetings are designed to help the commissioners align their priorities with the community.

*Jim Gouveia, PHPAC member:* recently attended the children’s mental health coalition where they discussed locations of current access for OHP clients, confusion with access and the flux in the system. All meetings are held at Good Samaritan.

*Charlie Fautin, Deputy Director, BCHS:* PHPAC members had questions about “Health in All Policy” (HiAP) and where it stands.

- It was presented to county department heads and was very well received; this is the same presentation that had been previously shown to the commissioners.
- May be able to frame HiAP into the county’s strategic plan.
- There may be a mandate to include health implications when considering policy. A health impact could be listed under the fiscal impact section of an agenda checklist that commissioners currently receive when anyone needs to present to them.

## X. Adjourn - Meeting adjourned at 7:28 p.m.



# Benton County

## Public Health Planning Advisory Committee

### (PHPAC) June 18<sup>th</sup>, 2014 Minutes

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**Present:** Erin Kenney (by phone), Judy Sundquist, Drew Desilet (Vice-Chair), Bonnie Bailey (Chair) & Marisa Thierheimer  
**Excused:** Tara Gaitaud, Jim Gouveia, Lesli Uebel, Louise Marstall & Gregg Olson  
**Guests:** Sandi Bean  
**Staff:** Charlie Fautin & JonnaVe Stokes (recorder)

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#### I. Call to Order and Introductions

The meeting was called to order at 6:02 pm by Vice-Chair Desilet. Introductions were made.

#### II. Approval of May 2014 Minutes

**Minutes to be approved when a quorum is present.**

#### III. Benton County Strategic Planning Meeting Follow-Up - Judy Sundquist, PHPAC member

Event: North Albany town hall meeting to guide strategic planning held by the Benton County Commissioners.

- Looked at county trends to decide what important matters need to be included.
- Sundquist sat with planners, juvenile and fair board staff – most of the guests had little or no public health knowledge.
- Public health is in competition with other sectors in the county such as: transportation, law enforcement, taxing, economic development, etc. Attendees were asked to vote on what they thought the most important matters were.
- This new strategic plan will help set a direction as the commission turns over this January.

**\*A summary of these three meetings will be sent out at a later date.**

#### IV. Blue Zones - Erin Kenney, PHPAC member

Event: Virginia Garcia Memorial Foundation 6<sup>th</sup> Annual Healthcare Symposium

- Guest speaker Dan Buettner, New York Times best-selling author of [The Blue Zones](#).
- Buettner and his team collected data from all over the world where people live 100 years or more from Okinawa, Japan; Sardinia, Italy; Nicoya, Costa Rica; Ikaria, Greece; and Loma Linda, California. These areas are known for practicing less smoking, vegetarianism, constant moderate physical activity and social engagement.
- Buettner uses evidence based practices collected from these populations to promote long term positive health changes in cities and communities in the United States.
- At the end of the symposium, 6 panelists from The Oregon Public Health Institute, Portland State University, Oregon Healthy Campus Initiative, etc. gave personal testimony on where they see Oregon's healthiest communities happening.
- [www.bluezones.com](http://www.bluezones.com) contains free resources that towns or homeowners can use to create change.
- These concepts have been applied at towns in Iowa, Minnesota and California; showing a 30% reduction in smoking rates and a 14% reduction in obesity.
- Implementation began with state policy change and helping store owners change goods they carry.

#### V. CCO Community Advisory Council Representation

- To decide if PHPAC wants cross representation with the local community advisory council (CAC) at the next meeting when there is a quorum. Members are chosen from local CACs to sit on regional CACs (which requires a 51% Medicaid user membership).

**VI. Staff Report - Questions/Clarifications - Charlie Fautin, Deputy Director, Benton County Health Services (BCHS)**

- Fautin and Sara Hartstein, Health Policy Specialist, will be meeting with the County Operations Officer to discuss updates on Health in All Policy with the commissioners.
- Public Health Taskforce meetings are wrapping up. There is now a concept paper that discusses the local public health department system (local as in city, region, or state is still unknown).
  - Four programs that should be provided: communicable disease control, environmental health, health promotion and clinical services.
  - What needs to be added to meet local needs? In some cases, this could be clinical services – because they may not currently exist.
  - Everyone will be served by an accredited health department.
- Benton County experienced two recent local cases of communicable disease (CD).
  - One was a possible Middle Eastern Respiratory Syndrome (MERS) outbreak which turned out to be negative. This full scale exercise involved local doctors, public health staff and state CD staff.
  - Staff already had a prepared media plan and an infection control plan.
- The second case involved a student from Corvallis High School who was admitted to Samaritan Health Services with Meningitis. Again, a media plan had already been prepared.
  - The meningococcal vaccine only covers four of the sixteen strains that can be contracted.
  - The most common strain in Oregon is not covered by the vaccine.
  - This student had the strain prevented by the vaccine.

**VII. Member Reports**

*Judy Sundquist* – attended the taskforce meeting by phone today. She also mentioned to other members, they may want to attend the upcoming State Health Improvement Planning meetings.

**VIII. Adjourn** - meeting adjourned at 7:35 p.m.





# Benton County

## Public Health Planning Advisory Committee

### (PHPAC) July 16<sup>th</sup>, 2014 Minutes

**Present:** Drew Desilet (Vice-Chair), Bonnie Bailey (Chair), Jim Gouveia, Louise Marstall, Lesli Uebel & Brian Allsopp  
**Excused:** Marisa Thierheimer, Judy Sundquist, Gregg Olson, Sandi Bean & Erin Kenney  
**Absent:** Tara Gaitaud  
**Staff:** Charlie Fautin & JonnaVe Stokes (recorder)

#### I. Call to Order and Introductions

The meeting was called to order at 6:06 pm by Vice-Chair Desilet. Introductions were made.

#### II. Approval of May 2014 Minutes - minutes to be approved when a quorum is present.

#### III. Approval of June 2014 Minutes - minutes to be approved when a quorum is present.

#### IV. Health in All Policy - *Charlie Fautin, Deputy Director, Benton County Health Services (BCHS)*

- This is an emerging best practice in public health to spread a public health approach throughout government with the thought that decisions made in other departments (juvenile, parks & recreation, public works, etc.) take health consequences into consideration before approving policy.
- Benton County has been working in this direction for some time and has plans to institutionalize health in all policy (HiAP).
- BCHS' Health Policy Specialist has a worksession planned for August 5<sup>th</sup>, when the commissioners will decide whether to add a health implication/impact explanatory statement. This would be placed near the fiscal impact section already included on a Board of Commissioners (BOC) Agenda Checklist.
- *PHPAC asked if the impact statement would read health impact or public health impact?*
  - This will be discussed with the commissioners at the upcoming worksession.
- BOC staff will work with the Health Policy Specialist over the next few months to track results.
- This should increase the public health lens among all the departments in the county.

#### V. Coordinated Care Organization Community Advisory Council (CCO CAC) Representation

- CCOs of each county have a board of directors, who are required to have a citizen advisory council (where 51% of the membership must be users of Medicaid).
- Members from the local CCO CAC can be appointed by their local Health Department Director.
- Health department staff to check in with Linn and Lincoln County local CCO CAC members to be a guest speaker at the next PHPAC meeting.

#### VI. Staff Report - Questions/Clarifications - *Charlie Fautin, Deputy Director, BCHS*

- The nursing manager position will be reopened within the next two weeks.
- The health department also has an opening for an epidemiologist. Interns will continue working on the regional community health assessment until a new epidemiologist is hired.
- The Future of Oregon Public Health Service HB2348 meeting will be held next Wednesday, July 23<sup>rd</sup>. Most of Oregon's County Administrators hold two positions.
  - This is a discussion of the whole public health system, not just whether local health department jurisdictions should exist.
  - If funds become regionalized the incentives for sending citizen tax dollars becomes a concern to county commissioners.
  - Conceptual framework is what any health department should do (capacity, competencies and programs).
  - Now the discussion is how.

- *Should regionalization be incentivized and allowed or should it be enforced?*
- Oregon does not provide a platform of level funding. Oregon puts in about \$15.00 per capita for public health, and they rank 46<sup>th</sup> in the U.S.
- The Public Health Taskforce must have a report in to the legislature by September. If funding is not met for services, then there will be consequences.
- PHPAC plans to submit a letter of testimony to support public health funding.
- The Oregon Public Health Association registration will be opening soon, please send your interest to the recorder.
  - Members Gouveia and Marstall plan to attend.

**VII. Member Reports**

*Jim Gouveia* – currently sits on the health department’s children’s mental health workgroup, whose goals include access for all residents and community health navigators to help clients through the system.

**VIII. Adjourn** - meeting adjourned at 7:36 p.m.



# Benton County

## Public Health Planning Advisory Committee

### (PHPAC) September 17<sup>th</sup>, 2014 Minutes

**Present:** Bonnie Bailey (Chair), Louise Marstall, Lesli Uebel, Brian Allsopp, Marisa Thierheimer, Judy Sundquist, Gregg Olson & Sandi Bean

**Excused:** Drew Desilet (Vice-Chair), Jim Gouveia & Erin Kenney

**Staff:** Tatiana Dierwechter, Kathryn Weeks & JonnaVe Stokes (recorder)

#### I. Call to Order and Introductions

The meeting was called to order at 6:03 pm by Chair Bailey. Introductions were made.

#### II. Approval of May 2014 Minutes

**MOTION was made to approve the May 2014 minutes as written; motion seconded; all in favor, so approved.**

#### III. Approval of June 2014 Minutes

**MOTION was made to approve the June 2014 minutes as written; motion seconded; all in favor, so approved.**

#### IV. Approval of July 2014 Minutes

There was one noted change to correct the month and date of the July 16, 2014 minutes.

**MOTION was made to approve the July 2014 minutes as amended; motion seconded; all in favor, so approved.**

#### V. Family Planning Materials - *Kathryn Weeks, Registered Nurse Care Coordinator, Benton County Health Services (BCHS)*

Care Coordinator Weeks passed out handouts to the committee for review. She discussed who the health center currently serves and who they would like to reach out to (women in need, teens and Latinas). PHPAC agreed to review outreach materials and provide feedback.

- Free services offered at the health center include annual exams, sexually transmitted infection care, birth control, etc.
- The clinic also offers services for qualified applicants through the CCare program. This is Oregon Contraceptive Care a program offered under Medicaid.
  - This program covers clients 250% below the federal poverty level and others who may not be covered by the Oregon Health Plan.
  - Teens can utilize this program to remain confidential even if they have other insurance.
- Non-citizens are able to receive services through Title X (...“federal grant program dedicated solely to providing individuals with comprehensive family planning and related preventive health services.”) (<http://www.hhs.gov/opa/title-x-family-planning/>)
- The Benton Health Center’s Family Planning program is also working on developing a new name for “Family Planning” so programs can be called what they are. One idea is to rename this program “Reproductive and Sexual Health.” Staff plan to develop new outreach materials that are helpful for all populations that use these services.
- Care Coordinator Weeks will return with samples in November for PHPAC to review.

#### VI. Report on Public Health / CCO Funding & Program Collaboration - *Tatiana Dierwechter, Healthy Communities Program Manager, BCHS*

Regional Healthy Communities Initiative: the role of public health in addition to accessing healthcare services.

- Since 2002, partners across three counties (Linn, Lincoln and Benton) have provided a foundation for the creation of the new Coordinated Care Organizations (CCO).
- In August of 2013, the Oregon Health Authority (OHA) released a request for proposals (RFP) encouraging CCOs and local health departments (lhds) to recruit for AmeriCorps CCO volunteers.

- Benton County and the regional CCO (Inter-Community Health Network - IHN) co-sponsored one of these positions and received a grant to work between both organizations.
- After this took place more RFPs were offered from the Oregon Health Authority (via federal funding sources provided by the Affordable Care Act), for CCOs and public health workers to collaborate together.
  - Benton County (BC) received a community prevention program grant (1 of 10 in Oregon) for \$390,000 which was used for tobacco prevention.
  - BC mental health promotion received \$200,000 and was used for substance abuse prevention.
  - Tobacco master settlement funds approved by the legislature were awarded for \$226,720 and were used for tobacco prevention.
  - BC also received a school-based health center innovation grant with IHN for \$80,000, to be used in a pilot at Garfield and Lincoln Schools to serve families/neighborhoods, not just the student population. \*Health Navigators are helping the population navigate all resources not just services offered by the health department.

The IHN-CCO became the fiscal agent of these grants; this allowed county health workers to get out and work in the community and develop relationships.

- These grants also helped fund a regional coordinator who was housed at IHN-CCO but co-managed by the county.
- IHN-CCO has also hired one full time public health grant administrative support personnel.
- A Regional Healthy Communities Steering Committee was formed and initially met monthly, but now meets quarterly.

Regional Barriers that came into play during this process: geographics, transportation, individual pride, history, capacity, organizational cultures, technology infrastructures.

Coordination strategies: regional planning group, co-placed coordinator visiting all the county sites, use of Base Camp project management software.

Strategies for Policy and Environmental Change (SPARc) tobacco-free grants from the Tobacco Master Settlement Intervention Areas include: clinically targeting pregnant smokers and tobacco-free social agencies/housing in the community.

No matter what the funding stream, these grants have allowed each county to target their own unique population.

The mental health promotion grant will help conduct a needs assessment.

Other emerging opportunities: a regional community health assessment between the three counties, community health workers to train other health care workers in primary care setting (pilot project into Samaritan Health Services), regional colorectal campaign, Linn-Benton-Lincoln Early Learning HUB and other private and public grant opportunities.

Lessons learned: start with a small idea to practice new kinds of partnerships, relationships do make a difference; be transparent and invite partners to the table; build in process evaluation from the beginning; create safe space to address conflicts; commit resources for cross-training, peer exchanges and professional development; use outside technical assistance.

**VII. Future of Public Health Taskforce - Leslie Uebel / Judy Sundquist, PHPAC Members**

Ask Charlie to present the report to PHPAC.

*What is going to happen to public health funding?*

**VIII. Member Activity Reports - no reports at this time**

- IX. Annual Retreat Planning** - Chair Bailey to host the annual retreat potluck at 5:30 pm; Commissioner Modrell will be in attendance again this year. Chair Bailey and Vice-Chair Desilet to prepare an annual report; PHPAC members to discuss new themes for the coming year.
  
- X. Adjourn** - meeting adjourned at 7:36 p.m.



# Benton County

## Public Health Planning Advisory Committee Retreat

### (PHPAC) October 15<sup>th</sup>, 2014 Minutes

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**Present:** Bonnie Bailey (Chair), Drew Desilet (Vice-Chair), Lesli Uebel, Marisa Thierheimer, Gregg Olson, Sandi Bean & Erin Kenney

**Guests:** Linda Modrell (Benton County Commissioner)

**Excused:** Judy Sundquist, Jim Gouveia, Louise Marstall & Brian Allsopp

**Staff:** Charlie Fautin & JonnaVe Stokes (recorder)

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#### I. Call to Order and Introductions

The meeting was called to order at 6:24 pm by Chair Bailey.

#### II. Approval of September 2014 Minutes

There was one noted change in section V., bullet point three, change “Non-citizens are able to receive services through Title Ten.....” to “Non-citizens are able to receive services through Title X.....”

**MOTION was made to approve the September 2014 minutes as amended; motion seconded; all in favor, so approved.**

#### III. Review of 2014 - *Bonnie Bailey, Chair, PHPAC*

January

- Reviewed the food sanitation inspection process with Environmental Health Manager, Bill Emminger.

February

- Presentation on Health in All Policy by Health Policy Specialist, Sara Hartstein; when PHPAC members Olson, Kenney, Desilet and Sundquist formed a subcommittee to report back on developments.
- PHPAC members Sundquist and Uebel attended the Future of Public Health Taskforce meeting submitting testimony on behalf of PHPAC and public health.

March

- Presentation on health department programs with Deputy Director of Public Health, Charlie Fautin.
- Sundquist and Uebel attend the local Care Coordinated Organization (CCO) meeting.

April

- Sundquist and Uebel attend first Tri-County Advisory Council Meeting (Linn, Benton & Lincoln) in Newport.
- Discussed CCO model of payment and delivery at monthly PHPAC meeting.
- Desilet, Gouveia, Kenney, Sundquist and Uebel attend Benton County Board of Commissioners / Corvallis City Council joint meeting to learn more about Health in All Policy.
- PHPAC participated in the National Public Health Week Event at the Sunset Building and led small group discussions in each of the target areas of the Community Health Improvement Plan (CHIP) for Benton County.

May

- Olson attends Tri-County Advisory Council Meeting.
- Presentation on Cover Oregon from Health Navigation Manager, Kelly Volkmann who shared her teams' success in enrolling a large amount of clients despite the state computer systems failing.
- Uebel attends Benton County Commissioners Strategic Planning Meeting.
- Gouveia attends the Mental Health Coalition Meeting.

June

- Sundquist attends town hall meeting in Albany put on by Benton County Commissioners.
- PHPAC receives update on Health in All Policy.

July

- PHPAC receives additional updates on Health in All Policy.

August

- No meeting.

September

- Family Planning Coordinator, Kathryn Weeks asks PHPAC for review of written materials for clients.
- CCO funding and collaboration discussion with Health Promotion Manager, Tatiana Dierwechter.
- Sundquist and Uebel attend Future of Public Health Taskforce Meeting.

**Main Focus of 2014:** Health in All Policy, Future of Public Health Taskforce and knowledge of public health programs.

**IV. Discussion on the Future of Public Health Taskforce Meetings**

- Concerns about keeping the public involved, finance and sustainability.
- What will the legislature decide?

**V. Annual Activity Report - Bonnie Bailey, Chair, PHPAC**

*Handout: 2014 – PHPAC Annual Activity Report*

Chair Bailey reviewed all areas of accreditation that PHPAC members participated in over the last year. Compared to 2013, the 2014 graph had higher levels of concentration in three top areas: inform, mobilize and policy. Committee members made and focused on these goals at the beginning of 2014.

**VI. Commissioner Report - Linda Modrell, Commissioner, Benton County**

- Commended PHPAC for being so active and focused.

**What should PHPAC concentrate on next year?**

- Health Authority
- Health in All Policy
- Elderly Care - gather information from the College of Public Health at Oregon State University and what they are doing for the aging population. Perhaps roll these issues into the CHIP at a future time.
- Addiction Problems
- Transportation - the built environment and how it negatively impacts society from becoming healthy, ie: elevators and parking lots, that give society options to move less.
- Recreational Marijuana - the Coalition of Local Health Officials (CLHO) is working on legislation around packaging and labeling to prevent child ingestion and poisoning. Indoor Clean Air Act legislation is also being monitored so gaps in current law can be filled.
- Coordinated Care Organizations
- Accreditation - site visit preparation
- Tri-county public and mental health advisory group discussions around promoting local advisory members from these groups into the Community Advisory Council (CAC).

**VII. PHPAC Openings**

- (1) Well informed on Public Health Matters
- (2) Health Care Practitioner

PHPAC members discussed reaching out to the College of Public Health to help recruit for these positions.

**VIII. Adjourn - meeting adjourned at 7:38 pm**



# Benton County

## Public Health Planning Advisory Committee

### (PHPAC) November 19<sup>th</sup>, 2014 Minutes

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**Present:** Brian Allsopp, Bonnie Bailey (Chair), Sandi Bean, Drew Desilet (Vice-Chair), Erin Kenney, Louise Marstall & Judy Sundquist

**Excused:** Jim Gouveia, Gregg Olson, Marisa Thierbeimer & Lesli Uebel

**Staff:** Kelly Locey & Patricia Conklin (recorder)

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**I. Call to Order and Introductions**

The meeting was called to order at 6:04 pm by Chair Bailey. Introductions were made.

**II. Approval of October 2014 Retreat Minutes**

Minutes to be approved when completed and a quorum is present.

**III. Family Planning Materials - Kelly Locey, Health Promotion Specialist Substance Abuse Prevention Program, Benton County Health Services (BCHS)**

- The Community Health Center has seen a decrease in Family Planning services. An assessment was completed targeting youth in our community. Staff are using the information received from the assessment for outreach.
- As part of the outreach, new Family Planning flyers have been created and were distributed. Public Health Planning and Advisory Committee (PHPAC) members were asked for their input using an evaluation sheet for each flyer. Evaluation sheets should be returned at the December meeting.

**IV. Election of calendar year 2015 Officers**

Deferred to December meeting when a quorum is present.

**V. Review of 2015 priority list from October retreat:**

**Identification of 2015 committee priorities:**

- Focus of next year priority list and October retreat were discussed. The committee chose to defer the conversation of 2015 priorities until retreat meeting minutes were completed.

**VI. Discussion of Benton Health Services (BHS) Adolescent Risk Prevention Program - Kelly Locey, Health Promotion Specialist Substance Abuse Prevention Program, BCHS**

- BHS Adolescent Risk Prevention Program includes substance abuse prevention, suicide prevention, and comprehensive sexual health outreach and engagement. Recently the program has been working around mental health promotion prevention.
- The Oregon Health Authority released a regional funding opportunity this year for mental health promotion prevention. BHS received funding for a proposal to explore the need through community assessment and information gathering including interviews with practitioners providing mental health services for family and adolescents. The BHS plan is to analyze the data and look for linkages and key themes to get a better understanding of the mental health needs in our community.

**VII. Member Activity Reports & Membership / Recruiting - Bonnie Bailey, Chair, PHPAC**

- It would be valuable to have another student member
- There is interest in representation from the rural Benton County
- Members were encouraged to invite member candidates
- PHPAC membership requirements will be reviewed with Charlie Fautin, Deputy Director of Public Health

**VIII. Adjourn - meeting adjourned at 7:35 pm**





# Benton County

## Public Health Planning Advisory Committee

### (PHPAC) December 10<sup>th</sup>, 2014 Minutes

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**Present:** Sandi Bean, Judy Sundquist, Marisa Thierheimer, Jim Gouveia, Bonnie Bailey (Chair), Brian Allsopp & Drew Desilet  
**Excused:** Gregg Olson & Lesli Uebel  
**Staff:** Charlie Fautin & Andy Chuinard (recorder)

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#### I. Call to Order and Introductions

The meeting was called to order at 6:07 p.m. by Chair Bailey. Introductions were made.

#### II. Approval of November 2014 Minutes

**MOTION was made to approve the November 2014 minutes as written; motion seconded; all in favor, so approved.**

#### III. Review/Comment on Family Planning Materials - *Andy Chuinard, Adolescent Health Promotion Program Assistant, Benton County Health Services (BCHS)*

- Follow-up to November meeting when Kelly Locey presented family planning service research and draft flyers. As part of the outreach, new Family Planning flyers have been created and were distributed. Public Health Planning and Advisory Committee (PHPAC) members were asked for their input using an evaluation sheet for each flyer. Evaluation sheets should be returned at the December meeting.
- Some evaluation forms returned, Committee reminded to complete evaluations and return to Health Department.
- Recommended to use Flesch-Kincaid readability scale
- Recommended to remove complex, compound sentences
  - Use "subject, verb, object", consider health literacy throughout

#### IV. Review of 2015 priority list from October Retreat

- Accreditation
  - PHAB will visit with PHPAC during the site visit
    - Will coordinate meeting at later date
  - Mid-May is deadline for document submission
- CCO Coordination
  - Choices: aging population, built environment, marijuana
  - Lauren Zimbelman & Jessica Deas visiting in January to discuss regional health assessment
  - Choice:
    - Aging population & built environment

#### V. Election of Calendar Year 2015 Officers

- Drew willing to continue as Co-Chair
- Judy, Vice-Chair
- Marisa agreed to be new Chair

**MOTION was made to nominate and elect Marisa Thierheimer for Chair; motion seconded; all in favor, so approved.**

**MOTION was made to nominate and elect Drew Desilet for Vice-Chair; motion seconded; all in favor, so approved.**

#### VI. Adjourn - meeting adjourned at 7:42 p.m.