



Benton County

Public Health Planning Advisory Committee

(PHPAC) May 18th, 2016 Minutes

Present: Louise Marstall, Barbara Hanley, Sandi Bean (Chair), Lesli Uebel & Roxanne Shaw
Excused: Marisa Thierheimer & Judy Sundquist (Vice-Chair)
Staff: Charlie Fautin & JonnaVe Stokes (recorder)

I. Call to Order and Introductions

The meeting was called to order at 6:01 p.m. by Chair Bean.

II. Approval of March 2016 Minutes

The March 2016 minutes were presented for approval.

MOTION was made to approve the March 2016 minutes as written; motion seconded; all in favor, so approved.

III. Benton County Code Chapter 3 Revisions and PHPAC By-Laws Review

Handouts: 1990 version Benton County Code Chapter 3 and 2016 version of Benton County Code Chapter 3

MOTION was made to accept changes made to the PHPAC By-Laws as written; motion seconded, all in favor, so approved.

IV. Public Health Week Event Debrief

- Committee members were impressed with the number of people there, the audience, and the ambitious agenda.
- The facilitated group discussions were very good.
- Committee members really enjoyed the keynote speaker Jim Moorefield and his topic of "What home means to you?" It was both a celebratory and educational event.
- Think it is the best Public Health Week Event Benton County (BC) has held.

V. Joint Committee Orientation to the Regional Health Assessment (RHA)

This meeting will take place on Monday between the Benton County Mental Health Addictions and Developmental Diversity Committee and the Public Health Advisory Planning Advisory Committee.

- What are the actions of current county advisory committees now that there are Coordinated Care Coordinated Organizations (CCO) with advisory committees that receive funding?
- County Commissioners currently hold the liability as the local mental health authority, but are not receiving funds to address any issues.
- Linn County uses their public health and mental health advisory committee members to serve on their CCO advisory committee to be a link between both.
- All three counties (Linn, Benton & Lincoln) and the CCO are co-funding a regional community health assessment (CHA) team that is housed at Benton County Health Services (BCHS).

- All four parties need a CHA; the counties need one for public health accreditation (every 5 years) and the CCO requires a health needs assessment (every 2 years).
- County by county data, Medicaid data, and hospital data can be extracted.
- Version 1 of the Regional Health Assessment (RHA) was just completed.

***Resend out meeting invitation to PHPAC and the link to the RHA on the BCHS website.**

The meeting on Monday, May 23rd will be an orientation and review of the RHA.

- What is the assessment and how do you use it?
- A suggestion was made to send out email announcements when the RHA is revised.

Were there any patterns or outliers found in the data gathered?

There were more similarities of health risks between Linn and Lincoln Counties than with Benton County.

Over time were there marked differences?

- Linn and Lincoln have less economic security, a larger Medicaid population, lower education status, higher tobacco use, and lower alcohol use rates.
- Corvallis (BC) was noted the 20th heaviest drinking city in the country, but has lower than average automobile accidents involved with drinking.

These data will continue to build and will eventually include mental health data, police data, and early childhood education data.

VI. Recruitment

The committee continues to invite potential members.

VII. Member Activity Reports

- Chair Bean attended the legislative committee meeting for the Oregon Public Health Association in Portland.
- Member Uebel attended the Health Equity Lens Workshop sponsored by the Linn-Benton Health Equity Alliance and Health Promotion and Chronic Disease Prevention. This event focused on racism and social justice, explicit and implicit biases being aware of these and how they impact communities with health disparities and how we can advance health equity by advancing these lenses.
- Director Fautin met with Representative Rayfield to talk about prevention and was invited to come back and share more information on public and mental health programs.
 - They discussed health department and county funding streams and what Rep. Rayfield would be told at the state level, ie: that federal funds are passed through to each state (federal funding is less than a third), which then goes to the local counties. Local funding from the state only makes up 29% of public health funding, county general funding is 29%. The state contribution is 11% of the federal 29% contribution; the rest of the funds are made up by fees which are mostly generated by environmental health programs and grants (which some counties have no opportunity to apply for).
 - They discussed a bill in the last legislature on tobacco retail licensing. Oregon is one of 9 states that does not license all tobacco retailers in the state. Benton County has been licensing their retailers for the last 18 years; until 2 years ago, it

was the only county that knew where all tobacco was sold; now Linn and Multnomah County are licensing tobacco retailers. This bill would have wiped out counties and cities abilities to enact more stringent laws than state statute. When the Conference of Local Health Officials (CLHO) pulled their support from this bill, Upstream Public Health, the Oregon Nurses Association, the Oregon Public Health Institute, and the Oregon Public Health Association's additionally pulled their support. The bill was due to pass, but it ended up being dropped in session. Currently there are several cities in Lane County and Klamath Falls who are now enacting strong indoor clean air act laws.

- Director Fautin tried to make two points: public health is responsible for the whole population not just the Medicaid population and public health is not Safety Net (care services offered to all patients, regardless of a person's ability to pay) but it is prevention.
- Director Fautin will invite Rep. Rayfield to a PHPAC meeting in the Fall.
- Director Fautin also asked one of the Board of Commissioners (BOC) to attend a PHPAC meeting this summer. PHPAC would like to know what the BOC's vision is for public health.
- Member Shaw attended an in-service training about the Lesbian, Gay, Bisexual, Transgender and Queer/Questioning (LGBTQ) community's lack of access to healthcare, barriers, and biases.
 - Learned about screening transgender patients and gender identification within transgender populations and helping them with prevention as healthcare providers.
 - Statistics and research show that the average life expectancy in the U.S. for a transgender woman is 35. This population experiences a high death rate from suicide, substance abuse, and violence.
 - Out of all insured populations this population is least likely to use their health insurance.
 - Correlations between gender identification and homelessness.

VIII. Adjourn

MOTION was made to adjourn; motion seconded; all in favor, so approved.

The meeting was adjourned at 7:30 p.m. by Chair Bean.