



# Benton County

## Public Health Planning Advisory Committee

### (PHPAC) September 21, 2016 Minutes

---

**Present:** Marisa Thierheimer, Lesli Uebel, Louise Marstall, Barbara Hanley, Roxanne Shaw, Paul Hochfeld & Karen Elliott

**Excused:** Sandi Bean (Chair) & Judy Sundquist (Vice-Chair)

**Guests:** Molly Curry, Caitlyn Reilley & Neil Versolenko

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

---

#### I. Call to Order and Introductions

The meeting was called to order at 6:01 p.m. by committee member Thierheimer.

Introductions were made; two new members joined PHPAC (Paul Hochfeld and Karen Elliott) and three guests were in attendance.

#### II. Approval of June 2016 Minutes

The June 2016 minutes were presented for approval. There was one noted change; section VI., bullet point three was changed from “Stokes announced that the Board of Commissioners will be holding an appreciation and recruitment event on September 21, 2016.....” to “Stokes announced that the Board of Commissioners will be holding and appreciation and recruitment event on September 27, 2016.....”

**MOTION was made to approve the June 2016 minutes as amended; motion seconded; all in favor, so approved.**

#### III. Recruitment

- Four vacancies are currently open on PHPAC. All meetings are open to the public, only members can vote.
- Committee member Hanley informed PHPAC of a potential candidate that will attend in January.
- PHPAC would like to have additional members that represent the clergy, rural areas, or businesses.
- Deputy Director Fautin discussed the other four public health advisory committees that include Food Service, Disposal Site, Solid Waste, and Emergency Medical.

#### IV. Annual Retreat / Board of Commissioners Appreciation Event

- Takes place next Tuesday, September 27, 2016 from 5:30-7:00 p.m. in Guerber Hall at the Benton County Fairgrounds.
- *Will this event take place in lieu of the annual PHPAC retreat?* Not unless PHPAC would like to attend the event as an annual retreat. The commissioners have not confirmed if the event will be held annually.
- Representative Dan Rayfield and Senator Sara Gelsler may visit PHPAC after the legislative session ends in June.
- The Oregon Public Health Association will be holding their annual conference this year October 10 – 11. All PHPAC members are encouraged to attend.

**V. Public Health Modernization Update - Charlie Fautin, Deputy Director, Benton County Health Services (BCHS)**

Public Health Funding Background:

- There is no mandated public health (PH) system by the federal government. Each state is left to standardize and organize public health programs. The federal government does send funding through the Centers for Disease Control and Prevention (CDC), which is passed on to each state along with operational mandates.
- Some states are highly organized and centralized, ie: Department of Human Services. Other states are de-centralized and give guidance to local jurisdictional authorities.
  - Oregon leans more towards the de-centralized model, ie: leaving authority to the local counties.
  - Oregon law: the local jurisdiction is the statutory health authority that administers and enforces PH law, takes PH legal action; this reverts back to the state if the local authority is unable to exercise authority or surrenders the authority.
  - In Benton County (BC), the statutory health authority is the Board of Commissioners.

Health Care Reform:

- *How does PH keep up with the changing health care system?*
- In Oregon there are 36 counties and 34 different health departments, (three smaller counties have formed 1 district).
- In 2013, a PH bill was proposed at the legislature to divide Oregon into regions of PH, in an attempt to follow Idaho and Washington models. This bill led to the creation of a taskforce created by governor during the 2014 session, to create and write a plan for the future of the PH system. The taskforce looked at models, health patterns, and public health law, then identified a model from the Institute of Medicine and recommended this model be adopted as Oregon PH law.
- The old PH funding model was arranged and adopted to control individual pathologies, ie: tuberculosis, cholera, etc. PH funding in the old model created silos where funding was tied to each particular program, ie: maternal child health funding, pool & spa funding, tuberculosis funding, etc. Other flaws included no funding or support for PH structure (communication, administration, policy and planning).
- The new model operates on foundational capabilities and foundational programs, prevents funding silos, and supports PH structure.

*Handout: Public Health Modernization*

- The Oregon State Legislature adopted the new PH model in 2015.
  - The four foundational programs in public health include: environmental health, prevention and health promotion, access to clinical preventative services, and communicable disease control.
  - The seven foundational capabilities include: communications, policy and planning, community partnership development, leadership and organizational competencies, health equity and cultural responsiveness, and emergency

preparedness and response. These capabilities had always been practiced in public health, but had never been recognized in law or funding before 2015.

Financing PH Reform:

- PH receives around \$50 million dollars in funding each year. Oregon is short \$105 million dollars each year or \$210 million per biennium.
- There is a current proposal to add an additional \$30 million dollars to the Governor's budget to help implement the new PH structure. Full implementation may take 5-6 biennium.
- The idea of the new funding model is to provide funding on a more open basis, so it is not categorical. Funding will match the implementation manual of the new PH model, ie: if PH receives \$15 million between the state and local health departments (lhds) it won't go very far, but it will create a good start.

*Did the taskforce create a prioritization list?* No, they created the model, but since then a list has been prioritized to fund these programs in order: environmental health (EH), communicable disease (CD) control, emergency preparedness, leadership and organizational competency, and then health equity.

*Is there a Public health allocation for taxes on marijuana in Oregon?* From the medical marijuana card funding, a piece goes to PH (maternal child health programs) and a piece funds 100% of the Oregon's Safe Drinking Water Program.

*Since county health departments are the first touch of the people in the county and the county health directors are promoting this to the legislature, how is this tied back to the people these programs help, so they can help support funding for their programs?*

- Currently there is no bill, county department heads are just releasing their funding to the Governor who will release the state budget to joint leadership in December.
- PH representatives don't know if new funding for the model has been recommended by the Governor, or whether Measure 97 will pass or not.
- Directors are promoting awareness of the PH model and funding options to Coordinated Care Organizations (CCOs), hospital boards, and community stakeholders to get official signing and backing of the model. This includes the American Heart Association, the American Lung Association, parenting groups, etc. Once the model has gained support, then funding the model can be promoted.

The vast majority of PH funding in Oregon comes from the CDC, but remains highly categorically. Almost all state public health division workers are funded by federal monies not state monies.

Most of the county workers are funded by federal monies. Almost half of Oregon's counties are funded locally by resident tax payers, ie: residents in Benton County pay for PH through local taxes. BC pays for administration, assessment, school health curriculum, harm reduction, epidemiology and data teams, and half of investigative disease are funded with local funds. As federal money flows down and local money flows up, PH is trying to get the funding piece in the middle that is missing (the gap) from the state to do prevention and public health. BC has been paying for this gap and may continue to support harm reduction and other prevention

programs that are not able to be funded with federal monies and where no private monies exist.

*With the Affordable Care Act, modernization in Oregon, and more people on insurance than ever before, what is the plausible impact on health department services to the community?* Oregon CCO law requires CCO's to work with their lhd, but how they are supposed to work with their lhd has not been defined. Disparity populations are receiving better medical access, but primary prevention has not yet been addressed.

Public health acts generationally. The struggle now is to identify metrics to take back to the legislature to show that a difference has been made.

#### **VI. Member Activity Reports**

- PHPAC member Shaw attended an event held by Northwest Sector Planning, which addressed workforce development meeting the needs of the healthcare industry. This workgroup defined the sector first, then the purpose of partnership – which is to have all healthcare partners stop competing and identify mutual challenges for delivering healthcare. Who delivers healthcare? Benton, Lincoln, Linn, and Lane were identified as the sector. Who delivers healthcare in this sector? PH was not originally included. Attendees in the workgroup were trying to find out and eliminate barriers that make it hard for providers to provide healthcare to the community”.
- The Corvallis City Council recently submitted funding to operate the local homeless shelter for one year.

#### **VII. Next Meeting**

The next PHPAC meeting will be held October 19, 2016, in the Siletz Meeting room of the Benton County Health Department.

#### **VIII. Adjourn**

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

The meeting was adjourned at 7:19 p.m. by committee member Thierheimer.