CLHO Healthy Communities Committee Meeting

Date: Thursday, February 4, 2016

1:00 – 3:00 pm

PSOB Room 705-C or by

Conference call number:

Dial: (888) 363-4735

Participant: 868346

Host: (Portland): 862516

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| Agenda | | | |
| Agenda Item | Detail | Action Item | Responsible Party |
| Welcome & Introductions (5 min) 1:00 – 1:05 | Attendance | Kris Williams and Muriel DeLa Vergne-Brown, Crook County; Janet Jones, Umatilla County; Matt Davis and Amanda Garcia-Snell, Washington County; Robin Nudd, Baker County; Adelle Adams and Kari McFarlan, Multnomah County; CA Baskerville, Lane County; Jocelyn Warren, Lane County; Julie Alberts, Clackamas County; Peter Davis, Marion County; Marilynn Sutherland, Klamath County; Charlie Fautin and Tatiana Dierwechter, Benton County; Tom Kuhn, Deschutes County; Sabrina Freewynn, Leah Fisher, Luci Longoria, Health Promotion and Chronic Disease Prevention (HPCDP); Ronit Zusman, PHD Systems Innovation and Partnerships. | Tanya Phillips  Jocelyn Warren |
| Review of Prior Month’s Minutes (5 min)  1:05 – 1:10 | The Committee will have an opportunity to review minutes from the past meeting, make changes and/or adopt the minutes. | Marilyn moved to accept notes, CA seconded the motion. Minutes were adopted as written. | Tanya Phillips  Jocelyn Warren |
| Healthy Communities RFGP (15 min)  1:10 – 1:25 | **Background information:** Due to a reduction of funding for Healthy Communities, increasing specificity of CDC grant requirements, and pending changes to the Public Health system from modernization, leadership at HPCDP has determined that a one-year competitive Healthy Communities funding opportunity will be opened up to currently funded Healthy Communities grantees.  Due to the significant reduction in available funds, it is unlikely that all current Healthy Communities grantees will be funded in year 5.  **Objective:** Share information about the changes to this funding opportunity and gather committee feedback. | HPCDP had hoped to release a three-year, competitive funding opportunity open to all County and Tribal Local Health Departments (LHDs). However, due to a reduction of funding for Healthy Communities, increasing specificity of CDC grant requirements, and pending changes to the Public Health system from modernization, HPCDP has determined that a one-year competitive Healthy Communities funding opportunity will be opened to currently funded Healthy Communities grantees.  Comment: It doesn’t seem equitable to only open this up to communities funded for last three and a half years.  Response: We appreciate your feedback and understand the concern. HPCDP strives to make the majority of funding opportunities open to all possible applicants. This recommendation aligns with our own strategic priority of supporting LHD programs and also aligns with previous feedback received from CLHO Healthy Communities. A primary focus of Healthy Communities funding is building partnerships to advance community change supportive of chronic disease prevention, early detection and self-management. Lack of stability in funding and other resources makes it challenging to maintain partnerships and leverage them into policy, systems, and environmental change successes. A single year of funding would not be supportive of building and maintaining key partnerships.  Comment: HPCDP should continue looking at other ways to address chronic disease prevention.  Question: Is the reduction of funding due to cuts at the federal level or cost allocation?  Response: Both, and the changes are significant. Changes in federal requirements have emphasized work with health systems and allocated fewer resources for community programs.  Question: If not all currently funded grantees apply and there is additional funding available, what will happen?  Response: Given the reduction of funds, we don’t anticipate being able to fund all current grantees. Applicants will propose their budget needs to complete their proposed local program plan. Applicants will be ranked and HPCDP will fund as far down the ranked list as possible. If that does not exhaust the available funds, we would then consider next steps.  Question: Given changes around the policy, systems and environmental change work and the prominence of clinical interventions, what interventions will be included in the year-5 competitive continuation opportunity?  Response: We anticipate funds will be used for partnerships with K-12 schools, health systems, hospitals, jurisdictions, and government worksites. We will also ask grantees to continue to pursue policy, systems, and environmental changes very similar to those in the current grant.  Comment: I share in the disappointment of not being able to apply, and also see it as an equity issue. Is there some other way to reach out to other parts of the state?  Comment: Policy starts at the local level and moves to the state level, it is important to acknowledge that when making plans for resources.  Response: HPCDP shares this understanding as demonstrated by opportunities like TPEP where we have more control over funds and invest a significant amount in LHDs. We are attempting to do that to the greatest degree possible given the limitations/specificity of our funders. Additionally, with smaller cohorts like Healthy Communities, we explore how we can share lessons learned and challenges with others. Your ideas for how to do this in an improved way are welcome.  Question: Who has the ability to determine the eligibility for competitive funds from the State? This is presented as a decision the state has made without consultation from CLHO or a CLHO committee. CLHO may have a different opinion on how these funds should be distributed. Is there thinking on part of the state to seek input on eligibility for competitive grants?  Response: Thank you for the feedback. With other competitive opportunities we have asked CLHO how to shape them, and we considered that guidance when planning this Healthy Communities funding opportunity.  We will work with the committee co-chairs to consider how to move forward with CLHO to gather feedback and provide updates. | Sabrina Freewynn |
| Committee business (15 min)  1:25 – 1:40 | **Background:** A committee member has requested a change in the time of the standing CLHO HC meeting. The regular date, the first Thursday of each month, will remain the same.  The committee is in need of a volunteer to post documents to the committee web page.  **Objective**: Consider whether to change the time of the standing CLHO HC meeting.  Determine who will be responsible for posting materials to the committee webpage. | 1. **Meeting time change**   Some committee members have requested a change of the meeting time to 1:30 to allow for other standing meetings. Does anyone have a concern with moving the CLHO-HC meeting to a 1:30 start time?  One member has another standing meeting at 3:15, the change would conflict, but only slightly.  Five regular committee members are not at this meeting, therefore, the co-chairs will contact them to ask about the proposed time change. Barring any major objections, the meeting time will be changed.   1. **Website Maintenance**   Tanya asked for a willing committee member to take Kim Tierney’s role and post updates to the CLHO-HC website.  Comments: State staff do not have access or authority to post to the CLHO website. Therefore, it needs to be a committee member. Multiple people indicated it was a light duty, primarily consisting of posting materials Sabrina sends out. Typically, the assigned committee member dedicates a staff member to do the posting.  CLHO staff member Kathleen Johnson can provide training.  No members volunteered.  In the absence of volunteers, Tanya will post materials temporarily with the request that others consider taking this assignment as members of this committee. | Tanya Phillips Jocelyn Warren |
| Prevention integration (10 min)  1:40 – 1:50 | **Background:** As part of an OHA effort to create a coordinated, efficient system to reduce substance use disorders and tobacco use among Oregonians, interventions for tobacco, alcohol and other drugs prevention, cessation and regulation are being integrated and now reside in the Public Health Division.  **Objective:** Provide an update on ongoing prevention integration efforts. | As of May first, the new HPCDP staff members who were formerly with Addictions and Mental Health will be in Portland full time.  It has been a major change for individuals and programs for the agency to integrate alcohol, other drugs, and tobacco into the Public Health Program. HPCDP has been, and will continue to connect with local partners (Local Public Health Agencies and Tribes) to plan and implement integration.  HPCDP is forming an advisory committee to assist with this process. We are currently in the recruitment phase and the first meeting will be held in the next month or so. We are taking our time to ensure adequate sharing of information about the work that is currently going on.  Jackson, Multnomah and Klamath Counties all put forward suggestions for Advisory Committee member participation.  Additionally, HPCPD is in the fifth year of our five-year strategic plan and will use this integration information to inform the next five-year strategic planning process. | Karen Girard |
| Indirect Rate (10 min)  1:50 – 2:00 | **Background:**OHA has been working with experts in developing an indirect rate to be used by PHD programs. The intent in moving from cost allocation to an indirect rate is to provide more stability and consistency for programs.  **Objective:** Provide additional information and an update on the development of an indirect rate. | Karen shared notes she received from the Oregon Health Authority’s (OHA) fiscal office and suggested those interested in additional information review the presentation given at CLHO’s January meeting. Notes and a Power Point are on the CLHO website. She shared that:   * OHA has cost allocation for overhead costs like administration, information technology, and Human Resources activities. * The current structure for determining the amount that will be charged to a grant makes it difficult to plan ensure the spending resources efficiently. * Because of these reasons, OHA is moving to an indirect rate to support shared services.   Next steps include: the Chief Financial Officer will meet with the Director of OHA in February, data will be reviewed by Human Services, and the Joint Leadership team will be engaged in the discussion. Once complete, the proposal will go to the federal Office of Cost Allocation for approval. | Karen Girard |
| Stretch Break (5 min) 2:00 – 2:05 |  |  | All |
| Legislative update (10 min)  2:05 – 2:15 | **Background:** The 2016 legislative session is underway.  **Objective:** Provide information about the bills HPCDP is tracking. Provide an opportunity for committee members to share bills or topics they are tracking. | Legislative sessions started Monday, February 1 and goes through the first week of March. Members received the Bill Tracking summary in the attachments. To add to that information:   * 4062 – A vote is scheduled for tomorrow. Bill looks to pass out of committee. Taxes e-cigs and allocates a portion to tobacco prevention. * 4103 – Smokeshop certification hearing was canceled yesterday. * 1559 – This bill proposes a backbone for tobacco retail licensure by setting fees for program and the authority to revoke licenses for violations. The bill has three kinds of pre-emption included: (1) only state can issue license (2) local governments are not allowed to prohibit sales in pharmacies (3) local governments may not set limits on tobacco retailer location (e.g. distance from schools or city and county properties). There was an informational hearing during legislative days. The legislative committee held a hearing on the bill on Tuesday. CLHO testified against the bill because of the pre-emption clauses. Some counties testified in support. * 4014 – Several amendments are circulating. HPCDP is providing information in response to inquiries about a multi-media youth campaign. * 1521 – Hearing scheduled for Monday.   Question: Does HPCDP oppose bill 1559?  Response: OHA is neutral on all bills. We are providing educational information to the legislature about the bill.  Question: Are any bills looking at restrictions around the marijuana industry’s use of media such as billboards?  Response: Information provided to legislators includes a recommendation to prevent youth exposure by having restrictions related to marketing. HPCDP will include a white paper on addressing marijuana use. It is available on the Public Health Division Retail Marijuana Scientific Advisory Committee Page. **http://public.health.oregon.gov/PreventionWellness/marijuana/Documents/rmsac/tobacco-evidence-applied-to-retail-marijuana.pdf**  Question: With the addition of former Addictions and Mental Health programs, will HPCDP be tracking additional bills related to this topic?  Karen: Yes. If you know of additional bills you think we should be tracking, please share those with us. | Karen Girard |
| Updates & Announcements (15 min) 2:15 – 2: 30 |  | Marilynn: follow-up to an agenda item previously discussed – Indoor Clean Air Act decals. Klamath approached local vendors about their willingness to create and sell decals. The vendor will create a website and Marilynn will send that link to Tanya and Joselyn to share.  Update: Shasta Litho will have a functional website April 1. The price is $2 for an approximately 3 x 5 inch sticker, with orders of more than three offered at a reduced price per unit. Other sizes can be arranged on an as needed basis. At this time, the print shop may be reached via telephone at 541-883-3010, fax at 541-273-1081, or email at shastalitho@yahoo.com.  Tom: Deschutes received funding from their Coordinated Care Organization (CCO) to support the Smoke Free Oregon (SFO) Campaign locally. Deschutes will be working in conjunction with OHA. This is one of the first times that Deschutes Public Health has been able to get CCO funds to conduct population-based prevention. It will pay for an expanded SFO campaign locally.  Julie Alberts: Clackamas was just funded by Kaiser to conduct a Screen and Intervene. The program involves screening kids for food insecurity and surveying the food environment. Another example of private resources supporting public health. | All |
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Future Topics:

Toxic Free Kids

Health in All Policy Discussion

Announcements: