CLHO Healthy Communities Committee Meeting

Date: Thursday, November 5, 2015

1:00 – 3:00 pm

PSOB Room 705 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 | Tanya Phillips/Jackson, Charlie Fautin/Benton, Robin Nudd/Baker, Tatiana Dierwechter/Benton, Kris Williams/Crook, Jocelyn Warren/Lane, Adelle Adams/Multnomah, Matthew Davis/Washington, Amanda Garcia-Snell/Washington, Matthew Davis/Washington, Jamie Zentner/Clackamas, Karen Girard/HPCDP, Luci Longoria/HPCDP, Sabrina Freewynn/HPCDP, Tamara Burkovskaia/HPCDP, Julie Sifuentes/PHD, Lisa Shields/PHD, Lisa Millet/PHD, Matt Laidler/PHD, Ronit Zusman/PHD.Muriel DeLa Vergne-Brown, Tom Kuhn/Deschutes, Cindy “C.A.” Baskerville, Janet Jones/Umatilla -- excused. | Tanya Phillips |
| 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. | The Committee reviewed the minutes from the October 1 meeting. Kris moved to approve the minutes and Adelle seconded. Motion passed. | Tanya Phillips |
| Committee Annual report (10 min)1:10 – 1:20 | **Background:** CLHO Healthy Communities Committee presented our annual report to CLHO. **Objective:** Share the committee’s annual report that was provided to CLHO. | Tanya provided an overview of the CLHO Healthy Communities Committee annual report that was submitted to CLHO. A copy of the report was reviewed by committee members. The Committee would benefit from engagement of more Health Administrators. This would support strengthened communication to the full Conference of Local Health Officials (CLHO) regarding priorities.  | Tanya Phillips |
| Committee business: recruiting new co-chair and members (10 min)1:20 – 1:30 | **Background:** The election for the 2015-2017 CLHO officers was held in October and Charlie Fautin was elected as CLHO Chair. He will be stepping down as co-chair of the CLHO Healthy Communities Committee.**Objective:** Discuss nomination and selection of a new CLHO Healthy Communities committee co-chair and recruitment of additional new members. | Tanya announced that Charlie Fautin was elected as CLHO Co-Chair and thanked him for his great work as Co-Chair of the CLHO Healthy Communities Committee. Because of this election, Charlie cannot continue as Co-chair of the Healthy Communities Committee. Tanya welcomed Jocelyn Warren of Lane County who is the new committee Co-Chair. Jocelyn has been serving as Public Health Manager in Lane County since January 2014. She expressed her readiness to work with Tanya in leading the Committee. Tanya also welcomed two new members who are joining the Committee: Muriel DeLa Vergne-Brown of Crook County and C.A. Baskerville of Lane County. Both have a strong background in public health and bring a lot of expertise to the Committee. C.A will also assist and advise Jocelyn as a content expert. | Tanya Phillips |
| Brownfields Program update (15 min)1:30 – 1:45 | **Background:** The Health Impact Assessment (HIA) and Brownfields Program are experiencing significant changes in grant funding.**Objective:** Provide information on funding changes, impacts and opportunities. | The Health Impact Assessment (HIA) and Brownfields Program are focused on improving the built environment to be more supportive of health. Over the past five years, technical assistance and small grants were provided to many counties to support small but important projects and build capacity. Through the Brownfields Program, three counties were funded over the past two years, but many more counties are interested in working on built environment and land use projects should funding become available. Multiple times the Oregon Environmental Health Program has received highly competitive federal funding for the Brownfields Program, but this year, Oregon will not be funded. The Oregon Environmental Health program is not planning to apply for this funding in the future because it is project-based.Due to reduced availability of funds, the state will not be able to continue the same level of support to counties. However, there are other opportunities for the work to continue. One of these is through a partnership with Business Oregon who is interested in supporting projects. Currently, the Oregon Environmental Health program and Business Oregon are establishing an interagency agreement, under which the state will be able to continue providing support and technical assistance to local jurisdictions. This funding opportunity will be available to counties for site-specific local projects. The Funding Opportunity Agreement will be released approximately six months from now. If Committee members are interested in more information, they can contact Kari Christensen at kari.a.christensen@state.or.us or Julie Sifuentes at Julie.sifuentes@state.or.us.Under the Health Impact Assessment (HIA) program, two to three small grants were provided to counties over the past five years. A second round of funding to support this work was received from the Centers for Disease Control and Prevention (CDC) in 2011, and even though there was a reduction in the grant amount, the Oregon Environmental Health program received additional funds from the Pew grant and was able to continue providing small grants to counties. However, the Pew grant ended in September. The Oregon Environmental Health program evaluated the experience of HIA projects implemented over the past five years and the most important elements of the work, such as capacity and partnerships. With consideration to available resources and the evaluation results, the Oregon Environmental Health program has developed a proposal for moving forward. The ideas for adjustment are to maximize and build upon the accomplishments of the counties and minimize additional requirements. It is proposed that instead of a nine-month project and a 4-6 hour training in February or March for health department staff and partners involved in the project, counties will be offered a concentrated one-day workshop around transportation-focused decisions that counties are considering or will be considering in the near future such as a transportation plan update, redesign of streets or sections of a highway, or active transportation projects. The Transportation Options Health Impact Model tool was updated this year and can be used in workshops to show how transportation impacts chronic disease patterns in communities. This proposal will allow counties to have approximately the same benefits, with fewer resources: the amount of work done by the counties will reduce and the amount of the work done by the state will increase because the Public Health Division (PHD) will do the analysis, which previously counties contracted out. Then local health departments will own the report and can present local data. The Oregon Environmental Health program will also provide funding for the workshop logistics and some activities before and after it.This approach will also allow the Environmental Health program to capitalize on the work that the Health Promotion and Chronic Disease Prevention section (HPCDP) is currently doing under the Healthy Communities grant and the relationship with the Oregon Department of Transportation.Discussion/comments:Counties that have the Healthy Communities grant have land use activities built into their work plans. This gives an opportunity to align and coordinate trainings for grantees of both programs and also provide peer support and mentoring.The HIA program is planning to use the training on the land use and transportation developed by HPCDP for its grantees.There will be additional opportunities to provide feedback regarding the use of this funding when this committee reviews the Program Element language and future Request For Proposals. In the meantime, Committee members are welcome to contact Andrea (andrea.hamberg@state.or.us) or Julie (Julie.sifuentes@state.or.us) with ideas and suggestions on the most efficient use of grant funding. | Julie Sifuentes andAndrea Hamberg |
| Tobacco Reduction Advisory Committee (TRAC) (10 min)1:45 – 1:55 | **Background:** A Tobacco Reduction Advisory Committee (TRAC) meeting was held on October 8. This was the second of two meetings to discuss the 2015-2017 biennial budget for the Tobacco Prevention and Education Program. The committee provides recommendations and consultation to the state Tobacco Prevention and Education Program (TPEP).**Objective:** Provide the CLHO Healthy Communities Committee with an overview of the meeting. | On October 8, the Tobacco Reduction Advisory Committee (TRAC) had its second meeting to discuss and give recommendation on the Tobacco Prevention and Education (TPEP) budget for the 2015-2017 biennium. After considering some clarification provided after the first meeting, the Committee recommended the budget.The Committee also elected a new TRAC co-chair, Louis Rodriguez of the American Cancer Society. The Committee decided to meet quarterly and suggested updating the Executive Order membership. Mr. Rodriguez and Karen Girard, TRAC co-chairs, and Luci Longoria are to meet on Nov. 6 to plan associated tasks. The CLHO Healthy Communities Committee will be informed of the plans. The role of TRAC is to advise and make recommendation on how available funds should be spent based on evidence-based practice as guided by the CDC Best Practices for Tobacco Control. | Amanda Garcia-Snell |
| Oregon Health Authority Prevention Integration (10 min)1:55 – 2:05 | **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 will reside in the Public Health Division. The prevention staff formerly with the Addictions and Mental Health Division will join the Health Promotion and Chronic Disease Prevention Section at the Public Health Division beginning November 2, 2015.**Objective:** Discuss prevention integration efforts. | Karen shared information regarding organizational changes at the Oregon Health Authority (OHA) and work alignment. As a result of these changes, most of the former Addictions and Mental Health (AMH) Division became part of the Health Systems Division within OHA and five staff of the former AMH Substance Use Prevention Unit joined PHD/HPCDP. These five people are Jeff Ruscoe, Jill Dale, Julie Johnson, Kerryann Bouska and Letitia Mack. For now, their workstation is in Salem but starting Nov. 2, they are working in Portland three days a week. As of May 2, 2016, their official workstation will be in Portland. PHD is determining the best ways for collaboration and integration of the work of the new staff into HPCDP.There is a plan to create an ongoing advisory committee or workgroup consisting of representatives of the Public Health and former AMH Division, counties and mental health systems to inform this integration. As the integration process continues, Karen will provide updates and request recommendations as to who should participate in the work of the advisory committee.Discussion:Committee members discussed the role and place of the Substance Use Prevention programs in their counties. For example, in Benton and Jackson counties, the program has been part of public health for a number of years. This is well justified because there is an overlap between activities performed under public health and substance use prevention programs and both programs work with same populations. Having substance use programs within health promotion programs under public health allows consolidating resources, building capacity and collaborative program efforts. During the transition period and beyond, attention should be paid to workforce capacity building for this program to ensure that staff has a public health lens in addition to mental health background.The Committee expressed appreciation of the PHD’s role in consolidating these programs, so that some counties, in which substance use prevention program is housed in other agencies, could learn from this experience. C.A. from Lane County has some experience related to such transition and can be a great resource and serve on the advisory committee.Prior to OHA reorganization, Coordinated Care Organizations (CCOs) gave AMH grants to about a dozen counties for prevention of mental illnesses and mental health promotion work. It should be addressed how the work under these grants will move forward through reorganization.Committee members can contact Karen Girard at Karen.e.girard@state.or.us with any questions, suggestions or comments.  | Karen Girard |
| Stretch Break (5 min) 2:05 – 2:10  |  |  | All |
| Prescription Drug Overdose grant and Program Element (30 Min)2:10 – 2:40 | **Background:** The Oregon Health Authority, Public Health Division Injury and Violence Prevention Program (IVPP) has received CDC Prescription Drug Overdose for States funding to reduce deaths, hospitalizations, and emergency department visits related to drug overdose in Oregon. One of the grant objectives is to fund five high-burden county regions to help build infrastructure for a community network within the region.**Objective:** Provide information about this grant. Discuss forming a work group to help edit and revise a Program Element for the funding opportunity.  | Lisa Millet provided an overview of the Oregon Injury and Violence Prevention Program (IVPP), which is within the Oregon Health Authority/Public Health Division. The program, which is funded mostly by CDC, recently received a four-year grant to fund Prescription Drug Overdose (PDO) Prevention work at the state and local levels to reduce deaths, hospitalizations and emergency department visits related to drug overdose in Oregon. Lisa Shields and Matt Laidler spoke about the PDO burden in Oregon and the grant objective to fund five high-burden county regions to help them develop infrastructure for PDO prevention within the region. A copy of the PowerPoint presentation is attached.Discussion:Considering the short timeline, county regions were selected based on a composite score reflecting their burden, readiness, availability of infrastructure, and resources to implement the program. Each region will have a fiscal lead that receives the funding and is responsible for distributing funding among participating entities.The program needs volunteers from the CLHO Healthy Communities Committee to review the draft Program Element and provide county perspective. The work on the document needs to be completed by December 3 so that it can be presented to the CLHO Healthy Communities Committee prior to being presented to CLHO on December 17. After that, the Program Element will be submitted to the state Office of Contracts and Procurement. Tatiana and Kris volunteered to review the draft document, which Lisa Shields will send them. Since the timeline is short and there are many partners involved, OHA will have a task force to coordinate the work and communicate information about the progress, which will be done through variety of channels, including monthly calls conducted by the Injury and Violence Prevention Program, information from the Quality and Health Outcomes Committee (QHOC), weekly meetings with State Health Officer, monthly meetings with the PHD Director, six summits on overdose and a breakout session at the CCO summit. Additionally, a special website for this initiative, which will be launched in the near future, will contain all data and updates.The presenters will be coming to this Committee again to provide updates. They will consult with Morgan and Charlie if ratification by CLHO is needed. | Lisa Millet,Lisa Shields and Matt Laidler |
| Updates & Announcements (20 min) 2:40 – 3:00 |  |  |  |
| Adjourn |  | Meeting adjourned at 14:25pm  |  |

Future Topics:

* Healthy Brain Initiative
* ICAA changes at local level
* Prescription drug overdose prevention initiative

Announcements:

PlaceMattersOregon.com is now live! Place Matters Oregon fosters conversations about how place influences our individual and collective health.  Place Matters Oregon explores the health effects of social factors (income, education, race or ethnicity) and risk factors (tobacco use, lack of physical activity, and poor nutrition) in relation the places where people live, work, play and learn.  In addition to PlaceMattersOregon.com, Place Matters Oregon has a presence on social media channels including [Facebook](https://www.facebook.com/placemattersoregon) and [Twitter](https://twitter.com/PlaceMattersOR) (#PlaceMattersOR) to engage Oregonians in a sustained discussion of how place matters to health.  We hope you encourage members of your community to join the Place Matters Oregon conversation! For more information about HPCDP’s health communication work, please contact Kati Moseley (Katarina.moseley@state.or.us) and Holly Heiberg (holly.heiberg@state.or.us).