CLHO Healthy Communities Committee Meeting

Date: Thursday, September 3, 2015

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 and Introductions (5 min) 1:00 – 1:05 | Roll call | Tanya Phillips/Jackson, Kris Williams/Crook, Marilynn Sutherland/Klamath, Amanda Garcia-Snell/Washington, Tatiana Dierwechter/Benton, Julie Albers/Clackamas, Julie Hamilton/Clackamas, Tom Kuhn/Deschutes, Brendon Haggerty/OHSU, Ronit Zusman/Community Liaison, Julie Early-Sifuentes/PHD, Cat Schlenker/PHD, Sabrina Freewynn/HPCDP, Kim LaCroix/HPCDP, Patricia Schoonmaker/HPCDP, Tara Weston/HPCDP, Shaun Parkman/HPCDP, Tamara Burkovskaia/HPCDP. Charlie Fautin/Benton is 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 July meeting, make changes and/or adopt the minutes. | Tatiana moved to adopt the minutes and Marilynn seconded. Motion passed. | Tanya Phillips |
| Social Vulnerability Assessment Maps  (20 min) 1:05 - 1:30 | **Background:** The Oregon Climate and Health program developed an assessment of social vulnerability as one of several inputs into a statewide Climate and Health Resilience Plan. The focus of the assessment is a social vulnerability score mapped by census tract. Program staff intend to publish associated maps and data online. The primary audience is public health professionals in Oregon. **Objective:** Collect advisory feedback from CLHO for final edits before online publication and distribution. This presentation is in response to a request for review made during a previous presentation to CLHO on Climate and Health program activities. | The Climate and Health Vulnerability Assessment document developed by the Oregon Climate and Health Program was shared with the Committee. The document contains maps depicting social and demographic characteristics of the population and can be used by environmental specialists to prepare for the impacts of climate change, and also by public health professionals as they work on community health assessment and planning. The assessment is an outcome of the CDC’s Climate Ready States and Cities Initiative and an input for the statewide Climate and Health Resilience Plan. Even though these maps do not tell a complete story on their own, they are one of many inputs that the Climate and Health Program will be using to plan actions that health systems can take to prepare for climate change.The categories used on the maps, including those showing race, ethnicity and socio-economic status, were based on the distribution within the census tracks: lower third, middle third and highest third.After the maps are finalized, they will be rolled out through the Public Health Division.Committee members recognized the value of this assessment and the maps and made several comments about this tool and suggestions as to how to make it even more usable and valuable:* The document can be of value for public health professionals because it includes information on social determinants of health.
* The maps can inform a range of activities from primary prevention to primary health care work.
* The document is a good tool for developing cross-partnerships and planning.
* Only the first map depicting social vulnerability shows county borders; it will be helpful if county borders are marked on all maps. The borders will be added to other maps.
* To make the maps more useful, other reference points (other than county borders) were recommended. Since public health departments work at regional levels and with CCOs on a variety of projects, it will be helpful if CCO regions/boundaries are overlaid on the maps. Then these maps can be shared with CCOs and used in planning, the community health assessment process and other joint projects. It will be helpful if names of cities are added to the maps.
* The document includes a lot of information on social determinants of health but its title sounds as if it is devoted to climate change and environmental health only. It is recommended to change the name of the document to give more public health context to it.
* Consider replacing the term “vulnerability” with the term “resilience” both in the document and messaging about it, which will give broader public health context to the assessment and the maps.
* The document should be posted on-line to make it available and accessible not just for public health professionals but for a broader audience.
* When the maps are rolled out from Public Health, it is recommended to do a parallel roll-out through the Transformation Center to all CCOs. This will enhance the opportunities provided by this tool for cross-partnership and planning.

In addition to the discussion of the Climate and Health Assessment, the Committee members were also updated on the status of the statewide Climate and Health Resilience Plan. A modernization framework is being used in developing the plan that will be focused on state and local public health systems and actions aimed at making communities more resilient. One of the ways to engage local health departments is through the statewide Climate and Health Network that will be launched next month. Local health departments are encouraged to participate in the Network through discussion of health implications of climate change and by sharing practices and projects happening at local level. Those interested in participation in the Climate and Health Network should contact Julie (julie.sifuentes@state.or.us) or Brendon (brendon.haggerty@state.or.us). | Julie Early-Sifuentes,Brendon Haggerty |
| Rules Advisory Committee Updates (15’) 1:30 – 1:45 | **Background:** In August, HPCDP launched two Rules Advisory Committees (RACs) to support the process of promulgating rules to implement  HB 2546, which:* Expands the Oregon Indoor Clean Air Act (ICAA), to include “inhalant delivery systems” (e-cigarettes and similar products) and “inhalants” (nicotine, cannabinoid or other inhaled substances)
* Bans the sale, purchase or use of inhalant delivery systems for those under the age of 18
* Gives OHA rule-making authority for child resistant packaging, labeling and packaging that is not attractive to minors for inhalant delivery systems

We are referring to the two RACs as the “ICAA RAC” and the “Packaging & Labeling RAC” to reflect the substantive areas of HB 2546 that each will address. The ICAA rules will be in effect January 1, 2016 to coincide when the new law goes into effect. Packaging and labeling rules will be in effect July 1, 2016. Membership of the RACs include representatives from business, health, community organizations, and government agencies. The next scheduled RAC meetings are September 11, with the ICAA RAC at 10:30-12:00 and the Packaging and Labeling RAC at 1:00-2:30 p.m.**Objective:** Share an update on the administrative rules process for HB 2546.   | Two Rules Advisory Committees (RAC) referred to as the” Indoor Clean Air Act (ICAA) RAC” and the “Packaging and Labeling RAC” were tasked with developing Administrative Rules related to statutory changes from the passage of HB 2546. This bill expands the Oregon ICAA to include the use of “inhalant delivery systems” (IDS) and “inhalants” (e-cigarettes and similar products) and gives OHA rule-making authority for child resistant packaging and labeling of IDS that is not attractive to minors.The ICAA RAC has had two meetings and drafted rules that will be offered for public hearing in the near future. One rulemaking task is to determine a definition of enclosed area. HPCDP has proposed a two-part definition:*An area is considered enclosed if it has ceiling and roof. If there is no ceiling or roof, an area is considered enclosed if it has walls on three sides.*Draft rules will be completed next week and will subsequently be submitted to the Office of State Secretary. There will be four to six public hearings conducted at the end of October and early November. Please look for opportunities to participate in providing testimony at public hearings and through written comment.Committee members welcomed a straightforward definition that will eliminate ambiguity of the existing definition and make ICAA implementation easier. The ICAA RAC is to complete its work by the end of the year and the rules will go into effect 1/1/2016, when the Statute goes into effect.The Packaging and Labeling RAC has met twice and is likely to have two or three more meetings. The RAC is addressing child-resistant packaging, packaging that is not attractive to minors and labeling of IDS. There is not much precedent for this nationally; some states have rules related to labeling but not related to packaging attractive to minors. The RAC is focusing on the IDS definition to determine how packaging requirements will apply to a variety of inhalant products, including prefilled and sealed IDS products, and refillable and reusable devices. The committee is deciding if child-resistant packaging applies to e-liquid and refillable IDS hardware only, or to pre-filled and sealed devices as well. The legislature made it clear that they do not want it applied to pre-filled and sealed IDS devices. Another issue is whether or not labeling attractive to minors will be applied to various IDS components. Regarding this, the legislature did not make any indication as to their preference.The RAC is reviewing language from the Federal Poisoning Prevention Act about special packaging, and is also tracking the rule development for new marijuana laws being conducted by the Oregon Liquor Control Commission (OLCC). OLCC is also working on rules related to child-resistant packaging and labeling not attractive to minors.The RAC committee will meet one more time on September 11 to discuss what should be included on the label and then will proceed with drafting the rules. The packaging and labeling RAC needs to complete its work by 07/01/2016. Committee members recognized Oregon’s leading position in the country regarding including IDS in the ICAA and introducing requirements for marketing and child-resistant packaging. The Committee members recommended that the rules require that packaging be plain, in black and white only, and without pictures.  | Kim LaCroix |
| Tobacco Reduction Advisory Committee (TRAC) meeting update (10 min) 1:45 – 1:55 | **Background:** The Tobacco Reduction Advisory Committee (TRAC) met September 1. This committee is appointed by the governor and provides recommendations and guidance on program and budget matters to the state Tobacco Prevention and Education Program (TPEP). TRAC reviewed TPEP’s proposed budget for the 2015-2017 biennium.**Objective:** Provide an overview of the meeting and discuss next steps. | The Tobacco Reduction Advisory Committee (TRAC) was established under the Governor’s Executive Order in 1997, when the Tobacco Prevention and Education Program (TPEP) started. TRAC provides guidance and recommendations regarding the TPEP budget. RAC is advising on the funding that comes from Tobacco Master Settlement Agreement (TMSA) and state tax dollars.During the recent legislative session, the Oregon Legislature allocated $4.12 million in funding for TPEP for the 2015-2017 biennium. The TRAC committee met on September 1 to discuss a proposed TPEP budget for the 2015-2017 biennium. A robust conversation took place at the meeting attended by representatives from all organizations listed in the Governor’s Executive Order. To inform the decision-making process, the discussion started with the review of what was accomplished in the 2013-2015 biennium in tobacco prevention and control and how the $4 million TMSA funding allocated to TPEP at the previous legislative session was spent. It was emphasized that the work done under TPEP in the previous biennium and in this biennium follow the CDC evidence-based funding practices tobacco prevention programs.TRAC did not make a recommendation regarding the budget for the 2015-2017 biennium and decided to hold another meeting to continue the discussion.HPCDP will schedule a meeting in October. If TRAC does not make a recommendation at that meeting, one more meeting will be set up. After the meeting in October, HPCDP will provide updates to this Committee.  | Tara Weston (on behalf of Karen Girard),Amanda Garcia-Snell |
| Stretch Break (5 min) 1:55 – 2:00  |  |  | All |
| Oregon’s Healthy Brain Initiative Meeting (15 min) 2:00 – 2:15 | **Background:** Alzheimer’s is now the 4th leading cause of death in the U.S. The Public Health Division has a small grant from the National Association of Chronic Disease Directors (NACDD) to analyze and share BRFSS cognitive decline, caregiver, and chronic disease risk factor and panel survey data. The meeting is a collaboration between OHA-PHD and the DHS State Unit on Aging to convene public health and healthy aging partners to explore opportunities for public health to be engaged in healthy aging initiatives.Please note: The meeting date has been changed from September 18 to Friday, October 2. Location: Portland State Office Building, 800 NE Oregon Street, Portland. Room 1BDate/Time: Friday, October 2 from 8:30 AM to 2:30 PM**Objective:** Share the background and purpose of the meeting, invitees, and presenters. The goal is for state and local public health to participate in the meeting. | Using a grant from the National Association of Chronic Disease Directors (NACDD), PHD has been working with the DHS State Unit on Aging and other partners engaged in healthy aging issues (Oregon State University Gerontology Center, Oregon Health and Science University, Portland State University, American Association of Retired Persons (AARP) and Alzheimer Association) to support healthy aging initiatives, which is an emerging area of work for public health.In April, a meeting was held to brainstorm opportunities for collaboration. One of the outcomes of the meeting was a decision to convene a meeting; the Oregon’s Healthy Aging, Healthy Brain Initiative. Participation would include representatives from state and local public health and organizations serving aging populations. This will be an opportunity to engage organizations in collaboration around promoting healthy aging population-wide. It is important that public health is well represented at this and future meetings. Addressing health across the lifespan is a priority outlined in the Public Health Division’s Strategic Plan.The forum agenda will include presentations on Behavior Risk Factor Surveillance System (BRFSS) data on cognitive decline, caregiver, and chronic disease risk factors. It will also include facilitated discussions. Due to multiple calendar conflicts, the meeting originally scheduled for September 18 was rescheduled to **October 2**. Participation will be by invitation only. Continental breakfast and lunch will be provided. A flier with information was sent to local health departments and other agencies. Organizers consider providing a call-in option, at least for the afternoon facilitated discussion/panel, for those who will not be able to participate in-person. Committee members supported this idea as it would be beneficial, especially for remote counties, to participate in this meeting at least by phone.Committee members suggested this meeting as a good opportunity to review the maps from the Climate and Health Vulnerability Assessment to see where poor and vulnerable adults reside and reach out to health administrators of these areas. Organizers already have a list of participants but more representatives from local health departments are needed. Patricia will send a draft agenda to the Healthy Communities Committee members to help them with recruitment. Names of interested people should be sent to Patricia Schoonmaker at patricia.schoonmaker@state.or.us. Patricia will send registration links to these people.Committee members are interested in this meeting and are planning to attend it; they will also send names of other interested individuals to Patricia. The Committee commended organizers for strategic coordination of the meeting and engaging representatives of cross-sector agencies, such housing and land use authorities, and suggested that Oregon Department of Transportation (ODOT) be invited as well. | Patricia Schoonmaker |
| Review CLHO Healthy Communities Committee Charter  (15 min) 2:15 – 2:30 | **Background:** This committee’s charter is available online at <http://oregonclho.org/healthy-communities/> . The charter was originally approved in January 2013. The charter was reviewed and updated in January 2014. **Objective**: Review the committee charter and determine necessary updates. Once changes are finalized, the updates will be adopted at a future meeting.  | The meeting participants reviewed the revised Charter of the CLHO Healthy Communities committee. The committee did a thorough work revising the Charter last year. At this time, the Charter works well for the Committee and no further changes were suggested. Should Committee members have more suggestions regarding changes to the Charter, they can give their feedback to the co-chairs. | Tanya Phillips |
| Smokefree Oregon Cessation Campaign (10 min) 2:30 – 2:40 | **Background:** HPCDP is developing plans to approach select Coordinated Care Organizations (CCOs) to solicit their interest in financially supporting the Smokefree Oregon cessation campaign that will take place from January through March 2016. **Objective:** Answer questions and gather feedback from committee members to strengthen plans for this request.  | Item postponed |   |
| TPEP Request For Application (RFA) development (5’) 2:40 – 2:45 | **Background:** Each fall, HPCDP begins updates to the core Tobacco Prevention and Education Program (TPEP) Request for Application (RFA). This is a non-competitive application with funding set through the TPEP funding formula. HPCDP staff consult with volunteers from CLHO Healthy Communities committee and with current coordinators to develop the RFA. Volunteers will attend two to three meetings in the fall via phone and will be asked to review and provide feedback on RFA documents. **Objective:** Solicit volunteers from CLHO Healthy Communities to consult with HPCDP on the development of the TPEP RFA.  | The new TPEP grant year started on July 1, 2015 and will run through to June 30, 2016. In October, HPCDP starts working on the TPEP RFA for the next grant year. While working on the TPEP RFA and determining objectives for the next grant year, the team identifies where the areas of movement/accomplishments and areas of stasis are, and what issues are emerging. In addition to the TPEP RFA, we will also release competitive grants. The committee provides input on these opportunities but staff will not be able to share information about these RFPs with potential applicants to avoid giving an advantage to any one applicant. In case of the TPEP grant, HPCDP solicits volunteers from local health departments and other partner organizations to participate in the review of the draft RFA and provide feedback. The time commitment for reviewers is two to three phone meetings, about an hour to an hour and a half each, in October, November and December. This request is extended not just to Committee members but also to local health department staff. HPCDP welcomes diverse representation. Last year, HPCDP made a special effort to engage participants from rural counties.Several Committee members (Marilynn, Kris, Tom) expressed interest in participation in the RFA review. The Committee also asked Sabrina to send them a solicitation email and they will get back to her with more names of people who can participate in the review. | Sabrina Freewynn |
| Updates and Announcements (15’) 2:45 – 3:00 | The Committee will have an opportunity to make announcements. | If Committee members have agenda topics, they should submit them to the co-chairs. No other announcements were made. | Tanya Phillips |
| Adjourn |  | Adjourn until the October 1 meeting. |  |