

Community Health Council Meeting Minutes
Monday, July 14, 2008
Portland State Office Building, Portland, Oregon 97232

Members: Amy Anderson, Téjara Brown, Rob Delf, Ruth Duran, Bonnie Malone, Harold Odhiambo, Donna Sather, Mauricio Somilleda, Aron Stephens, May Lynn Chu

Absent Members: Sandy Spiegel*, Suzanne McKinney, Jay Thiemeyer, Veronica Rodriguez*, Joanne Gavin*,

Guests: Jimae Forbes, Dan Pierce, Robert Hardy, Martin Davidson

Staff: Vanetta Abdellatif, Tamika Brazile, Jonathan Potkin, Lillian Shirley, Kate Yen

* indicates advance notice of absence given

WELCOME & INTRODUCTIONS – by Rob Delf, Chair

- Meeting called to order at @5:55 pm
- Introduction of members, guests and staff.
- Reviewed July agenda and desired outcomes
- Motion to accept June minutes by Tejara, seconded by Bonnie; *approved*

ANNOUNCEMENTS:

1. Understanding Social Movements –July 26th

- A history of social movements such as the civil rights movement, and the keys to successful social change then and now.

2. Tackling inequity through policy change – Aug. 23rd

- Exploring power analysis dynamics: why inequities exist and who benefits? How political and economic systems work and how we have the most impact.

3. Building a Community Campaign—October 11th

- Developing the strategies and skills for change, including lobbying legislators/elected officials.

4. National Health Centers Week – August 11th

- guests include Congressman Blumenauer, County commissioners & candidates
- Need full council attendance; opportunity to demonstrate value of MCHD services to elected officials

5. Project Homeless Connect – August 22nd

- MCHD participating at Tom McCall Waterfront Park

6. Opportunities in Health Care: A World of Potential for Oregon – September 16th

- Oregon Convention Center, sponsored by Oregon Health Forum

7. Fall Primary Care Conference – October 18th to 22nd

- can send 2 Council members to Denver, Colorado

INTEGRATED CLINICAL SERVICES UPDATE: Vanetta Abdellatif, ICS Director

1. Vanetta reviewed handout material including a project abstract, a summary of area of focus, and a Health Resources & Services Administration (HRSA) performance review to give appropriate background prior to the vote.

Comment: Excellent background summation

Q: Regarding School Based Health Care (SBHC) – Does that mean that the funds will be spread thinner or allocated differently?

A: Feds reorganized HRSA; SBHC previously had been treated differently, not lumped together with others but now is based on services. This doesn't impact service.

ACTION ITEM: Council approval needed to submit Bureau of Primary Care Grant
Motion to accept by Aron, seconded by Amy; *Approved*

2. Electronic health records for corrections health will allow integration with sheriff's office records

Q: Will this new system be integrated with EPIC system?

A: Will take a lot of resources from IT to do it but it is the goal in the project plan. One other piece: IT people are also responsible for mental health addiction systems. Not the same system but can be cross referenced.

3. Medical Director, Patsy Kullberg, is changing her role. In September she will be seeing more patients and doing less administrative work. We are actively recruiting for a new Medical Director. Gary Oxman, Health Officer, is leading the recruitment process. There is a role of Council in the interview piece. Let Vanetta now how the CHC would like to participate.

HEALTHCARE PROPOSAL FOR PORTLAND SCHOOL AGED CHILDREN

Vanetta is member of a technical group working on this issue. History of this proposal was that it was initially a state ballot measure. This initiative has been adopted by Portland City Council. What role might CHC have on this initiative?

Comment: The premise of having insurance and access to health care are not the same. Infrastructure is already in place, i.e., the SBHC. Why not give funds to the system that works rather than just 'buying' health insurance? Better to expand and enhance infrastructure we already have. This is direct access to care; fund 'What works now.'

Plan by December 08; implemented by September 09.

Q: This resolution has \$7500 deductible – How can you afford that and not afford health insurance?

A: More of a catastrophic insurance policy but not for basic care

There are legislative issues to be addressed before we spend a lot of time & energy on this proposal. Is it feasible in law? Actual access to get primary care is the basic need.

Q: When we will hear more about this

A: Sam Adams' office says this week; they will be deciding on who will sit on the two committees in a few weeks.

Q: To learn more as CHC member, do we know where we are going with this? Could we get representatives come to this meeting?

A: We will keep you informed. Appropriate to offer our opinion as reps of community to let policy makers know. We need to be an advocate for this population. If it works, it could expand in a good way.

Q: Will there be any public hearings?

A: This is subject to public meeting law. We will let you know if any public hearings are scheduled.

Q: Is it clear how the amounts were determined, e.g. \$7500 deductible? What about prescription drugs, and co-pay?

A: The suggested deductible came from Dr. Coodley but is subject to modification. Intent is to make it workable. Exec committee thought whole CHC should monitor the situation and decide whether to take an active role at later date.

Comment: Great initiative but will have a lot of opposition from people who struggling to keep educational programs running. There are barriers to this initiative.

DIRECTOR'S UPDATE: Lillian Shirley, Health Department Director

1. Budget—status quo – all amendments were passed; we actually got some additional dollars for chronic disease work. We will be reporting every quarter (quality improvement project). Needed to convince Chair Wheeler of uniqueness of SBHC special services.
2. Also looking at Medical Van: Are the 'right people' getting services through the van? Get them to understand different populations need different delivery models
3. We just completed study to recruit more doctors and nurse practitioners. Looking at salary guidelines and comparisons in other sectors.
4. Corrections Health has hired 5 nurses in last five weeks. That is still a place where people want to come to work, and to stabilize work force.

Q: What was the actual budget approved?

A: Our budget was fully funded as we submitted it.

Q: Have you set aside additional resources for Wapato [new corrections facility]?

A County has contingency plan but it is not part of our budget, it will be funded through the Sheriff's Office.

Q: A large percentage of people incarcerated are mental health patients and addicts. Real needs are being missed. Will there be more investigation into what real medical needs are?

A : Staff in corrections health do those assessments. Sheriff's office has addiction counselors. Already we have a better relationship with Sheriff's department. Changes in training together.

Comment: I have seen an improvement with nurses responding.

Q: *I haven't heard much about homeless camp, what's going on with that?*

A: Are you talking about the camp? That is a Portland City Council issue

5. Health impact assessments handout –Columbia River Crossing Assessment
As public health agency it is not our role to comment on merits of building bridge or not. But rather, 'What is impact on human health? We did a great report; succinct and well documented. Federal government looked at this project and indicated not enough factors around health were being taken into account. Doing it with equity work; doing it *with* neighborhoods, not *for* neighborhoods. What can we do with this project so that it would have neutral or even positive impacts? Chair was very supportive of report. Try and make it so that people 'don't need to come to our clinics.'

TITLE X FAMILY PLANNING GRANT OVERVIEW AND PRESENTATION –
BY Margo Salisbury (postponed because of need to vacate State Office building by 7:00 pm)

Adjourn at @7:00 PM.

Next Meeting: National Health Centers Week event on August 11th at Multnomah County Board Room at Multnomah Building, 501 SE Hawthorne Blvd.

Parking lot: [nothing mentioned]