

**Minutes for the Board of Commissioners
Multnomah Building, Commissioners Conference Room 635
501 SE Hawthorne Blvd. Portland, Oregon
Tuesday, April 1, 2014**

EXECUTIVE SESSION

Acting Chair Marissa Madrigal called the meeting to order at 9:05 a.m. with Vice-Chair McKeel and Commissioners Liesl Wendt, Loretta Smith and Judy Shiprack present.

ES.1 The Multnomah County Board of Commissioners will meet in Executive Session Pursuant to ORS 192.660(2)(d) to conduct deliberations on labor negotiations. Only representatives of the news media and designated staff are allowed to attend. Representatives of the news media and all other attendees are specifically directed not to disclose information that is the subject of the Executive Session. Final decisions are decided in public Board meetings. Contact: Jenny Madkour, County Attorney. Presenters: Jenny Madkour with Steve Herron, Labor Relations & Class/Comp Director.

Executive Session was held and adjourned at 9:55 a.m.

**Minutes for the Board of Commissioners
Multnomah Building, Board Room 100
Tuesday, April 1, 2014**

BOARD BRIEFINGS

Acting Chair Marissa Madrigal called the meeting to order at 10:08 a.m. with Vice-Chair McKeel and Commissioners Liesl Wendt, Loretta Smith and Judy Shiprack present. Commissioner Wendt was excused at 11:51 a.m.

Jenny M. Madkour, County Attorney, and Marina Baker, Assistant Board Clerk, were also in attendance.

B.1 Board Briefing on Healthy Columbia Willamette, Community Health Improvement Plan. Presenters: Dr. Paul Lewis, Interim Tri-County Health Officer, Dr. Jennifer Vines, Deputy Tri-County Health Officer; Kari Stanley, Director, Community Benefit, Legacy Health System; Amy Zlot, Multnomah County Health Department; and Joanne Fuller, Interim Director, Health Department.

Chair Madrigal: GOOD MORNING, AND WELCOME TO TODAY'S BOARD BRIEFING ON HEALTHY COLUMBIA WILLAMETTE COMMUNITY HEALTH IMPROVEMENT PLAN. COME ON UP, HEALTH DEPARTMENT. IS EVERYONE HERE?

Dr. Vines: I'M ONLY LOOKING AROUND FOR JOANNE FULLER. I WONDER IF SHE GOT HELD UP. SO, GOOD MORNING. I'M DR. JENNIFER VINES, THE DEPUTY HEALTH OFFICER FOR MULTNOMAH COUNTY HEALTH DEPARTMENT, JOINED BY AMY ZLOT, OR EPIDEMIOLOGIST. KARI STANLEY IS THE DIRECTOR OF COMMUNITY BENEFIT FOR LEGACY HEALTH, SHE WAS GRACIOUS ENOUGH TO GIVE UP HER MORNING TO

BE HERE AND HER ROLE WILL BECOME APPARENT. ALSO HERE IS DR. PAUL LEWIS, OUR INTERIM TRI-COUNTY HEALTH OFFICER. AS PART OF THE TRI-COUNTY HEALTH OFFICER PROGRAM, HE ALSO IS RESPONSIBLE FOR CLACKAMAS COUNTY, SO HE'S BEEN THE CLACKAMAS COUNTY REPRESENTATIVE FOR THIS COLLABORATIVE. AND MEGHAN CRANE IS OUR GRANT SUPPORTED PROGRAM MANAGER. PROGRAM SPECIALIST FOR HEALTHY COLUMBIA WILLAMETTE. I WANT TO THANK THEM AND THANK YOU ALL FOR YOUR ATTENTION TODAY. I'VE MET SOME BUT NOT ALL OF YOU. I'M NOT NEW TO MULTNOMAH COUNTY, I'M A FAMILY PHYSICIAN BY TRAINING, CERTIFIED IN PREVENTIVE MEDICINE, SO I WORKED AT WESTSIDE HEALTH CENTER BEFORE I MOVED TO SOUTHEAST. AND I'VE BEEN IN THE TRI-COUNTY HEALTH OFFICER PROGRAM SINCE 2011. SO WAS PRIMARILY RESPONSIBLE FOR WASHINGTON COUNTY WITH A COUPLE OF CARVE OUTS IN MULTNOMAH COUNTY AND IN FEBRUARY I MOVED TO MY DEPUTY ROLE EXCLUSIVELY IN MULTNOMAH COUNTY. SO I HAVE THE PLEASURE OF SERVING AS THE PUBLIC HEALTH LEAD PHYSICIAN FOR THE CORE PUBLIC HEALTH PROGRAM. STD, TUBERCULOSIS, OUTBREAKS, EMERGENCY PREPAREDNESS, AND THIS WORK, WHICH IS A LOT OF FUN.

TODAY'S PRESENTATION IS INFORMATION ONLY. THERE'S NO ASK OF YOU TODAY. I ALSO WANT TO BE CLEAR THAT I'M REPRESENTING THE WORK OF A LOT OF OTHER PEOPLE. AND I HAVE -- I'VE PURPOSELY KEPT IT HIGH LEVEL. FEEL FREE TO ASK ME QUESTION AND IF I DON'T KNOW THE ANSWER I'LL FIND THE ANSWERS FOR YOU. JUST SO YOU KNOW, THIS WORK IS ALREADY BUDGETED THROUGH 2016. I'D BE HAPPY TO ANSWER MORE DETAILED QUESTIONS ABOUT BUDGET, BUT THERE'S NO ASK HERE TODAY. AMY ZLOT AND I HAVE BEEN YOUR MULTNOMAH COUNTY HEALTH DEPARTMENT REPRESENTATIVES FOR THIS WORK, AND SEPARATE FROM THAT IS THE NEUTRAL CONVENER ROLE, WHICH MULTNOMAH COUNTY HEALTH DEPARTMENT ALSO FILLED, AND THAT'S MEGHAN AND HER COUNTERPART CHRIS, HAVE BEEN OUR NEUTRAL CONVENERS, AND THEY WERE SUCCESSFUL IN AN RFP PROCESS AND HAVE DONE AMAZING -- THIS IS REALLY COMPLEX WORK WITH A LOT OF MOVING PARTS.

SO WHY DO A REGIONAL HEALTH NEEDS ASSESSMENT? WELL, WE ARE ALL KIND OF IN THE SAME BOAT. NONPROFIT HOSPITALS HAVE TO CONDUCT ONE EVERY THREE YEARS UNDER THE AFFORDABLE CARE ACT. PUBLIC HEALTH DEPARTMENTS HAVE TO DO IT AS PART OF ACCREDITATION, COORDINATED CARE ORGANIZATIONS ARE REQUIRED BY LAW TO DO A HEALTH ASSESSMENT, AND SO THERE'S REALLY STRENGTH IN NUMBERS. OUR GOAL IS TO UNDERSTAND LOCAL HEALTH ISSUES AND REALLY WORK TOGETHER TO IMPROVE THE HEALTH OF THE ENTIRE COMMUNITY BECAUSE THOSE COUNTY BOUNDARIES ARE ONLY MEANINGFUL TO US, NOT THE PEOPLE WHO LIVE IN ONE COUNTY AND WORK IN ANOTHER, HAVE FAMILY IN ONE COUNTY BUT LIVE IN ANOTHER. THIS WORK ALSO HAS WOVEN THROUGHOUT IT AN EMPHASIS ON HEALTH DISPARITIES. WE START OUR CYCLE OF ASSESSMENT IN 2012. OUR NEXT CYCLE IS ALMOST UPON US IN 2015. I'LL BE TALKING ABOUT THE WORK WE'VE DONE SINCE 2012. AND THIS IS REALLY MOSTLY AROUND MEASUREMENT AND MONITORING OF HEALTH INDICATORS. WE HAVE SOME IDENTIFICATION OF STRATEGIES FOR COMMUNITY HEALTH IMPROVEMENT. BUT THAT'S IN ITS INFANCY STAGES, BUT I'LL END WITH WHAT THE STRATEGIES ARE LOOKING LIKE.

OUR VISION WAS REALLY AROUND ALIGNMENT AGAINST STRENGTH IN NUMBERS. WE HAVE THE FOUR-COUNTY HEALTH DEPARTMENTS, WE HAVE 14 HOSPITALS, WE HAVE THE TWO CCOs, AND THE GOAL WAS NOT JUST THE PRODUCTS, SO OF COURSE WE WANT TO UNDERSTAND HEALTH NEEDS IN THE COMMUNITY, WE WANT TO PRODUCE A MEANINGFUL HEALTH NEEDS ASSESSMENT, BUT WE ALSO ARE FOCUSED ON PROCESS AND WANTED TO ESTABLISH SOME RELATIONSHIPS AND GROW THE WORKING RELATIONSHIPS BETWEEN PUBLIC HEALTH AND OUR HEALTH SERVICE DELIVERY PARTNERS. AGAIN, STRENGTH IN NUMBERS, AND I THINK SUCCESS IS REALLY JUST HAVING EVERYONE AT THE TABLE THUS FAR BECAUSE IT'S REALLY A UNIQUE COLLABORATIVE AND THE MEMBERSHIP IS ALL HERE AND SO JUST FOR KICKS, IN ADDITION TO ALL THE VARIOUS PARTNERS, WE HAVE TWO STATES INVOLVED. SO WE CROSS STATE LINES, WE CROSS COUNTY LINES, AND WE CROSS DISCIPLINE LINES. SO AGAIN, A REALLY UNIQUE COLLABORATIVE, AND IT HINTS AT THE COMPLEXITY OF WORKING TOGETHER. THE FACT EVERYONE IS STILL AT THE TABLE, IN YEAR TWO OR THREE NOW I THINK IS PRETTY NEAT.

SO WHAT HAVE WE DONE SO FAR? WE'VE CONDUCTED A COMPREHENSIVE STUDY OF COMMUNITY HEALTH NEEDS FOR OUR FOUR-COUNTY REGION, AND COMPREHENSIVE IS AN UNDERSTATEMENT. I'M GOING TO TAKE YOU THROUGH EXACTLY HOW WE DO THAT HEALTH NEEDS ASSESSMENT, PRIMARILY BECAUSE THERE ARE SO COMPELLING HEALTH NEEDS, I WANTED TO MAKE SURE YOU UNDERSTAND HOW WE GOT TO WHERE WE DID. WE ALSO DID STRUCTURED THOUGHTFUL PRIORITIZATION, AND THE STRATEGY DEVELOPMENT PROCESS IS STILL IN ITS INFANCY, BUT I'LL LET YOU KNOW WHERE WE ARE WITH THAT. AND THEN PART OF ANY GOOD HEALTH NEEDS ASSESSMENT IS STRATEGY DEVELOPMENT IS MAKING SURE WE KNOW WHICH INDICATORS WE'RE GOING TO WATCH TO KNOW IF WE'RE MOVING THE DIAL, SO TO SPEAK. LATER IN THE PRESENTATION I'M ALSO GOING TO TELL YOU WHAT MULTNOMAH COUNTY HEALTH DEPARTMENT IS ALREADY DOING. NONE OF WHICH WERE A SURPRISE TO US. IN YOUR ONE, THE QUESTION OF HOW DID WE EXAMINE HEALTH NEEDS? THERE ARE A LOT OF WAYS TO COME AT THIS. WE DID A VERY COMPREHENSIVE PROCESS. THE PROCESS ITSELF IS ACTUALLY IDENTIFIED BY CENTER FOR DISEASE CONTROL AND NATIONAL ASSOCIATION OF COUNTY AND CITY HEALTH OFFICIALS AS A STRUCTURED WAY OF PRODUCING A GOOD COMMUNITY HEALTH ASSESSMENT THAT EMPHASIZES NOT JUST THE END PRODUCT, BUT PUBLIC HEALTH LEADERSHIP AND DEVELOPING RELATIONSHIPS. SO IT'S ACTUALLY CALLED MAP, MOBILIZING ACTION THROUGH PLANNING AND PARTNERSHIPS. ALL THAT -- SO WE DIDN'T JUST MAKE THIS UP. THIS IS ACTUALLY A STRUCTURED WAY OF GOING ABOUT THIS INCREDIBLY COMPLEX PROCESS. AND IT REVIEWED EXISTING REPORTS, A TRADITIONAL PUBLIC HEALTH ANALYSIS BY OUR EPIDEMIOLOGIST, OUR DISEASE TRACKERS, SURVEYING STAKEHOLDER ORGANIZATIONS, AND LOOPING BACK WITH COMMUNITY MEMBERS IN LISTENING SESSIONS IN KIND OF AN ITERATIVE PROCESS OF HAVING THINGS BUBBLE TO THE SURFACE, CHECKING IN, ARE WE MISSING ANYTHING, REFINING MORE AND CHECKING IN AGAIN. SO HOPEFULLY I'LL MAKE THAT PROCESS CLEAR AS WE MOVE THROUGH THESE.

FINALLY, WHEN WE GOT TO THE POINT OF STARTING TO THINK ABOUT STRATEGIES, WE LISTENED TO CONTENT EXPERTS. WE ASKED THE PEOPLE WHO WORK IN THE

AREAS THAT SURFACED TO THE TOP, WHAT WOULD YOU DO IF YOU WERE US. SO AGAIN, I'M GOING TO TAKE YOU THROUGH THIS STEP BY STEP, BECAUSE AS I GET TO THE HEALTH PRIORITIES THAT SURFACED, THERE ARE SO MANY COMPELLING HEALTH NEEDS, IT'S EASY TO SAY WHY THIS AND NOT THAT? I WANTED TO GIVE YOU A SENSE OF THE PROCESS AND HOW INVOLVED IT WAS SO YOU KNOW HOW WE ENDED UP WHERE WE DID. SO THIS IS THAT STEP ONE OF REVIEWING EXISTING REPORTS. WE ACTUALLY REVIEWED A TOTAL OF 62. SO THESE ARE JUST REPRESENTATIVE EXAMPLES OF THE TYPES OF REPORTS THAT WE LOOKED AT. AND THESE WERE NOT JUST HEALTH REPORTS. THESE WERE REPORTS ABOUT HOW SPECIFIC COMMUNITIES ARE DOING. SOME WERE TOPIC SPECIFIC, LIKE AROUND HOUSING AND URBAN PLANNING. AND SO WE LOOKED AT SCENES THAT CAME UP FROM THOSE -- THEMES THAT CAME UP FROM THOSE REPORT. IT'S NO SURPRISE I THINK WHAT'S ON THIS LIST, AND WE KNOW A LOT OF THE THINGS ON THIS LIST INFLUENCE HEALTH. BUT BECAUSE WE WERE PRIMARILY A HEALTH SYSTEM GROUP, WITH PUBLIC HEALTH ALSO AT THE TABLE, WE ZEROED IN ON THOSE THREE RED ARROWS. ACCESS TO AFFORDABLE HEALTH CARE, MENTAL HEALTH AND ADDICTIONS TREATMENT, AND CHRONIC DISEASE, BECAUSE WE WERE WHILE ACKNOWLEDGING ALL THESE THINGS PLAY INTO HEALTH, WE WANTED TO SEE WHERE CAN WE AS A GROUP EFFECT SOME CHANGE.

SO THE NEXT PIECE WE HAD TO DO WAS THE MORE TRADITIONAL HEALTH INDICATOR ANALYSIS. PART OF THE REQUIREMENT OF THE HEALTH NEEDS ASSESSMENT IS THAT THE DATA HAS TO BE ACCESSIBLE TO THE COMMUNITY. SO WE ACTUALLY WENT TO THE HEALTHY COMMUNITIES INSTITUTE, BASED IN CALIFORNIA, AND THEY PULL EXISTING DATA OFF THE SHELF AND PUT IT INTO THIS NICE WEBSITE, WHICH IS CALLED HEALTHY COLUMBIA WILLAMETTE.ORG, AND YOU CAN SEARCH BY INDICATOR, BY COUNTY, BUT THIS ACTUALLY MAKES IT IMMEDIATELY ACCESSIBLE TO ANYBODY WHO WANTS TO LOOK AT DATA. I'M SURE YOU CAN'T SEE THE ACTUAL WORDS IN THE SCREEN SHOT, BUT TO GIVE YOU A FLAVOR FOR THE KINDS OF MEASURES THAT ARE THERE, PUBLIC TRANSPORTATION COMMUTERS, FAMILIES IN POVERTY, VACCINE PREVENTABLE DISEASE IN INFANTS, HOUSEHOLD INCOME, AND HIGH CHOLESTEROL. IT'S A VERY BROAD APPROACH TO HEALTH INDICATORS, INCLUDING SOME OF THE SOCIAL FACTORS THAT PLAY INTO HEALTH. A COUPLE POINTS, THIS IS NOT A REAL TIME ASSESSMENT, SO A LOT OF THE DATA BLUSHED HERE IS OLD. BY THE TIME IT GETS COLLECT AND PACKAGE AND AVAILABLE FOR PUBLICATION IT'S TWO OR THREE YEARS OLD. AND THEN AGAIN, IT'S JUST SO YOU KNOW WHERE SOME OF THIS INFORMATION COMES FROM, IT'S PLACES LIKE CENTERS FOR DISEASE CONTROL, THEIR LARGE PUBLIC HEALTH SURVEYS, CENTERS FOR MEDICAID AND MEDICARE SERVICES, OREGON ASSOCIATION OF HOSPITALS, THIS IS BASICALLY PUBLISHED DATA THAT THIS NONPROFIT BASICALLY PULLS INTO A NICE LOOKING WEBSITE THAT'S EASY TO USE AND SEARCH.

SO NEXT THE FOUR COUNTY PUBLIC HEALTH EPIDEMIOLOGIST, OUR DISEASE TRACKERS ANALYZED THE DATA. THIS IS AN INTERESTING PROCESS, BECAUSE HOW -- WE HAVE 120 THINGS TO LOOK AT, AND HOW DO WE PRIORITIZE? DO WE THINK ABOUT, FOR EXAMPLE, WHAT AFFECTS THE MOST PEOPLE? DO WE THINK ABOUT WHAT AFFECTS YOUNGER PEOPLE, OLDER PEOPLE IN TERMS OF YEARS OF LIFE LOST, OR YEARS OF LIFE AFFECTED, DO WE THINK ABOUT HOW THE DISEASE

AFFECTS YOU? THERE ARE A LOT OF THINGS TO TAKE INTO ACCOUNT AND MOST CERTAINLY THAT FIRST ONE, HEALTH DISPARITIES. AND THEN WE ALSO LOOKED AT TREND. WE LOOKED AT HOW ARE WE DOING COMPARED TO OTHER COUNTIES AND COMPARED TO THE STATE OR NATIONAL BENCHMARKS. WHAT'S THE MAGNITUDE, SO HOW MANY PEOPLE ARE AFFECTED, HOW BAD IS THE DISEASE, AND THEN THE LAST ONE IS IMPORTANT, WHICH IS THE COMMUNITY VIEWED AS A HEALTH ISSUE. SO AGAIN, THIS MAY SOUND INTUITIVELY THE RIGHT WAY TO DO IT, BUT THIS IS INNOVATIVE, AND OUR EPIDEMIOLOGISTS HAVE PRESENTED AT NATIONAL CONFERENCES ABOUT THE SYSTEM THEY DEVELOPED TO TAKE ALL THESE THINGS INTO ACCOUNT AS THEY PROCESSED THE HEALTH INDICATORS. SO THEY DESERVE A LOT OF CREDIT FOR THAT. SO AS WE MOVE THROUGH THE HEALTH INDICATORS THIS, IS A BUSY SLIDE. THE POINT IS THAT THE WAY WE TALK ABOUT THIS HAS TO BE WELL DEFINED. SO THERE ARE HEALTH BEHAVIOR INDICATORS ON MY LEFT, THINGS YOU CAN MEASURE. THOSE THEN CONTRIBUTE TO DISEASE THAT WE CAN ALSO MEASURE. AND THEN THOSE THINGS ALL COALESCE INTO THESE CATEGORIES OF HEALTH ISSUES. AND WE WERE TRYING TO GET TO THAT CATEGORY OF HEALTH ISSUES BEFORE WE WENT TO OUR STAKEHOLDERS AND COMMUNITY, BECAUSE IF YOU CONVENE A BUNCH OF PEOPLE AT A LISTENING SESSION THEY DON'T SAY, WE NEED TO TALK ABOUT MALES BETWEEN THE AGES OF 18-35 WHO BINGE DRINK. SO WE HAD TO HAVE A COMMON LANGUAGE OF TALKING ABOUT THESE THINGS. WE ALSO HAD TO BE VERY CLEAR ON THE EVIDENCE LINKS BETWEEN HEALTH ISSUES, HEALTH OUTCOMES, AND HEALTH BEHAVIORS. SO, FOR EXAMPLE, WE CERTAINLY KNOW SMOKING CONTRIBUTES TO HEART DISEASE, DEATH, WHEREAS BINGE DRINKING MAY OR MAY NOT CONTRIBUTE TO SUICIDE, BE LINKED TO MENTAL HEALTH. WE CAN SPECULATE, BUT IT'S AROUND THE LEVEL OF EXISTING EVIDENCE.

SO NEXT WE SURVEYED OUR COMMUNITY STAKEHOLDERS. THIS IS A REPRESENTATIVE LIST OF THE PEOPLE THAT WE WENT TO. I THINK WE TALKED TO A TOTAL OF 126, SOME BY SURVEY AND SOME THROUGH AN ACTUAL INTERVIEW. AND THEY WERE PRESENTED WITH THOSE LARGE CATEGORIES FROM THE LAST SLIDE. SO THEY WERE PRESENTED WITH ACCESS TO CARE, SEXUAL HEALTH, MENTAL HEALTH AND SUBSTANCE ABUSE, INJURY, CANCER, AND CHRONIC DISEASE. AND ONE OF THE FIRST THINGS THEY WERE ASKED, IS THERE ANYTHING THEY WERE SURPRISED IS NOT ON THE LIST. AND THEY WERE ASKED TO SELECT THEIR TOP THREE. THAT WAS FOLLOWED BY SOME QUESTIONS AROUND THEIR CAPACITY. SO AROUND -- OF THEIR TOP THREE, WHAT WERE THEY WORKING ON, GOING TO CONTINUE TO WORK ON, WHAT WOULD MAKE IT EASIER OR HARDER TO WORK ON IT INTO THE FUTURE. SO IT WAS NOT ONLY FEEDING INTO THE PRIORITIZATION PIECE BUT GETTING A SENSE OF WHO ARE OUR PARTNERS AND HOW ARE THEY POSITIONED TO HELP US ADDRESS THESE HEALTH ISSUES.

SO THEN FINALLY WE CONDUCTED COMMUNITY LISTENING GROUPS. THESE WERE CAREFULLY DONE WITH LANGUAGE INTERPRETATION, GIFT CARD INCENTIVES TO THANK PEOPLE FOR THEIR TIME, CHILD CARE AVAILABLE ON SITE, WE TRIED TO FOCUS ON LOW-INCOME AND UNINSURED. SO WE CONDUCTED A TOTAL OF 14 ACROSS THE REGION, WE HAD ABOUT 200 PEOPLE TOTAL, AND THIS IS WHEN WE WERE REFINING AND REACHING BACK. WE ASKED THEM IN A BROADWAY WHAT DOES A HEALTHY COMMUNITY LOOK LIKE TO YOU, AND THEN WE PRESENTED THEM

WITH THAT SAME LIST OF THOSE SIX CATEGORIES, WE SAID, AGAIN, IS THERE ANYTHING THAT -- ANYTHING ELSE THAT SHOULD BE HERE. WE ASKED THEM TO TALK ABOUT THEIR TOP FIVE ISSUES THAT THEY'D LIKE TO SEE, AND THEN WE STARTED TO ASK THEM, WHAT DO YOU THINK WE SHOULD BE DOING TO ADDRESS THESE HEALTH ISSUES? I'VE INCLUDED A COUPLE OF INTERESTING QUOTES FROM THOSE SESSIONS. SO FORGIVE THIS VIOLATES ALL THE RULES OF POWER POINT. THIS IS A WAY TOO BUSY SLIDE. THE POINT HERE IS -- AGAIN, WHEN PEOPLE ASK ME, HOW DID YOU GET TO WHERE YOU DID? THIS IS WHAT WE WERE LOOKING AT. WE'RE LOOKING ACROSS THE LINES, FOR ALL GREEN LIGHTS GOING ACROSS. WE WERE LOOKING FOR THINGS THAT SURFACED FROM THE EXISTING REPORTS WE LOOKED AT, FOR THINGS THAT SURFACED IN THE INDICATOR ANALYSIS, THINGS THAT STAKEHOLDERS CALLED OUT, AND THEN WHAT THE COMMUNITY VALIDATED IN LISTENING SESSIONS. AS YOU LOOK ACROSS, YOU CAN SEE THE THINGS THAT MET THOSE CRITERIA WERE ACCESS TO AFFORDABLE HEALTH CARE, CHRONIC DISEASE, MENTAL HEALTH, AND SUBSTANCE ABUSE. SO NO ONE IS HERE TO SAY CANCER IS NOT IMPORTANT, I'M NOT HERE TO SAY THAT INJURY IS NOT IMPORTANT OR ORAL HEALTH IS NOT IMPORTANT. WE HAD TO NARROW OUR FOCUS AND THIS WAS HOW WE DID IT.

Chair Madrigal: COULD I ASK A QUESTION? HOW DO YOU HANDLE AREAS -- LOOKING AT SEXUAL HEALTH SPECIFICALLY, WHERE THERE'S A LOT OF STIGMA AROUND JUST THE TOPIC, PEOPLE JUST DON'T WANT TO TALK ABOUT IT AT ALL, LET ALONE ADMIT THERE'S A PROBLEM IN THE COMMUNITY, HOW DO YOU CORRECT FOR THAT, OR --

Dr. Vines: THAT'S A GREAT QUESTION. NOBODY SHOWS UP TO A COMMUNITY LISTENING SESSION TO TALK ABOUT SEXUALLY TRANSMITTED INFECTIONS. SO THIS IS WHY WE INCLUDED THE OBJECTIVE PIECE. THE HEALTH INDICATOR ANALYSIS TRIED TO BALANCE FOR THAT. STAKEHOLDER INTERVIEWS, I'D HAVE TO THINK BACK TO THE RANGE OF PEOPLE WE TALKED ABOUT, BUT CERTAINLY SOME OF THOSE PEOPLE WOULD POTENTIALLY BE WORKING THE AREAS OF SEXUAL HEALTH. IT IS VERY MUCH A BALANCING ACT. BUT WE NEED THAT COMMUNITY BUY-IN, SO I THINK UNTIL THE COMMUNITY SHOWS UP TO SAY THEY WANT TO FOCUS ON SEXUALLY TRANSMITTED INFECTIONS, WE HAVE TO DO THE BEST WE CAN WITH THE INFORMATION WE HAVE.

Commissioner Smith: IS THAT SAME ANSWER TRUE FOR THE -- DATA? WE HAVE TO WAIT FOR THE COMMUNITY TO SAY THEY WANT THIS INFORMATION BEFORE THEY ACTUALLY GET IT?

Dr. Vines: NO. I DON'T THINK THAT'S FAIR.

Commissioner Smith: ME EITHER, THAT'S WHY I'M ASKING.

Dr. Vines: TOTALLY. I GET YOUR QUESTION. I DON'T THINK THAT'S FAIR. SO STAKEHOLDERS THOUGHT IT WAS IMPORTANT, LISTENING SESSIONS DIDN'T. WE CERTAINLY AS A COLLABORATIVE RECOGNIZE IT AS IMPORTANT, AND IT'S MEANT TO BE -- THE HEALTH DISPARITY PIECE, WHICH BRINGS CULTURAL COMPETENCY WITH IT IS MEANT TO BE WOVEN INTO THE PLAN. AND THIS PLAN IS NOT OUR

MULTNOMAH COUNTY HEALTH DEPARTMENT COMMUNITY HEALTH IMPROVEMENT PLAN, NECESSARILY WHERE WE CAN CALL OUT CULTURAL COMPETENCY MORE EXPLICITLY.

Commissioner Smith: THESE OTHER FOLKS THAT HAVE YESES, DO THEY HAVE REGULAR SURVEYS, AND IS THERE A WAY TO GET THE CULTURALLY COMPETENT DATA INTO THE QUEUE LIKE THE OTHER ONES WHO HAVE YES, WHERE WE GET THAT OTHER INFORMATION -- I KNOW WE HAVE THE INFORMATION FROM THE STAKEHOLDERS' INTERVIEWS, BUT APPARENTLY THERE'S OTHER DATA THAT'S BEING COLLECTED IN A DIFFERENT WAY FROM THE SEXUAL HEALTH AND THE CULTURAL COMPETENT DATA. SO IS THERE A WAY WE CAN GET THESE FOLKS IN THAT QUEUE?

Dr. Vines: I'M GOING TO LOOK TO MY DATA PERSON. AMY, DO YOU KNOW?

Ms. Zlot: I THINK THERE ARE OPPORTUNITIES. WITH THIS -- THE WAY I WASN'T HERE AT THE TIME, BUT THE WAY THAT THE EPIDEMIOLOGISTS COLLECTED THE DATA, IT WAS FOUR COUNTIES, THE CCO'S AND THE HOSPITALS, AND SOME OF THE COUNTIES WE JUST DIDN'T ACTUALLY HAVE THE INDICATORS, WE WEREN'T MEASURING THEM, BUT AS JENNIFER MENTIONED, WE DO HAVE THE OPPORTUNITY IN MULTNOMAH COUNTY, AND I KNOW EQUITY AND CULTURAL COMPETENCY IS A PRIORITY.

Ms. Stanley: FROM THE HOSPITAL PERSPECTIVE, THE OREGON HEALTH AUTHORITY AND A LOT OF OTHER ORGANIZATIONS ARE VERY MUCH FOCUSED ON CULTURAL COMPETENCY. IT'S THE DATA THAT IS LACKING. HAVING SAID THAT, THERE IS NOW - - THERE ARE REQUIREMENTS AND THERE IS OF THERE IS A GREAT EFFORT TO START COLLECTING THE DATA.

Commissioner Smith: THAT'S THE QUESTION I'M ASKING.

Ms. Stanley: I THINK THAT IS A FUTURE THING.

Commissioner Smith: GOING FORWARD, IS THERE A WAY TO COLLECT THIS DATA, SO WE'LL HAVE THE DATA LIKE EVERYONE ELSE DOES ON THESE TWO SPECIFIC AREAS, ESPECIALLY THE CULTURALLY COMPETENT DATA.

Ms. Stanley: ALSO DEFINING WHAT IS CULTURALLY COMPETENT, WHAT DOES THAT MEAN. THAT'S IMPORTANT. TO MAKE SURE WE'RE ACTUALLY COLLECTING WHAT'S GOING TO BE MEANINGFUL.

Chair Madrigal: COMMISSIONER MCKEEL.

Vice-Chair McKeel: I'M GOING TO TAKE THIS ON TO ORAL HEALTH, BECAUSE I COME FROM THAT WORLD. THERE'S NOT DATA COLLECTED IN THE -- AROUND DENTAL ISSUES. AM I UNDERSTANDING --

Dr. Vines: IT'S FRUSTRATINGLY HARD TO COME BY.

Ms. Zlot: THERE ARE A LOT OF GOOD DATA ON THE STATE OF OREGON, PROBABLY IN WASHINGTON TOO. BUT WHEN WE GET TO THIS REGION, IT'S REALLY HARD REGIONALLY TO SAY THAT WE HAVE THESE DATA. BUT AGAIN, IT'S A PRIORITY.

Ms. Stanley: IT'S NOT THAT WE DON'T -- EVERYONE AGREES IT'S ENORMOUS, AND IT'S A HUGE CORRELATION TO EMERGENCY ROOM VISITS, OTHER PHYSICAL AILMENT THE, ETC. AND IT'S JUST AT THE DATA OF INDICATORS IS NOT THERE.

Vice-Chair McKeel: HOW DO WE MAKE THAT HAPPEN?

Commissioner Smith: HOW DO WE GET THAT INTO THE QUEUE?

Dr. Vines: PART OF OUR NEXT -- AS WE GO FORWARD, PART OF THE NEXT CYCLE IS SPECIFICALLY IDENTIFYING DATA GAPS AND HOW TO FILL THEM. SO THAT WAS PROBABLY THE EASIEST WAY TO ANSWER YOUR QUESTION.

Commissioner Shiprack: PART OF THE PROCESS, SO THIS CHRISTMAS TREE EXHIBIT THAT YOU'VE GOT IS KIND OF A BASELINE WHERE WE ARE NOW, AND IT'S VERY SUGGESTIVE ABOUT WHERE WE SHOULD GO, AND IT'S LIKE TAKING A TEMPERATURE. IT KIND OF TELLS US WHERE WE ARE AND MAYBE SOME OF THE THINGS WE NEED IN TERMS OF TAKING CARE OF OUR SYSTEM. LIKE WEIGHING YOURSELF. THESE ARE JUST MEASUREMENTS, HEALTH MEASUREMENTS. WHAT I HEAR IS THAT THEY'RE VERY SUGGESTIVE ABOUT WHERE WE NEED TO GO.

Ms. Fuller: JOANNE FULLER, INTERIM HEALTH DEPARTMENT DIRECTOR. I THINK YOUR POINTS ARE REALLY WELL TAKEN, AND THE THING I WOULD REMIND YOU IS THAT THIS WAS A COLLABORATIVE PROCESS ACROSS A BUNCH OF HOSPITALS AND A BUNCH OF COUNTIES, AND WHAT MIGHT BE A FOCUS OF DATA GATHERING AND SPECIFIC FOCUS IN MULTNOMAH COUNTY THAT WE WOULD HAVE DATA TO GIVE YOU WASN'T A NECESSARILY AVAILABLE ACROSS THE WHOLE REGIONAL EFFORT. AND SO THAT'S THE THING TO REMEMBER ABOUT THIS, IT ISN'T THAT WE DON'T -- THERE MAY BE THINGS THAT WE KNOW A LOT MORE ABOUT THE MULTNOMAH COUNTY POPULATION, BUT WE DON'T KNOW ABOUT THE OTHER COUNTIES. ALSO IN THIS PROCESS, BECAUSE WE WERE WORKING WITH HOSPITAL SYSTEMS, WE REALLY NEEDED TO FOCUS IN ON ISSUES THAT EMERGED HERE THAT OUR HOSPITAL PARTNERS COULD DO SOMETHING ABOUT. WHICH MIGHT BE DIFFERENT IF WE WERE JUST WORKING WITH PUBLIC HEALTH DEPARTMENTS AND PRIORITIZING WHAT PUBLIC HEALTH DEPARTMENTS COULD DO SOMETHING ABOUT. SO THAT IS A CONTEXT WALL PIECE TO THIS WORK.

Commissioner Smith: IF WE'RE PARTNERS, AND I'M LOOKING AT THIS CULTURALLY COMPETENT DATA, I WOULD THINK HOSPITALS WOULD HAVE THAT DATA OR SOME WAY OF GATHERING THAT DATA FOR FUTURE, AS YOU INDICATED, THAT THAT'S GETTING READY TO HAPPEN. SO ARE YOU SAYING MULTNOMAH COUNTY HAS THIS CULTURALLY COMPETENT DATA, BUT THE OTHER PARTNERS DON'T?

Ms. Fuller: SO WE HAVE MORE DATA ABOUT SOME OF THOSE THINGS THAN SOME OTHER PARTNERS DO, YES.

Commissioner Smith: SO I WOULD THINK WE'RE ALL IN A PARTNERSHIP, YOU BRING DATA, I BRING SOME DATA. SO THAT WOULDN'T COME UP? OUR DATA WOULD NOT COME IN THIS WHOLE COLLECTIVE --

Ms. Fuller: IT DID, BUT IT DIDN'T -- BUT WE -- WE COULDN'T NECESSARILY INFLUENCE IT TO THE LEVEL THAT IT TURNED TO A COMPLETE YES FOR THE WHOLE REGION. BECAUSE IT'S A REGIONAL ASSESSMENT.

Ms. Stanley: I THINK IT'S IMPORTANT TO REMEMBER WHAT IS THE METRICS. IS IT TRAINING, HOW MANY PEOPLE HAVE BEEN TRAINED, OR HOW MANY PEOPLE ARE REALLY CULTURALLY COMPETENT? AND THAT'S YET TO BE WEIGHED IN. AND THE DEVELOPMENT -- AND THAT'S WHERE THE STATE IS TAKING A LEAD ON THAT, THE OREGON HEALTH AUTHORITY, THE OFFICE OF EQUITY AND INCLUSION, ETC. EVERYONE IS MEASURING THE SAME THING. BECAUSE YOU MIGHT BE MEASURING ONE THING, WE'RE MEASURING ANOTHER. I THINK THE IMPORTANT THING IS, JENNIFER, IS THIS IS VERY MUCH AN ITERATIVE PROCESS. THIS IS A FIRST TIME. AND IT IS ALSO THE LARGEST THAT WE COULD FIND IN THE ENTIRE UNITED STATES. FOUR COUNTIES, TWO STATES. THE COMPLEXITY IS AMAZING. SO THIS IS ITERATIVE, AND AS EVERY YEAR GOES BY, WE SAY OK, HOW WHAT ARE WE GOING TO DO, HOW ARE WE GOING TO DO THINGS DIFFERENTLY. JUST TO LET YOU KNOW, MUCH IS YET TO COME IN THE FUTURE.

Commissioner Smith: JOANNE, I THINK WE NEED TO IDENTIFY A MEASUREMENT TOOL THAT'S GOING TO BE CONSISTENT ACROSS ALL PARTNERS BEFORE WE ACTUALLY COLLECT THAT DATA.

Ms. Fuller: YES.

Commissioner Smith: OK. THANKS.

Vice-Chair McKeel: SO BACK TO ME -- [LAUGHTER] AND ORAL HEALTH THAT DOESN'T SEEM THAT DIFFICULT TO DEFINE TO ME. WHERE ARE WE GOING WITH THIS DATA COLLECTION IN ORAL? I APPRECIATE THE CONTEXT AND I'M NOT TRYING TO BE CRITICAL. I'M TRYING TO FIND OUT HOW WE CAN MOVE THIS FORWARD.

Dr. Vines: THIS IS HELPFUL FOR US TO HAVE THIS CONVERSATION.

Vice-Chair McKeel: THIS IS SO IMPORTANT. EVERYTHING THAT HAPPENS IN HERE AFFECTS THE REST OF YOUR BODY. AND I KNOW --

Dr. Lewis: I FEEL PRETTY GOOD, BECAUSE KARI AND I, I WOULDN'T USE THE WORD BATTLE, BUT WE LOST THIS ONE. WE THOUGHT THAT THE EMPIRICAL OBSERVATION WERE ENOUGH TO PUT IT ON THE LIST. BUT WE'D AGREED UPON A PROCESS THAT INCLUDED ALL FOUR COMPONENTS. AND I UNDERSTAND YOU HAVE DENTAL BACKGROUND. WE HAVE SOME SMILE SURVEY WHICH IS VERY LIMITED, AND IT ONLY HAPPENS EVERY FIVE YEARS, AND IT'S ONLY FOR KIDS IN THIRD GRADE. FOR ADULTS I'M NOT AWARE OF ANY USEFUL DATA. SO THIS IS A REALLY BIG DEAL, AND WE THINK IT NEEDS TO BE RECTIFIED. AGAIN, GIVEN HOW OLD SOME OF THE DATA

WE USE IS, STEP ONE IS GETTING DATA COLLECTION EVEN GOING. SO THAT IN FIVE YEARS WE'LL HAVE SOMETHING MORE USEFUL. WE'RE CARRYING THE FLAG ON THAT ONE.

Vice-Chair McKeel: THANK YOU, BECAUSE THAT'S REALLY HELPFUL ALSO FOR US TO KNOW THAT IT'S NOT BEING COLLECTED AND HOW CAN WE HELP MAKE THAT HAPPEN THROUGH THE DENTAL COMMUNITY OR WHATEVER IT NEEDS TO BE DONE.

Ms. Stanley: AND REMEMBER, AS JENNIFER MENTIONED, MULTNOMAH COUNTY HAS EVERY HOSPITAL IN EVERY HEALTH SYSTEM AND EVERY HEALTH DEPARTMENT HAS THEIR OWN NEEDS ASSESSMENT. THIS IS REGIONAL. BUT WE EACH HAVE TO ELABORATE. THIS IS ONE PART OF IT. AND ORAL HEALTH DOES COME UP ON A NUMBER OF THE DIFFERENT NEEDS ASSESSMENTS DONE INDIVIDUALLY. SO STAY TUNED.

Commissioner Shiprack: I APPRECIATE THAT, AND I APPRECIATE THIS IS A LISTENING SESSION AND AN OPPORTUNITY TO LISTEN. AND I'M GOING TO TELL A SHORT STORY, I WANT TO SAY THAT A PERSON CLOSE TO ME WHO WAS QUITE ELDERLY HAD A LENGTHY HOSPITAL STAY IN A HOSPITAL WHICH ALSO HAS A DENTAL CLINIC UNDER THE SAME NAME AND UMBRELLA. AND WHEN HE WAS DECISION CHARGED FROM THE HOSPITAL, HIS REPORT SAID THAT HE WAS SUFFERING FROM MALNUTRITION. AND WHILE HE WAS IN THE HOSPITAL, HE MISSED A FITTING FOR DENTURES. SO HERE'S A PERSON WHO HAS LOST WEIGHT, IS DIAGNOSED WITH MALNUTRITION, BY THE SAME UMBRELLA ORGANIZATION THAT IS HOLDING DENTURES THAT HAS NO COMMUNICATION, YOU KNOW, TO DRIVE HIM TO THE -- I JUST -- THIS IS MY OPPORTUNITY TO USE A BULLY PULPIT AND REMIND YOU THAT THIS REALLY DOES MATTER. THAT WATCHING THIS PERSON IN ADDITION TO HAVING PHYSICAL SUFFERING BROUGHT ON BY THIS ORAL HEALTH ISSUE, HAS TO DO BATTLE WITH AN INSURANCE COMPANY WAS EXTREMELY PAINFUL. AND ULTIMATELY I HAVE TO SAY THE OUTCOME WAS TERRIBLE. INCLUDING ALL THE EFFORTS BY A COUNTY COMMISSIONER TO BRIDGE THE GAP BY COMPLAINING. SO LET ME TURN THIS INTO OPPORTUNITY TALK. YOU HAVE A HUGE OPPORTUNITY, BECAUSE I'M SURE THAT THIS WAS NOT A UNIQUE CASE, OR -- AND I KNOW THIS IS NOT A UNIQUE STORY. THE TWO SYSTEMS NEED TO ACKNOWLEDGE THAT THEY PLAY PART WITHIN THE SAME ORGANISM, AND COMMUNICATE. IT REALLY IS IMPORTANT.

Chair Madrigal: WE'LL LOOK FORWARD TO FUTURE STUDIES ABOUT -- IT IS INCREDIBLE TO ME GIVEN THE BIG DEBATE OUR COMMUNITY JUST HAD ABOUT FLUORIDE. I ASSUME OUR ORAL HEALTH IS TERRIBLE JUST GIVEN MY OWN EXPERIENCE WITH CAVITIES AND SMALL CHILDREN. SO THANK YOU FOR LETTING US AIR THAT. WHATEVER WE CAN DO TO SUPPORT YOU IN MOVING THESE PIECES FORWARD, LET US KNOW.

Dr. Lewis: I THINK TO BE OPTIMISTIC ABOUT IT, SUPPORTING THE CCO EFFORT, WHICH DOES INCLUDE THE PED AND THE MOUTH AS PART OF THE BODY IS GOING TO BE VERY USEFUL. BECAUSE IT'S A STRUGGLE TO GET THAT TRANSFORMATION TO HAPPEN. BUT AGAIN, IT IS SAYING THEY ARE ALL IN THE SAME PERSON.

Chair Madrigal: THANK YOU.

Dr. Vines: SO I APPRECIATE THIS CHANCE FOR DIALOGUE, BECAUSE AS YOUR REPRESENTATIVES TO THE COLLABORATIVE, I THINK WE CAN BRING THIS BACK. I STARTED OUT BY SAYING STRENGTH IN NUMBERS, THERE ARE ALSO LIMITATIONS IN NUMBERS AND THE COMPLEXITY OF THE COLLABORATIVE, THE FACT WE WERE FORCED TO NARROW IT DOWN, EVEN COMING UP WITH ULTIMATELY WE BOIL THESE DOWN INTO THREE FOCUSED AREAS, EVEN THAT FELT LIKE TOO MUCH. INHERENTLY THERE ARE THINGS WE ARE HAVING TO NOT FOCUS ON, BUT THAT'S NOT TO SAY THEY'RE NOT IMPORTANT. TOO MANY NEGATIVES. BUT I THINK YOU UNDERSTAND. SO WE TOOK THESE THREE FOCUS AREAS, OUR GREEN HORIZONTAL COLUMN, ACCESS TO AFFORDABLE HEALTH CARE, MENTAL HEALTH AND SUBSTANCE ABUSE AND CHRONIC DISEASE, AND WE TOOK THESE TO EXPERTS. I'M NOT GOING TO TALK ABOUT ACCESS TO AFFORDABLE HEALTH CARE BECAUSE THAT'S ITS OWN SEPARATE CONVERSATION. WE DID HAVE CONVERSATION AROUND THAT, AND WE STRUGGLED WITH THAT PIECE WHICH I CAN TELL YOU ABOUT.

WHEN WE GOT THE MENTAL HEALTH AND SUBSTANCE ABUSE CONTENT EXPERTS TOGETHER, THIS IS SORT OF WHAT CAME OUT OF THAT CONVERSATION. SO SAFE OPIATE PRESCRIBING HAS A LOT OF TRACTION BECAUSE THAT IS A HEALTH SYSTEM PROBLEM. SO THAT SURFACED. AND SUICIDE PREVENTION EMERGED AS A PROBLEM THAT IS WORSE IN OREGON THAN IN A LOT OF OTHER PLACES. IT'S A SERIOUS PROBLEM, IT TOUCHES A LOT OF PEOPLE. AND WHILE THERE AREN'T CLEAR EVIDENCE-BASED STRATEGIES FOR WHAT TO DO ABOUT IT, PEOPLE SORT OF BROUGHT THIS TO US AS, IF ANYONE CAN THINK ABOUT US, IT SHOULD BE ALL OF YOU AT THE TABLE, PUBLIC HEALTH AND HEALTH SYSTEM PARTNERS. CHRONIC DISEASE WAS ANOTHER KIND OF INTERESTING CONVERSATION. WHAT ROSE TO THE TOP THERE AS STRATEGIES AND POTENTIAL FOCUS AREAS WERE BREAST-FEEDING PROMOTION, WHICH WAS A LATE BREAKER. WE ALL EXPECTED SOMETHING AROUND PHYSICAL ACTIVITY PROMOTION, FRUITS AND VEGETABLES, IN FACT THE EVIDENCE BEHIND BREAST-FEEDING AND ITS ABILITY TO PREVENT OBESITY AND OBESITY RELATED DISEASE ASSIST STRONG, AND IT HAS A TON OF OTHER BENEFITS AND ESSENTIALLY NO RISKS. SO WE FELT LIKE THAT WAS A WINNER. AND TOBACCO USE PREVENTION, IT STILL REMAINS THE MODIFIABLE RISK FACTOR AROUND HEALTH. THAT WAS THE OTHER THING THAT SURFACED UNDER CHRONIC DISEASE.

I WANTED TO BRIEFLY, I'M SURE WE'RE BEHIND SCHEDULE, TALK ABOUT WHAT MULTNOMAH COUNTY IS ALREADY DOING IN THESE AREAS. SO AS YOU PROBABLY KNOW, WE'VE EXPAND PRIMARY CARE AND DENTAL SERVICES, WE'VE GOT PEOPLE HELPING OUR RESIDENTS TO ENROLL IN HEALTH CARE PROBABLY AS WE SPEAK. FOR SAFE OPIATE PRESCRIBING MULTNOMAH COUNTY HEALTH DEPARTMENT HAS BEEN A LEADER IN THIS AREA. WE HAVE A LONG-STANDING EXISTING POLICY AROUND SAFE PRESCRIBING. WE HAVE AN OVERSIGHT COMMITTEE THAT INCLUDES HEALTH CARE PROVIDERS, PHARMACY, BEHAVIORAL HEALTH TO REVIEW DIFFICULT CASES FOR PROVIDERS WHO ARE EITHER CONTEMPLATING STARTING OR STOPPING OPIATES FOR THEIR PATIENTS. AND THEN WE'VE BEEN A SUPPORTER OF

ALTERNATIVE TREATMENT FOR CHRONIC PAIN, IN PARTICULAR ACUPUNCTURE. FOR SUICIDE PREVENTION, THIS IS FROM HUMAN SERVICES. THEY HAVE SEVERAL INTERVENTIONS MOSTLY AROUND TRAINING, BOTH COMMUNITYWIDE, SOME WITH A SCHOOL FOCUS FOR HOW TO INQUIRE, RESPOND, AND ACT AROUND PEOPLE WHO MAY BE CONTEMPLATING SUICIDE, AND THE PRIMARY CARE CLINICS HAVE A STRUCTURED APPROACH TO PATIENTS AT RISK OF SUICIDE OR WHO HAVE HAD A SUICIDE ATTEMPT. IN SOME CASES TRACKING THEM DAILY.

Commissioner Wendt: I'M INTERESTED IN -- ON THE MENTAL HEALTH, IT'S INTERESTING SO YOU SIDE PREVENTION SURFACED TO THE TOP, AND I'M CURIOUS ABOUT WHAT THE CONVERSATION WAS AROUND MENTAL HEALTH PREVENTION. IT WOULD BE HELPFUL TO HEAR THAT CONVERSATION.

Dr. Vines: AS A PUBLIC HEALTH PERSON, I ADVANCED OUR WORK AROUND NURSE FAMILY PARTNERSHIP, WHICH IS THE ONLY PRIMARY PREVENTION THAT AT LEAST EVIDENCE-BASED I KNOW OF AND OF COURSE IT'S WAY, WAY UPSTREAM, WHICH IS GREAT. BUT WE'RE SITTING AT THE TABLE WITH HOSPITAL PARTNERS. AND I DON'T..

Ms. Stanley: WE NEEDED INDICATORS. THAT'S REALLY WHAT IT COMES DOWN TO. BECAUSE WE KNOW IF WE TELL -- WE KNOW ABOUT THE MENTAL HEALTH SYSTEM, AND WE COULD GO ON, AND WE'RE PREACHING TO THE CHOIR, AND WE'RE PART OF THE CHOIR, ETC. BUT WE HAVE TO HAVE INDICATORS. AND MENTAL HEALTH IS NOT AN INDICATOR. IT IS NOT -- SO WHEN QUESTION LOOKED WITH THE EPIDEMIOLOGISTS, WHAT'S QUANTIFIABLE, WHAT'S A METRIC? YOU ARE MORE LIMITED. ANXIETY IS NOT A METRIC, DEPRESSION IS NOT A METRIC. SO THAT'S WHAT -- IN ORDER TO GO BACK TO OUR STAKEHOLDERS AND SHOW THAT WE'VE MADE A DIFFERENCE TO THE -- IN THE COMMUNITY, WE HAD TO -- WE HAVE TO HAVE A METRICS. SO THAT LIMITS IT MORE.

Commissioner Wendt: JUST A QUICK FOLLOW-UP. BACK TO THE EARLIER CONVERSATION, IS THERE A LOOK AT DATA THAT WOULD GET US MORE IN THE PREVENTIVE END IN THE FUTURE NEEDS ASSESSMENT AS OPPOSED TO MORE OF A CRISIS END WHICH IS -- IF I'M UNDERSTANDING, THE INDICATOR DRIVES THE STRATEGIES.

Ms. Stanley: THE ONLY THING I WOULD SAY -- THAT'S ONE REASON WE PICKED THE BREAST-FEEDING AS A PREVENTION, SO WE HAVE A COMBINATION OF INTERVENTION AND PREVENTION. AND SO IT WOULD COME BACK TO BEING ABLE TO FIND EPIDEMIOLOGICAL RESEARCH THAT SHOWS THAT WE CAN TRACK CLEARLY. SO THAT IS THE ULTIMATE GOAL. WE REALLY KNOW -- WE REALLY BELIEVE IN SOCIAL DETERMINANTS, BUT WHAT CAN WE MEASURE, WHAT THEN CAN WE ACTUALLY SHOW THE CHANGE IN?

Dr. Vines: I THINK THE COLLABORATIVE DIDN'T WANT TO SHY AWAY FROM SUICIDE PREVENTION AS AN ISSUE. THE PROBLEM WE WERE BOXED INTO, PROBABLY THE HEALTH INDICATORS THAT KARI IS TALKING ABOUT, THERE AREN'T A LOT OF EVIDENCE-BASED STRATEGIES AROUND SUICIDE PREVENTION. AND WE'RE ALSO AS A COLLABORATIVE HOPING TO DO SOMETHING WITHIN THE NEXT THREE TO FIVE YEARS. SO WE CAN CERTAINLY DO THE IMPORTANT WORK AROUND HEALTHY

FAMILIES, WHICH THE HEALTH DEPARTMENT IS ALREADY DOING AS A PREVENTION STRATEGY, BUT THIS GROUP IS HOPING TO DO SOMETHING TO MOVE THE NEEDLE SO TO SPEAK IN THREE TO FIVE YEARS. WHETHER THAT'S REALISTIC OR NOT, I DON'T KNOW. BUT THESE ARE SOME OF THE LIMITATIONS WE WERE WORKING WITHIN.

Commissioner Smith: SO WOULD -- WHAT WE DO KNOW IS THAT ALL THE COUNTIES RESPONSIBLE FOR THE COUNTY JAIL SYSTEM, COULD MULTIPLE VISITS TO THE COUNTY JAIL BE USED AS AN INDICATOR, BECAUSE I KNOW IN MULTNOMAH COUNTY THE DATA SUGGESTS THAT 40% OF THE INMATES THAT COME IN HAVE SOME SORT OF MENTAL HEALTH ILLS IN. SO -- ILLNESS. SO COULD CHRONIC COUNTY JAIL VISITS CONSTITUTE AS AN INDICATOR?

Dr. Vines: THAT'S A REALLY INTERESTING IDEA. I THINK I CAN'T ANSWER YOU NOW, BUT WE COULD TAKE THAT BACK TO THE GROUP AND LOOK AT IT.

Ms. Zlot: AS A COUNTY IS THAT SOMETHING WE WANT TO FOCUS ON? WE'D PROBABLY HAVE MORE LIBERTY TO DO THAT.

Commissioner Smith: THANK YOU.

Dr. Vines: I'M GOING TO ZOOM HERE. BREAST-FEEDING PROMOTION. THIS IS SOME COMPLIMENTARY WORK TO THE MORE HEALTH SYSTEMS FOCUS THAT THE COLLABORATIVE WORKED OUT. THIS IS WOVEN INTO OUR EARLY CHILDHOOD SERVICE AND MATERNAL CHILD HEALTH, FOCUSED ON THE CULTURALLY SPECIFIC SERVICES. WE KNOW AFRICAN-AMERICANS AND NATIVE AMERICANS INITIATE BREAST-FEEDING LESS OFTEN THAN THEIR WHITE COUNTERPARTS AND BREAST-FEED FOR LESS TIME, SO WE'VE BEEN ACTIVE IN THIS AREA AROUND PEER SUPPORT, REACHING WOMEN IN THEIR HOMES, MAKING SURE THEY HAVE BREAST PUMP AND DOING THINGS PEOPLE FORGET ABOUT, LIKE MAKING SURE THAT CHILD CARE CENTERS FEEL COMFORTABLE AND CONFIDENT AT HANDLING BREAST MILK SO EVEN IF MOM IS PUMPING, BACK TO WORK, THAT HER DAY CARE CAN STILL GIVE HER MILK TO HER CHILD.

FOR TOBACCO USE PREVENTION, A LOT OF GREAT PREVENTION WORK GOING ON HERE, WE ALSO HAVE WORKED TO INTEGRATE BOTH SIDES OF THE HOUSE, COMMUNITY HEALTH SERVICES AND INTEGRATED CLINICAL HEALTH SERVICES TO MAKE SURE WHEREVER A CLIENT TEMPERATURES THE HEALTH DEPARTMENT THEY GET THE SAME MESSAGE, WHICH IS DO YOU SMOKE AND WOULD YOU LIKE TO QUIT AND MAKING SURE THEY GET THE RESOURCES WHICH IS USUALLY REFERRAL TO THE OREGON TOBACCO QUIT LINE. SO FINALLY, THIS IS A PART THAT'S IN ITS INFANCY, AND WE'RE STARTING TO TALK ABOUT COLLECTIVE STRATEGIES TIME PROVE HEALTH. THIS IS BACK TO THE COLLABORATIVE TABLE. WE'RE LOOKING AT THESE CRITERIA FOR HOW TO TALK WERE STRATEGIES. SO MAKING SURE WE HEARD IT FROM COMMUNITY MEMBERS, REALIZING THERE ARE LIMITATIONS TO WHAT COMMUNITY MEMBERS WILL TALK ABOUT AND HOW THEY TALK ABOUT IT. AGAIN, WHETHER IT WAS PRIORITIZED IN OUR CAREFUL ANALYSIS DO, WE HAVE EVIDENCE-BASED PRACTICES, WHAT DID THE CONTENT EXPERTS THINK ABOUT IT, AGAIN, THIS THREE TO FIVE-YEAR TIME LINE IS VERY SHORT. TO MOVE ANY

NEEDLE, MUCH LESS HEALTH. AND THEN CAN EVERYONE IN THE HEALTHY COLUMBIA WILLAMETTE GROUP SUPPORT PROPOSED STRATEGY.

SO WHAT WE HAVE HERE SO FAR AROUND SAFE OPIATE PRESCRIBING, THAT PROBABLY HAS THE MOST TRACTION BECAUSE I THINK EVERYONE RECOGNIZES THIS AS A HEALTH SYSTEM ISSUE. THE PLAN IS TO WORK TOWARD ALIGNING POLICIES AND PRESCRIPTION MONITORING AND ADVOCATING AS A GROUP PROBABLY DOWN THE LINE, BUT HOPEFULLY SOON FOR ALTERNATIVE THERAPIES FOR CHRONIC PAIN. FOR BREAST-FEEDING PROMOTION, MORE OF A HEALTH SYSTEMS APPROACH, WHICH COMPLIMENTS THE WORK WE'RE ALREADY DOING, AND THIS HAS TO DO WITH MATERNITY CARE PRACTICES, HOW HOSPITALS ARE SUPPORTING WOMEN IN THE -- IN HOW THEY INITIATE BREAST-FEEDING CAN PLAY INTO HOW LONG THEY BREAST-FEED, HOW THEY MEASURE THE INITIATION CAN BE IMPORTANT IN TERMS OF HOW WE THINK ABOUT EXCLUSIVE BREAST-FEEDING WHICH IS THE GOAL.

SUICIDE PREVENTION IS NOT OFF THE TABLE YET. THERE'S STILL A LOT OF INTEREST IN IT. WITH ALL THE LIMITATIONS WE TALKED ABOUT BEFORE AS FAR AS WHAT ARE APPROPRIATE STRATEGIES. THE EPIDEMIOLOGY SUPPORTS THIS IS A PROBLEM OF OLDER WHITE MALE VETERANS. AND SO ONE PIECE ON THE TABLE IS TO ENGAGE THE VETERANS ADMINISTRATION IN THAT CONVERSATION BECAUSE THAT'S WHERE IN ABSOLUTE NUMBERS WE HAVE THE MOST SUICIDES. AND SO THIS IS STILL KIND OF ON THE TABLE SOMETHING INTERESTING TO EXPLORE. AT LEAST FOR NOW AS FAR AS I UNDERSTAND, WE ALL HAVE HEARD THINGS DIFFERENTLY, BUT MY UNDERSTANDING IS TOBACCO IS NOT MOVING FORWARD AT THIS TIME, AND ACCESS TO CARE AS A COLLECTIVE ISSUE IS NOT MOVING FORWARD, BUT MANY OF THE PEOPLE AT THE TABLE ARE PARTICIPATING IN PREMIUM ASSISTANCE, WHICH IS BASICALLY HOSPITALS AND HEALTH SYSTEMS PUTTING MONEY INTO A POT TO HELP PEOPLE MAKE THEIR MONTHLY PREMIUMS IF THEY HAVE TROUBLE MAKING THEIR PAYMENTS FOR THEIR SUBSIDIZED HEALTH CARE.

Ms. Stanley: THE PEOPLE -- REGARDING PREMIUM ASSISTANCE, JUST FOR CLARIFICATION, BECAUSE I SEE SOME QUESTIONS, PEOPLE UP TO 138% THROUGH 138% OF FEDERAL POVERTY CAN NOW GET ON MEDICAID, WHICH IS AN EXPANSION. IT'S WONDERFUL. THE NEW CHARITY CARE AS WE CALL IT WILL BE THE POPULATION 139 TO 200% OF POVERTY WHO ARE ELIGIBLE FOR THE EXCHANGES BUT CAN'T AFFORD THE PREMIUMS AND THE DEDUCTIBLES AND COPAYMENTS. SO WHAT WILL HAPPEN HAPPENS TO THIS POPULATION. AND THEY WERE FORMERLY ELIGIBLE FOR TOTALLY FREE CARE, THE HEALTH SYSTEMS, IF THEY FILL OUT THE FINANCIAL FORMS. SO THE QUESTION -- SO NOW THERE ARE EFFORTS WHERE THROUGH A THIRD PARTY ADMINISTRATOR, PROJECT ACCESS NOW, HOSPITALS, ANYONE CAN FUND -- GIVE MONEY AND THEN PEOPLE WHO ARE ELIGIBLE THEN WILL BE TRIAGED THROUGH PROJECT ACCESS NOW TO HAVE THEIR PREMIUMS PAID, AND THEN THAT WAY THEY HAVE HEALTH INSURANCE. SO WE ARE ALIGNED WITH IT WITHIN HEALTHY COLUMBIA WILLAMETTE, BUT TO MAKE A LONG STORY SHORT, IT CAN'T GO THROUGH IN CLARK COUNTY BECAUSE WASHINGTON'S UNDER A DIFFERENT SYSTEM, WHATEVER. SO AS A RESULT, WE DON'T OFFICIALLY HAVE IT AS A COLLABORATIVE WITHIN HEALTHY COLUMBIA WILLAMETTE, BUT IT IS DEFINITELY WE'RE TOTALLY SUPPORTIVE OF IT.

Vice-Chair McKeel: I JUST WANTED TO ACTUALLY SAY THANK YOU. I APPRECIATE THAT YOU'RE FOCUSING ON THE VETERANS AREA OF SUICIDE PREVENTION, BECAUSE WE KNOW THAT IS A BIG ISSUE, AND WE DO HAVE I THINK MEGHAN, DID YOU -- WE KNOW THAT'S A BIG ISSUE, AND THAT SOMETIMES THOSE VETERANS ISSUES ARE -- GET LEFT OUTSIDE OF SOME OTHER HEALTH CARE. SO JUST A THANK YOU FOR THAT.

Chair Madrigal: I HAVE A QUESTION ABOUT THE DISCOUNTING, TALKING ABOUT DISCOUNTS ON PREMIUMS. IT'S MY UNDERSTANDING, AND CORRECT ME IF I'M WRONG, THAT UNINSURED FOLKS THAT ARE SEEN IN A HOSPITAL ARE PAYING A HIGHER RATE THAN INSURANCE IS PAYING FOR THE SAME SERVICES FOR SOMEONE THAT IS INSURED.

Ms. Stanley: THAT'S -- OK. WOULD YOU LIKE THE ONE-MINUTE VERSION? WHAT OCCURS IS IF SOMEONE IS SELF-PAY, AS WE CALL IT, THEY ARE -- THE CHARGE IS -- THE CHARGE THAT YOU SEE FOR ANYONE IS IRRELEVANT. IT'S JUST A CHARGE. BECAUSE, YES, YOU'RE RIGHT, COMMERCIAL INSURANCE THEN DISCOUNTS -- THEY DO GET A DISCOUNT. THEY NEGOTIATE BASED ON NUMBERS, ETC. SO COMMERCIAL INSURANCE. THEN MEDICAID ACTUALLY PAYS ABOUT 23 CENTS ON THE DOLLAR. 23 CENTS OFF OF EXPENSES. THAT'S NOT CHARGES. THAT'S COST. 23 CENTS. SO WHAT YOU SEE IS A CHARGE, IS JUST A CHARGE. ANYONE WHO COMES IN WHO IS 7-PAY FOR MANY HOSPITALS, AT LEAST OUR SYSTEM, AND WE'RE PRETTY CONSISTENT ACROSS THE METRO AREA, AUTOMATICALLY GETS A CERTAIN DISCOUNT. OFF THAT CHARGE. I THINK IT'S 15 OR 35%. I KNOW THAT THOSE ARE BIG DIFFERENCES, BUT HOW DO YOU GET NUMBERS IN YOUR HEAD, SO YOU GET CONFUSED. SO -- BUT THEY AUTOMATICALLY GET JUST OFF -- SO THEY ARE NOT CHARGED THE CHARGE. THEY ARE GIVEN A DISCOUNT IMMEDIATELY. BUT IT MAY NOT BE THE SAME AS COMMERCIAL INSURANCE, JUST BECAUSE NEGOTIATIONS ETC. ARE CORRECT.

Chair Madrigal: MAKES ME SAD. BUT IT IS WHAT IT IS. THANKS.

Commissioner Shiprack: JUST A COMMENT AND KIND OF A QUESTION. APPLIES TO A COUPLE OF THE ELEMENTS OF THE GRID. ONE, TOBACCO. I THINK THERE'S A REALLY POWERFUL -- THIS IS THE COLLISION OF KIND OF ANECDOTAL BELIEF SYSTEMS AND EVIDENCE-BASED PRACTICE TO LET ME SEE EXHIBIT A AND SAY, I THINK THAT THE REALLY STRONG MESSAGE FOR TOBACCO IS A MESSAGE THAT'S DELIVERED EARLY THAT IS A COMBINATION OF QUITTING IS HARD, DON'T START. AND I WOULD BE VERY INTERESTED IF IN KNOWING IF THERE WERE SOME WAY TO MEASURE THAT METRIC. I THINK OF PUBLIC HEALTH AS BEING PRIMARILY, OR IN LARGE PART AN EDUCATION PROCESS. SORT OF A THREE-PART QUESTION, IF IT'S A QUESTION AT ALL. SECOND IS, FOR SEXUAL HEALTH, THERE IS AN HPV VACCINATION, AND IT IS FROM WHAT I UNDERSTAND, VERY EFFECTIVE IF IT IS ADMINISTERED AT THE RIGHT TIME OF LIFE. AND THAT THERE'S A STRONG RELATIONSHIP BETWEEN CERTAIN CANCERS AND HPV. SO HERE IS BASICALLY A VACCINATION FOR CANCER. BUT THE -- IT'S A PUBLIC HEALTH ISSUE, IT IS ON THE GRID, AND I'M CURIOUS WHAT IS GOING ON WITH THAT. AND THE THIRD PART OF THIS IS, THE CONCEPT WHICH HAS A HORRIBLE NAME, BUT THEN YOU'RE IN PUBLIC

HEALTH SO IT WON'T BE THE 1st TIME YOU'VE RUN INTO THIS, CALLED COMMUNITY EFFICACY, WHICH HAS TO DO WITH ALL OF MY COMMUNITY BEING OF IMPORTANCE TO ME LITERALLY WHERE I LIVE AS A GATE KEEPER, AS AN OBSERVER, AS A PARTICIPANT IN MY COMMUNITY, THAT THAT HAS A PUBLIC HEALTH IMPACT. BUT I DON'T SEE THESE, I'M WONDERING IF THEY'VE BEEN DISCUSSED, IF THEY'VE BEEN DISCUSSED AND DISCARDED, WHERE ARE THESE CONCEPTS IN YOUR PROCESS.

Dr. Vines: THE THINGS YOU'RE PRESCRIBING IS PRIMARY PREVENTION, WHICH IS STARTING -- KEEPING A PROBLEM FROM EVEN HAPPENING. SECONDARY PREVENTION IS, CAN YOU HAVE A PROBLEM, HOW CAN YOU GET PEOPLE TO QUIT SMOKING, MAKE SURE THEY GET PAP SMEARS TO PREVENT CERVICAL CANCER. YOU DON'T HAVE TO CONVINCE ME PRIMARY PREVENTION IS THE WAY TO GO. LIMITATION AND OPPORTUNITY OF THIS COLLABORATIVE IS THAT THIS IS HEALTH SYSTEMS. SO KIND OF BY DEFINITION WE'RE LOOKING AT SECONDARY PREVENTION. AS OUR OPPORTUNITY, SO WE DIDN'T WANT TO NOT PLAY IN THAT ARENA WHILE ALSO RECOGNIZING THE HEALTH DEPARTMENT'S WORK, AGAIN, BEING COMPLIMENTARY IN THE PRIMARY PREVENTION CATEGORY, IF YOU CAN LEVERAGE BOTH POINTS, YOU CAN DO A LOT OF GOOD. AND THE OTHER PIECE IS THAT WE'RE HOPING THAT THIS COLLABORATIVE WILL STAY TOGETHER ENOUGH TO MATURE TO MAYBE START TO MOVE FURTHER UPSTREAM TO THE PRIMARY PREVENTION STRATEGIES YOU'RE TALKING ABOUT, BUT AS PUBLIC HEALTH REPRESENTATIVES, THESE ARE THE PIECES WE'VE BEEN INSERTING WHERE WE CAN, RECOGNIZING OUR HEALTH SYSTEM PARTNERS WILL HAVE A DIFFERENT WAY OF THINKING ABOUT THE WORLD AND A DIFFERENT APPROACH TO THESE ISSUES.

Ms. Stanley: IF WE GO BACK TO THE ORIGINATION OF THIS, IT WAS JUST TO -- SOME OF YOU WERE PROBABLY INVOLVED IN MULTIPLE INTERVIEWS FROM DIFFERENT HEALTH SYSTEMS, THAT WE ARE NOW REQUIRED TO DO THIS COMMUNITY NEEDS ASSESSMENT, BY HOSPITAL, EVERY THREE YEARS. AND AS A RESULT, THE IRS, WHO IS THE ADMINISTRATOR OF THIS MANDATE THROUGH THE AFFORDABLE CARE ACT, HAS VERY PRESCRIPTIVE REQUIREMENTS THAT WE MUST MEET. ONE OF THOSE IS, ALL RIGHT, THE COMMUNITY NEEDS -- WITHIN THE COMMUNITY NEEDS ASSESSMENT. WHEN YOU IDENTIFY A PRIORITY, THEN YOU MUST SHARE HOW YOU'RE ADDRESSING IT. AND SO THEN YOU SEE HOW IT GETS -- THE MORE -- WE WERE -- WHEN WE BEGAN THIS, WE THOUGHT, LET'S IDENTIFY ONE OR TWO. WE CAN DO TWO THINGS TOGETHER, WE NOW HAVE THREE OR FOUR THAT WE'RE WORKING ON. AND TO HAVE ALL THE HEALTH SYSTEMS, AND THE PUBLIC HEALTH DEPARTMENTS, THE IN-KIND LABOR, THE DIRECT COST, YOU SEE, WE'RE MULTIPLYING, ETC. AND THE ORGANIZATIONS ARE SAYING, YES, WE'RE DOING THIS ON OUR OWN, BUT YOU'RE EXPECTING US TO DO THIS, HOW MUCH ARE YOU EXPECTING OUT OF US?

SO THAT'S WHAT WE'VE WRESTLED WITH, IS IT'S NOT -- WE COULD HAVE COME UP WITH -- WE HAD NINE BUT WE HAD TO DECIDE WHAT COULD WE REALLY DO TOGETHER AS A SYSTEM WITHIN -- ONE OF THE THINGS THAT WAS NOT MENTIONED WAS THAT REALLY LOOKED AT THE CAPACITY OF THE ORGANIZATIONS. WHAT CAN YOU GIVE IN KIND AND IN COST IN DIRECT COST? AND FOR THIS STRATEGY, THE HEALTH DEPARTMENTS, THE COUNTY, THANKFULLY, IS SUPPORTING THE OVERALL COMMUNITY NEEDS ASSESSMENT OPERATIONS. BUT REGARDING THE SPECIFIC

STRATEGIES AND ISSUES, ONLY THE HEALTH SYSTEMS ARE EXPENSING COSTS FOR THAT. WE DID NOT ASK THE CCOs OR THE PUBLIC HEALTH DEPARTMENTS TO GIVE ANY MORE MONEY. SO IT'S A COMBINATION OF JUST WHAT CAN WE HANDLE TOGETHER.

Dr. Vines: THAT'S VERY HOPEFUL. I'M CERTAIN I'M OVER TIME, I'M WAITING FOR THE HOOK.

Chair Madrigal: IT'S OKAY, IT'S BEEN GREAT.

Dr. Vines: SO OUR NEXT STEPS ARE GOING TO BE FURTHER REFINING OUR STRATEGIES, LOOKING AT IMPLEMENTATION. THIS PIECE AROUND -- I'M SORRY COMMISSIONER SMITH HAD TO STEP OUT, BUT FOR ALL OF YOU TO KNOW WE'RE GOING TO BE LOOKING AT THE DATA GAPS AND THINKING ABOUT HOW WE CAN FILL THEM WHICH TIES INTO THE NEXT PIECE, WHICH IS HOW TO INCREASE THAT LOCAL ASSESSMENT CAPACITY. SO INSTEAD OF PAYING THE HEALTHY COMMUNITIES INSTITUTE TO PULL ALL THIS EXISTING DATA AND PLUG IT INTO A NICE WEBSITE, HOW DO WE KEEP THAT MONEY LOCAL AND BUILD THE PUBLIC HEALTH PIECE TO DO THAT WORK, AND TO FILL SOME LOCAL DATA GAPS THAT WE'D LIKE TO SEE? BECAUSE WE HAVE LOTS OF SMART PEOPLE LIKE AMY WHO ARE HERE, AND WHO KNOW THE COMMUNITY. AND THEN THIS PRESENTATION, THIS PART OF THE OTHER PIECE WHICH IS GETTING THE WORD OUT ABOUT THIS WORK, AND HOW TO GET PEOPLE INVOLVED. SO THIS IS MY LAST PIECE. I HOPE THIS WILL REASSURE ON YOU SOME OF THE IMPORTANT ISSUES THAT YOU BROUGHT UP TODAY.

SO THIS WORK IS ONE PART OF WHAT WE'RE DOING. I THINK IT'S AN IMPORTANT PIECE OF WORK. IT REALLY HIGHLIGHTS LOCAL HEALTH NEEDS, IT'S A RIGOROUS PROCESS, WITH SOME LIMITATIONS, BUT A RIGOROUS PROCESS THAT BROUGHT SOME THINGS TO LIGHT. WE WANT TO USE IT TO HELP US PRIORITIZE ISSUES, BUT WE'RE NOT GOING TO LIMIT OURSELVES TO THIS. WHILE WE CAN USE THE HEALTHY COLUMBIA WILLAMETTE PIECE TO SPOTLIGHT SOME OF THE ISSUES THAT SURFACED, IT'S NOT THE ONLY THING WE'RE GOING TO BE DOING. SO THE HEALTH DEPARTMENT IS WORKING ON STRATEGIC PLANNING, HEALTHY COLUMBIA WILLAMETTE COMES UP IN THE CONVERSATIONS BUT IT'S CERTAINLY NOT THE BIGGEST PIECE, SO WE CAN CALL OUT THINGS LIKE ORAL HEALTH, WE CAN CALL OUT CERTAINLY HEALTH DISPARITY AND CULTURAL CONFIDENCE IN OUR WORK WITHIN OUR OWN PUBLIC HEALTH COMMUNITY HEALTH IMPROVEMENT PLAN. AND I LOOK AT THAT AS A WIN-WIN. I LOOK AT THAT AS COMPLIMENTARY TO THE WORK HEALTHY COLUMBIA WILLAMETTE IS DOING, BECAUSE IT'S SO INNOVATIVE AND EXCITING TO HAVE ALL THESE HEALTH SYSTEM AND PUBLIC HEALTH PARTNERS AT THE TABLE, ACROSS COUNTIES, ACROSS STATES, WITH THE CCOs, JUST PRESERVATION OF THE GROUP IN SOME WAYS IS PART OF SUCCESS. SO THAT'S IT. THE WEBSITE, WHICH YOU CAN GO AND AGAIN, ANYONE CAN LOOK AT THE HEALTH INDICATORS AND SORT BY GEOGRAPHY OR BY ISSUE. IF WE HAVE TIME FOR QUESTIONS I'M HAPPY TO KEEP TALKING.

Commissioner Smith: JUST A BRIEF NOTE. WE DO HAVE A FACILITY BACK THERE AND THEY PIPE IN EVERYTHING THAT YOU'RE SAYING, SO I DIDN'T MISS IT. THAT WAS A GOOD USE OF COUNTY DOLLARS. [LAUGHTER]

Ms. Stanley: I WOULD JUST LIKE TO SAY ON BEHALF, AS THE CO-CHAIR OF HEALTHY COLUMBIA WILLAMETTE, I WOULD LIKE TO COMMEND AND THANK JOANNE AND THE HEALTH DEPARTMENT FOR ALLOWING US TO HAVE CHRIS AND MEGHAN AS OUR -- WE DO PAY YOU, BUT -- I DON'T WANT TO LET YOU KNOW THAT WE DON'T PAY YOU AS MUCH AS --

Chair Madrigal: YOU'RE ON TV, SO CAT'S OUT OF THE BAG. [LAUGHTER]

Ms. Stanley: YEAH. BUT THEY -- IT'S REALLY -- PARTICULARLY I WOULD SAY WITH CHRIS, CHRIS' EXPERTISE IN HOW THEY CONDUCT THE MAPP, HOW TO DO COMMUNITY NEEDS ASSESSMENTS, HOW TO MOVE IF I SAY FIVE OR SIX, SEVEN, EIGHT PROBABLY SYSTEMS, IF YOU COUNT EACH OF US, BECAUSE SOME OF US HAVE FOUR OR FIVE HOSPITALS, HOW TO MOVE US FORWARD. THIS HAS BEEN A VERY RIGOROUS PROCESS. THIS HAS BEEN VERY THOUGHTFUL, IT NONE OF THE PARTS HAVE BEEN TAKEN LIGHTLY. AND IT IS REALLY DUE TO CHRIS'S AND MEGHAN'S WORK THAT WE HAVE GOTTEN WHERE WE ARE. AND YES, WE STILL HAVE FURTHER TO GO, AND WE KNOW WHERE THERE ARE GAPS, BUT WE HAVE DONE A TREMENDOUS AMOUNT. SO THANK YOU TO MULTNOMAH COUNTY.

Commissioner Wendt: AND THANKS FOR BEING HERE THIS MORNING TO SHARE YOUR PERSPECTIVE.

Vice-Chair McKeel: I JUST WANT TO SAY THANK YOU, AND I THINK YOU CAN SEE BY ALL OF OUR QUESTIONS AND CONCERNS THAT WE HAVE A HUGE INTEREST IN THIS AREA TOO. SO WE THANK YOU FOR YOUR WORK AND FOR BEING HERE TODAY.

Commissioner Wendt: A QUICK COMMENT. THIS IS PRETTY AMAZING WHEN YOU HAVE ALL THOSE LOGOS ON THERE, TWO STATES WORKING TOGETHER BLOWS MY MIND A LITTLE BIT. I THINK AS THIS EVOLUTION OF MOVING FROM ENROLLING PEOPLE TO CREATING THAT REAL ACCESS, I THINK IT'S REALLY INTERESTING, AND I HOPE IN A FUTURE BRIEFING WE HEAR ABOUT THAT ACTUAL CONNECTION TO HEALTH CARE. BECAUSE WE'RE TALKING ABOUT A LOT OF PEOPLE WHO, THAT'S NOT BEEN PART OF THEIR REALITY OR CULTURE OF HOW TO ACTUALLY GO TO THE DOCTOR FOR PREVENTIVE NEEDS. SO I'M EXCITED, AND KIND OF LOOK FORWARD TO THE NEXT EVOLUTION.

Chair Madrigal: I'D LIKE TO THANK YOU FOR THE FOCUS ON BREAST-FEEDING. I THINK IT'S SO IMPORTANT, AND I HOPE THAT AS THE WORK MOVES FORWARD, WE'RE LOOKING NOT JUST AT MOTHERS WHO ARE -- WHO CAN AFFORD TO PUT THEIR CHILDREN IN DAY CARE, BUT MOTHERS WHO ARE MAYBE USING FAMILY MEMBERS TO WATCH THEIR CHILDREN AND WORKING IN LOW-WAGE JOBS WHERE THEY CAN'T TAKE BREAKS. I KNOW WE HAVE LAWS, BUT I SUSPECT THAT'S NOT HAPPENING UNIVERSALLY, AND SO HOW DO WE ADDRESS THOSE POPULATIONS THAT ARE MOST UNDERSERVED AND MOST OPPRESSED BY THE SYSTEM AND SUPPORT THEM IN BREAST-FEEDING THEIR CHILDREN? SO --

Ms. Stanley: I WOULD ACTUALLY JUST LIKE TO -- DO YOU WANT TO ADDRESS THAT? ACTUALLY, THAT -- ONE OF THE ACTIONS IS TO WORK WITH WORKPLACE

REGARDING BREAK -- BREAST-FEEDING ROOMS, ROOMS THAT ACCOMMODATE FOR BREAST-FEEDING. AND ACTUALLY, THIS IS GOING TO BE VERY INTERESTING, WORKING WITH BUSINESSES THAT PAY MORE -- LOWER WAGES AND WHAT KINDS OF ACCESS, WHAT KINDS OF SUPPORT DO THEY GIVE. SO THAT IS ACTUALLY WORKING IN THE WORKPLACE, WHICH IS GOING TO BE A BIG JUMP THAT'S GOING TO BE A STRETCH, IS ACTUALLY ONE OF THE FOUR. SO I WILL TAKE THAT BACK, BECAUSE THEY WILL LOVE IT THAT YOU HAPPENED TO ASK ABOUT IT.

Chair Madrigal: WHATEVER WE CAN DO TO SUPPORT THAT STRETCH, BECAUSE THE MAJORITY OF OUR FOLKS ARE WORKING THE LOW-WAGE JOBS AND DON'T HAVE PROTECTION, AND DON'T HAVE SUPPORT. SO WHATEVER WE CAN DO. MAY I SPEAK FOR ALL OF US?

Vice-Chair McKeel: YOU JUST DID.

Chair Madrigal: OK.

Ms. Stanley: AND I JUST WANT -- ONE OTHER THING WITH THAT, THAT'S WHY ELECTRIC BREAST PUMPS ARE SO IMPORTANT. AND THE FACT IS THAT NOT ALL INSURANCE PLANS, AND I'M NOT ON THE BREAST-FEEDING HIT TEAM, WHICH WE CALL HEALTH IMPROVEMENT TEAM, BUT I THINK THAT MEDICAID MAY NOT, OR THE CCOs -- ANYWAY, THE FACT IS THAT WE NEED MORE WOMEN PARTICULARLY THOSE WHO ARE LOW-INCOME TO HAVE ACCESS TO ELECTRIC BREAST PUMPS BECAUSE IF YOU'RE EXPECTED TO DO IT ON YOUR BREAK YOU CANNOT DO IT MANUALLY IN THE SHORT PERIOD OF TIME. SO THAT'S ONE OF THE OTHERS. I JUST WANTED TO LET YOU KNOW WE'RE ON IT.

Chair Madrigal: THAT'S GREAT. ARE THERE ANY OTHER QUESTIONS? THANK YOU SO MUCH. REALLY EXCELLENT WORK. GREAT TO HEAR ABOUT.

B.2 Board Briefing on the Intertwine Alliance. Sponsor: Commissioner Shiprack, D-3. Presenters: Mike Wetter, Executive Director of The Intertwine; Kim Powe, Director, Office of Sustainability.

Commissioner Shiprack: THANK YOU MADAM CHAIR. SO THIS IS THE TIME THAT I GET TO INTRODUCE THE BOARD TO THE INTERTWINE, AND IT'S NOT JUST ABOUT MULTNOMAH COUNTY'S SKILL AND REPUTATION AS THE CONVENER, BUT IT'S ALSO ABOUT MULTNOMAH COUNTY'S ABILITY TO BE A GOOD PARTICIPANT IN OTHER -- IN OTHER CONVENERS' ACTIVITIES, AND THE INTERTWINE IS PARTICULARLY EXCITING TO ME BECAUSE THE MISSION GOALS AND VALUES ARE SO SIMILAR TO MULTNOMAH COUNTY. THIS IS GOING TO IMPROVE HEALTH OUTCOMES AS I SORT OF SHOUT AFTER OUR DEPARTING PRESENTERS, FOR REALLY FOR EVERYONE IN THE COMMUNITY. AND THIS IS A PARTNERSHIP. THIS IS GOING TO LEVERAGE CONNECTIONS, WHICH IS ANOTHER TOPIC THAT THE COUNTY HAS BEEN REALLY DELVING INTO, NOT JUST CONNECT -- NOT JUST GEOGRAPHIC CONNECTIONS, BUT EQUITY, HEALTH, AND TRULY INTENTIONAL LAND STEWARDSHIP ARE ALSO LEVERAGED THROUGH THE INTERTWINE. I'M NOT QUITE DONE YET. BUT WE ARE ALSO ABLE TO HELP PEOPLE WHO ARE LIVING IN PORTIONS OF MULTNOMAH COUNTY THAT ARE VERY HEAVILY IMPACTED BY SOME OF THE COSTS OF OUR

LAND USE POLICY, MAINLY DENSITY, TO ACHIEVE THAT KIND OF CONNECTION WITH THE OPEN SPACES THAT THE DENSITY ENABLES US TO HAVE. SO WE HAVE A NEWLY ADOPTED COLLECTIVE IMPACT FRAMEWORK WHICH HELPS MULTNOMAH COUNTY SHAPE THE INTERTWINE AS A PARTNER, ALONG WITH BUSINESS, NONPROFIT, AND OTHER GOVERNMENTS. THIS IS REALLY OUR REGIONAL CONSTITUENCY. SO WELCOME, AND I GET TO INTRODUCE KIM POWE WHO WE ACTUALLY ALL KNOW, BUT MIKE, I'M DELIGHTED YOU'RE HERE AS WELL, WE WENT FOR A BIKE RIDE ONE TIME, AND THAT STARTED GREAT THINGS. AND THERE ALSO ARE JUST -- NOT TO DISTRACT YOU TOO MUCH, BUT WE ALSO HAVE SOME SUGGESTIONS FOR YOU SITTING NEARBY TO YOUR CHAIR HERE.

Ms. Powe: THANK YOU, COMMISSIONER SHIPRACK FOR THAT GRACEFUL INTRODUCTION. THANK YOU CHAIR MADRIGAL AND DIRECTORS, I'M KIM POWE, DIRECTOR OF SUSTAINABILITY. I'M NOT GOING TO TAKE UP TOO MUCH TIME. I WAS INTRODUCED TO THE INTERTWINE ALLIANCE SHORTLY AFTER MY ARRIVAL AT THE COUNTY. IT'S BEEN A YEAR, EVERYBODY. IT'S BEEN A YEAR. AND I STARTED AS A CORE GROUP MEMBER OF THE INTERTWINE, AND HAVE ALSO BEEN TERRIFIC I TO SOME OF THE EQUITY CONVERSATIONS THAT WE'RE HAVING REGIONALLY AND LOOK FORWARD TO PARTNERING IN THE FUTURE WITH THE INTERTWINE AND ITS MEMBERS ON HOW WE MAKE SURE THAT THAT'S INTEGRATED INTO THE WORK THAT WE'RE DOING REGIONALLY. BUT I AM NOT THE BEST MOUTHPIECE FOR THIS ORGANIZATION, SO I'M GOING TO TURN IT OVER TO THE EXECUTIVE DIRECTOR MIKE WETTER.

Mr. Wetter: I LOVE THAT THIS CONNECTION BETWEEN INTERTWINE ALLIANCE AND MULTNOMAH COUNTY STARTED ON BICYCLES. IT'S VERY APPROPRIATE. I THINK IF IT HADN'T BEEN THAT FROM CROWN POINT TO CASCADE LOCKS, IT'S DOWNHILL, COMMISSIONER SHIPRACK AND I PROBABLY WOULD HAVE BEEN TOO WINDED TO HAVE A CONVERSATION, I WOULDN'T BE HERE TODAY. ANYWAY, I REALLY AM HAPPY TO BE HERE, AND THE INTERTWINE ALLIANCE, I'VE HAD A HARD TIME FINDING AN ELEVATOR SPEECH TO SAY WHAT IT IS. IT'S A VERY SIMPLE CONCEPT BUT IT'S HARD TO EXPLAIN. I USED TO SAY IT'S A COALITION OF PUBLIC AND PRIVATE NONPROFIT ORGANIZATIONS OF LEADERS WORKING TO BUILD THE NATURAL AREAS IN THE PORTLAND-VANCOUVER REGION, AND THAT DIDN'T SEEM TO RING. SO I'VE NOW JUST SAY IT'S WHERE LEADERS FIND COMMON GROUND.

JUST TO GIVE YOU THE BASICS, WE WERE LAUNCHED IN 2007, REALLY BUILT ON DECADES OF LEADERSHIP IN HOW TO INTEGRATE NATURE INTO THE BUILT ENVIRONMENT IN THE PORTLAND-VANCOUVER REGION. WE'RE TRULY A LEADER IN THIS NATIONALLY. SO I SAY LAUNCHED IN 2007, REALLY IT GOES BACK MANY DECADES. INCORPORATED IN 2011 WE WERE INCUBATED WITHIN METRO FOR A NUMBER OF YEARS, AT THAT TIME I WAS CHIEF OF STAFF TO DAVID BRAGDON. WE'RE A SMALL ORGANIZATION WITH A VERY LARGE FOOTPRINT IN MANY WAYS, WHICH I'LL TALK ABOUT IN A MINUTE. CURRENTLY WE HAVE 112 PARTNERS AND WE'RE PRIMARILY FUND BY THE PARTNERS. WE HAVE A COMMITMENT TO OUR NONPROFIT PARTNERS THAT WE WON'T COMPETE WITH THEM FOR PHILANTHROPIC DOLLARS, FOR FOUNDATION DOLLARS, SO WE'RE -- OUR CUSTOMERS ARE OUR PARTNERS. AND THAT'S HOW WE OPERATE. SO THIS IS OUR CURRENT -- WE'VE BEEN GROWING VERY QUICKLY. WE STARTED WITH FOUR IN 2007, WE SPUN OUT OF

METRO THERE WERE 28 PARTNERS, TODAY WE'VE QUADRUPLED IN SIZE IN THAT 2 1/2 YEARS OR SO TO 112 PUBLIC, PRIVATE, AND NONPROFIT ORGANIZATIONS. VERY DIVERSE GROUP OF ORGANIZATIONS, SMALL NONPROFITS, LARGE NONPROFITS, ALL THE PARKS DEPARTMENTS, LOCAL, SMALL PARKS DEPARTMENTS ALL THE WAY UP TO THE NATIONAL PARK SERVICE. UTILITIES, SPORTSWEAR COMPANIES, PROFESSIONAL SERVICES FIRMS, HEALTH ORGANIZATIONS, IT'S A VERY BROAD COALITION.

OUR SCOPE IS ALSO BROAD. AND WE ARE LOOKING AT REALLY LEVERAGING NATURE, THE INVESTMENTS WE'VE MADE IN NATURE TO ACHIEVE MULTIPLE OUTCOMES. AND I THINK AS THE CHAIR SAID IN HER STATE OF THE COUNTY ADDRESS, WE NEED TO DO THINGS FOR PEOPLE THAT WORK TOGETHER. I'VE JUST SHOWED YOU THE TOGETHER PART. I THINK YOU CAN SEE WE'RE DOING THIS TOGETHER. REALLY WHAT WE'RE TRYING TO DO NOW IS TAKE THOSE INVESTMENTS WE MADE IN NATURE AND LEVERAGE THEM FOR THE BENEFIT OF PEOPLE THAT LIVE HERE. WE ARE -- THERE'S A TREND NATIONALLY NOW IN RECOGNIZING THE OLD WAY WE DID CONSERVATION, WE DID IT IN THE WILDLANDS OUTSIDE THE METROPOLITAN REGIONS. IF YOU DO THAT, YOU GET A LOT OF SPECIES SAVED, BUT YOU DISCONNECT PEOPLE FROM NATURE. SO THERE'S A REAL TREND NOW LOOKING AT HOW DO WE DO THIS WORK OF WORKING WITH NATURE ACTUALLY WHERE PEOPLE LIVE, AND IN LOOKING AT THAT, THE WAY THAT HAS TO HAPPEN IS IT HAS TO HAPPEN THROUGH COALITIONS. THE ECOLOGICAL ENVIRONMENT IN ECOLOGICAL LANDSCAPE IN METROPOLITAN REGION ASSIST MORE COMPLEX BECAUSE IT'S MORE -- IT'S -- BECAUSE OF ITS PROXIMITY TO THE BUILT ENVIRONMENT, THE ORGANIZATIONAL LANDSCAPE IS ALSO MORE COMPLEX.

THERE'S A LOT OF ORGANIZATIONS WORKING ON A LOT OF FRONTS. SO REALLY THE WAY TO GET THINGS DONE IS THROUGH COALITIONS. LIKE OURS. AND WE ARE NOW PART OF A NATIONAL SORT OF ALLIANCE OF COALITION OF COALITIONS OF 12 OTHER CITIES ACROSS U.S. I WAS IN DENVER THE WEEK BEFORE LAST, FOR OUR NATIONAL CONFERENCE, AND SO THESE ORGANIZATIONS LIKE OURS ARE STARTING IN CITIES ALL ACROSS THE U.S. FOR THIS PURPOSE. I TALKED A LITTLE BIT ABOUT OUR SCOPE BEING BROAD. WE'RE WORKING ON HEALTH AND NATURE, THERE'S MORE AND MORE DATA COMING OUT SHOWING REALLY A REMARKABLE CONNECTION BETWEEN HEALTH AND NATURE, BETWEEN HUMAN HEALTH AND NATURE. I WAS AT A PRESENTATION RECENTLY WHERE TWO STUDIES CONDUCTED THROUGH DIFFERENT METHODOLOGY AND DIFFERENT PARTS OF THE WORLD SHOWED WOMEN WHO LIVE IN NEIGHBORHOODS WITH TREES HAVE HIGHER BIRTH WEIGHT BABIES. THOSE KIND OF CONNECTIONS ARE STARTING TO COME OUT. MENTAL HEALTH, IT'S AN EXTREMELY HIGH CONNECTION FOR PEOPLE WHO LIVE IN NATURED NEIGHBORHOODS. SO WE'VE GOT AN INITIATIVE THAT'S JUST BEGINNING TO GET ITS FOOTING WHERE THE HEALTH COMPANIES, THE HEALTH NONPROFITS LIKE OREGON PUBLIC HEALTH INSTITUTE, PSU, AND OUR PARTNERS ARE COMING TOGETHER LOOKING AT HOW DO WE BECOME MORE INTENTIONAL ABOUT THE USE OF HOW WE'RE INVESTING IN NATURE, AND HEALTH OUTCOMES. ON THE EQUITY FRONT, THIS ONE HAS BEEN A REAL INTERESTING AND FULFILLING PATH.

WE STARTED OUT -- WE DO TWO SEMI ANNUAL SUMMITS EVERY YEAR, WE GIVE OUT 300 PEOPLE IN THE -- WE GET ABOUT 300 PEOPLE IN THE ROOM, AND IT'S

PROFESSIONALS, AND CIVIC LEADERS, AND I WAS LOOKING AROUND THE ROOM AND REALIZED EVERYBODY, MOST OF THE PEOPLE, A VAST MAJORITY OF THE PEOPLE LOOKED LIKE ME. AND WE REALIZED WE WERE NOT REFLECTIVE OF THE COMMUNITY WE WERE SERVING. WE JUST HAD NO FOR SOME REASON MADE THOSE CONNECTIONS. AND AS IT TURNS OUT, IT'S TRUE NATIONALLY THAT THE CONSERVATION OF PARKS MOVEMENT IS PREDOMINANTLY WHITE, EVEN STILL. AND FOR SOME REASON -- AND WE STARTED WORKING WITH A MAN NAMED MICKEY FEARN WHO UNTIL RECENTLY WAS DEPUTY DIRECTOR OF THE NATIONAL PARK SERVICE, AN AMAZING MAN, HE'S AFRICAN-AMERICAN, WAS AT THE MARCH ON WASHINGTON WITH MARTIN LUTHER KING, HAS BEEN IN PARKS AND CONSERVATION HIS WHOLE LIFE. HE HAS A VISION FOR BEING ABLE TO USE PARKS AND TRAILS AND PARKS AGENCIES AS THE COMMON GROUND WHERE WE COME TOGETHER. IT'S A PLACE WE COME TOGETHER TO DO THINGS WE LOVE TO DO, NOT THE THINGS WE ARGUE ABOUT. AND THE POSSIBILITY OF USING IT AS REALLY THE BRIDGE IN OUR COMMUNITY. AND HE TALKS ABOUT HOW HE SAYS, FROM MY WHOLE LIFE WE'VE BEEN SAYING WE'RE GOING TO FIX THIS.

THE PARKS AND CONSERVATION MOVEMENT IS ALL WHITE AND ORGANIZATIONS SERVING COMMUNITIES OF COLOR DON'T SEE NATURE AND THE ENVIRONMENT AS DIRECTLY RELEVANT TO THEIR WORK. AND HE SAYS, WHY IS IT WE HAVEN'T MET? WHY ARE WE STILL DOING THIS AFTER ALL THESE YEARS? SO WE'VE BEEN BRINGING HIM TO TOWN EVERY THREE MONTHS OR SO FOR DEEPER DIALOGUES ON THOSE QUESTIONS. AND IT'S BEEN JUST AN AMAZING JOURNEY. WE'RE WORKING ON PUBLIC ENGAGEMENT, REALLY TRYING TO ENGAGE PEOPLE WITH NATURE NEAR WHERE THEY LIVE. CONSERVATION EDUCATION, CONSERVATION, ACTIVE TRANSPORTATION, YOU CAN SEE THE BREADTH OF THE SCOPE THERE. HAVE YOU BEEN INTRODUCED TO THE COLLECTIVE IMPACT CONCEPT ALREADY? I SEE SOME NODS. WE JUST RAN ACROSS US LITERALLY JUST A FEW MONTHS AGO, AND I AM EMBARRASSED TO SAY, IT'S WHAT WE DO. I SAW IT AND I THOUGHT, THIS IS IT. SO WE WENT FROM THINKING WE WERE PIONEERS TO REALIZING WE HAVE A GLOBAL NETWORK OF COLLEAGUES AND IT'S BEEN REALLY TRANSFORMATIVE FOR US. SO WE'VE BEEN REALLY RETOOLING AROUND THE COLLECTIVE IMPACT ELEMENTS OF ALIGNING OUR PARTNERS AROUND A COMMON AGENDA, IDENTIFYING SHARED MEASUREMENTS, CREATING MUCH REINFORCING ACTIVITIES AMONG OUR PARTNERS, WE ARE THE BACKBONE ORGANIZATION, THE ORGANIZATION THAT SUPPORTS THE COMMUNICATION AND THE ALIGNMENT AMONG THE ORGANIZATIONS. IT REALLY HAS ADDED A LOT OF DISCIPLINE AND CLARITY TO OUR FOCUS AND TO OUR WORK. SO THAT'S BEEN A GREAT RECENT DEVELOPMENT FOR US.

I WANT TO GIVE YOU A QUICK EXAMPLE OF HOW WE WORK. WE WERE PASSED OVER FOR -- I SAY WE, METROPOLITAN REGION WAS PASSED OVER FOR CONSERVATION INVESTMENT FOR MANY YEARS. AND THE REASON WAS BECAUSE THE CONSERVATION PLANNING WORK WAS TAKING PLACE AT THE STATE LEVEL OR MULTISTATE LEVEL, AND IF YOU LOOK FROM THAT ALTITUDE, YOU SEE A GREEN STATE WITH A BIG WHITE SPLOTCH WHERE PORTLAND IS BECAUSE OUR HABITAT HAS BEEN FRAGMENTED. IF YOU DON'T TAKE A MORE PRECISE LOOK AT WHAT'S GOING ON, USE A HIGHER LEVEL OF PRECISION, IT DOESN'T LOOK LIKE WE HAVE ANYTHING HERE WORTH INVESTING IN. SO WE WERE BEING PASSED OVER FOR

STATE AND FEDERAL INVESTMENT. WE NEEDED A REGIONAL CONSERVATION STRATEGY A WAY TO SAY THIS IS WHAT'S HERE, THIS IS WHY IT'S IMPORTANT. SO THE WAY THAT PROJECT WOULD HAVE BEEN DONE IN THE PAST IS IT WOULD HAVE BEEN DONE BY GOVERNMENT AGENCY, PROBABLY METRO OR U.S. FISH AND WILDLIFE. WHEN I WAS AT METRO THOSE REGIONAL PLANNING PROJECTS TOOK ABOUT FOUR TO FIVE YEARS AND COST ABOUT THREE TO \$4 MILLION. THAT WAS A STANDARD REGIONAL PLANNING APPROACH FOR SOMETHING THIS COMPLEX. INSTEAD OF TAKING THAT APPROACH, WE CONVENED ALL THE ORGANIZATIONS THAT HAVE BEEN ON THE FRONT LINES OF CONSERVATION FOR MANY YEARS, AND WE CO-DEVELOPED THE REGIONAL CONSERVATION STRATEGY AND BIODIVERSITY ATLAS. WE DID IT FOR TWO YEARS AND \$100,000 IN CASH. WE HAD 161 CONTRIBUTORS FROM 75 ORGANIZATIONS. SO IT WAS DONE LITERALLY BY THIS COMMUNITY. AND COMMUNITY ORGANIZATIONS. WHEN I SAY -- WHEN I TELL THIS STORY SOME PEOPLE THINK I'M DISSING GOVERNMENT, BUT THE AGENCIES WERE HELPING LEAD THIS EFFORT, THEY WERE JUST LEADING IN A DIFFERENT WAY.

Commissioner Smith: SO DOES METRO KIND OF CERTIFY THOSE RESULTS, OR MAKE IT SO, THAT IT'S VALUED AS A REGIONAL CONSERVATION STRATEGY THAT WOULDN'T NORMALLY COME THROUGH THEIR SHOP?

Mr. Wetter: THEY HAVEN'T YET. AND -- BUT IT'S A VERY GOOD QUESTION AS WE MOVE TO IMPLEMENT THE STRATEGY. TO BECOME POLICY CHOICES ABOUT WHAT GOES FIRST. THE STRATEGY REALLY IDENTIFIES FROM A SCIENTIFIC AND HABITAT POINT OF VIEW WHAT'S MOST SIGNIFICANT. IT DOESN'T YET PICK THIS VERSUS THAT FOR FUNDING, FOR EXAMPLE. AND WE'RE NOW GETTING TO THE POINT WHERE THERE ARE LARGE AMOUNTS OF FUNDING COMING DOWN THE LINE. WE'VE BEEN SUCCESSFUL WITH THE OREGON WATERSHED ENHANCEMENT BOARD IS NOW INTERESTED IN INVESTING IN THE REGION, WHICH MEANS WE HAVE TO MAKE THOSE CHOICES. AND AT THAT LEVEL, WE'RE -- WE'RE GOING TO CONTINUE TO MOVE TO WORK TOGETHER AS A COMMUNITY TO MAKE THOSE CHOICES BUT IT MAY BECOME IMPORTANT TO HAVE THE FORMAL GOVERNMENTS ACTUALLY ENDORSE THEM.

Commissioner Smith: RIGHT, SO WHAT PREVENTS METRO FROM DOING A VERY SIMILAR THING AND -- BECAUSE THERE'S THE KNOWN REGIONAL GOVERNMENT, AND SAY THE STRATEGIES CONFLICT WITH WHAT YOUR STRATEGIES ARE ABOUT AT INTERTWINE. I SIT ON THE IMPACT BOARD SO I'M TRYING TO FIGURE OUT HOW THIS WORKS.

Mr. Wetter: WHY WOULD THEY? BECAUSE THEY WERE IN THE CENTER OF HELPING DEVELOP THIS ONE.

Commissioner Smith: THAT'S WHAT I NEED TO KNOW. SO THEY'RE NOT GOING TO COME OUT WITH SOMETHING THAT IS DRAMATICALLY DIFFERENT FROM WHAT'S IN THIS REPORT, BECAUSE THEY WERE ONE OF THE PARTNERS.

Mr. Wetter: EXACTLY. THEY WERE AT THE CENTER OF THIS, ALONG WITH THE FISH AND WILDLIFE, AUDUBON, AND OTHERS, AND COLUMBIA LAND TRUST. WERE IN THE CENTER OF THIS WHOLE EFFORT.

Commissioner Smith: THANK YOU.

Mr. Wetter: WE ALSO HAVE COMPLETED A SIMILAR FASHION COMPLETED A REGIONAL TRAIL PLAN. WHEN YOU THINK ABOUT ISSUES THAT WE'RE FACING, IT CAN APPEAR THAT TRAIL PLAN, THAT'S JUST A NICE TO HAVE THING, IT'S FUN FOR RECREATION, BUT ACTUALLY I'D ARGUE WE'RE REALLY GETTING AT THE HEART OF MANY OF THE ISSUES FACING THE METROPOLITAN REGION, THAT WE CAN'T MEDICATE OUR WAY OUT OF THE HEALTH CRISIS. WE HAVE TO CREATE A PLACE WHERE PEOPLE ACTUALLY WANT TO BE ACTIVE AND WANT TO -- AND HAVE ALTERNATIVE WAYS OF GETTING AROUND THAT -- WHERE THEY USE THEIR PHYSICAL BODIES TO DO IT. WE CAN'T BUILD OUR WAY OUT OF THE TRANSPORTATION SYSTEM. WE CAN'T BUILD ENOUGH HIGHWAYS, ENOUGH ROADS. WE JUST CAN'T GET THERE. WHEN YOU LOOK AT CLIMATE CHANGE, AND ALL THE -- MANY OF THE SIGNIFICANT ISSUES WE'RE FACING, I'M NOT SAYING THESE ARE THE -- THIS IS THE ONLY SOLUTION, BUT I THINK IT HAS TO BE PART OF IT. I DON'T SEE HOW WE GET WHERE WE NEED TO BE WITHOUT THINKING ABOUT THE ANALYSIS ITEMS AND HOW WE WORK MORE WITH NATURE. SO THIS IS ANOTHER ONE. THIS WAS DONE BY STATE, PORTLAND, VANCOUVER, ONE OF THE THINGS ABOUT METRO, IT IS REGIONAL, BUT IT IS JUST ON THE OREGON SIDE. SO THEY DON'T ENCOMPASS THE WASHINGTON SIDE OF THE RIVER, WHICH WE DO. SO THIS WAS ANOTHER PIECE OF WORK WE COMPLETED IN THE SAME FASHION.

OUR IDEAL ALL ALONG HAS BEEN THAT OUR PARTNERS COME TO THE TABLE TO THINK BEYOND JURISDICTIONAL LINES, SO THIS IS AN EXAMPLE OF THAT. THIS IS A SIGNING SYSTEM WE'VE CREATED FOR TRAILS THAT WE'VE GOT 28 DIFFERENT ORGANIZATIONS IN THIS REGION THAT MANAGE PARKS AND TRAILS. WE'RE NEVER GOING TO HAVE ONE UNIFIED AGENCY, BUT WE CAN WORK TOGETHER AS IF WE WERE ONE AGENCY. AGAIN, DOING THINGS FOR PEOPLE THAT WORK TOGETHER, I THINK THIS DOES BEGIN TO SHOW HOW THIS PARTNERSHIP HAS DONE A BETTER JOB OF SERVING PEOPLE, EVEN WHILE WE STILL MAINTAIN OUR JURISDICTIONAL IDENTITIES AND BOUNDARIES. WE DID THIS SAME THING ON THE WEBSITE WHERE WE -- PREVIOUS TO OUR WORK YOU HAD TO GO 28 DIFFERENT PLACES TO FIND OUT HOW TO ACCESS PARKS AND TRAILS. THE PUBLIC DOESN'T CARE SO MUCH WHETHER IT'S A STATE PARK OR METRO PARK OR LOCAL PARK. AND SO WE BROUGHT 28 INFORMATION FOR 28 DIFFERENT SOURCES TOGETHER AND CREATED A SINGLE ONLINE PORTAL TO NATURE AT INTERTWINE.ORG, WHICH IS CONTINUING TO EVOLVE. THIS IS AN EXAMPLE OF OUR WORK ON THE RACE AND ENVIRONMENT AND EQUITY FRONT. WE HAD A FORUM AT THE JUNE KEY DELTA CENTER IN NORTH PORTLAND WITH ACTUALLY SORT OF FACILITATED BY MICKEY FEARN, THE GENTLEMAN I SPOKE ABOUT EARLIER. AND WE HAD JUDY BLUEHORSE SKELTON THERE TALKING ABOUT THEIR WORK CREATING A COMMUNITY GATHERING GARDEN 60TH, AND CULLY PARK, AND A MAN NAMED CHAD BROWN WHO IS A VET WHO HEALED HIMSELF FROM HIS PSTD -- DID I SAY THAT RIGHT?

Ms. Powe: PTSD.

Mr. Wetter: PTSD THROUGH FLY FISHING. SO WE HAD A CONVERSATION THERE AND ARE CONTINUING TO ACTUALLY WORK WITH YOUR STAFF AT MULTNOMAH COUNTY

TO TALK ABOUT HOW WE CAN DO MORE WITH THOSE CONVERSATIONS. WE HAVE -- EARLY ONSET -- A -- WE HAD SET A GOAL OF COULD WE GET OUR MESSAGE TOGETHER? EVEN THE ALARMIST OF OUR ORGANIZATION ASSIST TINY. WE'RE LIKE THROWING PEBBLES IN A POND. WE'RE TRYING TO COMMUNICATE WITH PEOPLE AND WE THOUGHT IF WE CAN COMBINE OUR PEBBLES WE COULD MAKE A BOULDER AND THROW A BOULDER IN THE POND. WE WORKED WITH A LOCAL AGENCY TO CREATE A CAMPAIGN CALLED "OUR COMMON GROUND". IT'S THEMED AROUND DIVERSITY, THE IDEA WE'RE DIFFERENT PEOPLE, WE'RE DIFFERENT ETHNICALLY, GEOGRAPHICALLY, POLITICALLY, WE'RE DIFFERENT AT THINGS WE LOVE TO DO, BUT WE SHARE A CONNECTION TO THESE PLACES. THEY REALLY ARE OUR COMMON GROUND. WE OWN THEM TOGETHER AND WE USE THEM TOGETHER WITH OUR FAMILIES AND CHILDREN. SO WE'VE CREATED A CAMPAIGN THAT IS AN UMBRELLA CAMPAIGN FOR THIS IDEA, AND ARE WORKING TO IMPLEMENT THAT COLLABORATIVELY. THIS IS MY SUMMARY, AND THE MOST IMPORTANT THING ABOUT I THINK TO REMEMBER ABOUT US IS THAT WE REALLY ARE A PLATFORM FOR LEADERSHIP. WE'RE VERY SMALL STAFF, AND WITH A VERY LARGE NUMBER OF PARTNERS. AND SO WHAT'S MOST EFFECTIVE IS WHEN PARTNERS COME TO US WITH AN IDEA OR AN AGENDA OR LEADERSHIP, AND SAY, THIS IS WHAT WE WANT TO ACCOMPLISH AND WE'RE ABLE TO ORGANIZE AND CONVENE AND MOBILIZE THE VARIOUS PARTNERS AROUND THAT IDEA.

A GOOD EXAMPLE IS THE WORK THAT COMMISSIONER MCKEEL AND I ARE DOING WITH -- IN EAST MULTNOMAH COUNTY WHERE WE'RE LOOKING AT WHAT IS SOME LEADERSHIP AT THE CHAMBER OF COMMERCE AND WE'RE SAYING, GOSH, WE'VE GOT THIS AWESOME NETWORK OF PARKS AND TRAILS AND WE CONNECT TO THE GORGE AND MOUNT HOOD, THIS COULD BE THE BASIS OF A TOURISM STRATEGY, ULTIMATELY AN ECONOMIC DEVELOPMENT STRATEGY FOR THE MULTNOMAH COUNTY. SO WE'RE WORKING WITH THEM BECAUSE MANY OF THEIR AT LEAST EARLY ON, THEIR MARKET REALLY IS PORTLAND. PEOPLE FROM HERE WILL GO THERE AND IF THEY DO IT RIGHT WILL STAY OVERNIGHT AND RIDE THEIR BIKES AND EXPLORE EAST COUNTY. SO WE'RE WORKING ON USING, AGAIN, THE INVESTMENTS WE MADE IN NATURE AS THE BASIS FOR AN ECONOMIC DEVELOPMENT STRATEGY. SO YOU CAN READ THE SLIDE AS WELL AS I CAN. THESE ARE THE THINGS THAT WE MAINTAIN AS AN ORGANIZATION. WE'RE YOUNG, WE'RE SMALL, BUT REALLY WORKING I THINK EFFECTIVELY ON QUITE A NUMBER OF FRONTS. AND I DO AGAIN WANT TO THANK YOU FOR BECOMING ANA PARTNER IN THE ALLIANCE AND FOR LENDING SOME OF YOUR STAFF CAPACITY TO US, MICHELLE AND KIM HAVE BEEN JUST REALLY AWESOME IN COMING IN AND HAVING VERY DEFINITE IMPACT IN TERMS OF SUPPORTING ON US OUR EQUITY AGENDA, ON OUR TRANSPORTATION AGENDA, ON OUR HEALTH AGENDA, AND REALLY PROVIDING NEW MOMENTUM TO THOSE. SO THANK YOU.

Commissioner Smith: CHAIR MADRIGAL, I HAVE A QUESTION.

Chair Madrigal: COMMISSIONER SMITH.

Commissioner Smith: THANK YOU FOR YOUR SUPPORT. AS I WAS GOING THROUGH THIS AND I WAS THINKING ABOUT THE TRAILS, I WAS GOING TO ASK YOU, YOU GOT TO IT BEFORE I DO, HAVE YOU WORKED WITH CULLY, BECAUSE THIS BOARD

SUPPORTED THE CULLY PARK PROJECT TO HELP TO BUILD TRAILS IN LAST YEAR'S BUDGET. AND SO IN TERMS OF PARTNERS, DO YOU ALSO PARTNER WITH ANY OF THE FEDERAL GOVERNMENT, THE DEPARTMENT OF INTERIOR, WITH THE PACIFIC CREST TRAILS FOLKS OUT THERE, DO YOU PARTNER WITH THEM AS WELL?

Mr. Wetter: YES. VERY MUCH. I JUST CAME FROM A MEETING THIS MORNING WITH U.S. FISH AND WILDLIFE WHICH IS GETTING -- THEY'RE APPLYING FOR A MILLION DOLLARS, A GRANT THAT WOULD BE A MILLION DOLLARS A YEAR INDEFINITELY TO ENGAGE PEOPLE WITH NATURE IN THE METROPOLITAN REGION. SO THAT'S -- THEY'VE -- SINCE WE'VE BUILT THIS, I THINK WE'RE THINKING WE'LL BE VERY COMPETITIVE FOR THAT. IT'S ALSO TRUE THAT BECAUSE THIS IS BECOMING A NATIONAL MOVEMENT WITH MORE AND MORE CITIES ADOPTING THIS APPROACH, THAT THE FEDERAL GOVERNMENT IS -- THE FEDERAL AGENCIES ARE BECOMING INCREASINGLY INTERESTED, AND I THINK WE'RE ON THE VERGE OF SEEING REAL COMMITMENT FROM THEM TO THIS MODEL, WHICH IS SOMETHING WE'VE BEEN LOOKING FOR.

Commissioner Smith: AND THE LAST QUESTION IS, IT'S A COMMENT, I DON'T KNOW IF YOU'RE FAMILIAR WITH OUR SUMMER WORKS PROGRAM, BUT WE BRING IN STUDENTS, LOW-INCOME STUDENTS, MANY OF THEM ARE STUDENTS OF COLOR, AND THIS YEAR IF APPROVED WE'RE GOING TO GET ADDITIONAL SUMMER WORKS INTERNS THAT WE PAY FOR AND SO WE ARE ALSO TRYING TO PARTNER WITH ORGANIZATIONS THAT WE HAVE PARTNERSHIPS WITH. AND IT WOULD BE GREAT IF ONE OF OUR SUMMER WORKS INTERNS COULD GET AN OPPORTUNITY TO WORK WITH YOU ON SOME OF THE TRAILS STUFF, THAT WOULD JUST BE AN AWESOME EXPERIENCE FOR THEM.

Mr. Wetter: WE WOULD REALLY LOVE IT. AND WE'RE GOING TO DO, WE DO TWO SUBMITS A YEAR, AND I WAS TELLING YOU ABOUT THEM EARLIER. I DON'T KNOW IF IT WILL BE THIS FALL OR NEXT SPRING, BUT WE'RE GOING TO DO A SUMMIT, AT LEAST PARTIALLY IF NOT MOSTLY THEMED AROUND YOUTH, AND HAVE THE YOUTH COME AND PRESENT WHAT THEY'RE DOING. WE'RE DOING A FEW PROJECTS WITH YOUNG PEOPLE, AND WE THINK IT'S TIME THEY HAVE A VOICE AT OUR SUMMITS AND TALK ABOUT -- WE WANT TO HEAR FROM.

Commissioner Smith: GOOD. THANK YOU.

Vice-Chair McKeel: THANK YOU FOR BRINGING UP OUR -- YOUR WORK WITH US OUT IN EAST COUNTY AROUND ENHANCING OUR BICYCLE TOURISM OUT THERE. WE CERTAINLY KNOW THAT WE HAVE BUYS COME TOURISM IN EAST COUNTY, WE HAVE THE GORGE, THE HISTORIC HIGHWAY, BUT WHAT WE'RE LOOKING AT IS MAKING IT A MUCH MORE ROBUST, AND TYING IN WITH TRAVEL OREGON HAS A BIG PUSH ON BICYCLE TOURISM. SO WE'RE LOOK AT HOW WE CAN MAKE IT MORE REGIONAL AND JUST ENHANCE THE EXPERIENCE OF THE PEOPLE THAT COME OUT TO EAST COUNTY. SO WE LOOK AT IT BOTH AS A -- HAVING LOCAL PEOPLE ENJOY THE EXPERIENCE SO MUCH MORE, WE LOOK AT IT AS TOURISM AND WE LOOK AT IT AS ECONOMIC DEVELOPMENT AND APPRECIATE YOU BRINGING THAT POINT UP. AND THANK YOU FOR YOUR HELP IN THAT.

Chair Madrigal: THANK YOU, COMMISSIONER SHIPRACK, FOR BRINGING THIS FORWARD. I SPENT A PART OF MY CHILDHOOD IN LOS ANGELES WHERE THE RIVER WAS A CONCRETE BASIN THEY FILMED PARTS OF *GREASE* THERE. IT WASN'T WHAT WE WOULD CALL NATURE, WHEN WE MOVED OUR FAMILY HERE IT'S ALMOST LIKE AN EMBARRASSMENT OF RICHES IN THE NORTHWEST AS FAR AS NATURE GOES. BUT RETAINING THAT AND ENHANCING WHAT WE HAVE LEFT IN THE CITY IS SO IMPORTANT. SO I'M SO EXCITED TO SEE THAT THIS WORK IS HAPPENING.

Mr. Wetter: OUR SISTER ORGANIZATION IN LOS ANGELES IS WORKING ON THAT VERY RIVER RIGHT NOW. THEY'RE MOBILIZING COMMUNITY AROUND THAT.

Chair Madrigal: I THINK IT'S GREAT.

Commissioner Shiprack: WE JUST HEARD FROM THE JOHNSON CREEK WATERSHED COUNCIL LAST WEEK, OR TWO WEEKS AGO, AND THIS AGAIN IS I THINK A REFLECTION ON A COMMUNITY WHOSE CULTURE IS NOW REALLY MOVING TOWARD THE HEALTHY EATING, ACTIVE LIVING WE'RE GOING TO HEAR ABOUT HEALTHY EATING NEXT. BUT REALLY, BEING ABLE TO CONNECT THE COMMUNITY AROUND THESE REALLY BASIC ASSETS. HAS BEEN POWERFUL. AND MIKE, YOUR WORK IS WONDERFUL, AND YES, I'M ALSO VERY PLEASED THAT THAT WAS A LONG DOWNHILL RUN. SO WE HAD AN OPPORTUNITY TO TALK. OTHERWISE I'M CONCENTRATING ON JUST CATCHING MY BREATH. AND YOU DID RIDE BACK UP -- RIDE BACK UP, RIGHT?

Mr. Wetter: DIDN'T YOU? [LAUGHTER]

Commissioner Shiprack: I DIDN'T SEE YOU.

Mr. Wetter: I WAS IN THE VAN.

Commissioner Shiprack: I WAS ON THE BUS. YEAH. THANK YOU.

Commissioner Wendt: TWO QUICK COMMENTS. I NOTICED YOU HAVE OAK BOTTOM CHAIR, WHICH I'M HAPPY AND SAD ABOUT, SINCE IT'S ONE OF MY REGULAR WALKS, AND WHAT MAKES IT SOMEWHAT ENJOYABLE IS THAT IT'S A LITTLE SECRET. THERE ARE SOME BIRDERS AND PHOTOGRAPHERS, BUT FEW PEOPLE ON THAT TRAIL. IT'S JUST AN ABSOLUTE TREAT TO BE ABLE TO BE IN THE MIDDLE OF THE CITY AND HEARING BIRDS AND SEEING AMAZING WILDLIFE. THE FOCUS ON EQUITY IS SO IMPORTANT, AND PARTICULARLY PEOPLE WHO TRADITIONALLY HAVEN'T HAD ACCESS TO THE OUT OF DOORS, AND I THINK OF LOW-INCOME PEOPLE PARTICULARLY OUTER EAST AND THAT IDEA MUCH BALANCING THE OUTREACH SO WE'RE IMPACTING ALL THE PEOPLE IN THE COUNTIES. IT'S SO IMPORTANT.

Mr. Wetter: IT'S ALL ABOUT RELATIONSHIP, AS YOU KNOW. I THINK HAVING THE COUNTY WITH US HAS BROUGHT A WHOLE NEW SET OF RESPECTS THAT HAVE BEEN VALUABLE TO US.

Chair Madrigal: THANK YOU.

B.3 Board Briefing on the Institutional Food Purchasing Project. Sponsor: Commissioner Shiprack, D-3. Presenters: Emma Sirois, Healthcare Without Harm Program Director, Oregon Physicians for Social Responsibility; Katie Lynd, Sustainable Purchasing Coordinator, Department of County Management; John Wasiutynski, Resource Conservation Coordinator, Office of Sustainability; Michelle Markesteyn Ratcliffe, Farm to School Program Manager, Oregon Department of Agriculture, Emma Sirois, Oregon Physicians for Social Responsibility

Chair Madrigal: COMMISSIONER SHIPRACK.

Commissioner Shiprack: I GAVE EVERYONE A LITTLE BIT OF AN ADVANCED WARNING ABOUT THE HEALTHY EATING ACTIVE LIVING. HERE'S THE HEALTHY EATING PART OF IT. AND THIS BOARD ADOPTED THE MULTNOMAH FOOD ACTION PLAN IN 2012. WE HAVE BEEN WORKING TOGETHER ON FOOD, AND IT'S REALLY IMPORTANT -- AND ITS REALLY IMPORTANT RELATIONSHIP TO THE HEALTH AND FABRIC OF THE COMMUNITY. FOR QUITE A WHILE LONGER THAN THAT. AND ONE OF THE GOALS WAS TO SEEK -- TO INCREASE REGIONAL INSTITUTIONAL PURCHASING FROM LOCAL PRODUCERS AND PROCESSORS. AND TO ACHIEVE THIS GOAL, MULTNOMAH COUNTY PARTNERED WITH THE OREGON DEPARTMENT OF AGRICULTURE AND CONVENED THE INSTITUTIONAL FOOD BUYING ALLIANCE, WHICH IS A GROUP OF INSTITUTIONAL BUYERS. SCHOOLS, HOSPITALS, JAILS, OUR INVERNESS JAIL, AND TO HAVE AN EXPERT ADVISORY TEAM. SO THE OFFICE OF SUSTAINABILITY HAS BEEN VERY INVOLVED, AND MY OFFICE HAS BEEN VERY INVOLVED, AND IT'S SO NICE TO SEE KATIE LYND HERE TODAY. SHE'S PLAYED AN INTEGRAL LOWELL WITH US FROM THE -- INTEGRAL ROLE WITH US FROM THE BEGINNING.

Ms. Lynd: THANK YOU. GOOD AFTERNOON. I'M KATIE LYND, THE SUSTAINABLE PURCHASING COORDINATOR IN THE DEPARTMENT OF COUNTY MANAGEMENT IN CENTRAL PURCHASING. AND I'M PLEASED TO BE HERE TODAY AND REUNITED WITH MY COLLEAGUES FROM THE OFFICE OF SUSTAINABILITY, OREGON DEPARTMENT OF ORGANIZE AND OREGON PHYSICIANS FOR SOCIAL RESPONSIBILITY. WE'RE GOING TO PROVIDE YOU THE BRIEF OVERVIEW AND UPDATE OF THE INSTITUTIONAL FOOD ALLIANCE AND RELATED FLOCK GRANT PROCESS. SO THE PORTLAND METRO REGION SPENDS OVER \$4 BILLION BUYING FOOD EACH YEAR. AND 95% OF THOSE DOLLARS SPENT ON FOOD IS OFTEN SPENT ON FOOD PRODUCED AND PROCESSED OUTSIDE OF OUR REGION. ACCORDING TO KAISER'S REPORT, INSTITUTIONAL BUYERS IN OREGON DEMONSTRATED THE PURCHASE OF LOCAL FOODS HAS A 1.86 ECONOMIC MULTIPLIER. FOR EVERY DOLLAR SPENT ON LOCAL FOOD PRODUCTION, SUCCESSIVE ROUNDS OF SPENDING LEAD TO ANOTHER 86 CENTS OF SPENDING FOR AN OVERALL INCREASE OF 1.86 DOLLARS TO THE OREGON ECONOMY. SO THIS REPRESENTS A HUGE UNTAPPED MARKET OPPORTUNITY FOR OREGON FARMERS AND OREGON INSTITUTIONS BY DEMAND IN THE SECTORS THIS, ALLIANCE AIMS TO MAKE IT EASIER FOR FARMERS TO SECURE RELIABLE AND CONSISTENT MARKETS. AND ENCOURAGES BUYERS AT SIMILAR SCALES OF BUSINESS TO ACCESS OREGON SPECIALTY CROPS WHICH ARE FRUITS AND VEGETABLES THROUGH TRADITIONAL DISTRIBUTION NETWORKS.

SO OVER THE EIGHT MONTHS PRIOR TO FORMING THE ALLIANCE WITH SUPPORT AND ASSISTANCE FROM COMMISSIONER SHIPRACK'S OFFICE STAFF, OUR OFFICE OF SUSTAINABILITY HOSTED A SERIES OF LISTENING SESSIONS WITH A VARIETY OF LARGE INSTITUTIONS RANGING FROM HOSPITALS, TO COLLEGES AND UNIVERSITIES, SCHOOL DISTRICTS, BUSINESS PARKS, SENIOR CENTERS, EVENTS CENTERS, FOOD BANKS, AND VARIOUS OTHER SCALES OF INSTITUTIONS THAT ARE BEYOND JUST YOUR NORMAL BUYING CLUB. AND BARRIERS AND CHALLENGES WE HEARD RANGE FROM NOT HAVING ENOUGH STAFF TIME TO TRACK LOCAL PURCHASES, TO HOW TO PUT PRESSURE ON THE DISTRIBUTORS TO DISCLOSE THE LOCATION OF PRODUCTS, HOW COLLECTIVELY TO VOICE DEMAND, MAINSTREAM SUPPLIERS IN THE MARKETPLACE AND HOW TO FOSTER LEADERSHIP AND INCREASED BUY-IN WITHIN EACH ORGANIZATION. AND ALL ORGANIZATIONS RESOUNDINGLY SAID YES, WE'D LIKE TO BE PART OF A GROUP THAT LOOKS AT THESE ISSUES AND SHARES OUR FINDINGS.

AS COMMISSIONER SHIPRACK MENTIONED, THE MULTNOMAH COUNTY FOOD ACTION PLAN IDENTIFIED THE ESTABLISHMENT OF REGIONAL PURCHASING AS BEING CRITICAL TO ACHIEVING A THRIVING LOCAL FOOD ECONOMY. THE ALLIANCE BUILT FROM THE SIGNIFICANT MOMENTUM -- FOOD BUYERS, ESPECIALLY HOSPITALS, LED BY OREGON PHYSICIANS FOR SOCIAL RESPONSIBILITY AND SCHOOL DISTRICTS LED BY OREGON DEPARTMENT OF AGRICULTURE, WHO HAVE BEEN WORKING TO IMPROVE THE HEALTH AND SUSTAINABILITY OF THEIR FOOD SERVICE OPERATIONS BY DIRECTING MORE OF THE PURCHASING DOLLARS TO LOCAL AGRICULTURAL PRODUCERS. THE GOAL OF THIS ALLIANCE IS TO INCREASE THE HEALTH OF OUR COMMUNITY, SUPPORT OUR LOCAL FOOD COMMUNITY AND CREATE JOBS BY PROMOTING THE PURCHASE OF LOCAL FOOD BY LARGE INSTITUTIONAL PURCHASERS. AND WHAT THIS GROUP AIMS TO DO IS MAKE IT EASIER FOR THE PURCHASERS TO BUY LOCAL BY DEVELOPING SHARED AND CONSISTENT PROCUREMENT LANGUAGE AND BRINGING PURCHASING POWER AND LEVERAGE TO LOCAL SUPPLY CHAIN AND DRIVING THE MARKET TO DEVELOP MORE SUPPLY. WE HAVE A ROUND TABLE STRUCTURE AND MEMBERS OF THE ALLIANCE DECIDE THE TOPICS EACH QUARTER, AND ORGANIZATIONS ARE ABLE TO LEARN MORE AND APPLY THESE SKILLS AND LEVERAGING LOCAL PROCUREMENT TO MEET THESE GOALS.

Mr. Wasiutynski: THANK YOU, KATIE. CHAIR MADRIGAL, MY NAME IS JOHN WASIUTYNSKI, AND I'VE HAD THE ROLE OF ACTUALLY TAKING OVER FOR KATIE AS SHE TRANSITIONED TO DCM ON THIS PROJECT. UNWORTHY I'M SURE, BUT I'M TRYING MY BEST. SO MULTNOMAH COUNTY IS BOTH A CONVENER OF THIS PROJECT AS WELL AS A PARTICIPANT IN THE ALLIANCE. ALONG WITH OREGON DEPARTMENT OF ORGANIZE. SO AS A PARTICIPANT, WE HAVE BEEN WORKING WITH OUR JAILS TO TRACK THE PURCHASE OF LOCAL FOOD, BUT AS A CONVENER WE'VE BEEN HELPING TO BRING TOGETHER BOTH THE ADVISORY COMMITTEE AND OUR BROADER ALLIANCE OF ALL THESE INSTITUTIONS THAT KATIE HAS BEEN TALKING ABOUT. I SHOULD ALSO MENTION THAT THE LEADERSHIP OF DISTRICT 3 HAS BEEN CRITICAL, KEITH FALKENBERG, WHEN HE WAS STILL WITH COMMISSIONER SHIPRACK'S OFFICE, AS WELL AS MICHELLE PLAMBECK, HAVE BEEN REALLY KEY PARTNERS IN CONVENERING THE ALLIANCE AND MAKING SURE WE'RE ON TRACK TO WORK WELL TOGETHER. SO OUR ADVISORY COMMITTEE IS REALLY A KEY

SOUNDING BOARD FOR HOW WE'RE GOING TO MOVE THE ALLIANCE FORWARD, WHICH PROJECTS WE'RE GOING TO TACKLE, WHICH TOPICS WE'RE GOING TO ADDRESS AT VARIOUS MEETINGS. THESE ORGANIZATIONS HAVE A STAKE IN IMPROVING OUR FOOD SYSTEM, AND THEY ALSO ARE HELPING REALLY TO CHART THE FUTURE OF THE ALLIANCE AFTER SOME OF OUR CURRENT PROJECTS WRAP UP.

THE TEAM MEMBERS, THE CORE OF THE MEMBERS INCLUDE OREGON PHYSICIANS FOR SOCIAL RESPONSIBILITY, ECOTRUST, OREGON ENVIRONMENTAL COUNCIL, OREGON TILT, AND OF COURSE THE OREGON DEPARTMENT OF AGRICULTURE. ONE KEY BENEFIT OF THIS PROJECT IS REALLY BRINGING TOGETHER INSTITUTIONS AND BUYERS TO HEAR FROM EACH OTHER ABOUT HOW TO LEVERAGE MORE OF THE LOCAL PURCHASE BUT KNOWING WHAT THE BARRIERS ARE TO DO THAT. AND SO I THINK AS WE CONTINUE TO ENGAGE WITH EACH OTHER WE'RE LEARNING MORE AND MORE ABOUT HOW INSTITUTIONS CAN WORK WITH LOCAL PRODUCERS BETTER AND ALSO WORK WITH AND HOW LOCAL PRODUCERS WORK WITH INSTITUTIONS. SO IN THE PAST WHAT WE'VE DONE IS IN 2013 WE HAD A WE BUY LOCAL MEETING OF THE ALLIANCE, AND WE HAD CULINARY DEMONSTRATIONS AT THE CONVENTION CENTER AS WELL AS TOURS OF FARMS AND PROCESSING PLANTS THAT SPECIALIZE IN OREGON GROWN CROPS. FRUITS AND VEGETABLES PRIMARILY. ADDITIONALLY WE HELD A SECTION ABOUT THE ALLIANCE AT THE ORGANIC ECOLOGY AND AT THE 2012 AND 2013 JUSTICE SUMMIT WE'VE HAD THESE AS TOPICS AT THOSE EVENTS. OUR NEXT MEETING I KNOW COMMISSIONER SHIPRACK HAS ALREADY COMMITTED TO COMING, WE'RE GOING TO BE HAVING A VENDOR FAIR. THIS IS GOING TO BE A COOL EVENT, WE'RE GOING TO BRING TOGETHER LOCAL PRODUCERS AND LOCAL INSTITUTIONAL BUYERS TO MEET WITH EACH OTHER AND FIND OUT HOW THEY CAN POTENTIALLY WORK TOGETHER. WHAT PRODUCTS ARE ON OFFER, AND HOW THEY CAN FORM THOSE RELATIONSHIPS. THAT'S GOING TO BE APRIL 21st, THAT'S THE OREGON DEPARTMENT OF AGRICULTURE INNOVATION CENTER ON NAITO PARKWAY. WE'LL BE SURE TO MAKE SURE EVERYONE GETS AN INVITATION, AND WE'RE LOOKING FORWARD TO SEEING WHAT KIND OF RELATIONSHIPS BLOSSOM OUT OF THAT EXPERIENCE. I'LL TURN IT OVER TO EMMA.

Commissioner Wendt was excused at 11:51 a.m.

Ms. Sirois: HELLO, THANK YOU FOR HAVING ME CHAIR AND COMMISSIONERS. I HAVE THIS WHERE I CAN SEE MY PAGE, OR THIS WHERE I CAN SEE YOU. IT'S THAT TIME OF LIFE. SO I -- MY NAME IS EMMA SIROIS AND I WORK FOR OREGON PHYSICIANS FOR SOCIAL RESPONSIBILITY. I DIRECT A PROGRAM ALIGNED WITH THE NATIONAL INITIATIVE OF THE SAME NAME. AND WE HAVE BEEN A PART OF THIS PROJECT SINCE ITS INCEPTION, INVITED TO PARTICIPATE ON THE ADVISORY COMMITTEE, AND WE'VE BEEN WORKING IN THIS REGION FOR MANY YEARS WITH AREA HOSPITALS AND HEALTH CARE PROFESSIONALS TO ENGAGE THEM IN THEIR FOOD SYSTEM AND HELP THEM TO BECOME ADVOCATES AND SUPPORTERS OF A HEALTHY REGIONAL AND SUSTAINABLE FOOD ECONOMY. AND SO WE'RE VERY EXCITED TO BE A PART OF THIS PROJECT, AND WE APPRECIATE ALL OF YOUR SUPPORT AND ESPECIALLY COMMISSIONER SHIPRACK'S OFFICE, AND THE OFFICE OF SUSTAINABILITY. SO I JUST WANTED TO KIND OF PROVIDE A LITTLE CONTEXT

FOR THE PROJECT THAT WE'RE CURRENTLY ENGAGED IN. YOU HEAR TWO DIFFERENT WORDS, ONE IS THE ALLIANCE, AND THAT'S THE LARGER GATHERING OF ALL OF THESE LARGE FOOD PURCHASERS, AND THEN WE'RE CURRENTLY WORKING ON A PURCHASING PROJECT TOGETHER. SO WHEN THE ALLIANCE WAS FORMED OR CONCEIVED OF IN 2012, WE WERE ASKED TO PARTICIPATE, AND WE SUGGESTED THIS MIGHT BE A REALLY GOOD GROUP TO BRING TOGETHER TO -- IN A PURCHASING PROJECT, AND WE MIGHT BE ABLE TO GET FUNDING FROM DEPARTMENT OF AGRICULTURE FOR DOING SOMETHING TOGETHER AROUND THE PURCHASING OF FRESH FRUITS, VEGETABLES, AND TREE NUTS, OTHERWISE KNOWN AS SPECIALTY CROPS. SO WE DID THAT, SO WE -- THE ACTUAL PROPOSAL CAME IN FROM OUR OFFICE TO DEPARTMENT OF AGRICULTURE IN COORDINATION WITH THE COUNTY, AND THE COUNTY AS A SUBCONTRACTOR TO US IS A UNIQUE SITUATION, AND SO WE'RE ABOUT 18 MONTHS INTO THIS PROJECT I THINK AT THIS POINT, SO REALLY THE GOAL WAS TO ACTUALLY HAVE SOME OF THESE INSTITUTIONAL BUYERS THAT ARE PARTICIPATING IN THE ALLIANCE TO OPT IN TO PARTICIPATE IN THOSE MORE CONTROLLED AND FACILITATED PURCHASING PROJECTS.

OF THE WIDER ALLIANCE WE HAD ABOUT 10 LARGER FACILITIES -- OPT IN TO PARTICIPATE IN THIS PROJECT. SO I WANT TO TELL YOU WHO THOSE ARE, WE HAVE KAISER PERMANENTE, OHSU, PROVIDENCE PORTLAND, ELDER HEALTH AND LIVING, WHICH IS A RETIREMENT COMMUNITY, MARY'S WOODS RETIREMENT, PORTLAND PUBLIC SCHOOLS, CENTENNIAL SCHOOL DISTRICT, THE OREGON CONVENTION CENTER, AND MULTNOMAH COUNTY CORRECTIONS. SO THESE ARE LARGE BUYERS. AND -- BUT ALSO SALES. THEY ALSO HAVE IN COMMON THEIR DISTRIBUTION SYSTEM. SO THEY'RE PURCHASING FOOD THROUGH THE SAME FOLKS. THROUGH MAIN LINE DISTRIBUTORS, AND BROKERS. SO THEY HAVE A LOT IN COMMON. SO THIS OPPORTUNITY TO BRING THEM TOGETHER TO FOCUS ON SOME DIFFERENT -- ON LOCAL PURCHASING IS VERY REAL. SO FOR THIS PAST YEAR, PAST -- THE BEGINNING OF THE YEAR WE DID SOME WORK WITH THESE 10 INSTITUTIONS TO ASSESS THEIR BASELINE. AND TO LOOK AT WHAT THEY WERE PURCHASING. AGAIN, THIS IS HORRIBLE SCREEN, TO LOOK AT. BUT WHAT YOU'RE LOOKING AT IS A PIECE OF THE BASELINE ASSESSMENT WE DID WITH THEM. WE ASSESSED FOR MANY MORE CROPS THAN YOU SEE HERE, BUT THESE ARE THE 11 THAT WERE CHOSEN FOR FOCUS. SO THAT MEANS EACH OF THESE 10 INSTITUTIONS ARE WORKING TO INCREASE THEIR PURCHASING OF THESE 11 CROPS BY 5% OR MORE, AND IT'S GOING TO PROBABLY BE MUCH MORE THAN THAT, BUT WE DON'T HAVE THOSE NUMBERS YET. AND YOU CAN SEE THAT THERE'S A VARIETY OF THINGS ON THIS LIST, COMMONLY PURCHASED, AND THINGS THAT HAVE MORE MARKET CHALLENGES IN OUR STATE, SO CRANBERRIES, HAZELNUTS AND STRAWBERRIES ARE CROPS THAT HAVE HAD A LITTLE MORE MARKET CHALLENGE, AND WE THINK IT'S A GOOD OPPORTUNITY TO CREATE NEW MARKETS FOR THOSE PRODUCERS.

SO THESE 11 CROPS HAVE BEEN THE FOCUS, AND OVER THIS PAST SUMMER AND FALL WE DID A SERIES OF TOURS TO FARMS AND PROCESSORS AROUND THE STATE. WE DID THREE FARM TOURS THAT WERE COMBINATION FARM AND DISTRIBUTION -- FARM AND PROCESSING PLANT, SO THIS IS A PICTURE OF NORPAC GROWERS IN THE WILLAMETTE VALLEY, AND THEY ARE A CO-OP AND THIS IS ONE OF THEIR CORN GROWERS. AND THEY ALSO PACK AND SELL TO THE INSTITUTIONAL

MARKET. SO THIS IS A REALLY EASY PRODUCT LINE FOR THEM TO ACCESS, AND IT'S LOCALLY GROWN. AND THEN WE HAD ANOTHER TOUR IN THE CORVALLIS REGION, THEY'RE A SUSTAINABLE OPERATION, AND THEY HAVE A VARIETY OF PRODUCTS THAT ARE GREAT FOR THE INSTITUTIONAL MARKET, AND YOU CAN SEE A LOT OF SAMPLES THERE. WE ALSO DID ONE OTHER TOUR THAT WE DON'T HAVE A PICTURE HERE OF, OUT TO SIRI AND SON FARMS IN THE GRESHAM AREA. AND WITH THAT WE ALSO VISITED ORGANICALLY GROWN COMPANY WHICH IS A DISTRIBUTION COMPANY THAT FOCUSES ON ORGANICS. SO THAT WAS A GREAT TOUR AS WELL.

FINALLY AT THE END OF THE SUMMER WE HELD A CULINARY TRAINING THAT WAS A REALLY EXCITING HANDS-ON TRAINING THAT WE HAD THE INCREDIBLE FORTUNE TO USE THE METRO'S -- THE CONVENTION CENTER KITCHEN, WHICH IF YOU'VE NOT BEEN THERE, IT'S LIKE THE LARGEST COMMERCIAL KITCHEN THIS SIDE OF THE MISSISSIPPI OR SOMETHING LIKE THAT. IT'S AN AMAZING SPACE, THEY GAVE US FULL ACCESS, THEY SUPPORTED US WITH STAFF AND WE WERE ABLE TO BRING IN CULINARY PROFESSIONALS FROM ALL OF THESE INSTITUTIONS TO WORK WITH THESE DIFFERENT CROPS, PRODUCTS. SOME OF WHICH THEY WERE REALLY UNFAMILIAR WITH. AND THAT'S A PICTURE OF MATT TALAVERA, ONE OF THE CHEFS AT PROVIDENCE PORTLAND. AND SO WE HAD A GREAT DAY, AND COMMISSIONER SHIPRACK WAS WITH US FOR A PORTION OF THAT DAY. SO AS YOU CAN SEE, THE IDEA OF THIS PROJECT IS TO HELP THEM WITH THE LOGISTICS, BUT ALSO TO INSPIRE THEM, TO THINK ABOUT REGIONAL AGRICULTURE, AND WHAT ROLE THEY CAN PLAY AS BUYERS AND FEEDERS OF PEOPLE IN OUR AREA TO SUPPORT THAT AGRICULTURAL SYSTEM.

Vice-Chair McKeel: CHAIR MADRIGAL, I HAD A QUESTION.

Chair Madrigal: COMMISSIONER MCKEEL.

Vice-Chair McKeel: A COUPLE SLIDES BACK YOU HAD A PICTURE OF THE STATE, WITH THE -- THERE WERE REGIONS. SO CAN YOU TALK ABOUT THE REGIONS, HOW ARE THEY DEFINED AND WHAT --

Ms. Sirois: THIS IS I THINK THIS IS A DEPARTMENT OF AG SLIDE.

Dr. Markesteyn Ratcliffe: AG IN THE CLASSROOM.

Ms. Sirois: OK. DO YOU WANT TO TALK ABOUT THOSE REGIONS? WHAT IS DECEIVING ABOUT THAT IS WE'RE FOCUSED ON SPECIALTY CROPS RIGHT NOW, SO THAT ALSO CONTAINS DAIRY AND MEAT AND POULTRY.

Vice-Chair McKeel: OH, OK. SO IT'S JUST DIVIDED UP BY CROPS, BY AREA AND, WHO WORKS IN THE AREA?

Ms. Sirois: I THINK THIS -- THIS PICTURE IN PARTICULAR IS A PIECE OF A CURRICULUM TO HELP STUDENTS UNDERSTAND THE DIVERSITY OF AGRICULTURE IN OUR STATE. AND YOU WILL HEAR MORE ABOUT THAT, BUT IT'S HUGE, SO A BIG PART OF THIS IS TEACHING. AS WE SIT IN AN URBAN ENVIRONMENT WE OFTEN ARE DISCONNECTED FROM THAT. SO --

Vice-Chair McKeel: OK. THANK YOU.

Commissioner Smith: I HAVE A QUICK QUESTION. DO THOSE ICONS REPRESENT THE DIFFERENT FARMS OR DIFFERENT COMPANIES WITH THE COWS AND THE TREES AND --

Dr. Markesteyn Ratcliffe: MY NAME IS DR. MICHELLE RADCLIFFE FROM THE OREGON DEPARTMENT OF AGRICULTURE. THANKS FOR HAVING ME HERE. THAT PIECE GROWN IN OREGON IS A PLACE MAT BASICALLY FROM AGRICULTURE IN THE CLASSROOM, WHICH IS OUTSIDE OF THE OREGON DEPARTMENT OF AGRICULTURE, AND HOUSED AT OREGON STATE UNIVERSITY, AND THOSE ICONS ARE -- THE LEGEND SAYS THIS IS PRIMARILY WHERE THESE THINGS GROW. THE REALITY IS WE HAVE OVER 35,000 FAMILY FARMS IN OREGON GROWING OVER 220 DIFFERENT CROPS TO ACTUALLY MAP THAT IS FAIRLY IMPOSSIBLE. BECAUSE WE HAVE SO MANY DIFFERENT THINGS. THIS IS AT ITS MOST BASIC LEVEL TO GIVE SCHOOL KIDS A GENERAL SENSE. AND THE DIFFERENT COLORS ARE THE REGIONS. IT'S THE WILLAMETTE REGION, THE ROGUE VALLEY, IT'S THE HIGH COUNTRY DESERT THAT. WAS -- THE COLUMBIA GORGE. THAT'S MY UNDERSTANDING.

Commissioner Smith: THAT IS AMAZING. WE'VE GOT TO BE SMARTER THAN A FIFTH GRADER, BUT WOULD I HAVE NEVER GUESSED WE HAD THAT MANY FARMS.

Dr. Markesteyn Ratcliffe: ISN'T THAT AWESOME? AND THIS IS BASED ON THE LAST USDA AGRICULTURAL CENSUS THAT WAS JUST RELEASED A COUPLE MONTHS AGO. WE'RE DOWN FROM 37,000 FARMS FOUR OR FIVE YEARS AGO.

Commissioner Smith: ESPECIALLY WITH THE FEDERAL GOVERNMENT OWNING MOST OF THE LAND IN OREGON THAT WE STILL HAVE 35,000 FARMS. VERY AMAZING.

Vice-Chair McKeel: ARE NURSERIES CLASSIFIED IN THERE?

Dr. Markesteyn Ratcliffe: YES.

Ms. Sirois: OK. THEY'RE ALSO CONSIDERED SPECIALTY CROP. BUT FOR THIS WE'RE JUST FOCUSED ON FRUITS, VEGETABLES AND TREE NUTS. I WANTED TO WRAP UP WITH THIS DESCRIBING THIS SUMMER. SO THE SUMMER WE HAVE THE -- THROUGH TO THIS FALL LEFT ON THIS CURRENT SPECIALTY CROP GRANT, AND WE WILL BE DOING QUITE A BIT OF TECHNICAL ASSISTANCE AND RESOURCE DEVELOPMENT WORK WITH THESE BUYERS, MAKING SURE THEY HAVE THE COMMUNICATION SUPPORT THEY NEED WITH THEIR DISTRIBUTORS AND THEIR SUPPLIERS, AND HELPING THEM TO DEVELOP MARKET MATERIAL SO THEY CAN COMMUNICATE TO THE EATERS WHAT THEY'RE DOING AND HOW THIS FOOD HAS COME TO THEIR PLATE. AND THEN WE'LL BE TALLYING THOSE RESULTS, WE CAN REALLY SEE THIS ECONOMIC IMPACT WE WERE TALKING ABOUT INITIALLY, AS A RESULT OF THIS WORK. SO WE'VE BUILT IT SO THAT WE HIT THE FINAL GROWING SEASON OF SPRING AND SUMMER TO CAPTURE, BECAUSE WE KNOW A LOT OF THE PURCHASING WILL BE RAMPING UP RIGHT NOW. SO THAT'S WHAT WE'VE GOT ON TAP FOR THE REST OF THIS CYCLE, AND THEN I'M GOING THE TURN IT OVER TO

MICHELLE TO TALK ABOUT OUR NEXT STEPS AS BOTH IN CONTEXT TO THE WHOLE ALLIANCE AND THESE KINDS OF PURCHASING PROJECTS.

Dr. Markesteyn Ratcliffe: GREAT. THANKS AGAIN. I ALREADY INTRODUCED MYSELF, I'M FROM THE OREGON DEPARTMENT OF AGRICULTURE. MY OFFICIAL TITLE THERE IS THE FARM-TO-SCHOOL PROGRAM MANAGER. SO WHEN -- I MET KATIE AND EMMA YEARS AGO, THE FARM-TO-SCHOOL WORLD WAS BUDDING, AND IT WAS CLEAR THAT WE WERE FACING SIMILAR OPPORTUNITIES AND CHALLENGES IN OTHER INSTITUTIONS, AND WE SEE THIS PROJECT AS JUST ONE OF THOSE THAT IS AT THAT NEXUS OF AGRICULTURE, HEALTH, AND THE ECONOMY. IT REALLY HITS THAT SWEET SPOT. AND QUITE FRANKLY WOULDN'T HAVE BEEN SO SUCCESSFUL WITHOUT THE LEADERSHIP FROM THE COMMISSION. THANK YOU VERY MUCH. WHAT THE COUNTY HAS BEEN ABLE TO DO. AND PARTICULARLY WITH THE FOOD ACT PLAN IDENTIFYING INSTITUTIONAL PURCHASERS AS A PRIORITY AREA, IT REALLY DRIVES A LOT OF THE ENTIRE LOCAL FOOD SYSTEM WORK. AND YOU KNOW WE SEE IT NOT ONLY DRIVING SALES AND JOBS, BUT ALSO BRIDGING URBAN RURAL DIVIDES, STRENGTHENING OUR COMMUNITY FOOD SECURITY, SO WE CAN ADDRESS HUNGER AS RELATED TO ISSUES RELATED TO HUNGER. AND I GUESS JUST THE DEPARTMENT OF AGRICULTURE REALLY VALUES IT AND THE WORK THAT'S BEEN DONE, AND IS EXCITED TO TAKE ON IN THE NEXT PHASE AN ADDITIONAL CONVENING ROLE, AND IT'S PUT IN A PROPOSAL TO GET ANOTHER SPECIALLY CROP BLOCK GRANT. YOU HEARD SPECIALLY CROPS, THAT'S BECAUSE OUR FUNDING MECHANISM WE HAVE AVAILABLE TO US AT THE DEPARTMENT OF AGRICULTURE IS THROUGH -- COMES DOWN FROM THE USDA, IT'S A BLOCK FEDERAL GRANT AND THE STATES THROUGH A COMPETITIVE PROCESS DO THAT. SO WE PUT IN AN INTERNAL COMPETITIVE PROPOSAL TO FUND THE NEXT PHASE OF THIS WORK. WE'RE REALLY EXCITED ABOUT IT. THANK YOU SO MUCH FOR EVERYTHING THAT'S GONE BEFORE. WE'RE REALLY EXCITED TO TAKE ON, BUILD ON THAT SUCCESS AND TAKE IT STATEWIDE.

Commissioner Shiprack: MADAM CHAIR, IF I COULD SAY THANK YOU SO MUCH TO ALL OF YOU FOR PRESENTING. THIS HAS BEEN AN AMAZINGLY EFFECTIVE PIECE OF WORK THAT HAS REALLY HAD SUCH A BIG RIPPLE IMPACT. AND YOU KNOW, THE CONNECTION FOR MULTNOMAH COUNTY WITH OUR HEALTH DEPARTMENT, THE CONNECTION WITH SUN SCHOOLS, AND OUR ABILITY TO REACH YOUNG CHILDREN AND THEIR PARENTS AND FAMILIES, AND THE INTENTIONALITY OF THE FOOD ACTION PLAN AND THIS PRONG THAT WE'RE REALLY ADDRESSING TODAY, WHICH IS ECONOMIC DEVELOPMENT AND THE, AGAIN, INTENTIONAL RECOGNITION THAT WE HAVE FARMERS IN MULTNOMAH COUNTY AND IN THE STATE, AND WE HAVE PROCESSORS AND WE HAVE INSTITUTIONAL BUYERS. AND TO BRING THESE GROUPS TOGETHER TO SUPPORT OREGON FARMERS, TO PROVIDE HEALTHY, LOCAL FOOD AND EDUCATIONAL EXPERIENCES, IT IS REALLY SUCH A GREAT EXAMPLE OF THE ABILITY OF THE COMMUNITY TO COME TOGETHER, AND IT ALSO IS A GREAT EXAMPLE OF NOT JUST BEING A CONVENER AND BEING GOOD AT CONVENING PARTNERS, BUT ALSO BEING A RESPECTFUL AND HUMBLE PARTICIPANT IN THE PROCESS THAT OTHERS CONVENE.

SO I WANT TO THANK ALL OF YOU, AND I THINK I DISREGARDED THANKING OREGON PHYSICIANS FOR SOCIAL RESPONSIBILITY IN MY INITIAL COMMENTS, AND I'M SO

SORRY I DID THAT, BECAUSE YOU GUYS ARE HUGE, AND BECAUSE JUST BY BEING PARTICIPANTS, YOU UNDERLINE AND ADD SO MUCH CREDIBILITY TO THE CONNECTION BETWEEN HEALTHY EATING, AND GOOD HEALTH. THAT IS A CONNECTION THAT WE NEED TO MAKE REPEATEDLY. SO WE HAVE THE CROPS FARM, WE'VE BEEN DOING WORK TO MAKE SURE THAT WE HAVE SUFFICIENCY IN FOOD, AND NOW WE'RE ALSO MAKING FOOD A FEATURE OF OUR EFFORT TO IMPACT ECONOMIC DEVELOPMENT. THANK YOU ALL FOR YOUR WORK.

Dr. Markesteyn Ratcliffe: THANK YOU.

Chair Madrigal: WHERE CAN WE GET THE PLACE MAT? CAN YOU BUY THAT SOMEWHERE?

Dr. Markesteyn Ratcliffe: I WAS GOING TO SEE WHAT WE COULD GET, YOU GUYS COULD BRING FOR THE COUNTY BASED ON THE OREGON SEASONABILITY CHARTS. IT'S DOWNLOADABLE ONLINE. IF YOU GO TO OREGON AGRICULTURE IN THE CLASSROOM, IT'S THE COOLEST ORGANIZATION FOR YOU GUYS WITH INDICATORS, IT'S FREE, AND ONLINE, AND THEY GET THE CLASSROOM KITS AND THEY GET AN ENVELOPE THEY CAN ALREADY POSTAGE PAID, THE TEACHERS CAN RETURN THE ENVELOPE. SO THEY HAVE A LOT OF READY MADE WONDERFUL LESSONS ABOUT AGRICULTURE.

Commissioner Smith: SO I ON BEHALF OF COMMISSIONER WENDT, I'D LIKE TO BE ABLE TO SAY SHE THOUGHT THIS WAS A GREAT PRESENTATION, SHE HAD TO GO TO ANOTHER MEETING, BUT SHE WANTED ME TO PASS THAT ON FOR HER. AND DITTO FOR ME TOO. THIS IS REALLY INFORMATIONAL. ONE QUESTION, DO YOU ALL WORK WITH THE MULTNOMAH COUNTY ADULT SYSTEM AND JUVENILE SYSTEM IN CORRECTIONS? IN TERMS OF THE BULK BUYING?

Ms. Lynd: YES. WE DO. THE INVERNESS JAIL RUNS ITS OWN CORRECTIONS, AND OUR JUVENILE CORRECTIONS PIGGYBACKS ON PORTLAND PUBLIC SCHOOLS CONTRACTS. ONE OF OUR PARTICIPANTS IN THE PROJECT AS WELL. BUT WE USE THE JUVENILE JUSTICE CENTER'S CATERING TO HOST SOME OF THESE EVENTS, WHERE THEY DO THEIR VERY BEST TO SOURCE LOCALLY, AND BEING SMALLER, THEY'RE OTHER NIMBLE AND ABLE TO RESPOND TO THE DEMAND THAT WE'RE ASKING IN CATERING OUR EVENTS. AND THEN THE JAILS ARE RUN THROUGH A COMPETITIVE RFP PROCESS, AND WE WORK WITH THAT CONTRACTOR ARAMARK TO TRACK FOR THIS PROJECT AS WELL.

Commissioner Smith: IN TERMS OF THE FOOD PURCHASING PIECE, THE BULK FOOD PURCHASING, THE JUVENILES, THEY PURCHASE LOTS OF FOOD, AND THEIR SPECIALTY CROPS IN TERMS OF FRUITS AND VEGETABLES, THEY'RE HELD TO A HIGHER STANDARD, THEY HAVE TO GET THE KIDS MORE THAN UNDER THE FEDERAL GUIDELINES WHAT THEY DO IN THE ADULT SYSTEM. SO I WAS WONDERING IF THEY TAKE ADVANTAGE OF DOING THAT BULK BUYING NOT JUST IN CATERING, BUT DO THEY ACTUALLY USE THE FOOD PURCHASING PROJECT TO BUY FOODS FROM THIS CONSORTIUM?

Ms. Lynd: WE TALKED TO THEM ABOUT THAT AND ABOUT TRACKING, AND THEIR

CHALLENGES ARE SIMILAR TO THAT OF OTHER ORGANIZATIONS IN HAVING THE TIME TO BE ABLE TO SOURCE AND FIND THOSE BUYERS. BUT WHAT'S GREAT ABOUT THE COOPERATIVE CONTRACT THEY HAVE WITH PORTLAND PUBLIC SCHOOLS IS THAT THEY CAN GET REALLY GOOD PRICING FOR OREGON CROPS IF THEY WERE TO BUY WITH THAT GRANT.

Commissioner Smith: THAT'S WHAT WE NEED TO LOOK AT.

Ms. Lynd: IT'S DEFINITELY A CONVERSATION WE'VE STARTED.

Mr. Wasiutynski: OUR JUVENILE DETENTION SIDES ARE SELF-OPERATED, SO THE COUNTY OPERATES IT RATHER THAN HIRING A CONTRACTOR. AND THEY DO A GREAT JOB, THEY TEND TO BUY THINGS IN SMALLER CHUNKS AT A TIME, SORT OF COUNTERINTUITIVELY, I THINK, BUT IT WORKS FOR THEM. BUT THERE ARE -- THE MAIN FOOD PROVIDER THERE DOES AN AMAZING JOB TRYING TO SOURCE FOOD LOCALLY AND SHE'S ABLE TO LEVERAGE THOSE EXTRA DOLLARS FROM THE SCHOOL LUNCH PROGRAM IN ORDER TO DELIVER REALLY HIGH QUALITY NUTRITIOUS FOOD TO CHILDREN WHO ARE WITHIN THE JUVENILE DETENTION CENTER.

Commissioner Smith: WE'LL TALK MORE OFFLINE ON THIS. THANK YOU.

Vice-Chair McKeel: THANK YOU ALL FOR BEING HERE TODAY AND THANKS TO COMMISSIONER SHIPRACK FOR THIS PRESENTATION AND ALL THE WORK YOU DO AROUND OUR FOOD POLICY HERE IN THE COUNTY. I ACTUALLY GREW UP ON A FARM, AND I LIVE IN THE UNINCORPORATED AREA, SO I PASS MANY FARMS AND NURSERIES EVERY SINGLE DAY. AND I LOVE MY LOCAL FARM STAND. I TRULY DO. SO I THINK THIS WHOLE -- THIS IS SO IMPORTANT, AND FOOD SECURITY I THINK IS SO IMPORTANT TOO. I JUST FEEL IT'S CRITICALLY IMPORTANT THAT WE GROW OUR OWN FOOD HERE, AND WE HAVE THAT AVAILABLE FOR EVERYONE. AND I REALLY LIKE THIS SYSTEM WIDE LOOK WHERE YOU TIE IT TO EDUCATION, TO ECONOMIC DEVELOPMENT, AND TO HEALTH. SO THANK YOU VERY MUCH.

Chair Madrigal: ANY ADDITIONAL QUESTIONS? THANK YOU SO MUCH FOR THIS WORK. IT'S REALLY EXCITING STUFF. AND THERE BEING NO FURTHER BUSINESS WE'RE ADJOURNED. [GAVEL]

ADJOURNMENT

There being no further business, the meeting was adjourned at 12:07 p.m.

This transcript was prepared by LNS Captioning and edited by the Board Clerk's office. For access to the video and/or board packet materials, please view at: http://multnomah.granicus.com/ViewPublisher.php?view_id=3

Submitted by:

Lynda J. Grow, Board Clerk and Marina Baker, Assistant Board Clerk
Board of County Commissioners
Multnomah County