

**Minutes of the Board of Commissioners  
Multnomah Building, Board Room 100  
501 SE Hawthorne Blvd., Portland, Oregon  
Tuesday, March 31, 2015 @ 10:00 am**

**BOARD BRIEFINGS**

Chair Deborah Kafoury called the meeting to order at 10:09 a.m. with Vice-Chair Jules Bailey and Commissioners Loretta Smith, Judy Shiprack and Diane McKeel.

Also attending were Jenny Madkour, County Attorney, and Lynda Grow, Board Clerk.

*[ALL CAPS TEXT IS THE BYPRODUCT OF CAPTIONING THIS PROGRAM.]*

**Health Dept. – 10:00 am**

**B.1 Roundtable Discussion on the Future of Public Health Roundtable Discussion. Presenters: Joanne Fuller, Director, Mult. Co. Health Dept.; Nichole Maher, President, Northwest Health Foundation; Liz Baxter, Executive Director, Oregon Public Health Institute; Tricia Tillman, Public Health Director; Mult. Co. Health Dept.; Dr. Jennifer Vines, Deputy Health Officer, Mult. Co. Health Dept**

I'M JOANNE FULLER, THE DEPARTMENT DIRECTOR FOR THE HEALTH DEPARTMENT, AND WE'RE HERE IN A BRIEFING, SLASH, CONVERSATION ABOUT THE FUTURE OF PUBLIC HEALTH. AND WE HAVE TRICIA TILLMAN, WHO IS OUR PUBLIC HEALTH DIRECTOR, ON THE PHONE, BECAUSE SHE'S HOME SICK. SO WE DIDN'T WANT HER TO -- WE WANTED HER TO TAKE CARE OF HERSELF, SO SHE'S GOING TO BE TALKING FROM THE OZONE UP THERE. LET ME INTRODUCE THE PRESENTERS. NICHOLE MAHER, WHO IS THE PRESIDENT OF NORTHWEST HEALTH FOUNDATION. LIZ BAXTER, THE EXECUTIVE DIRECTOR OF THE OREGON PUBLIC HEALTH INSTITUTE. AND DR. JENNIFER VINES, THE DEPUTY HEALTH OFFICER FOR MULTNOMAH COUNTY. SO THIS IS A -- ONE OF THE SERIES OF BRIEFINGS THAT YOU'RE HAVING TO DIVE INTO TOPICS OF WHERE WE HEADED INTO THE FUTURE OF THE VARIOUS DIFFERENT KINDS OF THINGS THE COUNTY DOES. AND SO TODAY WE THOUGHT WE'D COME AND TALK TO YOU ABOUT THE FUTURE OF PUBLIC HEALTH. SO ONE OF THE THINGS ABOUT PUBLIC HEALTH IS THAT YOU KNOW IN THE HEALTH DEPARTMENT WE REALLY HAVE TWO BIG ROLES. ONE OF OUR BIG ROLES IS TO RUN THE LARGEST FEDERALLY QUALIFIED HEALTH CENTER IN THE STATE OF OREGON, AND PROVIDE PHYSICAL HEALTH CARE TO A LOT OF PEOPLE IN MULTNOMAH COUNTY WHO REALLY NEED IT. AND WE THINK WE DO A GOOD JOB. THAT'S NOT THE ROLE WE'RE TALKING ABOUT TODAY. WHAT WE'RE GOING TO TALK ABOUT TODAY IS THE ROLE WE HAVE AS YOUR PUBLIC HEALTH DEPARTMENT.

Ms. Fuller: WHAT WE REALLY WANT TO TALK ABOUT MOSTLY IS WHAT DOES THE FUTURE OF PUBLIC HEALTH LOOK LIKE? PUBLIC HEALTH HAS A LONG AND PROUD TRADITION OF MAKING SURE THAT THE WATER IS SAFE, THE AIR IS CLEAN, PEOPLE HAVE GOOD HOUSING, ACCESS TO FOOD, THAT THEY ARE - - THAT COMMUNICABLE DISEASES ARE MONITORED AND CONTROLS, AND ALL OF THOSE ARE IMPORTANT FUNCTIONS THAT WE CONTINUE TO HAVE IN PUBLIC HEALTH. BUT AS WE THINK ABOUT WHERE WE'RE HEADED TO THE FUTURE, THERE'S A LOT OF DIFFERENT OPPORTUNITIES FOR US TO THINK ABOUT HOW WE USE PUBLIC HEALTH TRADITIONAL PUBLIC HEALTH STRATEGIES TO ADDRESS NEW AND EMERGING PROBLEMS IN OUR COMMUNITIES. AND ESPECIALLY TO ADDRESS INEQUITIES OF HEALTH AND ACCESS TO HEALTHY PRODUCTIVE LIVES FOR ALL OF OUR COMMUNITY. SO THAT'S WHY WE WANTED TO TALK TO YOU TODAY, ABOUT WHAT'S THAT CUTTING EDGE LOOK LIKE FOR OUR WORK.

SO I WANTED TO START BY REMINDING OF YOU WHAT ARE CONSIDERED THE 10 ESSENTIAL PUBLIC HEALTH SERVICES. SO WE HAVE -- A COUPLE OF CORE FUNCTIONS AND ASSESSMENT AND THAT'S MONITORING HEALTH STATUS OF THE COMMUNITY AND IDENTIFYING IN SOLVING COMMUNITY HEALTH PROBLEMS AND DIAGNOSING AND INVESTIGATING HEALTH PROBLEMS AND HAZARDS IN THE COMMUNITY, AND THESE ARE FUNCTIONS THAT YOU'RE FAMILIAR WITH, THE SENSE IS THAT WE HAVE WITH COMMUNICABLE DISEASE AND THINGS LIKE CLEAN WATER AND CLEAN AIR. AND THEN YOU HAVE ENFORCING LAWS AND REGULATIONS. THIS IS THINGS LIKE OUR RESTAURANT INSPECTION AND RESPONDING TO EMERGING HEALTH PROBLEMS. LINKING PEOPLE TO HEALTH SERVICES AND ENSURING THE PROVISION WHEN THINGS UNAVAILABLE. SO THIS IS A ROLE MANY HEALTH DEPARTMENTS PLAY ACROSS THE COUNTRY AND PART OF HOW WE GOT INTO THE BUSINESS OF HAVING A FEDERALLY QUALIFIED HEALTH CENTER WAS TO PROVIDE SERVICES TO PEOPLE WHO COULDN'T GET HEALTH CARE IN OTHER WAYS. ENSURING COMPETENT PUBLIC AND PERSONAL HEALTH CARE WORK FORCE. EVALUATING THE EFFECTIVENESS, ACCESSIBILITY, AND QUALITY OF SERVICES. AND THEN WE HAVE A POLICY DEVELOPMENT ROLE, AND IN THAT POLICY DEVELOPMENT ROLE, WE ARE RESPONSIBLE FOR ENGAGING THE COMMUNITY TO IDENTIFY AND SOLVE HEALTH PROBLEMS, GIVING PEOPLE INFORMATION TO MAKE HEALTHY CHOICES, AND DEVELOPING PUBLIC HEALTH POLICIES AND PLANS TO SUPPORT INDIVIDUAL AND COMMUNITY EFFORTS. AND SO THIS ROLE SHOULD BE FAMILIAR TO YOU BECAUSE THIS IS THINGS LIKE OUR RECENT EFFORTS IN -- YOUR RECENT EFFORTS AROUND ACCESS OF TOBACCO AND E-CIGARETTES, THINGS LIKE MAKING SURE THAT WE HAVE ACCESS TO HEALTHY FOOD, THE -- ALL OF OUR EFFORTS AROUND MAKING SURE THAT SAFE ROUTES TO SCHOOLS ARE AVAILABLE, THOSE ARE THE KINDS OF THINGS THAT FIT IN THAT WHERE WE DEVELOP POLICIES, THE COMMUNITY MAY TAKE ACTION, BUT THROUGH YOUR AUTHORITY YOU DEVELOP A POLICY STRUCTURE AND WE ENFORCE

THAT OR DEVELOP SUBPOLICY UNDER THAT TO MAKE SURE THAT WE'RE MAKING SURE THAT THE COMMUNITY IS AS HEALTHY AS POSSIBLE. AND THEN WE HAVE A RESEARCH RESPONSIBILITY TO LOOK FOR NEW INSIGHTS AND INNOVATION -- INNOVATIVE SOLUTIONS TO SOLVE HEALTH PROBLEMS. SO PART OF THE ESSENTIAL FUNCTIONS OF PUBLIC HEALTH DEPARTMENTS IS TO LOOK AHEAD AND SAY WHAT IS THE NEXT SET OF CHALLENGES IN THE COMMUNITY AND WHO'S DOING WHAT AROUND THE COUNTRY AND HOW IS IT THAT WE SOLVE THOSE PROBLEMS AS EFFECTIVELY AS POSSIBLE? SO YOU ALL KNOW I'M NOT THE PUBLIC HEALTH EXPERT, SO I BROUGHT SOME BONA FIDE PUBLIC HEALTH EXPERTS WITH ME TODAY, AND TRICIA TILLMAN IS ALSO ON THE PHONE TO TALK MORE ABOUT WHERE WE'RE AT AND WHERE WE'RE HEADED. TRICIA?

Caller: GOOD MORNING. GOOD MORNING, EVERYONE. SO MY -- MY THINKING WAS THAT WE COULD TURN IT OVER TO BOTH NICOLE AND LIZ TO TALK ABOUT THE WORK THAT THEY'VE BEEN DOING AND SORT OF THE WAY THEY'VE SEEN PUBLIC HEALTH EVOLVE OVER TIME FROM THEIR -- BOTH OF THEIR ORGANIZATIONAL PERSPECTIVES AS WELL AS MAYBE TOUGH A LITTLE BIT ON THE FUTURE OF PUBLIC HEALTH OR PUBLIC HEALTH MODERNIZATION TASK FORCE. THAT'S WORK THAT WAS STARTED AT THE STATE LEVEL, BUT WE ARE GRAPPLING WITH WHAT THAT TASK FORCE RECOMMENDED AND WHAT IS MOVING THROUGH THE LEGISLATURE AT THIS POINT ON THE COUNTY LEVEL.

Ms. Maher: GOOD MORNING. THANK YOU SO MUCH FOR HAVING ME. SO I THOUGHT I'D START BY SHARING A LITTLE BIT ABOUT OUR EVOLUTION AT NORTHWEST HEALTH FOUNDATION, AND THE WAY THAT WE HAVE REALLY CHANGED IN THE WAY THAT WE THINK BOTH ABOUT HEALTH AND PUBLIC HEALTH. I HAVE THE HONOR OF SERVING AS THE PRESIDENT AT NORTHWEST HEALTH FOUNDATION FOR A LITTLE SHY OF THREE YEARS BUT I WAS A TRUSTEE FOR FIVE YEARS PRIOR TO BECOMING PRESIDENT, SO I ALWAYS JOKE AND SAY I CAN NEVER BLAME ANYTHING ON THE PAST BECAUSE I WAS ON THE BOARD. BUT WE'RE AN INTERESTING ORGANIZATION, AND I THINK REALLY REFLECT EMERGING BEST PRACTICES AND PUBLIC HEALTH AND THE CHANGING WAY THAT WE'RE THINKING ABOUT IT. SO NORTHWEST HEALTH FOUNDATION, WHEN WE BEGAN, WAS CONSIDERED A CONVERGENCE FOUNDATION, SO WE WERE A LARGE NONPROFIT HEALTH -- THERE WAS A LARGE NONPROFIT HEALTH THAT SOLD, AND OUR -- WHETHER WE FIRST BEGAN, WE THOUGHT ABOUT HEALTH IN THE VERY TRADITIONAL SENSE. FUNDING MEDICAL EQUIPMENT, FUNDING REALLY DIRECT HEALTH INTERVENTIONS, AND ALSO A LITTLE BIT OF HEALTH RESEARCH. OVER TIME I THINK THERE WAS ALWAYS A VISION THAT WE WOULD SHIFT AND BECOME MORE INVOLVED IN PUBLIC HEALTH AND POLICY, AND WE DID THAT FIRST BY SORT OF TAKING A STEP OUT OF DIRECT MEDICAL EQUIPMENT AND GOT VERY INVOLVED IN FUNDING FEDERALLY QUALIFIED HEALTH CARE ORGANIZATIONS. SO WE'D LOVE TO FUND ELECTRONIC MEDICAL RECORDS,

WE BUILT UP A LOT OF THE STRUCTURE, AND A LOT OF REAL EFFORT TO BASIC COVERAGE. SO BOTH FUNDING IN FQHCs AND ALSO BEGAN TO REALLY GET ON THE POLICY SIDE AROUND THE EFFORT TO ENSURE THAT EVERY OREGONIAN HAD HEALTH CARE COVERAGE. SO THOSE WERE KIND OF OUR STEPS INTO POLICY.

Ms. Maher: WE THEN MADE THE MOVE TO REALLY INVEST DIRECTLY IN BUILDING PUBLIC HEALTH INFRASTRUCTURE. SO WE HAVE MANY YEARS OF EXPERIENCE MAKING GRANTS TO PUBLIC HEALTH DEPARTMENTS AROUND THE STATE, MULTNOMAH COUNTY PUBLIC HEALTH DEPARTMENT IS ACTUALLY THE COUNTY PUBLIC HEALTH DEPARTMENT THAT HAS RECEIVED BOTH THE LARGEST AMOUNT OF MONEY AND THE MOST NUMBER OF GRANTS. BUT WE ALSO HAVE -- WE'LL HONOR AND APPRECIATE MY PREDECESSOR FOR THAT. AND WE ALSO HAVE THE ABILITY TO COMPARE WHAT THOSE GRANTS LOOK LIKE COMPARED TO OUR RELATIONSHIP AND GRANTS IN OTHER COUNTIES AROUND THE STATE. AND AT THE SAME TIME WE REALLY SHIFTED AND CHANGED TO REALLY FOCUS INVESTMENTS AROUND THE SOCIAL DETERMINANTS OF HEALTH. FUNDING IN ECONOMIC OPPORTUNITY, HOUSING, EARLY CHILDHOOD, EDUCATION, AND A WHOLE HOST OF OTHER THINGS. SO THAT WAS SORT OF NORTHWEST HEALTH FOUNDATION 2.0. TODAY WE'VE ACTUALLY UNDERGONE REALLY ANOTHER CHANGE. AND REALLY THAT CHANGE HAS BEEN THE RESULT OF OUR LEARNING WE'VE HAD FROM THAT 15 YEARS OF EXPERIENCE, AND THE OPPORTUNITY WE'VE HAD TO REALLY LOOK AT THE GRANTS WE'VE MADE AND REALLY SEE WHERE THERE'S BEEN THE MOST SIGNIFICANT CHANGES IN HEALTH OUTCOMES, AND WHERE THERE'S BEEN THE MOST SIGNIFICANT CHANGE IN COMMUNITIES' CAPACITY TO ADDRESS HEALTH. WE'VE ALSO BEEN REALLY FORTUNATE TO SEE MANY OTHER MODELS AROUND THE COUNTRY. AND WHERE WE REALLY VIEW PUBLIC HEALTH GOING AND WHERE WE VIEW THE BEST OPPORTUNITY TO IMPROVE HEALTH IS REALLY A MUCH DIFFERENT DEEPER PARTNERSHIP WITH COMMUNITY. SO AS WE'VE LOOKED AT OUR GRANTS AND REALLY SEEN WHERE THERE'S BEEN THE GREATEST IMPROVEMENT TO HEALTH, WHERE WE'VE SEEN THE MOST PROMISE AND THE MOST DEMONSTRATED OUTCOME IS REALLY WHEN YOU INVEST DEEPLY IN THE COMMUNITY AND PARTNER WITH THE COMMUNITY TO REALLY DEVELOP AND CREATE THEIR OWN SOLUTIONS TO LONG-TERM SOCIAL DETERMINANTS OF HEALTH. WE THINK THERE'S A VERY IMPORTANT ROLE FOR PUBLIC HEALTH IN REALLY THE CORE COMPETENCIES AROUND EPIDEMIOLOGY. WE CERTAINLY THINK PUBLIC HEALTH SHOULD BE THE ONE CERTAINLY DOING RESTAURANT INSPECTIONS AND SOME OF THOSE CORE FUNCTIONS. BUT WHEN WE LOOK AT THE KEY FUNCTIONS OF ENGAGING THE COMMUNITY, AND THINKING ABOUT WAYS TO REALLY HAVE QUALITY PREVENTION, WE ACTUALLY HAVE SEEN A REAL TREND ACROSS OREGON AS WELL AS NATIONALLY THAT OFTEN TIMES THE BEST FOLKS TO DO THAT ARE OFTEN TIMES NOT COUNTY EMPLOYEES, AND OFTEN TIMES ARE MORE LIKELY TO BE THOSE WORKING IN THE COMMUNITY THROUGH NONPROFITS, COMMUNITY COLLABORATIONS, WHERE WE'VE SEEN

COUNTIES REALLY TRY TO BE THE SORT OF ONE-STOP SHOP AND BE THE VOICE OF HEALTH TO THE COMMUNITY, WE'VE SEEN THAT BE LESS EFFECTIVE, WHERE WE SEE COUNTIES BE EFFECTIVE IS WHEN THEY HAVE DEEP PARTNERSHIPS WITH THE COMMUNITY AND ARE REALLY FIGURING OUT WHAT THEY'RE GREAT AT, AND FIGURING OUT WHAT THE COMMUNITY IS GREAT AT. THE BEST EXAMPLE I CAN THINK OF IS A PROGRAM CALLED BALTIMORE BABIES THRIVE, AND THIS WAS AN INITIATIVE WHERE BALTIMORE HAD INVESTED OVER AND OVER AND OVER AGAIN, AND REALLY KEY PREVENTIVE STRATEGIES, AND THEY WERE CONTINUING TO FIND THAT BABIES IN THEIR COMMUNITY WERE BEING BORN UNDER BIRTH WEIGHT, THEY WERE SIGNIFICANT RACIAL AND ETHNIC DISPARITIES, AND WHAT THEY FOUND IS THAT WHILE THEY HAD INVESTED IN THEIR OWN INFRASTRUCTURE, THEY WEREN'T REALLY REACHING THE COMMUNITY IN THE WAY THEY WANTED TO. SO THEY TOOK ALL THE RESOURCES THEY HAD IN PARTNERSHIP WITH THE COMMUNITY AND DESIGNED A COMPREHENSIVE TRANSFORMATION USING THE SAME RESOURCES BUT REALLY PUTTING THE COMMUNITY'S WORLD VIEW OF HEALTH AND THE COMMUNITY'S PERSPECTIVE ABOUT WHAT WORKED FRONT AND CENTER TO DEVELOP REALLY NEIGHBORHOOD AND ALSO CULTURALLY SPECIFIC STRATEGIES AND SIGNIFICANTLY IMPROVE THEIR OUTCOMES. SO I WOULD SHARE THAT AS ONE MODEL. I THINK I'VE SURPASSED MY TIME, SO I WANT TO LET LIZ TALK ABOUT THEIR TRANSPORTATION, AND MAYBE WE'LL CIRCLE BACK WITH THE PUBLIC HEALTH TASK FORCE.

Ms. Baxter: THANK YOU. I APPRECIATE BEING ABLE TO FOLLOW NICOLE. THANK YOU SO MUCH FOR THE INVITATION TO HAVE A DIALOGUE WITH YOU ALL TODAY. SO THE OREGON PUBLIC HEALTH INSTITUTE ABOUT 15 YEARS OLD, AND REALLY STARTED WITH A FOCUS ON REDUCING CHILDHOOD OBESITY. AND OVER THE PAST 15 YEARS, A LOT OF THAT WORK HAS BEEN FOCUSED IN THE PORTLAND METROPOLITAN AREA. AND I CAME ON BOARD, I'M -- AFTER BEING ON THE BOARD FOR ABOUT 3 1/2 YEARS, TOOK ON THIS ROLE LEADING THE ORGANIZATION TO TRY AND FIGURE OUT HOW TO TAKE A MISSION THAT IS ABOUT IMPROVING THE HEALTH OF OREGONIANS AND TRY TO EMBED BOTH AN EQUITY LENS AND A NOTION THAT IN ORDER TO DO DEEP WORKING COMMUNITIES, YOU HAVE TO HONOR DIVERSITY, YOU HAVE TO FIGURE OUT HOW IT IS THAT YOU IMPROVE EQUITY AND REDUCE DISPARITIES WHILE YOU'RE DOING ALL OF YOUR WORK. SO IT'S BEEN A FASCINATING TIME TO HAVE BEEN ASKED TO SIT ON THE FUTURE OF PUBLIC HEALTH TASK FORCE, AND TO TRY AND THINK ABOUT HOW IS IT THAT THE WORK IN THE PRIVATE SECTOR AND THE NONPROFIT SECTOR AND IN COMMUNITIES AROUND THE STATE LINK WITH, INTERSECT WITH LEVERAGE THE WORK THAT IS HAPPENING IN THE PUBLIC SECTOR. AND I THINK THE WORK OF THE TASK FORCE WAS STRUGGLING, BUT VERY MUCH FOCUSED ON WHAT HATCHES IN GOVERNMENTAL PUBLIC HEALTH. AND FOR SOME OF US, HARD TO STAY WITHIN THOSE VERY FINE LINES, BUT THAT'S REALLY WHERE THAT WORK LED TO. WHAT WE HEAR WHEN WE GO OUT INTO COMMUNITIES, THOUGH, IS

WHEN THEY ARE TALKING ABOUT WHAT WILL IMPROVE THE HEALTH OF PEOPLE IN THEIR COMMUNITIES, THEY ARE NOT TALKING ABOUT HEALTH CARE. AND DRIVING N. I WAS -- THE COUNTY HEALTH RANKINGS REPORT HAS BEEN REDUCED SO THERE'S A LOT ON NPR ABOUT HOW COMMUNITIES ARE THINKING ABOUT HOW THEY IMPROVE WAS HAPPENING AND BOTH OF THE PEOPLE THAT CALLED IN WERE TALKING ABOUT ACCESS TO HEALTH CARE AND PREMIUM COSTS.

Ms. Baxter: WHEN I GO OUT AND TALK TO FOLKS IN COMMUNITIES, THEY ARE TALKING ABOUT THINGS LIKE AFFORDABLE HOUSING, HOW DO I GIVE A LIVING WAGE JOB, WHERE IS THAT NEXT LIGHT RAIL LINE GOING TO GO, BECAUSE THAT'S GOING TO MAKE THE DIFFERENCE BETWEEN CAN I GET TO WORK, CAN I NOT GET TO WORK. THEY'RE TALKING ABOUT AFFORDABLE CHILD CARE, AND ALL OF THOSE OTHER PIECES THAT WE LOOSELY REFER TO AS THE SOCIAL DETERMINANTS OF HEALTH, THAT'S WHAT THEY FOCUS ON. BECAUSE THEY DON'T THINK ABOUT THEIR EVERYDAY HEALTH IN TERMS OF THE HEALTH CARE SYSTEM. YET THAT IS STILL WHERE WE PUT A LOT OF OUR FOCUS. SO WE'VE INVOLVED TO HOW DO WE PROVIDE THE LINKAGE BETWEEN HEALTH CARE AND PUBLIC HEALTH, BETWEEN HEALTH AND HEALTH CARE, BETWEEN PUBLIC HEALTH AND COMMUNITY HEALTH. THAT IF I LOOK AT THE WORDS THAT ARE ON THIS PIECE OF PAPER, WE'RE TRYING TO BE THE WHITE SPACE THAT IS SURROUNDING ALL OF THAT, BEING THE CONNECTIVE TISSUE BETWEEN ALL OF THIS WORK THAT IS HAPPENING, AND REALLY TO FOLLOW ON NICOLE'S COMMENTS, WE HAVE EMBEDDED A QUOTE, A CHINESE PHILOSOPHER WHICH IS, YOU GO TO THE PUBLIC, YOU LEARN FROM THEM, YOU START WITH WHAT THEY KNOW, AND YOU BUILD ON WHAT THEY HAVE. AND THERE'S SO MUCH STRENGTH AND CREATIVITY AND INNOVATION HAPPENING AROUND DIFFERENT INITIATIVES ABOUT IMPROVING THE HEALTH OF PEOPLE IN COMMUNITIES AROUND THE STATE, THAT WE SEE OURSELVES AS KIND OF A LEVERAGE, A WAY TO HELP THEM BUILD UP THE CAPACITY THAT THEY HAVE TO USE THE RESOURCES AND THE LEADERSHIP THAT THEY HAVE, AND WE'RE JUST TRYING TO LINK THEM TO DIFFERENT WORK THAT IS GOING ON, AND SOME OF THAT MAY BE COMING BACK TO YOU, AND ASKING YOU FOR SUPPORT FOR THEIR WORK, BUT SOME OF IT MAY BE THEM ACTUALLY BEING ABLE TO DO THAT WORK IN A DIFFERENT WAY. AND SO WE REALLY FOCUS ON THAT. THE WORK OF THE FUTURE OF PUBLIC HEALTH, TO I'M ACTUALLY REALLY FASCINATED TO HAVE A CONVERSATION ABOUT THAT. AND WHERE -- WHAT YOU'RE BOTH EXCITEMENT IS ABOUT WHAT CAME OUT IN THAT REPORT AND WHAT SOME OF THE CONCERNS ARE FOR OUR ORGANIZATION, WE HAVE REALLY BEEN TRYING TO FIGURE OUT AS A TRANSITION -- AS IT TRANSITIONS TO A PIECE OF LEGISLATION HOW DO YOU EMBED EQUITY IN A FOCUS ON IMPROVING HEALTH EQUITY AROUND THE STATE, INTO THIS PLANNING PROCESS AND INTO WHAT IS GOING TO BE EVOLVED, AND THEN WHO IS IT THAT THAT RESTS WITH? THAT THERE ARE TIMES WHEN IT'S VERY APPROPRIATE FOR SOMETHING TO SIT WITHIN THE STATE, TO SIT WITHIN THE COUNTIES, BUT HOW WE FIGURE OUT HOW TO

MAKE THAT SOMETHING THAT ACTUALLY BELONGS TO ALL OF US AS WE'RE TALKING ABOUT HEALTH OF PEOPLE IN OUR COMMUNITIES. I THINK THAT'S ONE OF THE BIGGEST CHALLENGES IN FRONT OF US. SO I LOOK FORWARD TO THE DIALOGUE. THANK YOU.

Ms. Tillman: THANK YOU FOR SHARING -- TO A COMMUNITY-DRIVEN FOCUS, AND CHAIR KAFOURY AND COMMISSIONERS, THANK YOU FOR THE OPPORTUNITY TO HAVE THIS CONVERSATION. AND I'M REALLY SORRY TO BE JOINING BY PHONE TODAY, THE IRONY IS NOT LOST AT ALL. TALKING ABOUT HEALTH WHILE I'M SITTING HERE SICK IN MY HOME. I DIDN'T WANT TO BE LIKE TYPHOID MARY AND BE THE ONE SPREADING ILLNESS TO ALL OF YOU. SO I WANT TO TOUCH LIGHTLY ON A COUPLE OTHER FRAMING SLIDES THAT HELP US DELVE INTO THE FUTURE OF PUBLIC HEALTH. SO THERE'S A SLIDE ABOUT THE LIFE COURSE MODEL. AND THAT REALLY HELPS US IN PUBLIC HEALTH THINK ABOUT HOW HEALTH DEVELOPS OVER TIME AND HOW THE STARTING POINTS OF HEALTH AND DISEASE OFTEN HAPPEN BEFORE AN INDIVIDUAL IS ACTUALLY BORN. IT'S LINKED TO THE HEALTH OF OUR MOTHERS AND OUR GRANDMOTHERS, AND WHAT WAS HAPPENING FOR THEM AS THEY BECAME -- CAME INTO CHILD BEARING. SO THE LIFE COURSE MODEL HELPS US THINK ABOUT EARLY CHILDHOOD AND ABOUT FAMILIES, AND ABOUT AGING. SO AS AN EXAMPLE, WE MIGHT LOOK AT DIABETES IN ADULTS AND SEE IT'S -- THERE'S AN INCREDIBLE COST TO OUR FAMILIES, TO OUR COMMUNITIES, TO OUR HEALTH CARE SYSTEM, BUT WE REALLY HAVE TO LOOK NOT ONLY AT WHAT KIND OF CARE AND TREATMENT AND ADULT WITH DIABETES NEEDS, BUT WHAT HAPPENED FOR THEM IN THEIR CHILDHOOD AND EVEN EARLIER IN THEIR INFANCY AND EVEN EARLIER IN -- WITH THEIR PARENTS. AND SO IT JUST HELPS US THINK MORE THAN JUST ABOUT THE MOMENT IN TIME WHERE WE SEE DISEASE, BUT IF WE'RE REALLY GOING TO PICK ON THAT PRIMARY PREVENTION, WHAT WE'VE GOT TO LOOK EARLIER IN THE LIFE COURSE, AND EARLIER GENERATIONALLY.

AS WE START TO THINK ABOUT TRAUMA AND TRAUMA-INFORMED CARE, ONE OF THE CONVERSATIONS THAT WE'RE STARTING TO HAVE IS ABOUT GENERATIONAL TRAUMA. AND HOW THAT IMPACTS NOT ONLY THE -- BUT ALSO THE DISPARITIES WE SEE IN OUR COMMUNITIES. THE NEXT SLIDE FOCUSES ON THE PSYCHOLOGICAL MODEL. THEN AGAIN, SORT OF LIKE THE LIFE COURSE MODEL HELPS US THINK OVER TIME AND OVER GENERATIONS, THE SOCIOECOLOGICAL MODEL HELPS US GET BEYOND AN INDIVIDUAL -- IF WE USE THAT SAME EXAMPLE OF AN ADULT WHO HAS DIABETES, TYPICALLY IN THE MEDICAL INTERVENTION WE LOOK AT WHAT THE INDIVIDUAL DOES, WHAT KIND OF FOOD THEY EAT, WHETHER THEY HAVE ACCESS TO CARE, ARE THEY GETTING EYE CARE, FOOT CARE, DO THEY EXERCISE, REALLY ACCESS TO HEALTH CARE. THE SOCIOECOLOGICAL MODEL REQUIRES US TO LOOK MORE BROADLY AT WHAT HAPPENS WHEN THE PERSON LEAVES OUR CLINIC SETTING, DO THEY WALK OUT OF THE CLINIC AND SEE KFC AND POPEYE'S AND McDONALD'S AND A WENDY'S ON THEIR WALK FROM THE CLINIC TO

THEIR HOME? ARE THEY ABLE TO GET ON A BUS AND HAVE TRANSPORTATION? IS THERE INFRASTRUCTURE THAT WE HAVE INVESTED IN AS GOVERNMENT ENTITIES THAT SUPPORTS AN ACTIVE LIFESTYLE? AND THEN WHAT ARE THEIR LIVING AND WORKING CONDITIONS, SO WHAT'S GOING ON IN THEIR LIVES, THAT SUPPORTS HEALTH OR MAKES HEALTH HARDER FOR THEM. AND THEN OF COURSE WE KNOW THAT HEALTH IS VERY MUCH TIED TO WHETHER OR NOT PEOPLE HAVE A DECENT INCOME, OR HAVE SOME KIND OF SOCIAL CAPITAL, TIED TO CHRONIC STRESS OF POVERTY, AND RACISM, AND SEGREGATION. SO AGAIN, THE SOCIOECOLOGICAL MODEL HELPS US CONTINUE TO TAKE A BROADER LOOK AT THE DRIVERS OF HEALTH IN OUR COMMUNITY. SO JUST A LITTLE BIT MORE ABOUT THE DRIVERS OF PUBLIC HEALTH. AS WE ALL KNOW, IN SOME CASES WE'RE RESPONDING TO EXTERNAL FORCES, AND THEN IN OTHER CASES WE'RE TAKING OUR OWN INITIATIVES AND LEADERSHIP AND WE'RE THE DRIVERS OF CHANGE. SO ONE OF THE MAJOR EXTERNAL DRIVERS OF WHAT WE'RE ABLE TO DO IS OUR POPULATION. AND IT WAS VERY INTERESTING FOR ME TO LEARN THAT OUR HEALTH DEPARTMENT IS AMONG THE 5% OF HEALTH DEPARTMENTS NATIONALLY THAT SERVE POPULATIONS GREATER THAN 500,000 PEOPLE. WE'RE ABOUT THREE-QUARTERS OF A MILLION PEOPLE, AND AT THE POINT WHERE WE HIT A MILLION PEOPLE IN MULTNOMAH COUNTY WE'LL BE AMONG ONLY 2% OF HEALTH DEPARTMENTS WITH POPULATION GREATER THAN A MILLION. SO SOME FACTORS FOR ME THAT I'M THINKING ABOUT AND WE'RE ALL THINKING ABOUT IS AS OUR POPULATION GROWS, OUR DIVERSITY IS GROWING.

Ms. Tillman: AS NICOLE MENTIONED, WE HAVE TO LOOK AT COMMUNITY STRENGTH, COMMUNITY NEEDS, AND THEN HOW DO WE PROVIDE THOSE SERVICES AND WHO ARE THE TRUSTED SERVICE PROVIDERS? WE HAVE A PIECE THAT WORKS -- WE'RE GRAPPLING WITH NOW, PUBLIC HEALTH MODERNIZATION LEGISLATION MOVES FORWARD, IS HOW WILL WE BE ACCESSING PUBLIC HEALTH FUNDING? SO IS THAT PER CAPITA? IN SOME CASES THAT IS HELPFUL FOR US, AND IN OTHER CASES WE WANT THE STATE TO LOOK MORE AT FUNDING BASED ON PREVALENCE OF DISEASE. WE KNOW IN OUR COUNTY IN SOME CASES WE DO SEE A HIGHER PREVALENCE OF CERTAIN DISEASES, MAYBE AS AN EXAMPLE, TUBERCULOSIS. A HIGHER IMMIGRANT REFUGEE POPULATION IN MULTNOMAH COUNTY. SO THE SHARED RESOURCES, THAT WAS SOMETHING THAT CAME OUT OF THE PUBLIC HEALTH TASK FORCE, IT WAS REALLY ENCOURAGING LOCAL HEALTH DEPARTMENTS TO CONSIDER HOW WE MIGHT REGIONAL EYES SOME OF OUR SERVICES. LOOKING NATIONALLY, THE HEALTH OFFICER FUNCTION IS THE MOST COMMONLY SHARED AMONGST PUBLIC HEALTH JURISDICTIONS, AND THE EMERGENCY PREPAREDNESS IS THE MOST COMMON PROGRAM AT CALL AREA THAT IS SHARED ACROSS JURISDICTIONS, AND FOR THE MULTNOMAH COUNTY HEALTH DEPARTMENT WE HAVE A REGIONAL APPROACH FOR BOTH OF THOSE FUNCTIONS THROUGH THE TRI-COUNTY HEALTH OFFICER FUNCTION. FURTHER, THE CREATION OF THE TWO CCOs, THAT'S A DRIVER OF

ONGOING DISCUSSION ABOUT HOW WE ALIGN REGIONAL PUBLIC HEALTH APPROACHES AS THEY RELATE TO HEALTH SYSTEMS TRANSPORTATION. HEALTH EQUITY, SO THE UNDERSTANDING OF HEALTH INEQUITIES AND SOME HAVE BEEN LONG DOCUMENTED AND OTHERS WE KNOW ARE STILL GIVEN BY DATA THIS MONTH, SUFFICIENTLY GRANULAR, THOSE HEALTH INEQUITIES ARE IMPORTANT DRIVERS OF PUBLIC HEALTH. AND IN ORDER TO ACHIEVE HEALTH EQUITY AS WAS MENTIONED, WE'VE GOT TO BE FOCUSED ON HOW WE ENGAGE WITH COMMUNITY MEMBERS AND COMMUNITY PARTNERS, USING A LEADERSHIP AND CAPACITY BUILDING APPROACH AND BRINGING IN COMMUNITY MEMBERS AS CONSULTANTS AND CO CREATORS EARLY ON, LONG BEFORE WE MOVE INTO IMPLEMENTATION. WORK FORCE -- SO AGAIN, WE'RE ONE OF VERY FEW HEALTH DEPARTMENTS NATIONALLY THAT HAVE A STAFF OF MORE THAN 200 FTE. AND WE HAVE TO ASK, IS THE STAFF THAT WE HAVE ARE THE RIGHT PEOPLE WORKING IN THE RIGHT PLACES, DO WE HAVE A WORK FORCE THAT REFLECTS DIVERSITY IN THE COMMUNITIES WE SERVE, AND DO WE HAVE THE RIGHT POSITIONS, SUCH AS ARE WE INVESTING SUFFICIENTLY IN COMMUNITY HEALTH WORKER ROLES OR DO WE HAVE SUFFICIENT INVESTMENT IN POSITIONS LIKE POLICY ANALYSTS, OR PEOPLE WHO HAVE SKILLS IN URBAN DEVELOPMENT.

Ms. Tillman: WE NEED TO LOOK AT BUILDING COMMUNITY CAPACITY AND WHAT SERVICES CAN BEST BE PERFORMED BY COMMUNITY PARTNERS AND WHICH ONES GOVERNMENTAL PUBLIC HEALTH [INDISCERNIBLE] AND AS AN EXAMPLE, JUST OF HOW THOSE THREE SUB POINTS TIE IN WITH HEALTH EQUITY, WE KNOW HISTORICALLY -- PRIMARILY ADDRESSED THROUGH THE LENS OF CRIMINAL JUSTICE, MENTAL HEALTH, AND CHILD PROTECTIVE SERVICES, AND NONE OF THESE DISCIPLINES EMPHASIZE PRIMARY PREVENTION, AND THAT HAS BEEN DETRIMENTAL TO COMMUNITIES, ESPECIALLY COMMUNITIES OF COLOR. SO MOVING UPSTREAM, CONSIDERING SOCIAL DETERMINANTS, CONSIDERING A SOCIOECOLOGICAL MODEL, WHEN STRATEGIZING, GIVES A HEALTHY ROLE IN ADDRESSING COMMUNITY VIOLENCE. YOU ALL HAVE INVESTED IN THE STRIVE PROGRAM, WHICH HAS HELPED SHIFT THAT FOCUS TO MORE OF AN UPSTREAM APPROACH. AND THE PROGRAM HAS ALSO USED COMMUNITY HEALTH WORKERS WITH LIVED EXPERIENCE OF VIOLENCE, WHICH IS -- [INDISCERNIBLE] COMMUNITY HEALTH WORKERS IN THE PUBLIC HEALTH WORK FORCE. SO COMMUNITY HEALTH WORKERS WITH LIVED EXPERIENCE IN THE AREAS WHERE THEY'RE WORKING. COMMUNITY HEALTH WORKERS HAVE A UNIQUE ABILITY TO CONNECT AND UNDERSTAND THE ISSUES IN THEIR COMMUNITIES, AND IN THE CASE OF STRIVE, BOTH IN THE AREA OF VIOLENCE AS WELL AS HEALTH ISSUES ASSOCIATED WITH CHRONICALLY STRESSFUL ENVIRONMENTS. SO A COUPLE OTHER DRIVERS, POLICY ADVOCACY, WE'VE SEEN BEST PRACTICES FOR POPULATION BASED HEALTH EQUITY INCREASINGLY FOCUSING ON POLICY SOLUTIONS, WHETHER LOCAL, STATE, OR NATIONAL, THAT'S AN INCREASING DRIVER OUR WORK. AND OF COURSE THE [INDISCERNIBLE] IS ESSENTIAL, AND THAT INCLUDES IMPLEMENTATION AND ENFORCEMENT AND

SO MAKING SURE THAT WE HAVE THE CAPACITY TO FULLY ENGAGE IN THOSE ROLES. AND THEN THINKING ABOUT COMMUNITY ENGAGEMENT AND CAPACITY BUILDING, ALSO AS ESSENTIAL ELEMENTS OF A SUCCESSFUL POLICY APPROACH, THAT IT'S NOT JUST US DOING THE WORK BY OURSELVES, BUT WE CAN DO IT WITHOUT THE PARTNERSHIP OF OUR COMMUNITY PARTNERS. I.P. AND COMMUNICATIONS -- I.T. AND COMMUNICATIONS, SOME EXCITING ADVANCES HAVE BEEN HAPPENING AS WE'VE SEEN THE INTEGRATION OF PUBLIC HEALTH SERVICES ONTO THE EPIC PLATFORM, SO THAT'S BEEN HAPPENING WITH OUR TUBERCULOSIS PROGRAM, AND OUR SEXUALLY TRANSMITTED DISEASE SERVICES. AND THAT INTEGRATION SUPPORTS OPPORTUNITIES FOR PUBLIC HEALTH ENGAGEMENT WITH PRIMARY CARE DELIVERY, CREATING A STRONGER LINK BETWEEN INDIVIDUAL CARE AND COMMUNITY HEALTH.

Ms. Tillman: IN TERMS OF COMMUNICATION, THE ACCESSIBILITY OF SOCIAL MEDIA AND SMART TECHNOLOGY, AND ALSO A GENERATION OF EMPLOYEES WHO KNOW HOW TO USE IT EFFECTIVELY, A GENERATION OF EMPLOYEES WHO ACTUALLY DON'T KNOW A TIME WHEN IT DIDN'T EXIST, CREATES OPPORTUNITIES TO PROVIDE HEALTH MESSAGES AND ENCOURAGE HEALTHY CHOICES. THAT'S REALLY EXCITING. AND FINALLY, PUBLIC HEALTH ACCREDITATION. SO WE ARE LOOKING TOWARDS PUBLIC HEALTH ACCREDITATION AS A WAY TO HELP ORGANIZE OUR WORK WITHIN A PUBLIC HEALTH FRAME. SO MUCH OF THE WORK THAT COMES HAS AN EXPLICIT FOCUS ON HEALTH EQUITY AND THE HISTORICAL FUNCTIONS OF GOVERNMENTAL PUBLIC HEALTH. AND FOR ME, AND I THINK FOR US AS A TEAM, THE VALUE OF ACCREDITATION LIES IN THE CREATION OF A CULTURE OF QUALITY. THAT WE CAN SEE THE VALUE OF AN INVESTMENT OF TIME AND RESOURCES TO USE AND MAINTAIN A STRATEGIC PLAN AND A COMMUNITY HEALTH ASSESSMENT AND A HEALTH IMPROVEMENT PLAN, THAT THOSE AREN'T JUST EXERCISES, THAT IT HELPS US ALIGN OUR WORK TOWARD THE COMMON GOAL WHICH I THINK HAS BEEN A STRUGGLE FOR PUBLIC HEALTH GIVEN THE VAST SCOPE THAT WE HAVE. THE CULL CHU WHICH YOUR OF QUALITY RELIES ON THE DEVELOPMENT OF PROJECT MANAGEMENT PRINCIPLES, AND PROCESS IMPROVEMENT IN BOTH FORMAL AND INFORMAL QUALITY IMPROVEMENT EFFORTS, AND THAT'S SOMETHING I'M EXCITED TO EXPLORE MORE. SO THE NEXT SLIDE --

Ms. Fuller: TRICIA, I'M GOING TO TAKE A PAUSE HERE AND GIVE THE BOARD A CHANCE, YOU'VE BEEN TAKING NOTES, I WANT TO GIVE A CHANCE TO ASK SOME QUESTIONS BEFORE WE MOVE ON TO THE NEXT SLIDE. IF IN WERE THINGS YOU WANT TO ASK US ABOUT.

Comm. Smith: I HAVE A QUESTION. THANK YOU FOR DOING THIS ROUND TABLE. AND THANK YOU TRICIA, I KNOW WE DID A COUPLE STATE OF EQUITY FORUMS WHERE WE INVOLVED THE COMMUNITY WHERE THEY ACTUALLY CAME IN AND TALKED ABOUT SOME OF THE THINGS AROUND PUBLIC HEALTH,

SOME OF THE NEEDS, THE EXPECTATIONS OF WHAT A PUBLIC HEALTH SYSTEM SHOULD LOOK LIKE. AND I THINK THAT YOU'RE ASKING THE RIGHT QUESTIONS. BECAUSE MAYBE WE SHOULD TAKE ON THESE POLICY ISSUES LIKE WE DID WITH E-CIGARETTES. YOU SPOKE ABOUT CHILDHOOD OBESITY. WHEN WE THINK ABOUT CHILDHOOD OBESITY, HOW DO THEY GET THAT WAY? IS IT FAST FOOD? IS IT THE SUGARY DRINKS IN POP? I GUESS THAT'S WHAT THEY SAY IN THE MIDWEST, POP. THAT'S WHAT I CALL IT, POP. AND THEN COMING TO SOME SORT OF POLICY THAT WOULD LIMIT THE AMOUNT OF SUGAR, AND I ALWAYS SAY SUGAR IS THE ENEMY, AND THAT'S ONE OF THE REASONS WHY I THINK OUR KIDS ARE OVERWEIGHT. THEY'RE EATING A LOT OF FAST FOOD, THE HEALTHY ORGANIC TYPES OF FOOD IS MORE EXPENSIVE, SO OUR FAMILIES WHO WE SERVE IN THE PUBLIC HEALTH SYSTEM, THEY REALLY CAN'T AFFORD TO PURCHASE THE KINDS OF FOOD YOU CAN GET AT A NEW SEASONS OR A WHOLE FOODS. SO WHEN WE PARTNERED -- THIS IS BEFORE MY TIME, BUT WHEN WE PARTNERED AT MULTNOMAH COUNTY WITH THE CDC, AND WE WENT OUT INTO THE COMMUNITY IN SAY THESE CORNER STORES THAT DIDN'T HAVE THESE BIG REFRIGERATORS OR FREEZERS, OUR PARTNERSHIP WAS TO IDENTIFY OPPORTUNITIES FOR US TO MAKE IT EASIER FOR THEM TO HAVE FRESH FOOD AND MORE OF THE FOOD THAT WAS HEALTHIER FOR THEM TO EAT. THEY COULDN'T KEEP IT STORED BECAUSE THEY DIDN'T HAVE IT.

SO WE STEPPED IN AND WE OFFERED THEM THOSE KINDS OF REFRIGERATION OPPORTUNITIES SO THEY CAN HAVE THAT FRESH FOOD THERE. SO I THINK IF WE CAN IDENTIFY OPPORTUNITIES, CASE BY CASE TO DEAL WITH SOME OF THE ISSUES, LIKE WE DID WITH THE CIGARETTE ISSUE AND CHILDHOOD OBESITY, IDENTIFY THREE WAYS IN WHICH WE COULD IMPROVE THE HEALTH OF OUR CHILDREN, AND THAT'S WHERE IT STARTS.

Comm. Smmith: AT METRO, WE CAN TYPE IN AN ADDRESS AND WE CAN TELL YOU WHAT YOUR FUTURE LOOKS LIKE. WE CAN TELL YOU WHAT KIND OF HEALTH CARE OPTIONS YOU'RE GOING TO HAVE, WE CAN TELL YOU WHAT YOUR EDUCATIONAL OPPORTUNITIES ARE GOING TO BE JUST BY LOOKING AT SOMEONE'S ADDRESS. SO IF WE CAN DO THAT, IF WE CAN GO AND IDENTIFY OPPORTUNITIES WHICH WE DID AT MULTNOMAH COUNTY WITH THE CULLY NEIGHBORHOOD, WE WORKED WITH THEM TO PUT COUNTY DOLLARS TO DO THE WALKING TRAILS. AND THE PLAYGROUND. SO THOSE ARE OPPORTUNITIES THAT WE CAN KIND OF CHANGE THE DIALOGUE, WHERE WE CAN CASE SPECIFIC -- DO SPECIFIC THINGS TO CHANGE. IT'S NOT ALL ABOUT GOING TO THE DOCTOR OR HAVING ACCESS, IT'S THOSE OUTSIDE FORCES THAT CAUSE US TO GO INTO THE DOCTOR. SO I THINK YOU'RE ASKING TOTALLY THE RIGHT QUESTIONS. THANK YOU.

Comm. McKeel: I WROTE DOWN A NUMBER OF THINGS. I'LL JUST -- I THINK SOME OF COMMISSIONER SMITH'S COMMENTS ARE PROBABLY SOME OF MY COMMENTS. THIS IS A GREAT PRESENTATION, IT'S VERY HIGH LEVEL, AND

YOU KNOW ME, I LIKE TO GET DOWN TO WHAT CAN WE DO, WHERE DO WE GO NEXT. SO ONE QUESTION I HAVE IS, AND BECAUSE YOU TALKED ABOUT THIS GOING OUT INTO THE COMMUNITIES, ONLY BECAUSE I WAS ON A RESEARCH STUDY QUESTIONNAIRE YESTERDAY, THAT ASKED WHAT EQUITY MEANT. AND THEY WERE GETTING DIFFERENT ANSWERS FROM DIFFERENT PEOPLE. AND SO I JUST THOUGHT THAT WAS VERY INTERESTING, BECAUSE I THINK SOMETIMES WHEN WE TALK ABOUT EQUITY, WE THINK WE ALL HAVE THAT SAME VALUE AROUND EQUITY. AND I -- BUT IT LOOKS LIKE FROM SOME OF YOUR COMMUNITY CONVERSATIONS THAT THEY'RE LOOKING AT OTHER ISSUES THAT MAYBE WE DON'T ALWAYS THINK ABOUT AS SOMETHING THAT'S EQUITY FOR THEIR PARTICULAR COMMUNITY. I DO -- COMMUNITY OUTREACH OF COURSE IS VERY, VERY IMPORTANT, AND I KNOW THAT YOU ALL KNOW THAT, AND BECAUSE I HAVE A FEELING ANSWERS YOU GET FROM ONE COMMUNITY ARE GOING TO BE DIFFERENT FROM ANOTHER COMMUNITY, SOME WILL BE SIMILAR IN THE SAME, I THINK, BUT SOME WILL BE DIFFERENT. I DO LIKE THAT YOU'VE IDENTIFIED THINGS LIKE ECONOMIC DEVELOPMENT, JOBS, WORK FORCE, ENVIRONMENT, AND SO I'M CURIOUS IF BUSINESS SITS AT THIS TABLE, DO THEY UNDERSTAND WHAT PEOPLE IN THE COMMUNITY ARE SAYING AROUND THESE ISSUES? ALSO I'M VERY INTERESTED IN WHAT YOU FIND OUT ABOUT COMMUNITY CAPACITY, BECAUSE I'M GETTING THAT DIFFERS TOO. SOME COMMUNITIES HAVE MORE CAPACITY THAN OTHER COMMUNITIES, AND SO VERY IMPORTANT ISSUES I THINK. SO THAT'S A LITTLE ALL OVER THE PLACE, BUT THOSE ARE THE THINGS I'VE WRITTEN DOWN SO FAR THAT I FIND INTERESTING TO THINK ABOUT AS WE GO FORWARD.

COMM. SHIPRACK: THANK YOU, MADAM CHAIR. I APPRECIATE HAVING AN OPPORTUNITY TO CHECK IN AT THIS POINT, BECAUSE THERE IS SO MUCH INFORMATION COMING ACROSS THE TABLE AND -- I JUST, YOU KNOW, I JUST WANT TO UNDERLINE A COUPLE THINGS I'M HEARING, AND I THINK THAT THEY'RE GOING TO BE FASCINATING DIRECTIONS FOR US TO WORK ON AS WE MOVE FORWARD AND REALLY THE BASIC MODEL FOR PUBLIC SAFETY HAS BECOME A PUBLIC HEALTH MODEL OF LOOKING TOWARDS THE GENERATIONAL ENVIRONMENTAL DRIVERS THAT SEND PEOPLE TO THIS DEEPENED OF THE POOL WHICH IS COMPARABLE TO A PERSON IN THE COMMUNITY ENDING UP IN THE HOSPITAL WHERE OUTCOMES ARE -- WHERE - - WERE EXPENSIVE AND THE OUTCOMES ARE WAY LESS GOOD THAN THEY WOULD HAVE BEEN IF YOU HAD CAUGHT THE ISSUES GOING ON EARLIER. SO I THINK IT IS HOPEFUL TO LOOK AT THINGS THE COUNTY ALREADY DOES UNDER THIS PUBLIC HEALTH LENS, SO WE HAVE AN EQUITY LENS, WE HAVE A PUBLIC HEALTH, A PREVENTION UPSTREAM LENS, AND I THINK THAT TRICIA, I'M GOING TO RESPOND TO SOMETHING YOU SAID ABOUT THE CRIMINAL JUSTICE SYSTEM, I THINK IN MULTNOMAH COUNTY BECAUSE OF THIS PERCEPTION AND BECAUSE OF OUR CLOSE PARTNERSHIPS WITH THE COMMUNITY, THAT THE CRIMINAL JUSTICE SYSTEM, THE MENTAL HEALTH SYSTEM, AND ALTHOUGH WE HAVE LESS DIRECTLY TO DO WITH CHILD PROTECTIVE SERVICES, WE ARE USING THE ADVERSE CHILDHOOD

EXPERIENCE STUDY NOW AS A KIND OF EPIDEMIOLOGICAL APPROACH TO PUBLIC SAFETY. SO I THINK IF WE ASKED THE PUBLIC HEALTH DEPARTMENT TO DO ALL OF THESE -- BUT I ALSO FEEL THAT HAVING THESE TIES INTO ALL OF THE WORK THAT THE COUNTY DOES AS A WHOLE, THIS IS VERY HOPEFUL FRAME OF REFERENCE FOR US TO GAUGE. BECAUSE COMMUNITY HEALTH IS ONE OF THE OVERRIDING -- LET THE RECORD REFLECT, OVERRIDING CONCERNS OF MULTNOMAH COUNTY.

Ms. Tillman: SO I'M REALLY ENJOYING THIS CONVERSATION, AND REALLY APPRECIATE THOSE COMMENTS. AND I THINK WHAT I MIGHT SHARE AT THIS POINT IS I JUST THINK YOU'RE AT A REALLY EXCITING TIME WHERE YOU MAY HAVE A REAL OPPORTUNITY TO CONSIDER WHAT THE FUTURE HOLDS, WHAT YOU ALL DO BEST, AND WHAT YOU MIGHT BE ABLE TO DO DIFFERENTLY. WITH HEALTH CARE TRANSPORTATION, THE ROLE OF THE COUNTY, HEALTH CARE COVERAGE, A LOT OF THINGS HAVE CHANGED. IT'S NOT THAT ALL OF THOSE THINGS HAVE BEEN SORTED OUT AND I'M SURE THERE'S MANY BUMPS TO FIGURE OUT GOING FORWARD, BUT THINGS ARE MUCH DIFFERENT AND THE TIME AND ENERGY AND CAPACITY THAT MULTNOMAH COUNTY USED TO HAVE TO FOCUS ON THERE, YOU MAY BE ABLE TO REALLY THINK DIFFERENTLY ABOUT HOW YOU DEPLOY YOUR CAPACITY AND RESOURCES IN THE NEXT FIVE TO 10 YEARS. YOU ALSO FROM AN OUTSIDE PERSPECTIVE, I THINK YOU ALSO HAVE A REALLY INTERESTING OPPORTUNITY TO CONSIDER WHAT IT IS THAT YOU ALL DO VERY WELL, AND WHAT OTHER PEOPLE MAY BE ABLE TO DO BETTER. OUR EXPERIENCE AT NORTHWEST HEALTH FOUNDATION IN BEING A GRANT FUNDER TO MULTNOMAH COUNTY IS THAT TYPICALLY MULTNOMAH COUNTY COMES TO US AND SAYS THERE'S THIS ISSUE, THERE'S THIS HEALTH DISPARITY IN THE AFRICAN-AMERICAN COMMUNITY AND THE NATIVE AMERICAN COMMUNITY AND THE LATINO COMMUNITY, HELP US BUILD OUR CAPACITY TO PROVIDE THOSE SERVICES TO THAT COMMUNITY BECAUSE THAT COMMUNITY DOES NOT HAVE THE CAPACITY TO DO IT THEMSELVES. HAVING KIND OF REVIEWED A TREND IN OUR -- AND WE'VE MADE MANY OF THOSE GRANTS, AND I THINK THE INTERESTING OPPORTUNITY MULTNOMAH COUNTY MAY HAVE AND THE TREND WE'VE SEEN NATIONALLY AND LOCALLY IS THAT IT'S NOT A VERY STRENGTH-BASED STRATEGY FOR THE COMMUNITY, AND IT ACTUALLY PUTS YOU IN THE POSITION WHERE YOU HAVE TO THEN BE THE SAVIOR OR THE ONE COMING INTO A COMMUNITY AND FIXING A PROBLEM AS OPPOSED TO THEN SAYING, WHY DOESN'T -- IS IT TRUE THAT THAT COMMUNITY DOESN'T HAVE THE CAPACITY? IS THAT A TRUE STATEMENT, OR IS THAT JUST OUR PERSPECTIVE? IF IT IS TRUE, WHAT WOULD WE NEED TO DO TO BE THE PARTNER TO WILLED THAT CAPACITY, SO THAT COMMUNITY HAS THE ABILITY TO SOLVE THIS PARTICULAR ISSUE AND MANY ISSUES GOING FORWARD? SO I THINK LOOKING AT THE LAST 10 TO 12 YEARS OF MULTNOMAH COUNTY APPLICATIONS BOTH TO US AND TO OTHER FEDERAL PARTNERS, THAT MAY BE SOMETHING YOU MAY WANT TO REALLY LOOK AT AND THINK ABOUT HOW YOU'RE REALLY BEING THE BEST PARTNER THE COMMUNITY, AND ARE YOU

REALLY THE BEST ONE TO BE DOING THAT? AND THEN I WOULD ALSO SAY, I THINK TRICIA HIT ON SOMETHING REALLY IMPORTANT, THIS WHOLE ARENA OF PUBLIC HEALTH ISSUES THAT BECAUSE YOU'VE BEEN FOCUSED ON SO MANY OTHER THINGS, YOU HAVEN'T GOTTEN A CHANCE TO GET TO. AND I THINK THIS IS AN ISSUE IN THE FIELD OF PUBLIC HEALTH IN GENERAL, WHERE THERE'S SOME REALLY CRITICAL AND CORE AREAS THAT PUBLIC HEALTH FEELS REALLY UNCOMFORTABLE TALKING ABOUT AND ADDRESSING, AND PUBLIC HEALTH AS A FIELD TENDS TO BE MUCH MORE COMFORTABLE IN CERTAIN AREAS THAN OTHERS. AND I THINK THE ISSUES OF CHILD ABUSE AND NEGLECT IS AN AREA THAT IS A VERY CORE ISSUE TO PUBLIC HEALTH, AND LARGELY PUBLIC HEALTH HAS SAID THAT'S NOT OUR ISSUE, THAT'S THE ISSUE OF DHS, YET DHS IS THE INTERVENTION AFTER THE FACT. AND BY NOT HAVING KEY PREVENTIVE STRATEGIES AROUND THAT, WE SEE LIFELONG CHALLENGES AND LIFELONG HEALTH COSTS ASSOCIATED WITH THAT. LORETTA, YOU BROUGHT UP CHILDHOOD OBESITY. WE NOW KNOW THAT SOME OF THE MOST IMPORTANT CAUSES OF CHILDHOOD OBESITY ARE YOUR BIRTH WEIGHT, FRANKLY, THE CAN'T OF HOW YOU'RE BORN. WHICH IS REALLY A GREAT EXAMPLE, BECAUSE YOUR BIRTH WEIGHT IS DETERMINED BY PRENATAL STRESS AND NUTRITION. PUBLIC HEALTH DOES NOT LIKE TO TALK ABOUT THE STRESS PART. WE ONLY LIKE TO TALK ABOUT THE NUTRITION PART. THOUGH THE STRESS PART IS EQUALLY IF NOT MORE IMPORTANT. THE OTHER ISSUE IS YOUR EARLY LIFE EXPOSURE TO CHILD ABUSE AND NEGLECT AND HOW THAT IMPACTS YOUR LIFELONG WEIGHT STATUS AS A CHILD AND ADULT, PUBLIC HEALTH, AGAIN, WE DO NOT LIKE TO TALK ABOUT THAT. WE WOULD MUCH RATHER BUILD A PARK OR HAND OUT A FLYER ON NUTRITIONAL INFORMATION THAN HAVE THOSE TOUGH CONVERSATIONS ABOUT WHAT'S HAPPENING IN OUR COMMUNITY.

Chair Kafoury: OR CRITICIZE THE MOTHER.

EXACTLY. AND THEN I THINK THE LAST PART I WOULD SAY IS A BIG PUSH AND SUPPORT FOR THE POLICY ADVOCACY PIECES. I'LL STICK WITH THE THEME OF CHILDHOOD OBESITY. TODAY IN MULTNOMAH COUNTY ABOUT 66% OF THE CALORIES ARE KIDS GET -- OUR KIDS GET ARE FROM THEIR SCHOOL LUNCH PROGRAM. I DON'T KNOW IF YOU HAVE TOURED VERY MANY SCHOOL LUNCH PROGRAMS IN OUR COUNTY, BUT IT'S SOME OF THE WORST FOOD THAT YOU CAN FIND. AND SO I THINK THERE'S SOME REAL OPPORTUNITIES, IF WE THAN CONTROL THE 66% OF CALORIES THAT KIDS ARE GETTING, WE COULD HAVE A PROFOUND IMPACT ON THE HEALTH OF CHILDREN TODAY, PROFOUND IMPACT ON THEIR LONG-TERM HEALTH OUTCOMES. THAT'S A HUGE ISSUE, IT'S A TOUGH TOPIC, IT'S NOT GLAMOROUS, BUT IT'S A PROFOUND OPPORTUNITY, SO I THINK THERE'S -- I SHARE THOSE EXAMPLES NOT TO BRING US INTO THE WEEDS, BUT TO SAY, THERE'S A REAL OPPORTUNITY FOR THE PUBLIC HEALTH DEPARTMENT TO REALLY THINK ABOUT THE ROLE AND THE BEST ROLE THEY COULD PLAY THAT WOULD HAVE SIGNIFICANT IMPACTS ON HEALTH AND IT'S A GREAT TIME TO BE HAVING THIS CONVERSATION.

Comm. Bailey: THOSE ARE SOME REALLY IMPORTANT POINTS, AND INHERENT IN WHAT YOU'RE SAYING, WHEN IT COMES TO PUBLIC HEALTH YOU HAVE A LOT OF DIFFERENT VARIABLES AND DETERMINANTS THAT ARE GOING INTO OUTCOMES. AND SOME OF WHICH WE CONTROL, SOME OF WHICH WE CAN'T. SOME OF THEM ARE DIFFICULT TO INFLUENCE AND SOME OF THEM WE HAVE - - SO WHERE ARE THOSE OPPORTUNITIES AT THE POLICY LEVEL TO REALIZE SOME OF THOSE GOALS UP INTO PROXY POLICIES THAT HAVE DIRECT OR INDIRECT EFFECTS OVER MULTIPLE CAUSAL FACTORS? IN MY MIND ONE OF THE THINGS TOO THAT'S THERE IS -- AND I HAVEN'T SEEN IT IN THE PRESENTATION, BUT POLICIES AROUND FAMILIES. MAKING SURE THAT PARENTS HAVE ACCESS TO CHILD CARE, MAKING SURE THAT BOTH MOTHERS AND FATHERS HAVE OPPORTUNITIES TO BE WITH THEIR KIDS IN FAMILIAR LI LEAVE. THOSE KINDS OF THINGS THAT CAN REALLY MAY NOT ADDRESS ONE PARTICULAR ONE OF THOSE VARIABLES, BUT THAT HAVE THE OPPORTUNITY TO BE AN UMBRELLA EFFECT, PARTICULARLY FOR COMMUNITIES THAT DON'T ALWAYS HAVE ACCESS TO THOSE KINDS OF UNFORTUNATELY ARE NOWADAYS SEEN AS LUXURIES. BUT REALLY ARE FUNDAMENTAL TO THAT UPSTREAM NOTION OF PUBLIC HEALTH.

I'M GOING TO CONTINUE ON A THEME, BUT I HAVE THREE THINGS THAT ARE HOPEFULLY NOT TOO DISCONNECTED. I THINK ONE OF THE CHALLENGES, AND I THINK IT'S A GREAT CHALLENGE, IS THAT IF YOU TAKE CHILDHOOD OBESITY AS AN EXAMPLE, ONE OF THE THINGS IT REQUIRES IS THAT YOU'RE ABLE TO THINK OUTSIDE OF THE BOX SOMETIMES -- OUTSIDE OF THE BOX OF MULTNOMAH COUNTY, OUTSIDE OF THE BOX OF THE PUBLIC HEALTH DIVISION, BECAUSE I WOULD LOVE TO SEE PUBLIC HEALTH FOLKS TESTIFYING THE NEXT TIME THAT PPS IS TALKING ABOUT CLOSING A SCHOOL. THE NEXT TIME THEY'RE TALKING ABOUT HOW THEY'RE GOING TO BUILD A SCHOOL. THAT THE STRUCTURAL THINGS THAT WE HAVE IN PLACE MAY OR MAY NOT COME TO THIS TABLE. BUT THEY ARE GOING TO IMPACT HOW OUR KIDS HAVE ACCESS TO, SAFE STREETS, LIGHTED STREETS, WHAT'S HAPPENING INSIDE OF THE SCHOOL MAY NOT BE A DECISION THAT YOU MAKE, BUT I WOULD LOVE TO THINK IF YOU DECIDE HAVE YOU A FOCUS ON CHILDHOOD OBESITY, YOU'RE WILLING TO INFLUENCE AND LEVERAGE THE DECISIONS THAT ARE HAPPENING AT OTHER TABLES. SO FOR ME IT'S BOTH WHAT YOU COULD HERE AND WHAT THE HAVE THE ABILITY TO LEVERAGE WITH OTHERS THAT ARE MAKING THOSE DECISIONS AS WELL. WHEN YOU MENTIONED THROWING PEOPLE IN THE DEEPENED OF THE POOL, I'LL APOLOGIZE IN ADVANCE, I'M A WORD GEEKY KIND OF PERSON. WHEN I THINK OF HEALTH EQUITY, THROWING SOMEBODY IN THE DEEPENED OF THE POOL IS FINE, IF THEY CAN SWIM AND THEY'RE IN APPROPRIATE CLOTHING AND THEY'RE IN WARM WATER. WHEN WE'RE TALKING ABOUT HEALTH EQUITY, WE NEED TO UNDERSTAND THAT NOT EVERYBODY IS PREPARED TO BE IN THE POOL. AND THAT WE HAVE TO BE WILLING TO HAVE COMMUNITIES TELL US, IS A POOL THE RIGHT PLACE TO BE? IS EVERYBODY IN OUR COMMUNITY

WEARING HEAVY BOOTS? BEING IN A POOL IS NOT GOING TO WORK FOR THEM. AND WHEN I THINK OF THE MULTIGENERATIONAL INFLUENCES AND CHALLENGES THAT INDIVIDUALS AND FAMILIES CARRY, IT IS IMPORTANT FOR US TO KNOW READINESS, CAPACITY, WHAT ARE THE CHALLENGES THAT THEY HAVE AS WELL AS WHAT ARE THE STRENGTHS THEY HAVE, BECAUSE ANOTHER APPROACH MAY BE AN AWESOME APPROACH THAT THEY ARE BETTER EQUIPPED TO TAKE ON THAN OUR COMMUNITIES IN GENERAL. AND THEN I WANT TO ECHO SOMETHING THAT TRICIA SAID IN PASSING, AND IT WAS, COMMUNITY MEMBERS AS PARTNERS. I HAVE LIVED MOST OF MY CAREER WHERE POLICYMAKERS, POLITICS, FOLKS LIKE ME REACH OUT TO COMMUNITIES TO ADVISE. WE'RE GOING TO GO AND WE'RE GOING TO MILK AND MINE INFORMATION FROM THE SMARTEST PEOPLE IN COMMUNITIES SO THAT SOMEONE LIKE ME CAN USE IT. AND WE DON'T NECESSARILY THINK OF THOSE COMMUNITY MEMBERS AS BEING THE EXPERTS, AND I THINK TRICIA USED THE TERM THAT THEY WERE CONSULTANTS AND PARTNERS, AND I JUST WANT TO TOSS IN THAT THEY SHOULD BE PAID PARTNERS. THAT THE NOTION THAT WE CONTINUE TO USE THE SMARTEST, THE BRIGHTEST, THE MOST INNOVATIVE PEOPLE, AND THEN THE FUNDING AND THE MONEY GOES TO SOMEONE ELSE AS OPPOSED TO THEM TO CONTINUE TO BUILD THAT CAPACITY, I WOULD JUST LIKE TO PUT ON THE TABLE THAT'S A PIECE. THAT'S JUST LIKE A PARADIGM WE HAVE TO BREAK IF THEY'RE GOING TO BE PARTNERS AND CONTINUE TO GROW AS PARTNERS, WE NEED TO INVEST IN THEM AS WELL.

WE WERE SCHEDULED FOR AN HOUR, AND WE'RE CLOSE TO GETTING THERE. WE STARTED A LITTLE LATE, BUT WE'RE PRETTY CLOSE TO THAT. I'M GOING TO TAKE THE PREROGATIVE AS THE MODERATOR TO ASK DR. VINES TO WRAP US UP A BIT AND THEN IT'S CLEAR THERE'S A LOT MORE -- THIS WAS KIND OF OPENING UP THE THOUGHTS TODAY WITHOUT LANDING AT SOLUTIONS. SO I KNOW WE'RE GOING TO NEED TO HAVE MORE DISCUSSION ABOUT THIS AS WE GO FORWARD.

I'M DR. JENNIFER VINES, YOUR DEPUTY HEALTH OFFICER. I'M GOING TO ECHO A LOT OF WHAT HAS ALREADY BEEN SAID. I'LL DO IT BY USING MY OWN STORY WORKING AT THE COUNTY FOR THE LAST SEVEN YEARS. I'M A FAMILY DOCTOR BY TRAINING WITH ADDITIONAL TRAINING IN PUBLIC HEALTH, AND MY VERY FIRST JOB WHEN I WAS FINISHED WITH MY RESIDENCY WAS AT THE WESTSIDE HEALTH CENTER, WHICH IF YOU DON'T KNOW IS REALLY URBAN, UNDERSERVED PATIENT POPULATION, A LOT OF MENTAL HEALTH, SUBSTANCE ABUSE, MOSTLY ADULTS AND SOME KIDS. AND I SPENT A DECADE PREPARING TO BE A DOCTOR, AND I LIKED THE PATIENT INTERACTION. BUT I THINK WHAT PEOPLE FORGET IS EVEN THOUGH DIRECT SERVICES INCREDIBLY COMPELLING AND IT'S INCREDIBLY IMPORTANT, IT'S A REAL TIGHTROPE, BECAUSE A LOT OF WHAT WE DO IN MEDICINE AND WHAT HAPPENS IN CLINICS CARRIES RISKS. AND ON MY WORST DAYS I FELT LIKE I WAS WALKING A VERY SMALL TIGHTROPE IN TERMS OF WHAT I WAS DOING

THAT WAS HELPING A PATIENT VERSUS POTENTIALLY EXPOSING THEM TO MEDICATION SIDE EFFECTS, TO GETTING POKED WITH NEEDLES, FOR A BLOOD TEST, EXPOSING THEM TO RADIATION FOR IMAGING, AND SO AGAIN, PEOPLE FORGET THAT MEDICINE CARRIES RISKS, AND JUST IN THE LAST SEVERAL YEARS AS I'VE TRANSITIONED TO PUBLIC HEALTH, JUST IN THE POPULAR PRESS WE'VE HEARD ABOUT STOP SCREENING FOR PROSTATE CANCER. TURNS OUT IT PROBABLY DOES MORE HARM THAN GOOD. SAME QUESTIONS AROUND MAMMOGRAMS FOR WOMEN IN THEIR 40s, WE'RE SEEING HOSPITAL ACQUIRED INFECTIONS, TURNS OUT THE HOSPITAL IS KIND AFTER DANGEROUS PLACE IF YOU'RE OLD AND FRAIL.

Dr. Vines: SO AGAIN, DIRECT SERVICE HAS AN INCREDIBLY IMPORTANT ROLE IN CERTAIN CIRCUMSTANCES. BUT AS A SOCIETY WE'VE INVESTED HEAVILY AND THERE'S A LOT OF THE SUFFERING AND SIDE EFFECTS THAT GO WITH THAT. SO I THINK PEOPLE WANT TO FEEL WELL, THEY WANT TO FEEL HEALTHY, AND HEALTH INSURANCE AND HAVING A MEDICAL HOME IS INCREDIBLY IMPORTANT, BUT THE GOAL IS TO FEEL WELL. THE GOAL IS NOT TO GET POKED AND PRODDED BY DOCTORS. SO I TRANSITIONED INTO THE PUBLIC HEALTH SIDE LARGELY BECAUSE ULTIMATELY I FELT LIKE WHEN I WORKED IN PRIMARY CARE THE MESSAGE TO PATIENTS, A LOT OF THEM UNDERSERVED WAS, YOU HAVE TO SCHEDULE AN APPOINTMENT AND WAIT FOR WHEN I'M READY TO SEE YOU, AND SOMEHOW I'M GOING TO HAVE THE ANSWERS TO YOUR PROBLEMS. I FEEL BETTER COMMUNICATING THE MESSAGE THAT YOU HAVE THE ANSWERS TO YOUR PROBLEMS AND I THINK WHAT YOU'VE HEARD TODAY IS NOT ONLY DO DOCTORS, DOCTOR IN THE CLINIC, NOT NECESSARILY HAVE THE ANSWERS, PUBLIC HEALTH, PUBLIC HEALTH WORKERS BUT THE COMMUNITY HAS THOSE ANSWERS. SO SUPPORTING THAT WORK, SUPPORTING THE NONPROFITS, THE COMMUNITY COALITIONS TO DO THAT WORK, IS WHERE I THINK IS THE BIGGEST BANG FOR THE BUCK AND WHERE WE CAN CREATE WELLNESS AND HEALTH AS OPPOSED TO JUST DISEASE AND MEDICALIZATION OF SOME OF OUR SOCIAL AILS. THANK YOU.

Comm. McKeel: I REALLY APPRECIATE THIS VENUE WE'RE HAVING TODAY. I APPRECIATE BEING ABLE TO DIALOGUE AS WELL AS HAVING A PRESENTATION, BECAUSE I THINK IT'S BEEN VERY HELPFUL. AND NICOLE, I APPRECIATE YOU TAKING US DOWN INTO THE WEEDS A LITTLE BIT, BECAUSE I THINK THAT'S REALLY HELPFUL AND IT GIVES US A CHANCE TO DIALOGUE, AND I THINK SOME OF THE THINGS YOU POINTED OUT, LIKE AROUND GRANT FUNDING AND -- IT IS IMPORTANT TO THINK ABOUT HOW WE SUSTAIN THAT FUNDING WHEN THE GRANT GOES AWAY. AND ONE OF THE WORST THINGS WE CAN DO IS HAVE PEOPLE BECOME -- HAVE THAT FUNDING BECOME AVAILABLE AND THEN SO 8, SORRY, WE DON'T HAVE THE MONEY THIS YEAR TO DO THAT. SO WE REALLY DO NEED TO INVOLVE OUR COMMUNITIES, AND I THINK -- I JUST SEE THAT SO MUCH IN THE EAST COUNTY AREA, BECAUSE OF THE CHANGING DEMOGRAPHICS THAT HAVE MOVED EAST, BUT THE

STRENGTH OF THE PEOPLE THAT LIVE IN EAST COUNTY, AND HAVE LIVED THERE FOR GENERATIONS. AND I'VE SEEN A NUMBER OF COMMUNITY COLLABORATIVES OUT THERE THAT HAVE REALLY MADE A DIFFERENCE IN THE ISSUES THAT ARE IN EAST COUNTY. SO I APPRECIATE THIS VENUE, BECAUSE I THINK IT GIVES US A GOOD CHANCE TO DIALOGUE WITH EACH OTHER, AND I THINK THAT'S IMPORTANT. SO THANK YOU.

Comm. Shiprack: I WANTED TO THANK YOU AGAIN. REALLY INTERESTING, IMPORTANT WORK, NICOLE, I THINK THAT YOUR COMMENTS ON THE DEPLOYMENT OF OUR CAPACITY AND OUR RESOURCES ARE SO IMPORTANT AND LIZ, I APPRECIATE THE -- IT'S ALWAYS GOOD FOR ME TO BE REMINDED TO BE CAUTIOUS ABOUT MY METAPHORS. ALL MY COLLEAGUES KNOW THAT I TEND TO SORT OF GO ON TEARING MISSIONS OF METAPHORIC WHATEVER, SO I APPRECIATE THAT. AND I DO THINK THAT WHAT YOU'RE SAYING, DR. VINES, ABOUT REALLY OUR GOAL BEING WELLNESS IS PRETTY MUCH THE PLATFORM THAT SERVES MAYBE SOME OF THIS DEFINITIONAL WORK THAT WE NEED TO DO ABOUT DEEPER PARTNERSHIPS WITH THE COMMUNITY, AND ABOUT A, YOU KNOW, WILLINGNESS TO TAKE A FRESH LOOK AT WHAT WE'RE DOING WITH OUR CAPACITY AND OUR RESOURCES IN PUBLIC HEALTH.

Chair Kafoury: WANT TO ADD MY THANKS AS WELL, AND I AGREE WITH YOU, NICOLE, I THINK THIS IS REALLY AN EXCITING TIME. I THINK BEING ABLE TO HAVE THE -- BE IN A PLACE WHERE WE CAN TALK ABOUT THESE QUESTIONS AS OPPOSED TO TRYING TO CATCH UP OR BEING SO FAR BEHIND, WE REALLY HAVE THE CHANCE TO LOOK FORWARD. AND I THINK WE'VE STARTED IN SOME AREAS THAT ARE REALLY EXCITING, FOR EXAMPLE, WHEN WE -- AS A COUNTY AND CITY ARE LOOKING AT CLIMATE ACTION PLAN, WE DON'T JUST FOCUS ON THE NUMBER OF AIR PARTICLES THAT ARE HARMFUL, WE CAN TALK ABOUT THE PEOPLE IN OUR COMMUNITY AND NO SURPRISE, PEOPLE OF COLOR AND LOWER SOCIOECONOMIC STATUS ARE MORE AT RISK. THESE ARE THE AREAS WE'RE STARTING TO DELVE INTO THAT I THINK IS EXCITING, BUT IT IS A BIG SHIFT THAT WE'RE TRYING TO TURN, AND SO CONTINUING TO HAVE THESE CONVERSATION ASSIST REALLY CRUCIAL, BECAUSE IT'S SO EASY TO DO -- FALL BACK TO THE STATUS QUO. IT'S SO HARD TO MAKE REAL CHANGE THAT MAY BE UNCOMFORTABLE FOR PEOPLE TALKING ABOUT THINGS WE DON'T LIKE TO TALK ABOUT. BUT THAT'S THE ONLY WAY WE'RE GOING TO GET TO SOLVING THESE PROBLEMS.

Comm. Smith: I HAVE ONE QUESTION. IS IT POSSIBLE TO HAVE A FORUM WITH CONSTITUENTS TO TALK ABOUT SOME OF THE THINGS THAT THEY WANT SO WE CAN HEAR WHAT IT IS THAT THEY NEED TO -- FROM US TO BE MORE USEFUL AND HELPFUL TO THEM?

Ms. Fuller: ABSOLUTELY. ONE OF THE THINGS THAT WE PLAN FOR NEXT YEAR, SO TRICIA WAS TALKING ABOUT OUR PUBLIC HEALTH ACCREDITATION, AND ONE OF THE THINGS WE HAVE TO DO AS PART OF THAT IS TO DO A

COMMUNITY HEALTH IMPROVEMENT PLANNING PROCESS, THEY CALL IT A CHIP, AND WE'VE MADE A COMMITMENT TO DO A DISPARITIES FOCUSED CHIP, SO OFTEN TIMES HEALTH DEPARTMENTS DO CHIPS BY KIND OF SCHEDULING PUBLIC MEETING AND WHOEVER SHOWS UP TALK ABOUT WHATEVER THEY TALK ABOUT, AND THEY HAVE NORMAL VOTING PROCESSES, AND THEY DECIDE THE TOP THREE THINGS, AND OFF THEY GO. WHAT WE'VE AGREED IS TO HAVE A SERIES OF CONVERSATIONS THAT ARE REALLY COMMUNITY SPECIFIC, BECAUSE WE BELIEVE THAT DIFFERENT COMMUNITIES ARE GOING TO HAVE DIFFERENT ISSUES PERHAPS THAT THEY'RE CONCERNED ABOUT, AND SO AS WE ENGAGE IN THAT PROCESS, WE WILL MAKE SURE YOU ALL ARE ENGAGED WITH US AS WELL SO THAT YOU CAN HEAR SOME OF WHAT THOSE COMMUNITIES ARE TELLING US AS WE DEVELOP THAT COMMUNITY HEALTH IMPROVEMENT PLAN.

Chair Kafoury: I THINK WHEN YOU TALK WITH REAL PEOPLE IN THE COMMUNITY ABOUT WHAT THEIR NEEDS ARE, YOU WILL HEAR NONTRADITIONAL THINGS THAT DO AFFECT OUR HEALTH, LIKE HOUSING AND JOBS, AND THOSE ARE -- WHEN I'M OUT TALKING WITH PEOPLE, THAT'S WHAT I HEAR OVER AND OVER AGAIN. SO IT'S NOT NECESSARILY THAT I COULDN'T GET MY DOCTOR'S APPOINTMENT, THOUGH THAT HAPPENS TOO. THEY SOMETIMES WILL GIVE US THINGS WE ACTUALLY CAN SOLVE. I MEAN, AND I THINK WE ALWAYS THINK THAT FOLKS ARE ASKING FOR THE IMPOSSIBLE, BUT SOMETIMES IN THOSE MEETINGS YOU ACTUALLY HEAR THINGS THAT YOU GO, MY GOD, THAT WOULD BE EASIER. AND I THINK IT IS, ARE WE OPEN TO LISTENING TO EVERYTHING THAT THEY HAVE TO SAY. THANK YOU ALL SO MUCH.

THANK YOU, TRICIA.

Ms. Tillman: THANK YOU VERY MUCH. [ AUDIO DISCONNECTED ]

**Non-Departmental – 11:00 am**

**B.2 Board Briefing on the Juvenile Justice Food Service Operations Audit.  
Presenters: Steve March, Multnomah County Auditor, Craig Hunt,  
Performance Auditor, Director Scott Taylor and Division Director Christina  
McMahan**

Dr. March: GOOD MORNING. FROM GOING FROM THE VERY BIG PICTURE THAT YOU WERE JUST AT, WE'RE NOW KIND OF DELVING INTO RELATIVELY MINUTIA OF A VERY SMALL PORTION OF DCJ AND JUVENILE JUSTICE. AND THAT'S THE FOOD SERVICE OPERATION. WE PUT THIS ON OUR SCHEDULE SOMETIME AGO DUE TO WATCHING SORT OF THE INCREASING COSTS RELATED TO THE PROGRAM, AND SO WE JUST DID THAT WORK, AND I'LL TURN IT OVER TO CRAIG WHO DID MOST OF THE WORK, THOUGH MARK ROSE ALSO ASSISTED IN THIS AUDIT.

Mr. Hunt: I'M HERE TO TALK ABOUT THE JUVENILE JUSTICE AUDIT. I WANT TO

SAY DCJ OPERATES THREE FOOD SERVICE PROGRAMS AND A CULINARY ARTS CLASS. AT THE DONALD D LONG JUVENILE JUSTICE COMPLEX. FISCAL YEAR 2014 A TOTAL OF ABOUT 12 FTE OPERATED ALL FOOD SERVICES AT A TOTAL COST OF \$1.35 MILLION. CURRENT STAFFING LEVELS ARE ABOUT 11 FTE. I WOULD LIKE TO PROVIDE A BRIEF DESCRIPTION OF EACH PROGRAM STARTING WITH DETAINEE FOOD SERVICES. PRIOR TO 2008, DCJ CONTRACTED OUT FOR DETAINEE FOOD SERVICES. THE PROGRAM PROVIDED MEALS TO APPROXIMATELY 79 YOUTH PER DAY IN 2014, AND SERVES BREAKFAST, LUNCH, AND AFTER-LUNCH SNACK, DINNER, AND AN AFTER-DINNER SNACK. WASHINGTON AND CLACKAMAS COUNTIES CONTRACT FOR 14 BEDS EACH, A COMMUNITY NONPROFIT CONTRACTS FOR 16 ADDITIONAL BEDS, AND THE COUNTY IS REIMBURSED FOR THESE MEALS. MEALS MUST MEET USDA REQUIREMENTS, THE OREGON DEPARTMENT OF EDUCATION SCHOOL NUTRITION PROGRAM ADMINISTERS THE USDA BREAKFAST, LUNCH, AND AFTER-SCHOOL SNACK PROGRAMS. THE COUNTY FILES MONTHLY CLAIMS TO RECEIVE FUNDS FROM THE STATE AND RECEIVES ABOUT \$150,000 IN 2014. DCJ ALSO OPERATES A CAFETERIA. THE CAFETERIA IS LOCATED TOWARD THE CENTER OF THE BUILDING, AND IS OPEN MONDAY THROUGH FRIDAY AND SERVES BREAKFAST AND LUNCH. CAFETERIA EMPLOYS JUVENILE CUSTODY WORKERS AS WELL AS OTHER WORKERS IN BUILDING -- PURCHASE CAFETERIA FOOD, THOUGH THEY ARE OPEN TO THE PUBLIC, FEW SALES ARE MADE TO THE PUBLIC, TOTAL SALES WERE ABOUT \$160,000 IN 2014. CATERING IS THE THIRD FOOD SERVICE PROGRAM. CATERING SERVICES ARE OFFERED PRIMARILY TO MULTNOMAH COUNTY AGENCY EVENTS SERVING BEVERAGES, BREAKFAST, LUNCH, APPETIZERS, SOUP, SALADS, AND OTHER ITEMS. NO CATERING SALES ARE MADE TO THE PUBLIC. TOTAL SALES WERE ABOUT \$71,000 IN 2014.

Mr. Hunt: FINALLY, THE CULINARY ARTS CLASS IS TAUGHT BY THE DCJ FOOD SERVICE MANAGER, TWICE A WEEK IN THE KITCHEN. THE CULINARY ARTS CLASS IS SEPARATE FROM THE CAFETERIA AND CATERING PROGRAMS, YOUTH ON PROBATION OR IN FOSTER CARE ATTEND THE CLASS BUT NOT HELD IN DETENTION. STUDENTS TAKE THE CLASS AT NO COST FROM SEPTEMBER TO MAY. WHEN WE LOOKED AT THESE PROGRAMS, WE FOUND THAT THE FINANCIAL HEALTH OF DETAINEE FOOD SERVICES, CAFETERIA AND CATERING, HAS NOT BEEN ADEQUATELY MONITORED. THE GRAPH SHOWS FOOD, LABOR, AND SUPPLIES AND OTHER COSTS FOR ALL PROGRAMS COMBINED, ALL THOSE -- ALL FOUR PROGRAMS. THE GRAPH SHOWS THAT THE COSTS HAVE INCREASED BY ABOUT \$250,000 FROM 2008 TO 2014. NOW, DURING THIS TIME, REVENUES HAVE REMAINED ABOUT THE SAME. IF YOU LOOK AT THE FINANCIAL HEALTH OF THE FOOD SERVICE PROGRAMS, WE SEPARATED OUT DETAINEE FOOD SERVICES FROM THE COMBINED CAFETERIA AND CATERING COSTS FOR FISCAL YEAR '14. WE ALSO ADJUSTED COSTS DOWNWARD TO REFLECT THE CURRENT FISCAL YEAR 2015 STAFFING LEVELS. WHAT WE FOUND WAS THE CAFETERIA AND CATERING PROGRAMS ARE OPERATING AT A LOSS. TOTAL REVENUES AS YOU CAN SEE, ARE

\$231,000, TOTAL COSTS WERE ABOUT \$459,000, LEADING TO A \$228,000 LOSS, THAT'S WITH FISCAL YEAR '15 STAFFING LEVELS. THE CAFETERIA AND CATERING PROGRAM AT THIS LEVEL COULD ONLY EMPLOY .2 FTE TO BREAK EVEN CURRENTLY THERE ARE -- THEY'RE EMPLOYING APPROXIMATELY 3.9 FTE. SWITCHING NOW TO DETAINEE FOOD SERVICES, WHILE THE CAFETERIA AND CATERING PROGRAMS OF PAYING CUSTOMERS AND SHOULD AT LEAST BREAK EVEN, THE DETAINEE FOOD SERVICES PROGRAM IS DIFFERENT. FOOD SERVICES FOR DETAINEES MUST STILL OPERATE EFFICIENTLY, BUT OTHER FACTORS SUCH AS NUTRITIONAL REQUIREMENTS AND FOOD QUALITY DRIVE PROGRAM DECISION AND COST. WE COMPARE DETAINEE FOOD SERVICE COSTS IN THE COUNTY TO OTHER JURISDICTIONS, BUT THE RESULTS WERE INCONCLUSIVE. SOME JURISDICTIONS SET HIGHER COSTS, WHILE OTHER JURISDICTIONS HAD LOWER COSTS. SO WE COULDN'T REALLY -- WE DIDN'T REALLY HAVE A GOOD GAUGE THERE. WHAT WE DID FIND WHEN WE WERE LOOKING AT OTHER JURISDICTIONS IS THAT THERE WERE PRESSURE ON OTHER JUVENILE FACILITIES TO CONTRACT OUT FOR MALES TO LOWER THEIR COST. AN EXAMPLE OF THIS IS PIERCE COUNTY, WASHINGTON, WHO HAD COMPARABLE COSTS TO MULTNOMAH COUNTY, BUT THEY ENDED UP CONTRACTING OUT ABOUT A YEAR AGO. WHEN THEY DID SO, THEIR COST WENT DOWN. IT WENT DOWN BY A LOT. BUT UNFORTUNATELY, SO DID THE QUALITY OF THE MEALS. THE BOTTOM LINE IS, WE CANNOT FULLY EVALUATE THE DETAINEE FOOD SERVICE COSTS UNTIL DCJ IS CLEAR ABOUT THE FOOD QUALITY STANDARD IT EXPECTS AND HOW MUCH IT SHOULD COST TO ACHIEVE THAT QUALITY. THE NATIONAL FOOD SERVICE MANAGEMENT INSTITUTE IS AN EXCELLENT RESOURCE THAT DETAINEE FOOD SERVICES PROGRAM COULD USE. THEY HAVE MEASURES FOR LABOR AND FOOD COSTS THAT DCJ COULD IMPROVE THEIR MONITORING. THAT LEADS US TO OUR RECOMMENDATIONS. WE BELIEVE THAT DCJ SHOULD STOP OPERATING THE CAFETERIA AND CATERING PROGRAMS, THAT THEY SHOULD ESTABLISH FINANCIAL GOALS AND QUALITY STANDARDS FOR DETAINEE FOOD SERVICES, THEY SHOULD SEPARATELY ACCOUNT FOR DETAINEE FOOD SERVICE COSTS, AND THEY SHOULD CALCULATE PERFORMANCE MEASURES, THE NATIONAL FOOD SERVICE MANAGEMENT INSTITUTE RECOMMENDS TO HELP MONITOR THEIR OPERATIONS. AT THIS POINT WE CAN ASK QUESTIONS. -- ANSWER SOME QUESTIONS.

Chair Kafoury: DO PEOPLE HAVE QUESTIONS FIRST?

Comm. Smith: SO WHAT PROMPTED YOU TO DO THIS AUDIT?

Mr. Hunt: LIKE I MENTIONED AT THE BEGINNING, I'LL OFFSET THAT, WE KIND OF WATCHED THE COSTS GO UP OVER TIME, AND SO WE THOUGHT WE'D TAKE A LOOK AT IT. PRIOR TO THE DEPARTMENT TAKING IT INTERNAL -- BRINGING IT INTERNALLY, IT WAS CONTRACTED OUT. AND WE'RE NOT -- WE DIDN'T MAKE -- COME TO THAT RECOMMENDATION, I THINK THERE WERE LEGITIMATE REASONS FOR FOOD QUALITY AS ONE OF THEM, AND DIETARY

REQUIREMENTS OF DETAINEES AS ANOTHER. BUT WE DIDN'T FIND ANY MEASUREMENTS OF COST OR QUALITY THAT WE COULD -- IN THE PROCESS.

Comm. Smith: SO YOUR ORIGINAL SENSE IS THAT THEY WERE PAYING TOO MUCH FOR FOOD.

Mr. Hunt: THE ORIGINAL SENSE WAS IT SEEMED TO BE AN EXPENSIVE PROGRAM AND WE WANTED TO DETERMINE WHY.

Comm. Smith: OKAY.

Comm. Shiprack: I'M CURIOUS ABOUT THE VALUE OF -- ALTHOUGH YOU KNOW THE CULINARY ARTS CLASS IS UNDER -- UNDERSUBSCRIBED OR HAS THE CAPACITY OF SOMETHING AND IS GENERALLY BELOW THAT MAXIMUM, DO WE HAVE ANY MEANS TO VALUE FOR THIS PURPOSE THE JOB TRAINING THAT YOUNG PEOPLE ARE GETTING?

Mr. Hunt: I DO KNOW IT'S AVAILABLE IN THE COMMUNITY BY A COMMUNITY NONPROFIT. FOR YOUTH AT RISK. AND WE DIDN'T MAKE A STAND THAT THEY DEFINITELY SHOULD CUT IT OUT. BUT WE DO QUESTION WHETHER IT ADDS VALUE.

Comm. Shiprack: SO I GUESS THE QUESTION IS WHETHER WE HAVE THE MEASURING TOOLS AT OUR DISPOSAL TO MEASURE SOME OF THESE MORE MARGINAL IMPACTS AND THAT SEEMS LIKE IT'S ONE OF THEM. THE OTHER THING I WANT TO COMMENT IS WHETHER -- REALLY KIND OF A QUESTION AND A COMMENT, WERE YOU ABLE TO TAKE INTO CONSIDERATION THE COMMENTS THAT WERE IN THE -- ANY OF THE GRAND JURY CORRECTIONS GRAND JURY REPORTS ABOUT -- SO WE DIDN'T RELY ON THE CORRECTIONS GRAND JURY REPORTS. DID YOU CONSIDER THEM? I UNDERSTAND YOU'RE NOT RELYING ON THEM.

Mr. Hunt: NO, I DIDN'T.

Comm. Shiprack: OKAY.

Chair Kafoury: MR. TAYLOR, WELCOME.

Mr. Taylor: GOOD MORNING. FIRST OF ALL WE WANT TO THANK THE AUDIT TOSH FOR BRINGING TO OUR ATTENTION A VARIETY OF ISSUES. WE FEEL THAT WE CAN IDENTIFY SOME THINGS WE CAN PUT SOME FINER POINTS ON ISSUES, WE BELIEVE, FOR EXAMPLE, THAT OUR DETAINEE FOOD COSTS AND THE FRESH FOOD WE USE AND THE WAY WE DO THAT AND THE NUTRITIONAL VALUE OF THAT FOOD, PARTICULARLY FOR THE POPULATION WE'RE SERVING, WE THINK WHEN WE PUT THE MATH THAT WAS -- ABOUT THE \$9.81 OR TWO CENTS A DAY, I WOULD CHALLENGE MANY OF YOU WHO RAISE

TEENAGERS TO FEED THEM FOR \$9 A DAY, PARTICULARLY WITH FRESH QUALITY FOOD. WE COULD USE PROCESSED FOOD, AND FOR THE NUMBER OF YOUTH WE HAVE THIS IS THE FIRST OPPORTUNITY TO HAVE NUTRITIONAL FOOD, FRESH FOOD, WE EXPOSE THEM TO A DIFFERENT WAY AND SOME OF YOU HAVE PURCHASED FOOD FROM OUR GARDEN PROJECT AND WE USE THAT, WE BUY OTHER FRESH FOOD, AND WE WILL ACKNOWLEDGE THAT THE CHOPPING UP OF PEAS AND DOING ALL THAT ADDS COST AND LABOR. I WOULD STRONGLY STAND ON THE IDEA THAT THE DETAINEE FOOD COST IS WITHIN REASON, WE CAN FOLLOW SOME OF THE SUGGESTIONS THE AUDITOR GAVE US AS FAR AS LAYING OUT CLEAR GOALS AND MEASUREMENTS, LOOKING AT SOME OF THE SUGGESTIONS ABOUT WAYS WE CALCULATE FOOD AND OUR COSTS AND EVERYTHING. BUT FOR US, THE PRIMARY ISSUE IS THOSE DETAINEES ARE RESPONSIBILITY AND WE WANT THEM FED PROPERLY.

Mr. Taylor: AS A PERSON WHO HAS WORKED IN JUVENILE ADULT DIRECTIONS, I CAN TELL YOU FOOD IS VERY IMPORTANT TO THE STABILITY OF THE FACILITY. AND WHEN WE DO IT WELL, THINGS GO BETTER. SO ONE OF THE REASONS WE BELIEVE THAT PIECE, SO WE'RE -- WE AGREE ALSO THAT AS THE AUDITOR LOOKED AT IT AND AS WE LOOKED AT IT, IT BECAME VERY CLEAR THAT OUR -- THE WAY WE WERE DOING IT AND THE USE OF PERSONNEL, IT'S A VERY -- SOMETIMES THIS FEELS LIKE A VERY STATIC OPERATION. IT'S A VERY DYNAMIC, SO THE PERSON THAT'S CHOPPING UP FOOD IN THE KITCHEN, DOING THE PREWORK, MAY TURN AROUND BECAUSE OF THE DESIGN AND STEP OUT TO HELP SERVE SOMEBODY IN THE CAFETERIA. AS WE'RE TRYING TO CALCULATE THE SPECIFIC TIME, WE HAVE NO DOUBTS BECAUSE OF SOME OF THE WORK AND THE -- WE HAVE NOW STARTED KEEPING TRACK ON OUR OWN SPREADSHEETS, WE BELIEVE THERE'S SOFTWARE, WE NEED TO ENGAGE IN, AND THE ABILITY TO HAVE FOUR STREAMS CLEARLY LAID OUT SO ANYBODY CAN LOOK AT IT AND START TO SAY, YOU'RE SPENDING TOO MUCH HERE, OR THIS ISN'T BREAKING EVEN, AND PARTICULARLY THE CAFETERIA AND THE CATERING AS WERE POINTED OUT, ARE TWO AREAS THAT WE'VE ALREADY STARTED TAKING SOME STEPS IN THE CAFETERIA, WE'RE EXPANDING THE HOURS, THE STAFFING, THE SELECTION OF FOOD, BECAUSE AS WAS CLEARLY POINTED OUT, THAT'S OUR BIGGEST LOSS ITEM. IT DOESN'T TAKE CARE OF IT, BUT I DO WANT TO REEMPHASIZE FOR THOSE OF YOU WHO HAVE BEEN OUT THERE, THE CAFETERIA PARTICULARLY DURING THE LUNCH HOUR SERVES ALL THE PEOPLE WHO WORK IN THAT BUILDING. SO THE SHERIFF'S OFFICE, COURTS, US, THE OREGON YOUTH AUTHORITY, AND FAMILIES THAT COME IN, AND SO IF I HAVE TO HAVE A LUNCH HOUR WHERE STAFF HAVE TO GO FIND FOOD OR GO FIND FOOD, THE PRODUCTIVITY IN THE BUILDING, THE WHOLE DYNAMICS CHANGE. SO THERE'S A CERTAIN TRADE-OFF. WHAT'S THAT WORTH? PROBABLY NOT THE AMOUNT THAT WE CURRENTLY SEE, BUT THOSE ARE THE SUBTLITIES WE'D LIKE TO DO A BETTER JOB OF LAYING OUT AND LOOKING AT. AND WE -- I THINK WE'VE TALKED INTERNALLY, PART OF WHAT THE AUDIT DID IS TRIGGER IN US?

CREATIVITY. YOU KNOW YOU'VE SEEN THE CULINARY PROGRAM, SOME OF YOU HAVE BEEN TO THE GARDEN PROJECT DINNER WHERE A NUMBER OF YOUTH HELP PREPARE THE FOOD. WE KNOW IN MARION COUNTY A NUMBER OF CULINARY TRAINED YOUTH ARE GAINING THAT OPPORTUNITY, WORK IN THE KITCHEN AND WE HELP PAY OFF RESTITUTION AND OTHER THINGS THROUGH INTERNSHIPS. WE HAVE NOT VENTURED INTO THAT VERY DEEPLY AND THERE MAY BE OPPORTUNITIES FOR US TO EXPOSE MORE YOUTH TO THOSE OPPORTUNITIES SO THEY CAN HAVE AN EASIER CHANCE GETTING JOBS WHEN THEY FINISH WITH THE CULINARY PROGRAM. SO WE THINK THERE'S SOME THINGS WE CAN LOOK AT, WE DEFINITELY BELIEVE THAT THE CAFETERIA IS OUR BIGGEST WEAK POINT, AND THAT IS AN AREA WE WILL IMMEDIATELY ADDRESS. WE'VE ALREADY STARTED, AND WE'LL BE GLAD TO COME BACK TO YOU AND TALK TO YOU ABOUT WHAT CHANGES TO SEE IF YOU AGREE IT IS ENOUGH OR NOT ENOUGH. OUR NEW FOOD SERVICES MANAGER HAS BEEN STARTING TO, LIKE I SAY, KEEP TRACK OF THE DIFFERENT COLUMNS, PERSONNEL, FOOD.

Mr. Taylor: THE LAST THING I'LL SAY, STEVE AND I HAD THIS CONVERSATION WHEN WE REVIEWED -- ONE OF THE ISSUES WE HAVE FACED THAT WE'RE NOW TRYING TO GET BETTER AT, AS YOU USE FRESH FOOD AND YOU RUN BOTH A CAFETERIA AND MAIN SERVICE, AND YOU BUY A BAG OF POTATOES, AND SOME OF THOSE ARE GOING TO GO INTO THE CATERING OR THE CAFETERIA, AND SOME OF THOSE ARE GOING TO THE MAIN FOOD, AND IF YOU DON'T USE THEM ALL, THEY ROT, SO YOU CHOP THEM UP AND DO DIFFERENT THINGS. SO I THINK WE CAN DO A MUCH, MUCH BETTER JOB OF LAYING OUT THIS AS CAFETERIA FOOD AND EXPENSES, WE'VE TALKED ABOUT WAYS TO DO THAT. BUT THERE WILL ALWAYS BE A CERTAIN, AS LONG AS WE PREPARE OUR OWN FOOD AND USE FRESH FOOD, WE'LL ALWAYS HAVE A LITTLE BIT OF DYNAMIC, WHAT DID YOU BUY THIS FORKS HOW MUCH OF IT WENT FOR THIS, HOW MUCH -- SO I WANT TO BE UP FRONT AND SAY THERE'S A CERTAIN DYNAMIC KNOW THERE. AND I THINK THOSE ARE THE MAIN THINGS. WE'VE TALKED BEFORE, WE'VE TALKED ABOUT A VARIETY OF WHAT I WOULD CONSIDER SMALLER ISSUES TO WORK ON. BUT WE HAVE AS I SAY, WE'RE CURRENTLY WORKING ON THESE, WE HOPE TO BE ABLE TO BRING BACK TO YOU AND SHOW YOU AN OPERATION THAT CAN EITHER PAY FOR ITSELF, PARTICULARLY IN THE CAFETERIA, IN THE CATERING, WE'VE LOOKED AT BOATS OF THOSE AND SAID WE DO NEED TO CHANGE PRACTICE, WE NEED TO DO DIFFERENT THINGS, AND WHAT WE'RE DOING TO BRING THAT BACK TO YOU AND LET YOU DECIDE DOWN THE ROAD IF IT'S A BUSINESS WE SHOULD BE IN OR NOT.

Comm. Bailey: I HEAR YOUR EXPLANATION, AND I APPRECIATE THE WORK YOU GUYS ARE PUTTING INTO IT. I'M CURIOUS TO TEASE OUT, I'M NOT SURE WHO THIS IS A QUESTION FOR, BUT -- I HEAR YOUR POINT THAT YOU'RE PROVIDING MORE FRESH OPTIONS TO DETAINEES PERHAPS SETTING A HIGHER LEVEL OF STANDARD, IS THE ISSUE HERE THAT THERE ARE -- THAT THERE IS AN

UNCLEAR STANDARD THAT YOU ARE TRYING TO MEET, OR IS THE ISSUE THERE'S A CLEAR STANDARD YOU GUYS DISAGREE ON THEM, OR THAT THERE'S A CLEAR STANDARD YOU AGREE ON THEM AND YOU'RE -- AND THE COST IS NOT MEETING THAT STANDARD? I'M REFERRING TO THIS BUDGET THAT IT SAYS, WE CAN'T -- THE NOTE THAT SAYS WE CANNOT FULLY EVALUATE DETAINEE FOOD SERVICE COSTS UNTIL DCJ IS CLEAR ABOUT THE FOOD QUALITY STANDARDS IT EXPECTS AND HOW MUCH IT SHOULD COST TO ACHIEVE THAT QUALITY. SO THERE'S THE EXPECTATION AND THEN THERE'S WHETHER OR NOT THE BUDGET MEETS THAT EXPECTATION. DO YOU AGREE ON THE EXPECTATION, DO YOU NEED ADDITIONAL CLARITY ON WHAT THE EXPECTATION IS?

Dr. March: MY VIEW, AND THEN -- MY VIEW IS THAT WHAT THEY'RE ASKING FOR IS, SO WE MEET CERTAIN NUTRITIONAL STANDARDS WE'RE REQUIRED TO MEET, WE DO THOSE SORTS OF THINGS, BUT YOU CAN NOT FIND IN WRITING WHERE I SAY WE ARE GOING TO MEET THE FOLLOWING NOT ONLY FEDERAL STANDARDS, BUT THE FOLLOWING -- THESE ARE OUR PRINCIPLES OF HOW WE DELIVER FOOD AND WHAT THE QUALITY SHOULD BE. AND WE ARE SHOOTING FOR A MOST COST EFFECTIVE MODEL IN THIS RANGE. AND I THINK WHEN THEY DID THE STUDY, LOOKING AT THE DIFFERENT -- THAT'S WHY THEY FOUND SUCH A WIDE VARIANCE BECAUSE PEOPLE CHOOSE DIFFERENT WAYS OF PROVIDING THIS FOOD. AND IT'S THE SAME AS COMPARISON IN THE REPORT YOU'LL NOTICE A REFERENCE, FOR EXAMPLE, TO THE OREGON YOUTH AUTHORITY. AND I ALSO TAKE THE OREGON YOUTH AUTHORITY AND COMPARE IT TO THE DEPARTMENT OF CORRECTIONS. ONE RUN AS 14,000-BED SET OF OPERATION, ONE RUNS A CLOSE TO 600-BED OPERATION AND ONE OF US RUNS A LESS THAN HUNDRED-BED OPERATION. AND THE ECONOMIES OF SCALE HAVE TO BE FACTORED IN, AND IT JUST MAKES IT -- SO WE HAVE NOT BEEN AS CLEAR ABOUT WHAT ARE WE SHOOTING FOR, WHAT ARE OUR VALUES AND PRINCIPLES SO WHEN HI AUDITED TO SAY ARE YOU MEETING THOSE, THEY WERE NOT CLEARLY LAID OUT TO JUDGE ARE WE OR ARE WE NOT MEETING WHAT WE SAID WE NEEDED TO DO.

WHEN WITH TOOK THE DIVISION OF THE DEPARTMENT AT THEIR WORK, QUALITY WAS AN ISSUE, AND THERE WAS EVIDENCE FOR -- FROM WHAT THEY WERE BUYING, THEY WERE BUYING IN GENERAL QUALITY FOOD, SO -- BUT THERE WAS NO MEASUREMENT OF -- NO MEASUREMENT OF COST PER MEAL, MEALS PER LABOR HOUR, IT HADN'T BROKEN DOWN THE COST OF FOOD. SO THOSE KINDS OF THINGS WILL HELP MANAGEMENT HAVE -- MAKE SURE THAT THEY'RE ON TOP OF ISSUES. WHEN WE FIRST MET, I ASKED ABOUT THE CAFE CAFETERIA OPERATION, AND THE -- THEY HAD BEEN TOLD BY THE PREVIOUS MANAGER THAT THEY WERE BREAKING EVEN. WELL, THAT'S -- SO WE'VE -- IN PARTICULAR LOOKED AT THAT. WHILE THAT HAD BEEN A STATEMENT IT WAS NOT IN FACT, THE ACTUAL LOSSES LAST FISCAL YEAR WERE CLOSER TO \$300,000, \$95,000. WHEN WE CALCULATED THE NUMBER WE PULLED OUT THAT ONE EXTRA FTE THAT IS NOW GONE, AND BASED ON CURRENT NUMBERS. SO

THIS YEAR THEY PROBABLY LOSE IN THE NEIGHBORHOOD OF 200,000 IN THE CAFETERIA, AND CATERING SIDE OF THE EQUATION. I GUESS FOR ME AS A FORMER POLICY PERSON, DOES IT MAKE POLICY SENSE TO SUBSIDIZE FOOD IN THIS ONE OPERATION WHERE WE DO NOT SUBSIDIZE FOOD FOR A CORRECTIONS OFFICER? OR THE PUBLIC -- THE COURTHOUSE PERSONNEL THAT ARE SAFETY PERSONNEL. CORRECTIONS OFFICERS GET COFFEE, AND I THINK SOFT DRINKS IN THEIR STAFF LOUNGE. BUT YEARS AGO THEY USED TO GET FOOD FROM THE CAFETERIA. THEY DON'T ANYMORE. AND SO DOES IT MAKE SENSE TO SUBSIDIZE THIS AT 200,000, OR LET'S SAY THEY ARE ABLE TO CUT THAT IN HALF AND -- AT 100,000, OR IS THERE SOME OTHER BETTER POLICY USE FOR THAT, AND JUST SET UP LIKE VENDING MACHINES FOR THE STAFF TO STILL MEET AND MAKE THEM BRING THEIR OWN LUNCH OR POP OUT TO FRED MEYER, TAKE THE WALK UP THE HILL AND BACK? OR WHATEVER. SO THAT'S REALLY FOR ME THE CAFETERIA CATERING BUSINESS, IS A LOSS I THINK IT DETRACTS FROM THE FOCUS ON DETAINEE FOOD, WHICH IS WHERE THE REAL FOCUS IN THIS PROGRAM SHOULD BE.

Comm. Smith: I HAVE A QUESTION. THANK YOU, STEVE, FOR THE REPORT AND THANKS FOR THE WORK THAT YOUR TEAM DID AND ALL THE RESEARCH THAT YOU DID. I DO HAVE CONCERNS, IN YOUR LETTER DATED 3-25-2015 TO THIS BOARD, YOU STATE THE CAFE IS NOT PART OF THE CORE MISSION OF JUVENILE JUSTICE. AND YOU THEREFORE REMEDIES CONTINUING THE PROGRAM.

Dr. March: CORRECT.

Comm. Smith: SO I'M CONFUSED A BIT. HOWEVER, BECAUSE OF THE CULINARY CAFE ARTS PROGRAM, IT'S A JOB READINESS PROGRAM.

Dr. March: I'M SORRY. THE PROGRAM FOR THE STUDENTS ISN'T WORKING IN THE CAFE OR CAFETERIA. IT'S FOOD PREPARATION AND THAT SORT OF THING.

Comm. Smith: BUT THE ISSUE IN TERMS OF JOB TRAINING THAT THEY'RE GETTING - HAS NOTHING TO DO WITH THIS?

Dr. March: NO.

Comm. Smith: OKAY. MAYBE I'M JUST A LITTLE --

Dr. March: THAT'S TAKING PLACE BEHIND THE SCENES IN THE BACKSIDE OF THE KITCHEN, BASICALLY.

Comm. Smith: OKAY. SO MAYBE I HAVE THIS BACKWARDS. BUT THE IDEA IS FOR ME, IN TERMS OF THE VALUE OF THE JOB TRAINING EFFORTS THAT ARE GOING ON WITH THE YOUTH OVER AT THE JUVENILE JUSTICE CENTER, I THINK

IT'S VERY IMPORTANT, I THINK IT'S CRITICAL, AND FOR US TO HAVE THIS CONVERSATION AROUND THE QUALITY OF FOOD THAT THEY'RE EATING, THERE IS A FEDERAL STANDARD OF FOOD AND HOW MANY VEGETABLES THEY'RE SUPPOSED TO EAT, WHICH IS FAR GREATER THAN THE ADULT SYSTEM. SO I THINK WE NEED TO KEEP THAT IN MIND, AND AS MUCH AS THESE JUVENILES HAVE COMMITTED SOME SORT OF OFFENSE TO BE WHERE THEY'RE AT, WE STILL HAVE THE RESPONSIBILITY OF TAKING CARE OF THEM. AND I THINK WE STILL HAVE THE RESPONSIBILITY OF ENSURING THE TYPES OF SKILLS THAT THEY LEARN WHILE THEY'RE THERE, THAT THEY'RE TRANSFERABLE. IF YOU HAVE NOT NOTICED, PORTLAND IS CONSIDERED A FOODIE PLACE. ONE OF THE PROBABLY EASIEST WAYS FOR FOLKS, YOUNG PEOPLE, MY SON EVEN DID IT, IS TO GET A FOOD CART. LEARN HOW TO DO THAT -- LEARN THOSE SKILLS, LEARN THE SKILLS OF BEING ABLE TO BE YOUR OWN ENTREPRENEUR AND TAKE CARE OF YOURSELF AND STAYING OUT OF THE SYSTEM.

Comm. Smith: I WOULD MUCH PREFER TO HAVE THOSE KIDS HAVE AN OPPORTUNITY TO LEARN THE SKILL SETS THEY NEED SO WE DON'T HAVE TO PAY FOR THEM IN OUR COUNTY JAIL SYSTEM. AND I KNOW WE'RE NOT THEIR PARENTS, BUT WE ARE RESPONSIBLE, AND IF WE'RE TEACHING THEM FOR THE FIRST TIME TO HAVE THESE, YOU KNOW, FOOD HABITS THAT WE'RE GOING TO TAKE THEM A LONG WAY, A GREAT NUMBER OF THE ADULTS THAT COME INTO OUR COUNTY JAIL SYSTEM, THEY HAVE CHRONIC DISEASES. THEY HAVE MENTAL HEALTH ISSUES. 65% OF THEM DO WHEN THEY COME INTO OUR JAILS. SO I THINK WE HAVE A RESPONSIBILITY ON BOTH SIDES. SO YOU REALLY NEED TO TAKE INTO THE -- THIS WHOLE EQUATION ABOUT THE SOCIAL CONSEQUENCE AND VALUES OF MULTNOMAH COUNTY WHEN YOU'RE LOOKING AT THESE KINDS OF THINGS. THERE'S NO VALUE THAT YOU CAN PUT ON TRAINING A KID AND GETTING THEM BACK INTO THE SYSTEM. AND BEING A PRODUCTIVE MEMBER OF THIS COMMUNITY.

Dr. March: I ABSOLUTELY UNDERSTAND AND AGREE, WE DID NOT RECOMMEND DELETING THE TRAINING PROGRAM. EVEN THOUGH IT'S AVAILABLE IN THE COMMUNITY.

Comm. Smith: BUT THEY'RE NOT IN THE COMMUNITY.

Dr. March: THESE ARE NOT THE DETAINEES.

Comm. Smith: OKAY.

Dr. March: THESE ARE NOT THE DETAINEES TAKING THAT PROGRAM. THESE ARE PEOPLE -- YOUTH THAT HAVE PROBABLY COME INTO CONTACT WITH JUVENILE JUSTICE. WE DIDN'T SAY STOP THAT PROGRAM. WE ALSO DIDN'T SAY CUT BACK ON QUALITY. WHAT WE SAID WAS, PHIL MICKELSON OUT WHAT THE GOALS ARE, WHAT REPRESENTS QUALITY TO YOU, AND WHAT ARE THE

COSTS? SO THAT YOU CAN TRACK THAT AND SEE IF MAYBE THERE'S A BETTER VENDOR OUT THERE, OR MAYBE THAT CAN PROVIDE THE SAME HIGH QUALITY FOOD FOR BETTER PRICE. THAT -- THOSE KINDS OF THINGS. SO I AGREE WITH YOU, NONE OF THE -- THE BIG ISSUE FOR ME HAS TO DO WITH THE CONTINUING LOSSES IN THE CAFETERIA AND CATERING.

Comm. Smith: BY THE WAY, I DO USE THE CATERING. IT'S QUITE GOOD.

Comm. Shiprack: I THINK IT'S REALLY HELPFUL FOR US TO HAVE INFORMATION SO THAT WE CAN BE KIND OF CONSTANTLY EVALUATING AND THE AUDITOR'S OFFICE HELPS US TO LOOK AT HOW WE BALANCE AND THEN MAKE POLICY, AND I DID HAVE A WONDERFUL DINNER AT THE FARM THAT WAS CATERED AND PREPARED BY JUVENILES FROM DETENTION, AND I THINK WHAT'S INTERESTING IS THAT WE THIS COUNTER BALANCE BETWEEN OUR COST CENTERS AND OUR VALUE CENTERS. AND IT'S A CONSTANT DYNAMIC THAT I JUST REALLY APPRECIATE THAT WE MEASURE AND INFORM. DID YOU JUST SAY THAT? OR I DID MAKE THAT UP? YOU KNOW, FOOD IS AN EXPENSE. FOOD IS AN EXPENSE. IT'S AN EXPENSE FOR STAFF, IT'S AN EXPENSE FOR -- I KEEP TRYING TO TELL MY HUSBAND THAT. IT'S AN EXPENSE, GET WITH THE PROGRAM. AND I'M A -- I HAVE A LITTLE BIT OF A LAKE WOBEGON KIND OF SENSE THAT ONE OF THE MESSAGES HERE IS THAT ALL OF US NEED TO ORDER MORE FROM THE CATERING. SO I THINK THAT'S A REALLY LOUD MESSAGE.

AT THE RATE THEY'RE GOING, THAT WOULD NOT --

Comm. Shiprack: IT DOES -- I DO READ THE CRUXES GRAND JURY REPORT EVERY YEAR, I PARTICIPATE IN IT, AND I READ IT. AND AGAIN, IT'S HARD TO VALUE THAT SENSE OF PRIDE THAT I FEEL WHEN THEY SAY FOOD AND -- IN THE INVERNESS JAIL IS ACCEPTABLE FOOD, IN THE DOWNTOWN DETENTION CENTER, IT'S ACCEPTABLE FOOD AT THE DONALD E. LONG CENTER IS EXCELLENT. I MEAN, IN A WAY FOR MULTNOMAH COUNTY TO DISTINGUISH ITSELF, AND SO I THINK THERE ARE SOME RELATIONSHIPS HERE THAT YOUR AUDIT POINTS OUT, AND THAT WE NEED TO CONSIDER. NOT THE LEAST OF WHICH IS YOU'VE REALLY EARNED YOUR STRIPES AS A BEAN COUNTER TODAY. SORRY.

Comm. McKeel: HOW DO I FOLLOW THAT? [LAUGHTER] I APPRECIATE THE INFORMATION AS WELL, I THINK IT'S VERY HELPFUL AND INFORMATIVE INFORMATION. IT'S MY HOPE THAT WE CAN ALL WORK AT HOW TO BEST UTILIZE THE PROGRAMS. I THINK THE PROGRAMS ARE VALUABLE, AND I THINK THAT AS COMMISSIONER SMITH POINTED OUT, WE ARE PROVIDING JOB SKILLS, I'VE BEEN OUT TO THE GARDEN A NUMBER OF TIMES, AND BOUGHT THE PRODUCE THAT WAS HERE IN OUR -- IN FRONT OF OUR BUILDING, AND SEEING -- IT'S ANECDOTAL, BUT SEEING THE PRIDE THAT GOES AROUND THE YOUNG PEOPLE, GROWING THOSE VEGETABLES, AND YOU KNOW, AND I WAS

ALSO AT THE FARM-TO-TABLE DINNER, AND WAS AGAIN ANECDOTALLY, BUT TO HEAR THEM TALK ABOUT, I PREPARED THE DESSERT. I PREPARED -- YOU KNOW. THE PRIDE THEY TOOK IN HAVING THAT DINNER FOR FOLKS OUT THERE, AND I THOUGHT IT WAS WONDERFUL. IN FACT T. ONE YOUNG MAN SITTING AT MY TABLE HAD HAD QUITE A PRESTIGIOUS INTERNSHIP AT ONE OF THE RESTAURANTS IN TOWN, SO I KNOW THAT VALUE ISN'T NECESSARILY, YOU KNOW, QUANTIFIABLE ALL THE TIME, BUT I THINK IT'S THERE, AND WE PROBABLY NEED TO MAYBE TAKE A LOOK AT HOW WE FIGURE THAT OUT. I DO AGREE WE HAVE TO LOOK AT THE DOLLARS, BUT I REALLY DO -- I LOVE TO GO OUT THERE TO LUNCH MYSELF, AND -- AND I ALSO USE THE CATERING. ANYWAY, I WOULD HOPE THAT SOMEHOW WE CAN COME TO A CONTRIBUTION WHERE WE CONTINUE TO HAVE THESE JOB SKILLS FOR OUR YOUNG PEOPLE AND -- BUT TO KEEP THE COSTS REIGNED IN AS WELL.

Dr. March: JUST TO RECALL, THE JOB SKILLS AREN'T PART OF THE CAFE.

Comm. McKeel: RIGHT. BUT THEY'RE PREPARING, RIGHT, FOR THE -- THE FOOD FOR THE CAFE?

Dr. March: USUALLY THEY DON'T. SOMETIMES WHEN THEY HAVE A CLASS THEY MAY PREPARE ONE MEAL OR SOMETHING LIKE THAT. IT'S TWO DAYS A WEEK, SO THEY'RE NOT PREPARING THAT MUCH. VERY LITTLE FOR THE CAFE IS MY UNDERSTANDING.

Comm. McKeel: OKAY. THANK YOU. GOOD INFORMATION. LIKE I SAY, HOW WE KEEP THE COSTS BUT ALSO KEEP THE VALUE OF THE PROGRAM.

Chair Kafoury: THANK YOU. I THINK THIS HAS BEEN A SUCCESS, THIS CONVERSATION, AND I APPRECIATE THE AUDIT THAT YOU'VE DONE, BECAUSE WE ARE ABLE TO MAKE WITH THE WORK THAT THE DEPARTMENT IS DOING TO BETTER QUALIFY AND QUANTIFY WHAT'S OCCURRING, WE CAN HAVE THE BREAKOUT AND HAVE THE DISCUSSION ABOUT -- I THINK YOU HEARD FROM US HERE THAT WE VALUE THE DETAINEE FOOD PROGRAM THAT WE THINK THAT -- WE JUST HAD A HEALTH IMPACT CONVERSATION, PUBLIC HEALTH CONVERSATION, TALKING ABOUT THE FOOD OUR CHILDREN ARE EATING IN SCHOOLS, AND I THINK IT'S REALLY IMPORTANT THAT WE'RE PROVIDING THESE KIDS REALLY HIGH-QUALITY FOOD. ON THE OTHER HAND, IF THE CAFETERIA -- WE NEED TO HAVE THE NUMBERS SO WE CAN SAY IS IT WORTH IT, \$100,000, I DON'T KNOW. IT'S HARD TO MAKE THOSE CHOICES WHEN YOU DON'T HAVE THE NUMBERS. SO I APPRECIATE HEARING BACK FROM THE DEPARTMENT AS WELL -- I KNOW YOU'VE IMPLEMENTED SOME OF THE CHANGES ALREADY AND ARE TRACKING BETTER, HEARING BACK FROM YOU AT A LATER DATE, SO WE CAN HAVE A CONVERSATION ABOUT WHICH PIECES OF IT ARE OF VALUE AND WHICH PIECES MAYBE NEED CHANGING.

Chair Kafoury: THANK YOU. ANY OTHER BOARD COMMENTS? NONE?

**ADJOURNMENT – 11:43 am**

THANK YOU VERY MUCH. WE ARE ADJOURNED.

This transcript was prepared by LNS Captioning and edited by the Board Clerk's office.  
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