

**Public Health Advisory Board (PHAB)**  
**March 7, 2008**  
**Meeting Minutes**

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**Participating:**

*Board Members Present:* Thomas Aschenbrener, Shawn Baird, Betty Bode, Tina Castañares, Tom Eversole, Keith Harcourt, Tran Miers, Bill Perry, Mike Plunkett, Phyllis Rand, Liana Winett

*Board Members Absent:* Candace Mueller, Bob Shoemaker, Rick Stone, Steve Westberg

*DHS Public Health Division Staff:* Marian Blankenship, Katherine Bradley, Tom Engle, Grant Higginson, Katy King, Mel Kohn, Paul Lewis, Patrick O'Neill, Brittany Sande, Dana Selover, Mike Skeels, Joel Young

*Members of the Public:* Beryl Fletcher, Oregon Dental Association; Jen Lewis, Oregon Medical Association; Shannon O'Fallon, Senior Assistant Attorney General

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**Opening:**

Thomas Aschenbrener called the meeting to order, welcomed the board members and invited introductions. New board member Mike Plunkett was introduced.

**Changes to the Agenda or Announcements**

No changes to the agenda or announcements.

**Approval of Minutes**

Betty Bode moved that the minutes for September 2007 and December 2007 be accepted as recorded, Phyllis Rand seconded the motion, the board voted all in favor of the motion, and the motion passed. The minutes from September 2007 and December 2007 will stand as written.

**Public Comment Period**

No public comments.

**Public Health Transitions - Michael Skeels, PhD, MPH, Interim Public Health Director**

Mike began by acknowledging Susan Allan's leadership during her time with the Public Health Division (PHD), and stated that he believed strongly in all of the things that Dr. Allan was trying to accomplish. Rather than just being a placeholder until a permanent replacement is found, he really wants to work on continuing the great work that Dr. Allan had started and setting things up for the next director to be successful.

Right now there are three or four priority areas that are being worked on in the PHD. DHS Director, Dr. Bruce Goldberg believes that public health has a real chance to significantly increase the level of funding from state appropriations, provided that it's done in concert with accountability and systems improvement. This is Mike's highest priority during his time as interim director. He is working on trying to develop a budget policy package which will move the PHD forward in terms of a number of things. The policy option package has been taken forward to the Department and requests funding for "Public Health Systems Improvement." There is still work to be done with the local health departments to ensure that what is brought forward is something that is done by consensus. The PHD has been working with the Conference of Local Health Officials (CLHO) and the Community Liaison office on this plan.

The Public Health Emergency Preparedness (PHEP) program is preparing for a CDC site visit 3/20-3/25/08. Other things happening in the PHD include the DHS Transformation Initiative (which was discussed at the December 2007 PHAB meeting) and the effect of lost timber revenues on local government. Counties feel it may be necessary to relinquish public health authority to the state because they don't have the funds to run public health programs. They will have to decide which programs to cut. This has the potential to create a fragmentation of the public health system. In addition to loss of funds, other issues such as retiring management and staffing shortages are having a negative effect on local health departments.

### **Federal Funding Update – Katy King, Government Relations**

PHAB is the advisory board for the Public Health Prevention Block Grant. The grant funds the Community Liaison office, which offers technical assistance to local health departments and also helps to fund the Office of Multicultural Health and provide some domestic violence funding. The President's budget was released in February. As in other fiscal years, the block grant has been completely zeroed out. Oregon delegation has rallied to support the block grant. The PHD is watching this area very closely and just received a recommendation from The Association of State and Territorial Health Officials (ASTHO) encouraging staff to talk to community advocates and other partners and to get letters of support for the block grant out to members of our delegation. Katy asked if PHAB would be willing to support such a letter and everyone agreed that a letter regarding this issue should be written to members of the delegation from PHAB. ***Action: Katy will draft a letter for the board to review and Thomas will sign on the board's behalf.***

## **2009 Legislative Agenda and Budget Proposals – Jayne Bailey, Program Operations Manager and Katy King, Government Relations**

(Handout: *PHAB Preview of 2009 Public Health Division Legislative Concepts and Policy Option (Budget) Packages*)

The PHD will submit a list of legislative concepts and policy option packages to the DHS Director's Office on 3/10/08 and it will be reviewed by Cabinet on 3/17/08. At that point, the PHD will be asked for more detail, analysis and a fiscal impact statement. There is an opportunity for PHAB to weigh in early before the preliminary list of initiatives is sent on. It will give Mike Skeels the opportunity to let Cabinet know that these are supported by PHAB when they are trying to narrow things down.

Katy gave a brief overview and descriptions of the PHD 2009 legislative concepts and budget packages.

### **Budget Status Update:**

The PHD is about 29% through the current biennium and expenditures are running at about 25%. They are feeling good about the way that the budget is being executed this biennium. They recently did a rebalance in January, which is an opportunity for agencies to readjust their budget. In addition to funds, they were successful in securing an additional 16 FTE, in other words, position authority for an additional 16 people that were already employees, but may have been in an inappropriate position classification.

## **HB 2185 Rules and Process – Shannon O'Fallon, Senior Assistant Attorney General**

(Handouts: *DRAFT Rules 333-003, Statement of Need and Fiscal Impact*)

House Bill (HB) 2185, passed in the 2007 legislative session, amended the state's public health emergency laws in ORS 433. The rules are being amended to conform Oregon Administrative Rules (OAR) Chapter 333, Division 003 to the changes made by HB 2185. The amendments clarify and expand on the enforcement ability of both state and local public health to enforce public laws. The amendments also create a statute for the position of Public Health Director, giving the PHD more visibility. It gives state public health more authority and tools in times of a public health emergency. The amendments add definitions and specify the powers of the Public Health Director during a public health emergency, such as adopting new disease reporting requirements, issuing diagnostic and treatment protocols, imposing isolation and quarantine, allocating scarce medical resources, directing the closing of children's facilities and schools, issuing guidelines to businesses for work restriction, and imposing civil penalties for

individuals and institutions that do not comply with the requirements and actions taken under the statute and rules.

PHEP rules needed to be amended to be consistent with HB 2185. Shannon went over some of the highlights of the amendments. See draft rule text for more information. The amendments being made now concern the Public Health Emergency Authority rules. There are rules that still need to be worked on, dealing with the health care provider registry and designating facilities to serve as emergency facilities during a declared emergency, but programs aren't ready to work on them yet.

### **Oregon Health Fund Board (SB 329) Process – Barney Speight, Executive Director**

*(Handouts: February 2008 Oregon Health Fund Board newsletter; copies of slides of “Public Health & Health Care Reform” presentation by Dr. Grant Higginson to the Oregon Health Fund Board’s Committee on Health Equities; “Health Care Reform Issue Paper,” Public Health Division, January 2008)*

Barney gave a brief overview of the board and what it is doing, where it is going, what some of the timelines are, and what the role of public health is in reform efforts.

The board was created in June 2007 by Senate Bill (SB) 329 (the Healthy Oregon Act), and has been active since October 2, 2007. It is a 7 member board appointed by the Governor and confirmed by the Oregon Senate. The board is developing a comprehensive plan to ensure access to health care for all Oregonians, contain health care costs, and address issues of quality in health care. PHAB members Tina Castañares and Tom Eversole are a part of over 100 people that are involved in 6 different committees and 2 different workgroups of those committees, looking at all aspects of health care reform. Committees and workgroups include the Benefits Committee, Federal Laws Committee, Delivery Systems Committee, Quality Institute Work Group, Eligibility & Enrollment Committee, Finance Committee, Exchange Work Group, and the Health Equities Committee. The work that will be the most difficult and the most strategic is in the area of the delivery system reform.

Right now the board is quickly finishing diagnostic work and starting on recommendations. The comprehensive plan will have to be a vision for the future. A lot of this will not be done in one legislative session.

Tina Castañares shared with PHAB some of her reflections that she's made while serving on the Oregon Health Fund Board Delivery System Committee. Tom

Eversole also shared some of his thoughts from working on the Benefits Committee.

**Lunch with a Leader – Claudia Black, MPA, Senior Health Care Policy Advisor for Governor Ted Kulongoski**

(Handout: *Biography*)

Claudia talked about her experience in the Dept. of Corrections, the Legislature, the Public Health Division, the Oregon Medical Association, and the Governor's Office. She has gained an interesting perspective moving from state government to an association as the government affairs liaison. The areas that she is responsible for in the Governor's Office include Seniors and People with Disabilities (SPD), PHD, Oregon Health Plan, and all of the health-related licensing boards. She has also recently been assigned to Healthy Kids. Providing health insurance to all children is still a huge focus for the Governor. She is currently working on a wellness initiative that the Governor will be championing, that will be involving the PHD. A couple of the components are eating and exercising, and PHD has been involved in putting together a statewide plan and developing some smaller pilot projects throughout the state.

Claudia discussed some of the Governor's top priorities. Health is one of his top priorities. He is very concerned about what is happening to the health care system and how many people are uninsured. She briefly touched on the work of SB 329 and the Oregon Health Fund Board. So far it has done a good job of involving the business community. There is a lot of work to do in a short timeframe, including determining where all of the funding is going to come from and getting support among the legislature and the general public. What needs to happen is happening, but there is still a lot of work to be done to get the legislators on board.

As board members appointed by the Governor to provide advice and counsel, Thomas has asked Claudia to help the board figure out how to best support what the Governor is trying to achieve. While the board's governing authority says that it provides advice and counsel to the DHS Director, fundamentally the board wants to stand ready to support the governor. Thomas requested that Claudia call upon the board if there is an area where PHAB's voice could help, such as by writing a letter.

Claudia opened up the discussion to the board members and asked what they would like to see happen, and areas that they want to know more about.

- Would like these important discussions and meetings to be transparent to the public. Possibly post notice in newspapers, etc. It is important that the public is more aware of the work that PHAB is doing.

- Concern about the public health workforce - There is concern that public health education is getting more and more expensive, but salaries aren't increasing accordingly. Public health isn't as visible a career option, but the need is there.
- The Oregon University System has a mandate to provide a competent workforce to the people of Oregon. At this point a lot of people are involved, but agencies and entities aren't being held accountable. Until that happens, a lot can be done around the public health system, but the work won't be sustained because the people won't be there. The public health workforce is changing (retirement, etc), and there is a need for ongoing professional development in order to retain people and to meet benchmarks that are coming through accreditation and regionalization.
- Issues around critical emergency communication not getting to people as effectively as it should. It comes out of the Governor's office rather than the PHD. The chain of emergency communication needs some work in order to be more effective.
- Role of community health systems in terms of a public health infrastructure.
- Baby Boomers are coming into the health care system as seniors and it isn't being addressed anywhere. Both patients and workforce (looking at retirement) numbers are affected.
- Information technology and information sharing between the state and county health departments. State programs in PHD and CLHO have been working to address this problem – how information systems don't communicate and the additional cost and drain that it is taking on resources. It will be a confounding thing in the future if we can't get past it. There needs to be more capacity and responsiveness from the state agencies in addressing this issue. Local health department systems and state systems are not compatible and that makes information sharing very difficult.

**Update on the Recruitment for the Public Health Director – Bruce Goldberg, MD, DHS Director**

The Department is at the beginning of the recruitment process. Dr. Goldberg wants to be as inclusive as possible and do the best to be certain that the recruitment attracts a wide range of highly qualified candidates. Dr. Goldberg put together a small search committee to come up with some consensus on the types of qualities that should be looked for in an individual, to help advise him about the interview and selection process, and to help screen all of the applications that come in to determine a few that should be looked at more closely. Mike Skeels and Thomas Aschenbrener are a part of the search committee, among others.

The committee has met once so far. They looked at defining the qualities that the Department is looking for and getting some advice as to how far and wide to advertise the recruitment. Dr. Goldberg stated that he values any input that PHAB may have, and members can work through Thomas since he is a part of the search committee. Hopefully PHAB, through networks and contacts, can get the word out and if there are some individuals that Dr. Goldberg should contact, members are encouraged to get him their names to invite them to apply. He is looking at a very aggressive timeline, and would like to be able to offer the position to someone in June.

### **Core Issue Review – Thomas Aschenbrener**

A discussion of what is at the core of public health in Oregon and what some of the important issues are that the board should have conversations about:

- Department of Education (Susan Castillo, Superintendent of Instruction) – to talk about health in schools and education systems
- Issues such as childhood obesity have been dealt with in other states. It would be helpful for the board to look at what has worked and what hasn't to see what Oregon can do. Members should look at bringing in articles or suggesting speakers to educate the board. The board could also look at holding a separate informational meeting outside of the regular quarterly meetings.
- CLHO, along with state programs, is doing a GAP analysis (a self-assessment) of every local health department, as compared to the National Association of County and City Health Officials' definition of what a functional health department is. There has been conversation about this assessment and accreditation, and movements in several states toward regionalization and efficient use of resources through regional approaches. Dave Houghton of CLHO can provide more information on this topic.
- More information on public health and health care for people that are incarcerated – at the local, state and federal levels
- Behavioral health - there is a lot of activity going on around both preventative care and treatment that the board should hear about
- Controversies around academic preparation in public health (the MPH program) – what are the gaps, what is the controversy, workforce issues including the nursing workforce
- Invite Lillian Shirley, Director of Public Health, Noel Wiggins, Community Health Worker Program, and Zumana Rios, Health Reserve Corp program, from the Multnomah County Health Department to talk about community health workers
- Discussion of immigration and how it is affecting the health care system
- Support of PHAB on legislative priorities in the 2009 Legislative Session

- Data systems and IT – communication between agencies, especially in the EMS system

**Closing:**

Thomas Aschenbrener declared the meeting adjourned.

The next Public Health Advisory Board meeting will be held on:

**Friday June 6, 2008  
Portland State Office Building  
800 NE Oregon Street  
Room 918  
Portland, OR  
9:00 a.m. – 2:00 p.m.**

If you would like these minutes in an alternate format please contact  
Brittany Sande at (971) 673-1291