

Public Health Advisory Board (PHAB)
September 5, 2008
Meeting Minutes

Participating:

Board Members Present: Thomas Aschenbrener, Shawn Baird, Betty Bode, Tom Eversole, Barry Kast, Kathleen O’Leary, Mike Plunkett, Bob Shoemaker, Rick Stone, Steve Westberg, Liana Winett

Board Members Absent: Tina Castañares, Maureen Daugherty-Rosenbaum, Tran Miers, Bill Perry

DHS Public Health Division Staff: Bill Coulombe, Tom Engle, Katy King, Dave Leland, Brittany Sande, Gail Shibley

Members of the Public: Mike Bonetto, Chair, Deschutes Co. Public Health Advisory Board, Shannon Dames, Deschutes Co. Health Department; Muriel DeLa Vergne-Brown, Crook County Health Department; Jim Diegel, Cascade Healthcare; Jeff Freund, Deschutes Co. Environmental Health Division (EHD); Janet Gillaspie, ACWA; Tom Holt, PhRMA; John MacArthur; John Mason, Deschutes Co. EHD; Kevin Masterson, Department of Environmental Quality (DEQ); Barbara Rich, Deschutes Co. EHD; Nancy Ruel, Deschutes Co. Public Health Advisory Board; Beverly Shoemaker; Sheree Stewart, DEQ;

Opening:

Thomas Aschenbrener called the meeting to order, welcomed the board members and invited introductions. New board members Kathleen O’Leary and Barry Kast were introduced. New board member Maureen Daugherty-Rosenbaum was not able to attend the meeting.

Changes to the Agenda or Announcements

Thomas announced that the search for a new director of the Public Health Division has been unsuccessful so far and one has not been selected. Mike Skeels will be stepping down as interim director of the Public Health Division, effective October 1st and will return to the Public Health Lab. Dr. Bruce Goldberg has chosen someone as acting director, at least until the end of the 2009 legislative session. He will be making the announcement soon.

Bill Coulombe announced that Deon Johnson will be the interim administrator of the Office of Multicultural Health.

Approval of Minutes

(Handout: *PHAB Meeting Minutes, June 2008*)

Betty Bode motioned that the June 2008 minutes be approved as recorded; motion was seconded; board members voted all in favor; minutes are approved and will stand as written.

Appointment of a Board Chair and Vice Chair Nominating Committee

(Handout: *PHAB Bylaws*)

Three members volunteered to serve on the nominating committee that will bring recommendations for Board Chair and Vice Chair to the Board at the December PHAB meeting – Liana Winett, Steve Westberg, and Mike Plunkett will serve on the nominating committee.

Thomas asked if any of the board members would like to nominate themselves for board chair. Betty Bode recognized Thomas for the excellent job he has done as chair and asked for a consensus among board members to nominate Thomas for a second term as chair. Rick Stone directed member's attention to article IV of the bylaws to ensure that the correct procedures for nominating officers are being followed. If there are any other board members that would like to be considered for board chair, they should talk with the nominating committee who will report back with recommendations at the December meeting.

Rick Stone and Tom Eversole both expressed interest in serving as the vice chair. The nominating committee will talk with both of them and follow-up with the Board at the December meeting when voting will take place.

Public Comment Period

Tom Holt - Pharmaceutical Research and Manufacturers of America (PhRMA): Addressed the topic of the Drug Take Back Program that is on the agenda and voiced PhRMA's opposition to the proposed program. He stated that the take back program doesn't address any of the three major problems that are of most concern (drugs in water, abuse, diversion). He also stated that PhRMA is interested in taking a science-based approach and there isn't any supporting data for the proposed program that addresses any of the major concerns.

Janet Gillaspie, Executive Director, Oregon Association of Clean Water Agencies (ACWA) (Handouts: *Janet's notes on her comments to the board, "Oregon Pharmaceutical Take Back Stakeholder Group - Executive Summary,"* *Endorsements for Oregon's Drug Take Back Program, "Oregon Pharmaceutical*

Product Stewardship Program Outline for Legislation,” “Public Laws of Maine: Chapter 679 – Disposal of Unused Pharmaceuticals”):

Janet stated that ACWA, along with partners at DEQ and the Water Utilities Council of Oregon, have collaborated to put together a lengthy stakeholder process and produced a report. Based on the report there are a series of recommendations to support the proposed program. The stakeholder group examined a variety of different possible systems in developing their recommendation for the take back program, and recommends using a product stewardship model in which the drug manufacturers would be required to organize and pay for a system to conveniently collect and safely dispose of unwanted and unused drugs. ACWA asks for the Board’s endorsement of the concepts included in the proposed Oregon Drug Take Back Program and welcomes any ideas and suggestions on how the concept might be improved.

Public Health Division 2009 Budget – Bill Coulombe, Deputy Public Health Director

(Handout: *DHS 2009-11 Policy Option Packages – DRAFT*)

The Public Health Division is on a biennial budget, and for 2007-2009 the Division is on track with its budget.

2009-2011 Agency Request Development: The budget development started by having the communities and stakeholders help identify what the priorities of the agency should be (what the agency should continue to do, do more of, or not do). Community forums were held in April and May. The Department then developed 8 initiatives in order to present a needs budget (what the unmet needs are and how much is needed to fund them). Further information about what is contained in the policy option packages and the agency request budget is available on the DHS website at <http://www.oregon.gov/DHS/aboutdhs/budget/09-11budget/pops/>.

The initiatives identified with the help of the community forums that DHS will focus on fall under 8 categories:

- Vulnerable Oregonians have access to health care
- Oregonians have access in their communities to the mental health care and addictions treatment they need
- Seniors and people with disabilities live safely and independently in their communities
- Children are safe and healthy
- Families are safe and stable
- DHS promotes prevention, protection and public health

- Services are safe and available in communities when they are needed
- DHS has the capacity to meet clients needs

The Department received an enormous amount of feedback from community partners and stakeholders. One of the policy option packages that the Public Health Division is moving forward is the “public health system improvement package” to strengthen public health at the local level. Another area of emphasis is establishing a core environmental health program for the state because there are more environmental health concerns that need to be addressed. See the handout or the DHS website for information on other policy option packages that the Public Health Division is putting forward.

The difficulty for DHS is that there are a number of unmet needs, but the state economist is forecasting that the state budget will be lower than the essential budget level (the budget level needed to continue providing current services, accounting for inflation, but not adding any new services or enhancements). The Governor’s recommended budget is expected to come out by December 1, 2008.

A question was raised regarding the Transformation Initiative that DHS is going through, and whether it is identifying any ways to help the budget by saving money. Bill answered that the Initiative is expected to identify some savings in administrative and support efficiencies gained, but the promise and expectation of the Initiative is to reinvest those resources and redirect those efficiencies into programs that may have been getting little or inadequate attention. The hope is that the Public Health Division can continue to do more with less or continue to do more with the same amount of money by being more efficient.

Local Drinking Water Protection Update – Gail Shibley, Office of Environmental Public Health, DHS; Dave Leland, OEPH, DHS; Sheree Stewart, Department of Environmental Quality; Kevin Masterson, DEQ
(Handouts: “Oregon Drinking Water Protection Update,” “Oregon DEQ’s Strategic Directions: 2006-2011” brochure, drinking water source areas maps)

The DHS Drinking Water Program oversees over 3600 public water systems serving 3.5 million people, through partnerships with county health departments, to assure that there is safe drinking water. Federal drinking water standards are set by the US EPA that must be followed. A lot of testing goes into making sure that the water meets the standards. The quality of drinking water depends on where the source water is coming from and what is going on at those sources. The sources must be protected to prevent contaminants from getting into them. DHS partners

with DEQ on this.

Some of the work that has been accomplished over the last 10 years by DHS and DEQ includes identifying where the water comes from, identifying what the possible contaminants and threats in the sources are, and helping communities understand where their water is coming from and what they can do to protect it.

DHS and DEQ provided a “Source Water Assessment Report” to all public water systems that included a large scale map of the drinking water source area contributing to the well or intake, a list of *potential* sources of contaminants, and recommendations for how to protect the water quality, but *no new requirements*. A snapshot was provided to board members of the assessment (see handout for additional information, including results of the monitoring, methods of identifying and ranking risks to public water systems, strengthening the case for protection/prevention, and a DEQ toxics reduction “roadmap”).

The conversation concluded with a discussion of the use of pesticides (40 million pounds per year in Oregon) in Oregon’s heavily agricultural areas and the effect that it has on Oregon’s water sources. DHS and DEQ are working with farmers and communities to identify ways to use pesticides more efficiently to ensure that the pesticides are going on the crops and not into the waterways.

Drug Take Back Program Discussion – Gail Shibley, OEPH, DHS and Steve Westberg, Central Oregon Home Health & Hospice and PHAB Member

(Handouts: “*Oregon Pharmaceutical Take Back Stakeholder Group Report – Executive Summary*,” “*State Legislation Regarding Disposal and Donation of Medicines*,” “*ASDWA Weekly Update*,” *various news articles addressing the topic*)

There will be a bill introduced by Representative Jackie Dingfelder in the 2009 legislative session which will implement a drug take back program for pharmaceutical and over-the-counter drugs, similar to the proposed plan that was discussed by Janet Gillaspie of ACWA.

There are three parts of the problem that this program will address: a rise in addictions from unprescribed pharmaceuticals, the issue of water quality, and accidental poisonings. Discussions have been happening within DEQ on how to implement the plan, but it seems as though appropriate public policy is to promote stewardship over products (similar to the bottle bill) in the form of a drug take back program. There have been a wide range of interested parties working on the

discussion, with broad representation of stakeholders.

One of the biggest concerns among board members is that there isn't data that supports that the program will have the intended results. The Board decided that they don't have enough information and it would not be appropriate for the Board to take a policy position and make a recommendation to the DHS Director at this time. Although the Board recognizes that there is a problem that needs to be addressed, they are still unsure if this program is the solution and will need more information. Specifically, what the compelling reasons are that other jurisdictions took this action and implemented take back programs, including data from those specific jurisdictions and not just general information. In addition, the Board needs more information on how specifically disposal of medications will happen and would like to see PhRMA at the table contributing to the discussion of solutions.

A suggestion was made by board member Rick Stone that there be a mechanism in place where proposals such as this one come to the PHAB executive workgroup. The chair can then assign someone from the workgroup or another board member to work up the proposal with a specific resolution that will go in the board member's packets. That way when board members come to the meetings, they will already have the staff background material and the board member's two page take on what it is and a specific suggestion on what the Board should do, having thought about what the Board can do, the cost and benefits, etc. Board members will benefit from having a clear statement of what is being asked of the Board with background information ahead of time.

Deschutes County Commissioner Tammy Melton shared that Deschutes County is partnering with law enforcement in a similar program for their county. All medications will be sent to the sheriff's office and sent monthly to the state to be incinerated. Although water quality is important, prevention is the most important thing they are focusing on with their take back program.

Although PHAB cannot take a policy position at this time, a subgroup of PHAB will work with staff and others to come up with a statement recommendation that can be revisited and presented to the Board at the next meeting. In the meantime, PHAB will provide encouragement back to the Director that this is an issue that the Board thinks has a lot of importance. Discussion on the subgroup will be revisited at the end of this meeting, including who will serve.

Lunch with a Leader – Tammy Melton, Deschutes County Commissioner

(Handout: *Biography*)

Commissioner Melton touched on some of the volunteer work that she's done and how she got interested in government work. She also gave a brief overview of Deschutes County demographics and challenges for the area. Some of the major concerns that they are focusing on include homelessness and unemployment. Deschutes Co. also has the highest rate of uninsured people in the state. The greatest strength is that Deschutes Co. is a community that comes together and partners in arenas that need attention, such as partnerships between the sheriff's office and the mental health department. Commissioner Melton has recognized that partnerships are important and says she is willing to partner with the state on a local level. She asked that PHAB have flexibility in creating and discussing policies since one size doesn't fit all, as demonstrated by the uniqueness of Deschutes Co. demographics.

Public Health Division 2009 Legislative Update – Katy King, Government Relations Manager, Public Health Division

(Handouts “2009 DHS Public Health Division Proposed Legislative Concepts,” *legislative concept fact sheets*)

Katy directed attention to the packet of information provided to board members.

Updates:

- Ban of free samples of smokeless tobacco products – Representative Schaufler and Representative Tomei will introduce this bill as their own
- Liability protection for health care responders during emergencies – The Oregon Law Commission has agreed to take the issue on and look broader than just public health, starting with healthcare issues. More information to come at the December meeting.

Environmental Health Legislative Issues – Gail Shibley, DHS, OEPH

(Handouts “Sustainable Chemicals Policy: The Oregon Strategy to Minimize Risk & Promote Health,” “Green Chemistry for Oregon: Promoting Safer Chemicals and Products to Protect Public Health,” “Oregon Chemical Policy Roundtable”)

Gail gave a presentation titled “Protecting the Health of Oregonians from Toxic Exposures – A Chemicals Policy Reform Outline”.

The problems that the policy reform will address: there currently is no oversight of most chemicals, chemicals are mostly unregulated; there is not enough information about them available (the chemical content of many products is unknown, as well

as the adverse health effects even though exposure to many common chemicals have been linked to preventable diseases).

A chemicals policy reform allows state agencies to prioritize risk reduction efforts on chemicals of greatest concern, promote the use of safer, more sustainable alternatives, and effectively incorporate scientific uncertainty. This will be done by assuring consumer awareness of chemical content, focusing research on human health and ecological effects of known and suspected toxins, smarter, reduced use of chemicals, and enlightened regulatory framework.

Themes:

- Oregon must lead the policy reform
- Build on current policies and successful efforts
- Learn from other states and countries – California, Maine, Massachusetts, Canada
- Rely on each agency's expertise – Health, Forestry, Transportation, Agriculture, etc – share information and data and include everyone at the table
- Build market incentives within Oregon
- Recognize the impact on export opportunities – interstate, international consistency – know what is in the products that are being shipped out
- Beware of unintended consequences – field burning, pesticides, erosion

Proposed priorities:

- Articulate executive branch expectations – there has to be leadership at the top, in the form of an executive order
- Generate/compile relevant data on use, fate and toxicity of chemicals in use – find out what's out there
- Categorize hazards and prioritize actions
- Support the development and application of safer alternatives

DHS Proposals:

- Update the definition of “hazardous substance” – ORS chapter 453 (2009 legislative concept)
- Expand the authority to remove hazardous substances from commerce
- Require point of purchase information for chemicals of public health concern (household and children's products)

The OEPH budget request for the 2009-2011 biennium includes dollars for resources to move forward on this.

The Board will see this again in December and there will be more information provided, and at that time the Board will be asked for a recommendation on whether or not to support it.

Core Issue Review – Thomas Aschenbrener

Rick Stone (Handout: *Memorandum to PHAB regarding “proposed mechanism to achieve board’s mandated role as advocate and consensus-builder in public health arena”*)

This discussion is a follow-up to part of the discussion that was held at the June meeting regarding how the Board will address core public health issues. At that time there was a consensus that it would be productive to put in place a procedural approach to moving forward with board business. The memo that Rick Stone wrote to the Board proposes a mechanism for the Board to achieve the mandated purposes of the bylaws.

Rick’s memo suggests that the Board adopt a model that allows the Board to do something towards its basic purposes:

- Embrace the role that the Board is given in its mandate – aggressively seek to fulfill its role as an advocate and consensus-builder in the public health arena
- Adopt an annual cycle which will allow the Board to select some issues to concentrate on throughout the year, in addition to other topics that come up
- Organize the Board to investigate, study, and formulate recommendations as appropriate
- With the advice and assistance of staff and in coordination with the Public Health Alignment Work Group, conduct community conversations, meetings, and research as necessary to reach conclusions and make recommendations in each area
- Prepare, review and adopt an annual report setting forth its conclusions and recommendations
- Present and advocate its conclusions and recommendations to the Director, and to other key participants in the public health policy-making process

The process being proposed in the memo will be a self-run process. Board members will be the ones to provide the labor, brain power, hold separate meetings, talk with staff members to be educated on topics, put in additional time to reach other constituencies, write the report, make recommendations, and advocate the report as part of the consensus building approach. It’s a lot to take on, but that’s why the Board can pick one topic at a time to focus on throughout the year. The idea of the proposal is not to redo the work of the staff, but to filter

to a higher level of policy and purpose and try to build a consensus around that. Rick moved the proposal as a resolution, and the motion was seconded.

Bob moved that an amendment be made to subparagraph 3 of the “Proposed Action” in the memo (new language is underlined): “Present and advocate its conclusions and recommendations to the Director, and with the Director’s approval, advocate its conclusions and recommendations to other key participants in the public health policy-making process including the Governor, members of the legislature, local health units, health providers and other organizations that have an interest in public health in order to build consensus in favor of the Board’s conclusions and recommendations.” The amendment was accepted by Rick.

Board members shared their thoughts on the memo and the proposal before them. The general consensus among board members is that there needs to be a plan like this in place, but they’re just not sure what it should look like at this time. In particular, the Board will need more time to determine the mechanics of how a plan like this will happen and what the signature product will look like. More time is needed to think about it and talk with people (public health staff and programs) to see what format people would like to see and what will be helpful to the staff and programs.

Rick reiterated the structure that he envisions for this plan: there will be some form of a decision of the Board to act in a deliberative way with respect to policy issue(s) that the Board chooses to act on; the Board will use some kind of disciplined approach to talk about it; there will be some kind of draft on the table in advance for board members to look at ahead of time and to think about it and comment on it; there will be some kind of adoption of what the Board is doing, all of this being done with coordination and assistance of staff, the director, and other constituencies; all of it will be written up in a formal report.

A motion was on the floor, with a friendly amendment, to approve the plan as a working structure for the group; board members voted all in favor; the plan will stand as a working structure. Although the Board approved the plan as a working structure, the plan will still require some work to determine what it will look like in the end. Barry Kast, Bob Shoemaker and Liana Winett volunteered to work with Rick on this. Rick will take the lead and coordinate and pull the group together. In December they will have something for the Board to look at, specifically a form of how this could be implemented.

Drug Take Back Program discussion revisited: The Board has decided that it will

wait until further information is presented and no formal decision will be made at this time. Katy will provide a copy of Representative Dingfelder's draft concept to the Board as soon as it is available. The Board has decided to form a working group on this topic that will come up with some questions that PHAB would like to have answered in order to make a recommendation, decision, or endorsement. The working group will get an issue brief from staff with pros and cons to orient the Board to both sides, and will make a request of staff to provide additional information on this topic (through Katy, Katy will talk with Gail Shibley). Steve Westberg and Kathleen O'Leary have volunteered to be a part of the working group for this issue.

Tom Eversole (Handout: "*Creating a College of Public Health in Oregon*")
Tom gave an update on Oregon State University's effort to create a college of public health in Oregon.

Closing:

Thomas Aschenbrener declared the meeting adjourned.

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

Friday, December 5, 2008
Portland State Office Building
800 NE Oregon Street
Room 1D
Portland, OR
9:00 a.m. – 2:00 p.m.

If you would like these minutes in an alternate format, or for copies of handouts referenced in these minutes please contact
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