

**Public Health Advisory Board (PHAB)**  
**March 3, 2006**  
**Meeting Minutes**

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**Present**

*Board Members:* Thomas Aschenbrener, Faye Burch, Jean Cowan, James Diegel, Gloria English, Tom Eversole, Keith Harcourt and Phyllis Rand. Mort Anoushiravani, Candace Mueller, Bill Perry and Bob Shoemaker were unable to attend.

*DHS Staff:* Susan Allan (by phone), Bill Coulombe, Tom Engle, Christina Hartman, Katy King, Mel Kohn, Bob Nystrom and Sean Schafer.

*Guests:* Jody Fischer, GlaxoSmithKline; Beryl Fletcher, Oregon Dental Association; Diane Lund, Oregon Health News; Kari McFarlan, Community Health Partnership; Jeanne Ochsner, Oregon Safenet; and Willie Smith, Rep. Blumenauer's Office.

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**Meeting called to order by Dr. Harcourt at 9:09 a.m.**

**Announcements – Dr. Keith Harcourt**

Dr. Harcourt welcomed the board members including new public member, Faye Burch, and invited introductions and announcements.

Sean Neilson has resigned his position as a public member.

**December 2, 2005 Meeting Minutes (Handout)**

Dr. Harcourt invited corrections to the December 2, 2005, PHAB meeting minutes. Minutes were approved as written.

**PHAB Bylaws and Approval (Handout)**

Draft PHAB bylaws were presented to the Board for review and approval. The bylaws were adopted as written.

**Public Health Program Changes and Updates – Bill Coulombe**

*Handout: Department of Human Services, Public Health Organization Chart, February 2006.*

Public health has recently been restructured. Health Care Licensure and Certification and Emergency Medical Services were moved from the Office of Public Health Systems and placed in the Office of Community Health and Health Planning under the direction of Dr. Grant Higginson. The Lead Program that was

previously under the Office of Disease Prevention and Epidemiology has been moved to the Office of Public Health Systems and placed under the direction of Gail Shibley.

*Update: The Office of Public Health Systems has been renamed Office of Environmental Public Health.*

The public health organizational chart was distributed to the Board for comments. Members felt that Public Health Preparedness should be elevated to increase the awareness and visibility of preparedness over public health.

**Action: Organizational chart updates will be provided to the Board.**

### **Public Health Budget Update/2007 Proposed Legislative Concepts – Bill Coulombe, Katy King**

*Handout: Twelve Year History of Public Health Funding in Oregon by Fund Type; History of General Fund Support to State Level Program Activities; and Special Payments to Local Health Departments and Public Health Budget History by Major Expenditure Type.*

#### Public Health Budget Update

Bill Coulombe provided three charts illustrating public health funding and the sources of the funding.

- The first chart illustrated the twelve-year history of public health funding in Oregon by fund type. The decrease of fees starting in the 1999-2001 biennium was primarily caused by the move to a Departmentwide cost allocation plan that allocates costs directly into Revenue, Federal Funds or Other Funds and the redirection of funds from the Tobacco Prevention and Education Program to the Oregon Health Plan.
- The second chart provided a history of General Fund supports and illustrates that 52-56% of the General Fund is targeted for special and per capita payments to the county health departments. General Fund dollars are also allocated for the Family Planning and Expansion Program, Immunization Program, and special payments sent by the HIV/STD/TB Program.
- The third chart provided a history of the public health budget by major expenditure type (personal services, services and supplies, special payments, food vouchers, and capital outlay). The increase in funding for public health has been through Federal Funds. General Funds have remained relatively the same.

## Legislative Concepts

The Department is reviewing the list of proposed legislative concepts identifying key priorities. The Department and the Governor's Office have not approved any of the concepts yet.

Key areas of interest for public health include:

- *Public Health Laws and Authorities.* Public health has asked that their Assistant Attorney General (AAG) conduct a public health law review to see if public health has the statutory capabilities to respond in the event of a natural disaster. Board members will be included in the review process.
- *Drinking Water Program Support.* Safe public drinking water is a major component of public health and currently, the Program is at half the capacity to fulfill Environmental Protection Agency (EPA) regulations and requirements.

**Action: The Board will be provided an overview of the new EPA regulations and the Program's plan of action.**

Members requested that the state take a position in regards to fluoridation, as it is a key component of safe drinking water. In May, the Office of Oral Health will be rolling out the State Oral Health Plan that includes fluoridation.

**Action: Staff will be invited to the June Board meeting to discuss the State Oral Health Plan.**

- *Tobacco Prevention and Education Program.* The Governor is publicly supporting funding for the Program.

## Prevention Block Grant Update – Tom Engle

*Handout: Prevention Block Grant Update.*

Tom Engle provided an update and overview of the funding for the Prevention Block Grant. Funding for the Grant was partially restored to \$738,974 over the summer and funds Community Services, the Office of Multicultural Health and services for victims of rape. The President's FY 2007 budget cuts the Prevention Block Grant completely. All states are urging their delegation to support the Prevention Block Grant because of its importance to public health services.

## Adolescent Health Conference – Bob Nystrom

*Handouts: School-Based Health Center Presentation; Oregon School-Based Health Centers 2006 Fact Sheet; and National School-Based Health Care Convention, June 15-17, 2006, Portland.*

The National School-Based Health Care Convention will be held June 15-17, 2006 at the Hilton Portland and Executive Tower. *(Additional information can be found at: <http://www.nasbhc.org/AM2006/AMINFO2006Cover.htm>.)*

Expanding School-Based Health Centers (SBHC) and allocating additional resources to the counties with existing SBHC are included as part of the Governor's Healthy Kids Plan. The Plan would also help with state staffing. Currently, the state has reached its maximum capacity supporting and sustaining existing Centers.

Bob Nystrom provided a SBHC fact sheet that provided basic information in terms of the impact and success of SBHC. Once the biennium is completed, there will be up to 47 SBHC in 19 of the counties.

### **HIV Reporting – Dr. Mel Kohn, Dr. Sean Schafer**

In 2001, the Department implemented name to code reporting of those testing positive for HIV. With name to code reporting, the Department has 90 days from the time the name was reported before replacing the name with a unique code. Since name to code reporting, there have not been any instances of confidentiality breaches.

The Ryan White Care Act funds the Aids Drug Assistance Program and other programs offered to HIV infected people. In October 2006, funding will be distributed among states based on the Centers for Disease Control and Prevention's (CDC) data for reported persons living with HIV and AIDS. Because Oregon does not report persons living with HIV and AIDS, Oregon stands to lose approximately 40% of the Ryan White Care Act funding. For this reason, the Department is proposing named reporting, treating HIV like all other communicable diseases.

Replacing name to code reporting with named reporting does not require a statutory change and can be changed through the administrative rulemaking process. The Department has worked with community partners and stakeholders on the development of the proposed rulemaking and has scheduled three public hearings in Bend, Eugene and Portland. Responses have been fairly accepting of the proposed changes.

*Update: Permanent Oregon Administrative Rules became effective April 17, 2006 that allowed the Department the ability to retain the names of persons reported with HIV.*

### **Biopharm Update – Dr. Keith Harcourt**

The Biopharming Ad Hoc Committee's mission is to present to the Executive Branch advice or framework in respect to requests to grow genetically engineered crops in Oregon that would result in active pharmaceuticals so that the risk to the population is acceptably low and monitoring is satisfactory. The Committee anticipates concluding and issuing either a white paper or statement or possibly some legislation in September on biopharmaceuticals.

Dr. Harcourt, Candace Mueller and Bob Shoemaker represent the PHAB on the Committee.

**Action: Ongoing updates of the Biopharming Ad Hoc Committee will be provided to the Board.**

### **Lunch with a Leader – Willie Smith, Political Director Rep. Blumenauer's Office**

Willie Smith provided a secret peek into the daily operations of a congressional office. Each congressional office operates the same around the country and is budgeted for approximately 20 staff members. Ten staff members are placed in the local district office and ten are placed in Washington, DC. The staff members provide four main elements: legislative work, fieldwork, casework and taking care of the constituents.

Tips for dealing with a congressional office:

- Staff members are very important. Have a meeting and establish a relationship with them.
- Following up is key.
- Do not play the staff against each other.
- Build constituency groups around topic areas.
- Understand what a member of Congress can or can't do.
- Have a specific request.
- Communicate with a hand written letter. Attention will be given to anything thoughtful and personalized (including a well written e-mail) over a form letter.
- Don't mail anything to the DC office (due to the Anthrax scare, processing takes three months) but send it or fax it to the Oregon office.

### **Emerging Issues and Updates**

The PHAB meeting initially scheduled for Friday, September 1 has been rescheduled for Friday, September 8.

## **Governor's Pandemic Flu Summit/State of the Health of Oregon Project Update – Dr. Susan Allan**

*Handout: Message from Dr. Susan Allan in regards to media contact regarding hospital capacity for pandemic flu response.*

### **Governor's Pandemic Flu Summit**

Oregon will be receiving approximately \$1.36 million for pandemic flu preparation. The Department will be sending a request for 20% of the federal funding. This request will be followed up with a detailed process for the remaining 80%. Meetings have been held with the Conference of Local Health Officials (CLHO) and priority projects have been identified including:

- Review of state laws by the AAG.
- Contracting with planners to go to local health departments to do onsite reviews and assist them with their emergency planning.
- Expanding meetings and engaging communities around prioritization and educating them on the challenges faced in an emergency.

While there is a lot of emphasis on stockpiling and distributing antivirals, Oregon will get a share of the federal stockpile but will not be buying the portion that the federal plan suggests.

A Pandemic Flu Summit will be held on March 30 bringing together leaders to show the visible commitment of coordinated emergency planning. Thomas Aschenbrener, Jean Cowan and Keith Harcourt are interested in attending the Summit. Additional information about the Summit can be found at:  
<http://www.oregon.gov/DHS/ph/spotlight/panflusummit.shtml>.

### **State of the Health of Oregon Project Update**

The State of the Health of Oregon Report being developed through the partnership of the Oregon Health Policy Commission, Northwest Health Foundation and Public Health is now being referred to as the State of the Health of Oregon Resource.

A consultant has begun work on the Resource and a meeting will be held with the Steering Committee to get an overview of the data sources to further develop the overall structure and define what the Resource is designed to do. The next step will be an active review and comment period that includes working with communities to establish committees that will work on the development of a proposal.

**Action: PHAB will be used as a resource for the State of the Health of Oregon Resource proposal.**

**PHAB Meeting adjourned 2:03 p.m.**

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

**Friday, June 2, 2006  
Portland State Office Building  
800 NE Oregon Street  
Room 918  
Portland, Oregon**

If you would like this these minutes in an alternate format,  
please contact Christina Hartman at (971) 673-1291.