

**Public Health Advisory Board (PHAB)**  
**June 2, 2006**  
**Meeting Minutes**

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**Present**

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

*DHS Staff:* Susan Allan, Katherine Bradley, Bill Coulombe, Tom Engle, Mike Harryman, Christina Hartman, Grant Higginson, Katy King, Mel Kohn, Dave Leland, Shanie Mason and Gail Shibley,

*Guests:* Jana Cowan; Barry Kast; Erinn Kelley-Siel, Governor's Office; Kari McFarlan, Community Health Partnership, Oregon Public Health Institute; Jane Myers, Oregon Dental Association; Patrick O'Neill, The Oregonian; Paige Webster, Oregon Medical Association; and David Rosenfeld, Oregon Health News.

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**Meeting called to order by Dr. Harcourt at 9:15 a.m.**

**Announcements – Dr. Keith Harcourt**

Dr. Harcourt welcomed the board members and invited introductions and announcements.

The September PHAB meeting has been rescheduled from Friday, September 1 to Friday, September 8.

**March 3, 2006 Meeting Minutes (Handout)**

Dr. Harcourt invited corrections to the March 3, 2006, PHAB meeting minutes. Minutes were approved as written.

**Dr. Susan Allan Update**

**Emergency Preparedness/Pandemic Flu Activities**

Dr. Allan provided an overview of the activities the Oregon Department of Human Services (Department), Public Health Division (Division) has been taking related to Emergency Preparedness and Pandemic Flu Preparation.

- Mike Harryman has been hired to manage the Public Health Preparedness Program.
- In late May, the Division received \$1.36 million for pandemic flu planning that must be used by the end of August. Due to the limited scope of the

funding, expending the money in such a short timeframe is proving to be a challenge.

- The Division has been working on a preliminary proposal for a Statewide Medical Advisory Group that will create guidelines used in making difficult decisions in an emergency, specifically surrounding medical standards and the allocation of scarce resources.
- A statewide pandemic flu planning exercise will be held in November
- Meetings to discuss emergency planning for special populations have been held with the Office of Emergency Management.

### Community Health Priorities: A Resource for Action in Oregon

*Handout – Community Health Priorities: A Resource for Action in Oregon and Draft Timeline.*

The State of the Health of Oregon Project/Resource being developed through the commitment and energy of the Northwest Health Foundation, Oregon Health Policy Commission and the Division is now being referred to as “Community Health Priorities: A Resource for Action in Oregon.”

Staff are in the process of interviewing key informants from past processes to identify what community-based health-related processes were successful, what processes weren't and why. The next step will be a series of community discussions, dialogues, surveys, fact-findings and focus groups to find out what people care about in respect to health. This information will be gathered together to define key health priorities that will be used to develop a policy change focused on improving the health of the people of Oregon.

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

#### Legislative Concepts

*Handout – 2007 Public Health Division Legislative Concepts.*

Katy King provided detail on the Division's 2007 legislative concepts. The concepts have been submitted to the Governor's office for approval.

- Radiation Protection Services: Fee Increase – Fees for x-ray registration and tanning registration and inspection will be increased by 32%. Fees have not been revised since 1993 and an increase is needed to maintain services.
- Medical Marijuana – Clean up a number of administrative issues including: authority for the Division to do criminal background checks; clarification

that a caregiver can grow for four patients at any given time; and the authority for physicians to revoke a patient's card if it's no longer needed.

- ALERT – Expand the nationally recognized ALERT immunization registry from ages 0-18 years to 0-23 years to include college students.
- Drinking Water Program: Authorize Sanitary Survey Inspection Fees – Authorizes the Division to charge water suppliers a fee for conducting periodic sanitary survey inspections. The State is failing to meet its responsibilities with the United State Environmental Protection Agency (USEPA) and the proposed fee would assure that the required inspections are performed on-schedule, and that water system deficiencies are identified and corrected.
- Safe Drinking Water Advisory Committee – Creates a statutorily recognized advisory committee that provides an advisory role to all agencies and officials concerned with drinking water issues.
- Public Health Law and Authorities Placeholder – Addresses statutory gaps with measure to protect the public health system and health of Oregonians.

Staff will be discussing the Public Health Law and Authorities Placeholder, Emergency Medical Services Placeholder, and the Drinking Water Program in detail later in the agenda.

#### Public Health Budget Update

*Handouts – Major DHS Revenue Sources 2005-07, DHS Total Funds Expenditures by Area 2005-07, DHS General Fund by Cluster 2005-07, and Public Health Programs, General Funds by Section, 2005-2007 Legislatively Approved Budget (Pre-Audited – Estimated by Expenditure Type).*

The Department held various community forums seeking input for the 2007-2009 biennium. Bill Coulombe provided an excerpt of the handouts distributed at the budget development meetings that specifically show the funding sources for the Division and where the Division's funding lies within the Department's Legislatively Approved Budget.

The handouts illustrated:

- Total funds (Federal Funds, General Funds and Other Funds) as they relate to the Department's \$9.9 billion budget. The budget for the Division is approximately \$436 million.
- The General Fund budget within the Public Health Division as it relates to the Department's budget. The Division receives approximately \$34 million (1.82%) of the Department's \$2.5 billion General Fund budget. The budget

for Public Health is primarily 68-70% federally funded with 22-23% coming from regulatory or other licensing type fees.

- The General Fund dollars as they are spent within the Division. More than 57% of the General Fund is allocated to the county health departments or used for federal leveraging to provide services through the Family Planning Expansion Program (FPEP), School Based Health Centers (SBHC), Immunization Program and the AIDS Drug Assistance Program (ADAP). *(Example: Approximately five million General Fund dollars brings in approximately 45 million Federal Fund dollars for FPEP services.)*

As part of the 2007-2009 budget preparation process, agencies are required to submit a 22% reduction list. Both the Department's Cabinet and the Division's Executive Team have had preliminary discussions surrounding the proposed reductions.

### **Prevention Block Grant Status – Tom Engle**

*Handout – Public Health and Human Services Block Grant Objectives, October 1, 2005 – September 30, 2006.*

Tom Engle provided an update and overview of the funding for the Prevention Block Grant. The President's FY 2007 Proposed Budget makes drastic cuts to the United States Department of Health and Human Services (DHHS) budget including complete funding for the Prevention Block Grant. The Oregon delegation is very supportive of the Prevention Block Grant and efforts are being made by the Senate and the House to increase funding for the DHHS Budget.

### **Biopharm Workgroup Report – Dr. Keith Harcourt, Gail Shibley**

The Biopharming Ad Hoc Committee has been meeting monthly and has taken on the task of weighing the risks and benefits of growing genetically engineered crops in Oregon resulting in active pharmaceuticals. The Committee's goal is to develop a consensus policy recommendation to the Governor that may or may not result in legislation. The Committee's recommendations are expected in September.

### **EPA New Safe Drinking Water Rules – Gail Shibley, Dave Leland**

*Presentation – Assuring Safe Drinking Water in Oregon.*

Gail Shibley and Dave Leland presented an overview of the state's drinking water system.

- Oregon has 3,600 public water systems. Approximately, 2,700 public water systems serving 25 or more people follow the USEPA standards and almost

- 900 systems not meeting the USEPA standards but providing services to ten or more people follow state law (ORS 448).
- 90% of the state's public water systems serve fewer than 500 people. Only four systems serve more than 100,000 people.
  - The health system for public drinking water is comprised of:
    - Public water suppliers that provide safe drinking water;
    - Certified labs that analyze water samples and report results;
    - The USEPA that sets the national standards and regulations under the Safe Drinking Water Act; and
    - The state and local public health departments that assure safe drinking water by implementing the USEPA standards and supervising the public water suppliers.
  - The Safe Drinking Water Act originally passed in the mid-1970's. Since then, the number of USEPA regulated contaminants has dramatically increased. Currently, USEPA regulates 91 different drinking water contaminants.

In closing, the challenges the Drinking Water Program is faced with, specifically the lack of sufficient resources, was discussed. The Department is preparing a request for the legislature to review that would allocate the needed resources, either through fees or General Fund, to carry out the responsibilities under ORS 448 and the USEPA.

**Action: Dave Leland and Gail Shibley will be invited to a future meeting of the PHAB to further discuss the state's drinking water system.**

**Public Health Laws and Authorities Review Group – Bob Shoemaker, Dr. Allan**

*Handouts – Public Health Law Review May 2, 2006 Meeting Notes; and Memo from Senior Assistant Attorney General, Shannon O'Fallon to State Public Health Director, Susan Allan dated May 22, 2006 re: Draft Proposal for Changes to Public Health Emergency Laws.*

PHAB Board Member, Bob Shoemaker, agreed to Chair the Public Health Laws and Authorities Review Group comprised of members representing the Oregon Association of Hospitals, Oregon Medical Association, Oregon Nurses Association, American Civil Liberties Union, Conference of Local Health Officials, Association of Oregon Counties, Multnomah County Health Department, and Lewis and Clark Law School. The Group will be reviewing the existing public health laws, identifying problems and developing a proposal for legislative action.

On April 17, 2006, Shannon O’Fallon, Senior Assistant Attorney General, produced a memorandum for the Group listing the deficiencies and limitations of the current Oregon public health laws. Using data from the studies done by Georgetown University Law Center, *Oregon Public Health Law – Review and Recommendations* (May 12, 2000) and The Center for Law and the Public Health, *The Turning Point Model State Public Health Act, Oregon Code Analysis* (February 16, 2004) as a blueprint, she found:

- A clear public health mission was not articulated;
- Lack of clarity regarding state and local public health powers and duties;
- Lack of enforcement authority and enforcement options;
- Unclear lines of state and local public health authorities and responsibilities;
- Lack of defined terms;
- Authority resides only with the Department’s Director;
- Due process guarantees are absent or not well articulated; and
- Issues related to Oregon’s public health emergency authority.

The Group will be focusing their efforts on developing a legislative proposal specifically around the public health laws related to emergency preparedness and public protection.

**Action: An update on the Public Health Laws and Authorities Review Group will be provided at the September PHAB meeting.**

### **Lunch with a Leader – Erinn Kelley-Siel, Governor’s Office**

Erinn Kelly-Siel, Health and Human Services Policy Advisory, described her role working for the Governor as an advisor, advocate and analyst.

Erinn began working for the Governor when the state had lost approximately one-third of the General Fund revenue and was faced with a budget crisis. This year, the revenue forecast is looking positive and the hope is that the existing infrastructure can be built upon. She provided detail on a few of the Governor’s commitments and priorities related specifically to public health. They include:

- Support for School Based Health Centers;
- Supporting the Division’s legislative concepts;
- Affordable healthcare;
- Addressing health care professional shortages;
- Keeping Oregonians healthy;
- Addressing older adult care;

- Restoration of tobacco prevention funding;
- 100% Clean Indoor Air Law;
- Increase in the tobacco tax; and
- Healthy worksite initiatives.

*Note: The Recommendations on the Future of Long-Term Care in Oregon can be found at: <http://www.oregon.gov/DHS/spwpd/lrc/flrc/report1.pdf>.*

### **Oral Health Conference – Katherine Bradley**

*Handouts – Seal Out Tooth Decay, A Booklet for Parents; State Plan for Oral Health, Overarching Issues Impacting All Oregonians; and Smile Survey, 2002.*

Katherine Bradley provided an update on the State Plan for Oral Health, dental sealants and the Smile Survey.

State Plan for Oral Health – Previously, an oral health infrastructure did not exist in Oregon. In 2002 and 2003, the Division secured a cooperative agreement from the Centers for Disease Control and Prevention (CDC) around the development of a dental health infrastructure. The Office of Family Health, Oral Health Program, has worked with partners and stakeholders to create a plan that serves as a roadmap for moving toward optimal oral health and has identified goals, objectives and strategies that cover a broad range of issues related to promotion, prevention, access, workforce and infrastructure.

A report about oral health and its relationship to chronic disease across different populations groups will be distributed later this summer.

**Action: The report will be provided to the Board once distributed.**

Dental Sealants – Using limited funding from CDC and a community-based development approach, 28 communities currently offer dental sealant programs. Dental sealants are relatively inexpensive and are known to be an efficient means of preventing cavities. The 2002 Smile Survey found that more than 56% of children aged six to eight have experienced tooth decay. Children from low-income families were nearly three times as likely to have untreated decay.

*Additional dental sealant information can be found at:*

*<http://www.oregon.gov/DHS/ph/oralhealth/programs/sealants.shtml>*

Smile Survey – Using data collected from more than 3,900 first, second and third grade children representing all 36 counties, the Smile Survey 2002 presents key findings for three main areas: income level, race and ethnicity and access.

Key findings:

- Dental decay is a significant problem for children.
- Many of Oregon’s children have untreated dental decay in their primary and permanent teeth.
- Poor children have substantially greater decay.
- Poor children experience greater difficulties accessing oral health care.
- Children of color in Oregon have more dental decay.
- Not enough Oregon children have dental sealants.

**Action: Katherine Bradley will be invited to a future meeting of the PHAB to discuss public health nursing and home visiting.**

### **EMS System Assessment – Dr. Grant Higginson**

*Handouts – News Release, DHS Proposes Action to Improve State EMS System; and Reassessment of Oregon Emergency Medical Services National Highway Traffic Safety Administration Technical Assistance Team (EMS Expert Panel).*

The Division requested that the National Highway Traffic Safety Administration (NHTSA), Technical Assistance Team, complete a reassessment of Oregon’s Emergency Medical Services (EMS) and Trauma Program. The NHTSA sponsored project assists states in identifying areas that need improvement. The reassessment was completed in March and the entire report can be found at: [http://www.oregon.gov/DHS/ph/ems/2006oregon\\_reassessment.pdf](http://www.oregon.gov/DHS/ph/ems/2006oregon_reassessment.pdf)

Key findings of the NHTSA Report include:

- Deterioration of the services provided in Oregon.
- Suggestion to move the EMS/Trauma Program from the Division to Homeland Security.
- Consolidate all facets of EMS and Trauma under the EMS/Trauma Program.
- Develop and implement a comprehensive EMS and Trauma plan and establish new authorities.
- Strengthen training and education, particularly for First Responders and for rural areas.
- Establish a Medical Director position to develop medical standards and protocols.

- Limit liability exposure for supervising physicians.
- Develop and implement a comprehensive evaluation system.
- Closer collaboration with disaster preparedness efforts in both health and public safety.

The Division has been reviewing the NHTSA recommendations and is prioritizing the areas where improvement is needed. Specifically, the Division has:

- Submitted a legislative placeholder and a policy option package to the Department for approval.
- Initiated selected activities within existing resources including:
  - Participation in the Department's health system emergency preparedness planning activities;
  - Development of a State EMS Disaster Preparedness Plan; and
  - Strengthening training opportunities for Emergency Medical Technicians across the state and particularly in rural areas.
- Convened an Advisory Team to review the report and to document the needed new authorities, identify resource gaps, help develop proposed legislative language and to provide guidance on implementation of the recommendations.

**Action: Dr. Higginson will be invited to a future meeting of the PHAB to provide an update on the EMS System Assessment.**

### **Emerging Issues and Updates**

The Division has received funding from the Department for a six-month pilot project focusing on actively and methodically communicating and releasing information about the Division to communities and partner agencies.

**PHAB Meeting adjourned 2:04 p.m.**

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

**Friday, September 8, 2006  
Portland State Office Building  
800 NE Oregon Street  
Room 140  
Portland, Oregon**

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