

**Public Health Advisory Board (PHAB)
September 10, 2004
Meeting Minutes**

Present

Board Members: Mort Anoushiravani, Thomas Aschenbrener, James Diegel, Gloria English, Candace Mueller, Sean Neilson, Bill Perry, Phyllis Rand, and Martin Skinner. Jean Cowan, Keith Harcourt, and David Still were unable to attend.

DHS Staff: Donalda Dodson, Tom Engle, Christina Hartman, Grant Higginson, Barry Kast, Katy King, Mel Kohn, Gail Shibley and Mike Skeels.

Guests: John Britton, Legislative Fiscal Office.

Meeting called to order by Dr. Skinner at 9:13 a.m.

Introductions and Announcements – Dr. Martin Skinner

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

June 4, 2004 Meeting Minutes (Handout)

Dr. Skinner invited corrections to the June 4, 2004 PHAB meeting minutes; minutes were approved as written.

PHAB Chair Election

After serving eight years on the PHAB, Dr. Skinner's term expires October 14, 2004; he is the current Chair of the PHAB. Among other accomplishments, Dr. Skinner developed an informal executive workgroup to provide continuity in between the quarterly PHAB meetings and also invited public health office administrators to each quarterly board meeting to provide updates on their programs.

Dr. Skinner nominated Dr. Keith Harcourt to serve as the Chair of the PHAB. Motion was made by Candace Mueller to elect Dr. Keith Harcourt as Chair of the PHAB; seconded by James Diegel. All in Favor. Keith Harcourt was appointed the new Chair of the PHAB. Gloria English will continue to serve as the PHAB's Vice Chair.

PHAB Executive Workgroup

The PHAB Executive Workgroup meets monthly to organize the agenda for the PHAB quarterly meetings. Policy decisions are not made at these meetings. With

the expiration of Ron Cease and Dr. Skinner's terms, vacant positions on the workgroup need to be replaced.

Thomas Aschenbrener, Candace Mueller, and Bill Perry volunteered to serve on the executive workgroup in addition to existing workgroup members, Jean Cowan and Gloria English. Dr. Harcourt will serve on the executive workgroup as well.

Office of the State Public Health Officer – Grant Higginson, Administrator

Handouts: State Health Organizational Structures, PHAB Briefing, June 6, 2003; Department of Health and Human Services, Centers for Disease Control and Prevention, Local Public Health System Performance Assessment Statewide Report; National Public Health Performance Standards Program Local Public Health System Performance Assessment Instrument; and Oregon's Public Health System Assessment, Final Report, March 2004, Milne & Associates, LLC.

Oregon Public Health System Assessment: Using a standard tool developed by the U.S. Department of Health and Human Services (DHHS), Centers for Disease Control and Prevention (CDC), an assessment was done in nine counties to assess accomplishments in conjunction with the following ten essential public health services:

- Monitor health status to identify community health problems.
- Diagnose and investigate health problems and health hazards in the community.
- Inform, educate, and empower people about health issues.
- Mobilize community partnerships to identify and solve health problems.
- Develop policies and plans that support individual and community health efforts.
- Enforce laws and regulations that protect health and ensure safety.
- Link people to needed personal health services and assure the provision of health care when otherwise unavailable.
- Assure a competent public health and personal health care workforce.
- Evaluate effectiveness, accessibility, and quality of personal and population-based health services.
- Research for new insights and innovative solutions to health problems.

In June 2004, an assessment at the state level was done using a tool developed by the CDC similar to the tool used to assess the nine counties. The process and outcomes were reported at the joint meeting of the PHAB and the Public Health System Assessment Oversight Committee. (Meeting minutes attached).

Enterprise for a Healthy Rural Oregon: Enterprise sites have been established in three regions to promote the following:

- Access to quality health care in rural Oregon;
- Public health excellence in rural local health departments; and
- Integration between public health and local health care activities.

The sites have been established in La Grande, Klamath Falls and Lincoln County.

Health Services provides technical assistance to the three locally self supportive regional Enterprise sites. In addition to the efforts of the DHS, Office of the State Public Health Officer and the DHS, Office of Family Health Services, the Preventive Health and Human Service Block Grant committed \$60,000 to Enterprise for a Healthy Rural Oregon.

Public Health Preparedness: Cooperative agreements were submitted to the DHHS, Health Resources and Services Administration (HRSA) and to the CDC in July. Both cooperative agreements were accepted and will provide \$18 million to public health preparedness efforts.

A small workgroup has been established to ensure that as a public health system a joint effort is made with local health departments to distribute the monies received and to plan for the next cooperative agreement due in the Spring of 2005.

With the monies received from HRSA, regions around the state, with Health Services oversight, will be responsible to distribute the funds to hospitals and health entities in their region. Each region will hire a coordinator responsible for coordinating health preparedness activities and the Regional Health Preparedness Board.

Oregon Health Policy Commission: The Oregon Health Policy Commission is directed under HB 3653 (2003 Legislative Session) to develop a plan and monitor the implementation of the state health policy. Dr. Higginson suggested that the PHAB create a relationship with the Oregon Health Policy Commission.

Note: Additional information on the Oregon Health Policy Commission can be found at: <http://www.ohppr.state.or.us>

Action: Mike Bonetto, Director, Oregon Health Policy Commission, will be invited to attend the next PHAB meeting.

Oregon State Public Health Laboratories – Mike Skeels, Administrator

Handouts: Oregon State Public Health Laboratory Update and Oregon Neonatal Cystic Fibrosis Screening Task Force.

Oregon Neonatal Cystic Fibrosis Screening: The Oregon Neonatal Cystic Fibrosis Screening Task Force, co-chaired by Donalda Dodson and Mike Skeels, was developed to make recommendations to the Department as to whether Oregon should adopt neonatal screening for Cystic Fibrosis, the most common lethal genetic disorder among Caucasians. James Diegel serves on the task force as the PHAB representative.

Action: Mike Skeels will provide additional updates to the PHAB on Cystic Fibrosis Screening.

New Oregon State Public Health Laboratories/Department of Environmental Quality (DEQ) Laboratory Facility: A new laboratory facility has been purchased in Hillsboro. Once the labs move, their space will increase by approximately 21 thousand square feet and the safety level of the facility will be greatly upgraded. The Department of Administrative Services (DAS) received approval from the 2003 Legislature for a \$6 million bond to purchase the new laboratory facility. With additional Emergency Board approval for funds to complete the project, the DAS will be selecting a designing consultant and will then put the project to bid for construction. Approximate cost is \$20 billion; the labs are expected to move by 2006. The annual cost differential for the state public health laboratory is approximately an increase of \$1 million.

Office of Family Health Services – Donalda Dodson, Administrator

Recruitment is currently taking place for an Office of Family Health Services (OFHS) Administrator; Donalda Dodson will be retiring at the end of September.

Assessment: A needs assessment, required by the Title X – Maternal and Child Health Block Grant, has been the focus of the OFHS. The focus of the needs assessment is to define what health conditions exist, the population affected, program issues, infrastructure, support and assistance needed.

Fetal Alcohol Spectrum Prevention Activities: The Department received funding to provide a collaborative and focused approach on the prevention and education of one of the most preventable birth defects, fetal alcohol spectrum.

Women's Health: Funds were received and will be used to build upon the existing SafeNet Program to increase women's health information and referral resources.

Oral Health: Forty-seven community workgroup meetings throughout the state were held in June, July and August to gain input from individuals in the community on the ten identified areas of oral health interest. (Infants and Pregnant Women; Children; Adolescents; Adults; Older Adults; Developmentally Disabled; HIV Positive; Non-English Speaking; Homeless; and Optimal Water Fluoridation.) The Comprehensive State Plan for Oral Health will be developed in a draft form for participants to review and will then be further developed at an Oral Health Summit in the Spring before implementation.

Breastfeeding Promotion: Oregon was the only state to achieve their benchmark and was ranked #1, having 25% of women who exclusively breastfeed for the first six months life.

Office of Public Health Systems – Gail Shibley, Administrator

Handouts: Oregon's Public Health System, A possible day in your life; 5th Annual Emergency Medical Services for Children Conference, October 22-23, 2004; and Oregon EMS Conference, September 24-25, 2004.

The Office of Public Health Systems (OPHS) is characterized as the quality assurance arm of public health. The OPHS protects the health of Oregonians by ensuring the activities surrounding the public's health meet certain standards. With public input and involvement, the OPHS continues to look at how they can be scientifically based, public health risk based, and effectively organized within their regulatory oversight function.

The DEQ, Dr. Les Carlough, published a report, "General Deterrence of Environmental Violation: A Peek into the Mind of the Regulated Public," which may be of interest to PHAB members. The report can be found at: http://www.complianceconsortium.org/StoredDocuments/State/OR_DeterrenceReport.pdf. If you would like a hard copy, please notify Christina Hartman, DHS Health Services, (503) 731-4405 or Christina.Hartman@state.or.us.

Drinking Water Task Force: A bill was introduced, but did not move forward, during the 2003 Legislative Session, that would have added a new fee for each water connection (\$0.60/year or \$1.20/biennium per connection). With legislative encouragement, the Drinking Water Task Force, involving many different Stakeholders, was created. The task force came to the conclusion that additional resources were needed for the drinking water program and because drinking water is a basic public health need that meets public health requirements, a fee for service should be charged. The Interim Water Subcommittee will be introducing a bill

during the 2005 Legislative Session that will increase two water fees and institute a brand new fee for onsite inspections. The fees will provide additional resources at the state and county level.

Ambulance, Emergency Medical Technicians (EMT's) and Paramedic Review: The OPHS is conducting a top to bottom review of ambulance companies including the ambulances, EMT's and paramedics.

Office of Disease Prevention and Epidemiology – Mel Kohn, Administrator

West Nile Virus: The first case of the West Nile Virus infection has been diagnosed in Malheur County, Oregon; the individual fully recovered.

National Violent Death Reporting System: Oregon was one of 17 states to receive funding from the CDC to develop a National Violent Death Reporting System (NVDRS). Information is collected from many data sources and compiled for incident-based cases of violent deaths in Oregon. With this information, the Office of Disease Prevention and Epidemiology (ODPE) is able to compile public health information on violent deaths, which is used to develop violence prevention strategies and intervention.

Elder Suicide: Since 1999, the highest rates of suicide in Oregon have consistently been among those ages 65 and older. Community planning meetings were held in six sites during June & July of 2004 to gather public input for a statewide suicide prevention plan for the elderly.

The key components for elderly suicide prevention are to:

- Promote awareness that suicide in older adults is a public health problem that is preventable.
- Develop broad-based support for elder suicide prevention.
- Develop and implement strategies to reduce the stigma associated with aging and with being a senior consumer of mental health, substance abuse and suicide prevention services.
- Develop and implement community-based suicide prevention programs for older adults.
- Promote efforts to reduce access to lethal means and methods of self-harm by older adults.
- Implement training for recognition and assessment of at-risk behavior in and delivery of effective treatment to older adults.
- Develop and promote effective clinical and professional practices.

- Improve reporting and portrayals of suicidal behavior, mental illness, and substance abuse among older adults in the entertainment and news media.
- Promote and support research on late life suicide and suicide prevention.
- Improve and expand surveillance systems.
- Evaluation of prevention programs.

Addition information can be found at:

<http://www.dhs.state.or.us/publichealth/ipe/esp.cfm>

Suicide Prevention – Garrett Lee Smith Memorial Act: The DHHS, Substance Abuse and Mental Health Services Administration (SAMHSA), will be distributing funds to states through a request for proposal process that will enhance suicide prevention efforts at the state and local level.

Action: Updates on suicide prevention will be provided at the next quarterly PHAB meeting.

Budget and Legislative Issues – Barry Kast, Assistant Director, DHS, Health Services

Handouts: Health Services Proposed Legislative Concepts, August 27, 2004; Reduction Options, Agency 2005-07 Agency Request Budget; and Proposed Policy Option Packages: 2005-07 Agency Request.

Public Health Director: The Department has proceeded with the recruitment for a Public Health Director. Gloria English will be representing the PHAB on the interview panel.

Budget Priorities and Agency Budget Requests: The Department's budget request for 2005-2007 has been submitted; the Governor's recommended budget will be completed by December 1, 2004. Approximately 3% of the Department's budget is for public health; of that, 1% is for prevention and the rest provides for health care. In spite of the budget constraints, the Governor has included as part of his top 15 priorities adding approximately a dollar per capita for communicable disease county support. The second priority for public health is a combination of proposals that would promote healthier children (School-Based Health Centers, Oregon Healthy Teens Survey, Child Fatality Review Process). A package has also been submitted to ensure that the tobacco use reduction account is spent on tobacco prevention and education.

Legislative Update: Legislation that would eliminate pharmaceuticals for dual eligibles from the Oregon Health Plan benefit package is under consideration. Dual

eligibles will now be getting their pharmaceuticals from the federal government under the Medicare Modernization Act.

Public Health System Assessment: The Oregon Public Health System Assessment identified concerns in a variety of areas. Based on the scope of these findings the followings questions were posed to the PHAB for consideration and further discussion:

1. Should the Department of Human Services produce a regular health profile describing the health status of the State? Such a profile could be used as a tool for policymakers, local health departments and public health partners to illuminate areas for increased attention and illustrate the importance of population-based services to Oregonians.
2. The importance of a public health improvement plan has been demonstrated most recently in the completion of the goals of the *Turning Point* grant under the Robert Wood Johnson Foundation. Given the scarcity of public funds currently available, is there value to the preparation of a public health improvement plan for system enhancements. Previous work has identified the gaps in communicable disease control as the overriding priority for Oregon's Public Health system. While the Legislature has considered financial enhancements, additional appropriations have not been forthcoming. Furthermore, less than eight per cent of funding for public health comes from General Funds. Can a public health improvement plan be used to generate a strategy for identifying federal grant resources in the future with informed legislative approval?
3. Alternatively, are there current resources that may be better utilized through efficiencies in organizational structure or management, or that can be redirected to higher priority public health functions? Are PHAB members aware of the application of similar planning processes in their own organizations or service areas with positive results? What strategy should be followed in working with the community to produce system improvements?
4. What structural changes, short of creating a new Department of Health, offer opportunities to increase the focus on public health and stronger leadership that the Assessment recommendations seek to achieve?
5. The Assessment identified the lack of a research agenda within Oregon as a gap in public health capacity. What public or private partnerships are available to strengthen Oregon's research agenda and improve the database upon which policy decisions must be made?

6. Population-based public health services are predominantly provided by public entities at the state and local level. What is the role of private organizations in the public health system? What opportunities exist now to incorporate greater private participation in the planning, delivery and evaluation of public health services in Oregon?

Action: Questions posed to the PHAB will be sent out electronically for comments.

PHAB Meeting adjourned 1:30 p.m.

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

Friday, December 3, 2004

9:00 a.m. – 2:00 p.m.

**Portland State Office Building, Rm. 918
800 NE Oregon Street, Portland**

**Joint Meeting of the PHAB and the
Oregon Public Health System Assessment Oversight Committee
Meeting Notes**

Participants:

Committee Members: Grant Higginson, MD, DHS, Co-Chair; Alan Melnick, MD, CLHO, Co-Chair; Donalda Dodson, DHS; Gloria English, PHAB; Georganne Greene, Curry County; Mel Kohn, DHS; and Liana Winett, DrPH, Oregon MPH Program.

Others: Members of PHAB and Interested Others; Tom Engle, DHS; Representative Mitch Greenlick; Barry Kast, DHS; Katy King, DHS; Tom Milne, Milne & Associates; Casey Milne, Milne & Associates; Dan Peddycord, Deschutes County; and Gail Shibley, DHS.

Opening: Grant Higginson convened the meeting at approximately 1:30 p.m. (following the Public Health Advisory Board meeting). The March minutes were approved as written, and the agenda was reviewed and approved. Grant noted that this meeting is the last for the Oversight Committee and that the focus of today's agenda was to review/approve the report of the state National Public Health Performance Standards Program (NPHPSP) assessment.

State Assessment: Milne & Associates, LLC, included the following in their presentation:

- Project overview, review of the process and agenda;

- Review of the state public health system, concepts behind the CDC tool and review of the 10 essential services;
- Limitations of the tool and process;
- Charts and graphs of the key findings by ES and Standards;
- Comparison of 3 states and state/local;
- Chart of contribution by state and comparison with local contribution; and
- Summary of findings.

The presentation was followed with discussion of recommendations and next steps. The following are the key points that emerged:

- There was discussion addressing the degree to which the recommendations were reflective of the findings.
- It was recommended the parking lot issues (overarching themes) be reviewed for follow up and possible action.
- Question was asked, who is responsible for the implementation of the recommendations. It was noted that if there was a clear public health authority, this question would not need to be asked.
- It was also recommended that PHAB stay involved in the tracking of progress of the report's recommendations.

The report was accepted and a meeting of all invitees as well as interested others is planned for October 25th, 2004 from 1-5 pm. Additional information will be sent out on the location.

Adjournment:

Grant Higginson briefly summarized the decisions of the meeting. The meeting was adjourned at 3 p.m.

If you would like these minutes in an alternate format,
please contact Christina Hartman at (503) 731-4405.