

Public Health Advisory Board (PHAB)
December 2, 2005
Meeting Minutes

Present

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

DHS Staff: Susan Allan, Bill Coulombe, Lorraine Duncan, Tom Engle, Christina Hartman, Katy King, Mel Kohn, Jane Moore, Alberto Moreno, Nan Newell, Patty O'Sullivan, Patricia Schoonmaker and Gail Shibley.

Guests: Les Ruark; Tim Stumm, Oregon Health News; Paige Webster, Oregon Medical Association; and Liana Winett, Master of Public Health Program.

Meeting called to order by Dr. Keith Harcourt at 9:10 a.m.

Announcements – Dr. Harcourt

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

Faye Burch was recently appointed to the Board as a public member.

September 2, 2005 Meeting Minutes (Handout)

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

State of the Health of Oregon Report Update, Public Health Emergency Preparedness Recent Activities, General Public Health Update – Dr. Susan Allan

Recent Public Health Emergency Preparedness Activities

- The Governor is in the process of appointing an Emergency Preparedness Task Force. The focus of the Task Force will be on earthquake and pandemic flu planning. Dr. Allan is a key member of the task force.
- A planning group is working on creating a state level crisis communication plan. They will be using the communication plan for public health as their model.
- In the event of an emergency, state public health laws are weak and inadequate. The Department has sent a proposal to the Oregon Law Commission to do a comprehensive review of public health authorities.

- The Public Health Preparedness Program has focused their work on building emergency response plans that will be sustainable during the next couple of years when massive cuts to the funding are expected.
- Members discussed the need of local level preparedness in an emergency situation and the need to educate the public. There is great concern that staffing and financing of emergency preparedness has been put on the state without sufficient resources to address the issue.

Action: Public health’s emergency preparedness activities will be a standing agenda item for each meeting of the Board.

State of the Health of Oregon Report Update

A brainstorming session to develop a “State of the Health of Oregon” report was held on September 29. The goal is to create a powerful and fundamental dialogue around the state surrounding a broad variety of health issues. Public opinion polling and town hall sessions will be conducted to define: what key groups and populations care about; what motivates them; what worries them; what they want in their healthcare system; and also to provide communities an opportunity to voice their concerns.

Public health is collaborating with the Oregon Health Policy Commission (OHPC) and the NW Health Foundation on the development of this report.

Federal Funding – Katy King

Recently at the federal level, the House defeated the conference committee report on the 2006 Labor, Health and Human Services, Education Appropriations bill. This bill has not been defeated in ten years. The conference committee report was passed with the following provisions:

Preventative Health and Health Services Block Grant: \$100M (down from \$118M in 2005. The administration had recommended this be zeroed out.)

Maternal and Child Health Block Grant: \$710M down from \$723M in 2005.

CDC terrorism preparedness funding: \$1.5B down from \$1.6B in 2005. The amount for state and local preparedness included in this figure is \$790M for the House, down from \$862M in 2005. The Senate figure is \$732M.

Update: On December 30, the President signed into law the conference report accompanying the 2006 Labor, Health and Human Services, Education Appropriations Act. Except for adding additional funds for rural health programs and correcting a Medicare coverage issue, this report is nearly identical to the one rejected by the House.

Prevention Block Grant Update – Tom Engle

Handout: Public Health and Human Services Block Grant (aka Prevention Block Grant) Update.

Towards the end of the summer, funding for the Prevention Block Grant was reinstated to \$738,000. Due to the effects of Hurricane Katrina and Rita, further cuts are expected. Services to receive funding from the block grant include the Office of Community Liaison and Office of Multicultural Health. Any additional funds will be used for one-time projects decided upon by Dr. Allan and the Public Health Leadership Team.

Cancer Summit Plans and Update – Jane Moore

Handouts: Oregon Comprehensive Cancer Plan, 2005-2010, 5 Workgroups & 16 Goals; Brochure – Oregon Partnership for Cancer Control (OPCC), Making a difference in our communities; and OPCC Membership Form.

The Oregon Partnership for Cancer Control (OPCC) is comprised of various individuals and organizations with a mission of using Oregon specific cancer data to take on the issue of cancer control in Oregon.

Oregon's First Cancer Summit was held on June 29, 2005, to unveil the Oregon Comprehensive Cancer Plan. An overarching goal of the cancer plan is promotion of universal access to health care for all Oregonians to assure equity in cancer prevention, screening, treatment and survivorship services. Five workgroups have been created to focus on: prevention and early detection; treatment and quality of life; cancer disparities; public policy and legislation; and data management and surveillance.

The primary activity of the OPCC is to take the Oregon Comprehensive Cancer Plan to communities around the state.

Action: Oregon Comprehensive Cancer Plan updates to be provided to the Board.

Public Health Funding – Discussion

Recently, counties received a reduction in their breast and cervical cancer funding from the Centers for Disease Control and Prevention (CDC). This reduction highlights the problems that counties face when trying to obtain funding to continue critical services. Because of minimal funding available to the state in general, they are unable to provide financial assistance when reductions like this occur.

Action: An overall general analysis of funding sources in public health and trends over time will be provided to Board members at the March meeting.

Pandemic Flu Planning, Vaccine Status

Pandemic Flu Planning – Dr. Allan

An incident management and emergency response structure has been created to focus on disbursing information to the general public about this year's flu vaccine, the flu disease itself, general avian flu, and pandemic flu planning.

The Department has now required every major program to identify a pandemic flu planning contact to represent their program. Public health will remain in the lead. Meetings to develop a calendar year work plan will be convened recognizing the special role each contact has with their particular community base and special populations. The work at the Department level will then be integrated with the planning work being done by the Conference of Local Health Officials (CLHO) and the core leadership team handling emergency preparedness.

Pandemic Flu Planning – Nan Newell

Handout: Preparing for Pandemic Influenza, December 2, 2005.

The Public Health Preparedness Program is working on updating their current pandemic flu plan to: address and integrate the national pandemic flu plan that was published in November, 2005; include a Pandemic Influenza Coordinating Committee; finalize local health department requirements and flu plan templates; reflect new phases; integrate hospital planning; define prioritization of scarce resources; create an antiviral stockpiling policy; convene a Pandemic Flu Summit; and exercise using mock scenarios.

The CLHO State Emergency Preparedness Committee put together a moderate pandemic influenza scenario that stretches the resources but doesn't completely crash the public health system. The Committee will also be establishing a plan used in a severe scenario.

Vaccine Status – Lorraine Duncan

Handouts: 2005-06 Flu Vaccine; and Influenza Season 2005, An Information and Resource Packet for Oregon Immunization Providers.

Approximately 90-95% of flu vaccines are purchased and distributed by the private sector, not through the public sector. The vaccines are disbursed by a "supply and demand" method. Those that order large quantities will receive the vaccines before those that have requested smaller quantities. Delays in flu vaccine shipments have

created significant supply issues in eight Oregon counties. Providers have been asked to vaccinate their high-priority groups first.

The structure of the Flu Vaccine Incident Management System Structure and the Flu Vaccine Plan were discussed.

- Talking points were developed and are updated on a regular basis and posted on the Internet providing clear communication to stakeholders and partners.
- Local health departments are contacted weekly and asked to rate their system on a scale of one to five. (5=desperate, 1=needs are met).
- A brokering system was established. Those that are in need of vaccine, contact their local health departments. If the local health departments are unable to help, they will be referred to the state.
- Information was distributed to Oregon Emergency Medical Responders and Oregon Immunization Providers.

The Immunization Program continues to send a message out to healthy emergency responders, health care workers, contacts for those at high risk and healthy people between the ages of five and 49 to use FluMist. Using FluMist would save the inactivated vaccine for those that can't use FluMist. The problem with this is that FluMist is more expensive, it isn't covered by most health plans, and because it has to be refrigerated, creates a storing issue. A priority of the Program is to work with health plans to cover FluMist.

Oregon Law Commission – Patty O’Sullivan, Grant Higginson, Bill Coulombe, Katy King

Handout: Timeline Regarding Previous Public Health Law Reviews, Public Health Advisory Committee, December 2, 2005.

The Oregon Law Commission reviews Oregon laws to ensure that they are clear, concise and up to date. The Department has submitted an application to the Commission asking if they would consider reviewing existing public health statutes to look at their programs and the authorities that they have, specifically in an emergency situation. Public health statutes are confusing, seriously outdated, and inadequate. Where authority may be “intended” the statute itself could be interpreted differently.

Dr. Allan and Dr. Grant Higginson will be presenting information to the Oregon Law Commission’s Program Committee who will then determine whether they are able to take this review on or not.

Additional information about the Oregon Law Commission can be found at:
<http://www.willamette.edu/wucl/oregonlawcommission/>

Action: The Board will continue to be updated on the progress of the public health law review.

Lunch with a Leader – Liana Winett, Master of Public Health Program

Handout: Oregon Master of Public Health Program Information Packet.

The Oregon Master of Public Health (OMPH) Program is a unique collaborative statewide Master of Public Health (MPH) degree program offered through Oregon Health and Science University (OHSU), Oregon State University (OSU) and Portland State University (PSU).

The OMHP Program works with the universities to offer specialized training in: epidemiology and biostatistics; environment, safety, and health; health management and policy; health promotion; international health; and primary health care and health disparities.

The OMPH Program is currently working on:

- Program wide field experience placement coordination.
- Program wide career guidance resources.
- Student recruitment and support mechanism.
- Increasing student diversity.
- Increasing faculty diversity.
- Cultural competence curricular transformation trainings.
- Reaccreditation site visit in May.

The OMPH Program has an External Advisory Council (EAC) comprised of 20 public health professionals representing various public health disciplines, populations, and geographic regions throughout Oregon. The priorities of the EAC are to: raise awareness of available practice experiences for OMPH students and better coordinate the processes of preceptor oversight and evaluation; bring OMPH training resources further into rural regions of Oregon; and increase program focus on populations within Oregon.

Additional information about the OMPH Program including: job, field experience and volunteer opportunities; and news about public health events can be found at: www.oregonmph.org.

Action: A presentation of the OMPH Program will be provided to CLHO.

PHAB Bylaws/Approval – Keith Harcourt

Handout: DRAFT Bylaws, Oregon Public Health Advisory Board.

Draft bylaws for the PHAB were presented to the Board for comment.

Action: The definition of a quorum will be included in the PHAB bylaws. Bylaws will be voted upon at the March PHAB meeting

Health Professional Exchange with Mexico – Alberto Moreno

The goal of the Oregon-Mexico Health Professionals Exchange is to increase the mutual understanding between health professionals leading to effective efforts to maintain and improve the health of migrant workers, immigrants and other shared populations.

In 2005, over 25 delegates from across health systems within Oregon visited Mexico to learn about their health system. During that visit, delegates signed the Oregon-Mexico Health Accord that will give us the framework to decrease the many health disparities that the people of Mexican ancestry who live and work in Oregon often face.

Action: Alberto Moreno will be invited to give a detailed presentation on the Oregon-Mexico Health Professional Exchange at a future Board meeting.

Legislative Concept Timelines for 2007 Session, Possible Ideas – Katy King

Handouts: Legislative Concept and Budget Process Timelines for 2007 Session; Department of Human Services: Legislative Concept Development 2005-07; and Department of Human Services, Health Services, Legislative Report, 2005, Summary of Major Legislation.

The timeline for legislative concepts and the budget process for the 2007 legislative session was distributed to the Board. Public health is compiling a list of their legislative concepts and will be submitting them to the Department for consideration in February.

Action: Members to think of public health statutory changes they would like to see proposed in a legislative concept. Detailed discussion of proposed legislative concepts to be on the March PHAB meeting agenda.

Emerging Issues and Updates

Bio-Pharm Update – Gail Shibley

The Biopharming Ad Hoc Committee will be meeting monthly to develop a consensus policy recommendation to the Governor in respect to biopharmaceuticals.

The Committee has ten standing members and is chaired by Jim Rue, State Board of Agriculture, with Dr. Harcourt, serving as the vice-chair. The State Board of Agriculture and the PHAB are equally represented, along with two independent scientists and two non-voting ex-officio members representing the Oregon Department of Agriculture and the Department.

Action: Updates on the Biopharming Ad Hoc Committee will be provided to the Board at their March meeting.

NW Health Summit – Jean Cowan

The Oregon-Washington 100% Access Summit brought together policymakers, federal, state and local levels of government and other public and private health care stakeholders to improve access to health services, specifically focusing on the safety net delivery system.

PHAB Meeting adjourned at 2:20 p.m.

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

**Friday, March 3, 2006
Portland State Office Building
800 NE Oregon Street
Room 918
Portland, Oregon**

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