

Public Health Advisory Board (PHAB)
December 5, 2003
Meeting Minutes

Present

Board Members: Ron Cease, Jean Cowan, Keith Harcourt, Candace Mueller, Phyllis Rand, Martin Skinner, and David Still. Gloria English was unable to attend.

DHS Staff: Donalda Dodson, Michael Heumann, Christina Hartman, Grant Higginson, Jim Kanoff, Barry Kast, Katy King, Mel Kohn, Gail Shibley, and Mike Skeels.

Guests: Diane Lund, Oregon Health Forum.

Meeting called to order by Martin Skinner at 9:15 a.m.

September 5, 2003 Meeting Minutes (Handout)

Dr. Skinner invited corrections to the September minutes. Motion was made to approve the minutes as corrected. Seconded. All in favor.

Action: Remove the following sentence found under announcements.

“Martin also expressed the need to set aside time for each board member at the meetings, to ensure they meet timelines.”

Budget and Legislative Issues

Handouts: Legislative Concept Process, 2005-2007 Biennium; Department of Human Services, Health Services, Legislative Report 2003, Summary of Major Legislation; December 5, 2003 Budget Presentation; and Department of Administrative Services Budget Overview.

Legislation – Katy King

Legislative Concepts: A preliminary list of legislative concepts will be discussed in January with the Health Services Executive Team and finalized in February. Legislative concepts will be submitted to the Department of Human Services (DHS) for approval and will then go to the Department of Administrative Services (DAS). The Governor’s Office will receive the concepts from DAS. Collaborative work will be done during the interim period to gain support for the concepts submitted.

The outcome of Measure 30 will impact legislative concepts. HB 5077 includes a list of the proposed cuts that will be made if the measure fails in February. It is unlikely that a special session will be held if Measure 30 is defeated.

Jean Cowan suggested focus remain on legislative changes needed to effectively incorporate public health goals with programs that exist, rather than creating new innovative programs. Innovative ideas without fiscal impact and fee changes are more likely to get a hearing.

Action: Members to discuss and propose issues of focus for the next legislative session. Before the next board meeting, members may send ideas to Dr. Skinner (snfdoc@comcast.net), Tom Engle (Tom.R.Engle@state.or.us), or Christina Hartman (Christina.Hartman@state.or.us).

Budget – Jim Kanoff

A spreadsheet comparing the 01-03 and 03-05 Legislatively Adopted Budget and 01-03 Ending Operating Budget was distributed and discussed and an overview of 03-05 budget actions was provided. Less than ten percent of the budget for public health is funded with general funds.

School-Based Health Centers (SBHC): SBHC are funded by general fund and often end up on the cut list due to the lack of general funds in the public health budget. Although SBHC have received legislative support, Ron Cease proposed finding a way to protect the program. Grant Higginson suggested creating a legislative concept.

Budget Process/Potential 2003-05 Disappropriation – Barry Kast

The Health Services budget will be reduced by \$154.10 million if Measure 30 fails. In preparation, the Department will begin looking at services that were restored and program changes that could reduce the impact of reductions and incur savings. If there are to be savings from the health plan, it is unknown to what extent this can be accomplished without statutory change. The Governor may direct agencies to find money without crossing statutory boundaries.

2005-07 Agency Budget Requests will be submitted to the Governor by September 1, 2004 for development of the Governor's Recommended Budget.

Office of State Public Health Officer – Grant Higginson

Handout: Draft – Enterprise for a Healthy Rural Oregon, October 2003.

Enterprise for a Healthy Rural Oregon: Enterprise is a joint project between the State and the Oregon Health Sciences University (OHSU), Office of Rural Health and is funded with existing resources. New general funds will not be requested. The project will be sited in La Grande but the vision is to create sites in Klamath Falls and Lincoln County. A kick-off meeting with local and state representation was held November 21, 2003. A firm commitment has been made to station one

half-time Public Health Preparedness staff, funded with bioterrorism dollars, in Eastern Oregon to provide health officer support to Eastern Oregon and other rural areas including the Coast and Southern Oregon.

Public Health Assessment Project: Eleven counties have volunteered to participate in a national assessment process based on national standards. Gloria English is representing PHAB at the Oregon Public Health System Assessment Oversight Committee meetings. Legislative concepts may be proposed for this project.

Patient Safety: HB 2349 created a Patient Safety Commission. DHS received a grant from the U.S. Department of Health and Human Services (DHHS), Agency for Healthcare Research and Quality (AHRQ) that will be used to look at potential medical errors in long term care facilities.

A Patient Safety Conference, co-sponsored by DHS and AHRQ, will be held on February 4 in Portland at the DoubleTree. The conference will kick-off the Patient Safety Commission. Best practices around the country and Oregon will be discussed. Martin Skinner will attend as the PHAB representative and Jean Cowan may attend as well.

Action: Ongoing updates of Enterprise for a Healthy Rural Oregon, Patient Safety, and the Public Health Assessment Project will be provided at future PHAB meetings.

Office of Public Health Systems (OPHS) – Gail Shibley

Handouts: OPHS Organization Chart and Mission; and OPHS Fee Supported Programs, 2003-2005.

An overview of the Office of Public Health Systems and the broad array of programs it includes was provided. OPHS is characterized as the quality assurance arm of public health. Most everything pertaining to public health that is inspected, licensed, certified, or otherwise regulated falls within OPHS. OPHS works closely with many partners. General funds are appropriated to only the Drinking Water Program and Emergency Medical Services. All other programs are self-supported through grants and fees.

- Vision: Enhance the quality of life for all Oregonians by effectively communicating who we are and what we do.
- Mission: Protecting the health of Oregonians by assuring safety from environmental hazards and promoting access to safe, quality healthcare.

The political arena surrounding public health programs is very sensitive and work will be done to improve the perception of public health. Jean Cowan discussed the

importance of educating people to create an understanding of the services the government delivers, and the need to improve the connectivity of services provided at the state and local level.

Environmental Public Health Issues – Mel Kohn and Michael Heumann

Handouts: Presentation, “Environmental Public Health: New Directions and Partnerships for Prevention.”

Environmental and Occupational Epidemiology is part of the Office of Disease Prevention and Epidemiology. It is staffed by 20-21 employees and is responsible for 13 different grant-funded programs. Limited amounts of general fund are used.

As defined in Healthy People 2010 and by the World Health Organization, environmental public health encompasses those aspects of human health, disease, and injury that are determined or influenced by factors in the environment. Environmental public health issues include: outdoor air quality; water quality; toxics and waste; the built environment; and global environmental change.

Environmental public health programs in Oregon include: The Environmental Public Health Tracking Network (EPHTN); Superfund Health Investigation and Education (SHINE); Lead Poisoning Prevention; Pesticide Tracking and Prevention; Hazardous Substances Emergency Event Surveillance (HSEES); and Tobacco, Asthma, Obesity, Drinking Water, Lead Abatement, Beach, and Clandestine Drug Lab Programs.

Environmental and Occupational Epidemiology infrastructure collaborates with others and works to provide: trained personnel and resources to investigate and respond at a state and local level; tracking, detecting, monitoring, evaluating, and measuring; information, education, and protection to partners and the public; and coordination among partners and stakeholders.

Office of Disease Prevention and Epidemiology – Mel Kohn

Handouts: The Certificate of Birth Brochure and Certificate of Death Brochure.

Obesity grant: The Department was granted permission to accept the obesity grant funds at the November 2003 Emergency Board.

SARS Workshop: Two key pieces will need to be in place to control SARS:

1. Health care institutions and systems need to have an appropriate infection control safeguard in place and must provide timely and accurate reporting; and
2. Track contacts of cases to ensure appropriate isolation and monitor for signs of the disease.

Oregon's Tobacco Prevention and Education Program: Partial funding reinstated the Tobacco Program and the Quit Line. Contracts remain in place but will need to be reactivated.

Vital Record Fee Brochures: Vital record fees were raised December 1, 2003; fees have not been raised since 1991. Certificate of Birth and Certificate of Death brochures have been created and distributed educating the public about the services provided to them from the fees that they are charged.

Candace Mueller suggested creating a policy requiring programs to create and distribute brochures detailing what services are provided by the state through fees. Jean Cowan suggested providing more information to the public educating them on the services provided by public health in general.

Action: Copies of the brochures will be shared with OPHS, Gail Shibley, with the suggestion that fee-supported programs create and distribute materials to the public outlining the services provided by the fees that are paid.

Office of Family Health Services – Donalda Dodson

Handouts: HRSA – Early Child Health Systems Plan: Goals, Objectives & Work Plan, December 4, 2003; and Vision for Healthy Oregon Children Working Draft, December 4, 2003.

Oral Health: Results from a small survey in 2002 were released. Oral health problems are still prevailing and remain to be a leading chronic disease among children. Minorities and children in poverty continue to have a predominance of dental health need.

Action: Donalda Dodson to present results of the Oral Health Summit and action steps towards prevention at a future PHAB meeting.

Early Childhood Health Systems Development Initiative: The Department received \$100,000 to develop a systematic plan to implement interventions and improve state systems of care and support for children up to age 8 in the following areas: access to care and medical home; social-emotional health; early education and childcare; parent education; and family support services.

Currently four pilot projects are in place in Lincoln, Jackson, Baker, and Multnomah counties to provide health consultation activities in childcare settings. Very positive feedback has been received.

Action: Donalda Dodson requested that the PHAB act as a key informative group to provide feedback on the needs they see in the community.

Office of Oregon State Public Health Laboratories (OSPHL) – Mike Skeels

Handouts: Neonatal Screening for Cystic Fibrosis, Preliminary Information for Oregon Public Health Advisory Board, December 5, 2003; and article titled, “Analysis of the Costs of Diagnosing Cystic Fibrosis with a Newborn Screening Program.”

Cystic Fibrosis Screening: Adding Cystic Fibrosis (CF) to the list of the 26 disorders tested through newborn screening is being considered. Newborn screening for CF is in place in nine states and is supported by CF clinicians. Screening is done by blood spot and costs \$5. In 2001, the Department received approval from the Legislature to raise the fees for newborn screening to \$60 per child. The fee is currently \$54 per child so further legislative approval may not be required to increase the cost to add CF. Information will continue to be collected and OSPHL will be communicating their intent with interested parties through a public process. Detailed information will be presented to the PHAB before a decision is reached.

SARS: OSPHL passed the proficiency-testing panel with 100% score and is now capable of doing tests to detect the SARS virus in clinical samples.

Priorities for the 2005 Legislative Session – Katy King

The following issues are being considered for legislative concepts:

- Adding Cystic Fibrosis to newborn screening;
- Requirements regarding the use of vaccines with thimerosal;
- Possibly removing the requirement for those 18 years and older to sign a release before their immunization records can be shared with authorized users; and
- Changing the second dose measles requirement for college.

Phyllis Rand requested that the need to protect School-Based Health Centers by making them a requirement be discussed. The Department would be unable to present a legislative concept that would protect one program when there are other programs unprotected. Legislators need evidence validating SBHC and the need to continue services. Jean Cowan requested that this be done cautiously as the programs are not statewide and are limited in number. David Still suggested partnering with the Department of Education.

Jean Cowan discussed the need to educate the public and improve communication between the state and local partners. Suggestion was made to create an overarching philosophy that defines what public health is and the components and pieces of the public health system, and includes local partners as part of the system.

Legislative concepts considered for development include the Rural Health Initiative and the Public Health Assessment Program.

Action: Katy King will work with the staff in Communications to ensure that Stakeholders have been notified before there is a news release.

Action: Christina Hartman to update the list of PHAB interested parties.

Other Business

Membership: PHAB membership needs to be rebuilt. Tom Engle and Dr. Skinner will be working with Bruce Goldberg, Administrator of the Office for Oregon Health Policy and Research, to recruit and appoint new members.

Action: Define process of executive appointments.

Action: PHAB members to suggest nominations.

Future Agenda Items: Oral Health presentation by Donalda Dodson.

Next Meeting: Friday, March 5, 2004, at 9:00 a.m.

Meeting adjourned 2:00 p.m.

Respectfully submitted by Christina Hartman.

If you need this document in an alternate format,
please contact Christina Hartman at (503) 731-4405.