

**Public Health Advisory Board (PHAB)**  
**June 4, 2004**  
**Meeting Minutes**

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**Present**

*Board Members:* Mort Anoushiravani, Thomas Aschenbrener, Ron Cease, Jean Cowan, James Diegel, Candace Mueller, Sean Neilson, Phyllis Rand, and Martin Skinner.

Gloria English, Keith Harcourt, Bill Perry 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:* Jana Cowan; Representative Mitch Greenlick; Diane Lund, Oregon Health News; and Gary K. Weeks, Director, Department of Human Services.

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**Meeting called to order by Dr. Skinner at 9:03 a.m.**

**Introductions – Dr. Martin Skinner**

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

**March 5, 2004 Meeting Minutes (Handout)**

Dr. Skinner invited corrections to the March 5, 2004 minutes. Motion was made by Phyllis Rand to approve the minutes as written. Seconded by Candace Mueller. All in favor.

**Announcements**

*Handouts: Health Services organization charts and article: Leslie Robbins, Glen Andersen and Larry Morandi, “What’s Health Got to Do With It?” State Legislatures, June 2004, pp. 12-15.*

Northwest Health Foundation will be co-sponsoring a research conference, “Improving the Health of Our Communities Through Collaborative Research,” June 28-30, 2004, at the Portland Lloyd Center, Double Tree Hotel. Additional information is available at <http://www.nwhf.org/announce.htm>.

Ron Cease suggested board members review a recent hunger study by Oregon State University titled, “Food Insecurity and Hunger in Oregon: A New Look.” Information can be found at <http://arec.oregonstate.edu/ruralstudies/hunger.pdf>.

Dr. Skinner presented Ron Cease with a plaque in honor of his eight years of service as a PHAB board member. Ron’s term expired May 31, 2004.

PHAB Executive Workgroup members, Dr. Skinner, Ron Cease, Jean Cowan and Gloria English, meet monthly to organize the agenda for the PHAB meetings and to discuss issues. Policy decisions are not made at these meetings. With the expiration of

Ron's term and the impending expiration of Dr. Skinner's term, there will be two vacant positions on the workgroup that will need to be replaced.

**Action:** (1) Copies of the hunger study will be distributed to board members at the September PHAB meeting. (2) PHAB Executive Workgroup membership will be discussed at the September PHAB meeting.

## **Budget and Legislative Issues**

### **Budget – Barry Kast, Assistant Director for Health Services**

*State Nutrition and Physical Activity Programs to Prevent Obesity and Other Chronic Diseases:* Permission to apply and accept this significant grant from the Centers for Disease Control and Prevention (CDC) was granted in November, 2003 and has been implemented. Activities funded by this grant can be found at:

<http://www.dhs.state.or.us/publichealth/hpcdp/physicalactivityandnutrition/actprg.cfm>.

*Steps to a HealthierUS (Steps):* Last year, the Department did not receive permission to apply for a grant offered by the Department of Health and Human Services, Office of Disease Prevention and Health Promotion. The Department will again be requesting permission at the June Emergency Board. Steps is a major federal initiative with a strong emphasis on using community-based strategies to address physical activity, nutrition and other lifestyle choices, for the prevention of chronic diseases. Additional information on the Steps initiative can be found at: <http://www.healthierus.gov/steps/>.

*Emergency Board Grant Requests:* The Department has sixteen grants that will come before the June Emergency Board for approval. Although approval may be granted, the existing political focus on the size of state government makes it difficult for the Department to receive position authority for grant administration.

*Oregon Health Plan:* A number of cuts the Department would have had to take due to the failure of Measure 30, were largely inverted by legislative changes that in turn caused a dramatic drop in the OHP Standard caseload.

The Department is not planning to eliminate coverage to clients currently enrolled in OHP Standard but must establish a sustainable level of enrollees, which is a difficult and challenging issue. If provider taxes imposed on hospitals and Medicaid Managed Care Organizations can be matched by federal funds, resources for a limited number of OHP Standard enrollees will be available. The Department is working with the federal government and is considering two options; (1) Cap population; or (2) Establish an eligibility level that is less than 100% of the poverty level.

The Department was ordered to end the co-pay for the standard population and has sent notices to enrollees informing them of the changes that are expected to occur. New OHP

Standard enrollments will be closed as of July 1. There were not any changes to the OHP Plus population and the health plan continues to include an expanding population.

*School-Based Health Centers (SBHC):* The Department is statutorily obligated to propose potential reductions. Due to the lack of general funds in the public health budget, SBHC often end up on the reduction list. SBHC are not solely funded by the state and work with many different entities for financing. Thomas Aschenbrener described the collaborative approach being considered in California between insurance providers and SBHC and suggested that Oregon begin discussions with insurance providers to sustain their SBHC.

*Policy Packages:* The Department is considering three key public health policy packages.

1. Increase the capacity of state and local health delivery systems.
2. Reduce child risk (includes SBHC).
3. Restore tobacco funding.

**Action:** Copies of the “State Nutrition and Physical Activity Programs to Prevent Obesity and Other Chronic Diseases” grant will be distributed to board members at the September PHAB meeting.

**Legislation – Katy King, Health Services Intergovernmental Relations Liaison**  
*Handout: Health Services, Proposed Legislative Concepts, June 3, 2004.*

Proposed legislative concepts have been submitted to the Department of Administrative Services (DAS) for review. The final determination will be made by the Governor’s Office. In the interim, programs have begun to collaborate with partners and stakeholders to gain consensus and identify barriers or problems and will then meet with the Legislature.

**Action:** (1) For additional information or to provide comments and input, board members may contact Katy King directly at (503) 731-4314. (2) Additional time will be added to the December PHAB meeting agenda to discuss public health’s strategy in the upcoming session and the role of the PHAB.

**Office of Oregon State Public Health Laboratories – Mike Skeels, Administrator**  
*Handouts: Office of Oregon State Public Health Laboratories Organization Chart and Information Sheet.*

An overview and tour of the Office of Oregon State Public Health Laboratories (OSPHL) was provided. The OSPHL is co-located with the Department of Environmental Quality (DEQ) on the Portland State University Campus in what was

once a parking garage. DAS is currently looking at sites to move the DEQ and the OSPHL.

Core functions of the OSPHL include:

- Testing for communicable diseases of public health importance;
- Specialized reference testing and typing for unique or significant disease agents;
- Rapid response to public health emergencies and bioterrorism;
- Screening newborn babies for genetic disorders of body chemistry;
- Testing environmental samples for microbial contamination;
- Providing training for clinical laboratories and local health departments; and
- Licensing or accrediting clinical and environmental laboratories.

Additional information can be found at:

<http://www.dhs.state.or.us/publichealth/phl/guide.pdf>

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

*Handouts: Preventive Health and Human Services Block Grant, October 1, 2003 – September 30, 2004 and Public Health in America.*

*Preventive Health and Human Services (PHHS) Block Grant:* The PHHS block grant is a federal grant from the CDC used to support existing programs, implement new programs and respond to unexpected emergencies. Health Services Community Liaison Manager, Tom Engle, manages the PHHS grant. Dr. Higginson requested the PHAB review the distribution of PHHS grant funds and discuss priorities for the use of unallocated funds.

The following functions are currently funded by PHHS grant funds:

- Core Services –Liaison with local health departments including annual plans, site visits and workforce development.
- Emergency Medical Services – Trains EMT's in rural parts of the state and promotes access to pediatric and geriatric training for EMT's throughout the state.
- Health Promotion and Chronic Disease – Implements statewide nutrition and physical activity plans and staffs active community environment groups.
- Injury Prevention – Supports the State Child Fatality Review Team and convenes an Injury Plan Workgroup.
- Multicultural Health – Conducts training related to racial and ethnic health issues and disseminates information from the Task Force on Racial and Ethnic Health.
- Rape Services and Prevention – Provides technical assistance and training to rape crisis programs throughout the state and services provided by the Oregon Coalition Against Domestic and Sexual Violence.

The Department is considering developing the following programs associated with public health and health care interaction with the unallocated PHHS grant funds:

- Maintain and strengthen health systems (public health, medical care, mental health) within and between rural communities, using a variety of strategies including mutual aid agreements, capitol development, pooling resources, infrastructure development and adaptation.
- Adapt “models that work” or “best practices” in order to better support and integrate public health, medical care (including mental health and behavioral health) and other community-based organizations.
- Further explore and adapt chronic care model to rural communities.
- Promote community-based assessment and strategic planning (includes local community health assessments and the Behavioral Risk Factor Surveillance System (BRFSS) survey.)
- Support and maximize Telnet/distance learning.
- Explore evidence-based standards for public health and medical care including mental health.
- Integrate bioterrorism preparedness efforts in health community building efforts.

The PHAB affirmed the allocation of PHHS block grant funds presented by Dr. Higginson as reasonable with the recommendation that funding for the following items be considered: oral health; mental health and addiction services with an emphasis on alcohol and drug abuse prevention; maintain and strengthen rural health systems; and funding for a public health toxicologist to deal with a variety of environmental public health issues.

**Action:** The PHHS Block Grant will be discussed at the September PHAB meeting. Dr. Higginson will prepare and distribute a proposal outlining the outcomes of programs currently funded by PHHS grant funds, set criteria for funding decisions, and PHAB’s involvement.

*Performance Standards:* To create a framework to assure that essential public health services are provided, the Department of Health and Human Services (DHHS) identified ten essential public health services and created a number of performance level standards at both the state and local level.

#### 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.

At the state level, collaboration has taken place with local health departments to create minimum standards based on the list of ten essential public health services. A national local performance tool has been used in nine communities of public health to assess accomplishments in conjunction with the list of essential services.

An assessment at the state level is scheduled to take place June 29 and 30. An invitation was sent to PHAB Chair, Dr. Skinner. A state level performance measure tool will be used to assess and identify the gaps in the public health system based on the list of ten essential public health services.

A chronic concern voiced by the PHAB and also by the Conference of Local Health Officials (CLHO) is the challenge local health departments face to not lose focus on preventative public health services when providing direct care services.

**Action:** Direct care services and preventative public health services will be discussed at the September PHAB meeting.

**Organization of Public Health – Representative Greenlick; Barry Kast; and Gary K. Weeks, Director, Department of Human Services.**

Stemming from a bill proposed during the 2003 Legislative Session, the Joint Committee on Health and Human Services created a small workgroup to discuss the organization of public health within the Department of Human Services (DHS).

While the reorganization of the Department created service integration throughout DHS, public health unintentionally lost its focus. Gary Weeks has been working with stakeholders to examine structural and reporting changes that can be made within the Department to address the critical needs of the public health system and to create a focal point for public health.

Mr. Weeks informed the Board that within the next few weeks, the Department would be recruiting a Public Health Director for the State of Oregon who will report to the Director of the Department. This will significantly elevate the role of public health within DHS. If the Interim Committee on Human Services believes the steps taken by the Department are insufficient, Representative Greenlick will move forward and reintroduce the bill proposed during the 2003 legislative session that would create a separate department for public health services.

**Action:** (1) Gary Weeks and Representative Greenlick will be invited to attend the September PHAB meeting. (2) The organization of public health functions will be discussed at the December PHAB meeting.

**Office of Disease Prevention and Epidemiology (ODPE) – Mel Kohn,  
Administrator**

*Handout: Intimate Partner Violence in Oregon, Findings from the Oregon women's Health and Safety Survey.*

The Office of Disease Prevention and Epidemiology (ODPE) identifies, monitors and seeks to control the factors that threaten the health of Oregonians by creating and monitoring effective programs through public health surveillance. The ODPE works closely with the CDC and is almost entirely federally funded with less than five percent General Funds.

Programs included in the ODPE include: acute and communicable diseases; outbreak investigations; bioterrorism preparedness; chronic disease; tobacco; diabetes; long term chronic disease issues; environmental health; injury prevention; violence prevention; suicide prevention; intimate partner violence; vital records; and the Behavioral Risk Factor Surveillance System (BRFSS) survey.

*Behavioral Risk Factor Surveillance System:* BRFSS is a random digit telephone dial survey done in every state and reaches the 95% of Oregonians with telephone coverage. A core set of questions is established by the CDC with additional questions added by the state specific to areas of risk within Oregon. A contractor does the survey throughout the year and then the data are tabulated. Getting enough data to provide a statistically stable estimate at a local level presents a challenge. Compared to the number of surveys done in other states (1,000 – 2,000), Oregon surveys about 6,000 people.

*Emerging Issues:*

- Two outbreaks of Salmonellosis associated with almonds and sprouts were determined.
- “HIV Stops with Me” is a new social marketing campaign aimed to reduce the stigma associated with HIV and to acknowledge the powerful role that those that are HIV positive have in ending the epidemic. Additional information can be found at: [www.hivstopswithme.org](http://www.hivstopswithme.org).

### **Office of Multicultural Health – James Mason, Administrator**

The goal of the Office of Multicultural Health is to improve the health status of under-served and under-represented populations in Oregon through multicultural and culturally competent approaches that influence the way in which health services are designed and delivered.

#### *Emerging Issues:*

- Promoting workforce diversity and cultural competency.
- Resolve language and communication issues. Customers speak different languages and it is difficult to find someone who not only speaks their language, but also speaks their service discipline.
- Diverse workforce training and staff development.

### **Office of Family Health Services – Donalda Dodson, Administrator**

*Handouts: We Need Your Help to Create a State Plan for Oral Health!!! and Oregon's State Oral Health Plan Development Workgroup Meetings by Topic.*

*Oral Health:* The Office of Family Health Services (OFHS) is beginning to develop a comprehensive state plan for oral health. In November 2003, an oral health summit was held where ten areas of interest were identified.

- Infants and Pregnant Women;
- Children;
- Adolescents;
- Adults;
- Older Adults;
- Developmentally Disabled;
- HIV Positive;
- Non-English Speaking;
- Homeless; and
- Optimal Water Fluoridation.

During the months of June, July and August 2004, the OFHS will be holding community workgroup meetings throughout the state to gain input from individuals in the community on the ten identified areas of interest. Once workgroup meetings have taken place, another summit will be held to further develop the comprehensive state plan for oral health.

*Breastfeeding:* Last year, the federal government surveyed individuals and found that although individuals knew the benefits of breastfeeding, they did not know of the risks associated with the choice to not breastfeed. Breastfeeding prevents obesity and various infections and has a positive impact on prevention of some chronic diseases including asthma. The federal government is in the process of releasing a campaign to bring

awareness of the risks but because of opposition from the formula companies, the campaign has been put on hold.

**Action:** Donalda Dodson will provide an update on the federal breastfeeding campaign at the September PHAB meeting.

**Office of Public Health Systems – Gail Shibley, Administrator**

*Lead Based Paint:* Health Services will be requesting legislative approval at the June Emergency Board to apply for a lead based paint hazard elimination grant from the U.S. Department of Housing and Urban Development.

*Fish Hazard:* A press conference was held at the Portland Harbor notifying individuals about the hazard of consuming fish caught in that particular stretch of the lower stem of the Willamette. Signs in six different languages will be posted in the affected areas.

**Other Business**

All Public Health Advisory Board members agreed to reschedule the September 3 meeting.

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

**Friday, September 10, 2004**

**9:00 a.m. – 2:00 p.m.**

**Portland State Office Building, Rm. 140**

**800 NE Oregon Street, Portland**

**Meeting adjourned 2:05 p.m.**

Respectfully submitted by Christina Hartman.

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