

Oregon Public Health Connection

An e-bulletin co-produced by the Oregon Public Health Division, DHS, and the Conference of Local Health Officials

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Top Priority:

SPECIAL EDITION: 2009 Legislative Session Summary



For a summary of the major Public Health legislation passed in 2009, see page 3.

Message from acting State Public Health Director Mel Kohn, M.D., M.P.H.

The great recession and a \$4.2 billion dollar projected shortfall for the 2009-11 biennium set the stage for a challenging 2009 session. Despite the budget crisis, the Governor and legislators made significant progress toward health reform with the creation of the Oregon Health Authority, a new health agency which includes the Public Health Division, and the passage of the provider tax which will ensure 80,000 uninsured children are added to the Oregon Health Plan.

The public health community and legislative champions also mobilized this session in strong support of increased tobacco taxes and the passage of several major public health policy initiatives.

An Ambitious Public Health Agenda for 2009

Last fall, during planning for the legislative session, state and local public health leadership identified three priorities to address major causes of death and chronic disease for Oregonians and to address funding gaps for the state's 34 local public health departments:

- Tobacco Prevention
- Obesity Prevention
- Local public health department funding and capacity

In recognition of the importance of prevention even in difficult economic times, Governor Kulongoski proposed a 60 cent tobacco tax increase with proceeds dedicated to the Oregon Health Plan, tobacco prevention and education, obesity prevention, and funding for local public health departments. The tobacco tax did not pass this session despite polling showing voter support, but it did give momentum to the discussion surrounding how we fund public health and prevention, and its role within health reform.



County Perspective: 2009 Session Produces Positive Outcomes

Information provided by Lila Wickham, CLHO Legislative Committee Chair

There were many positive outcomes from the 2009 Legislative session. Most of them are measured not in fiscal net worth but in strategic planning, mobilization of local officials and a higher profile for public health and prevention as critical for healthy Oregonians. The strategic planning that occurred with the Public Health Alignment Workgroup, the public health engagement that resulted from creation of "**The Health of Oregon's Public Health System: An Assessment and Report**" and the findings from the report positioned the Coalition to be a powerful voice for public health. (The full report is available by visiting: <http://oregon.gov/DHS/ph/lhd/docs/capacity-assessment-report-final-10-08.pdf>.)

The CLHO Legislative Committee was active in the session, supporting local health officials by creating a legislative toolkit and encouraging attendance at hearings and community sessions. Local health officials and their county commissioners created a full house at the Public Health hearing and strong attendance at the regional meetings conducted by the co-chairs of the Joint Ways and Means Committee. Some of the many successes include:

- ✓ Oregon as the first state in the nation to have a statewide "Menu Labeling" statute,
- ✓ Reduction to secondhand smoke exposure in rental properties,
- ✓ Improved public health oversight of lead based paint remediation.

Resources are scarce and it is regrettable that infrastructure capacity and high priority prevention initiatives were unable to be funded. But, in light of the difficult fiscal climate, CLHO views the overall outcome for public health as relatively stable. CLHO will continue advocacy in 2010 and will continue involvement in the design of Oregon's Health Care Reform. Special thanks go to Linda Fleming, Executive Director of CLHO, Kathleen O'Leary, CLHO Chair, Morgan Cowling and Gordon Fultz, with the Association of Counties, and the countless public health advocates who remained engaged and committed before and during the session. The gains made for public health this year reminded us "it is all about relationships and all politics is local."

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Welcome New Board Members!

NEW COUNTY REPRESENTATIVE:

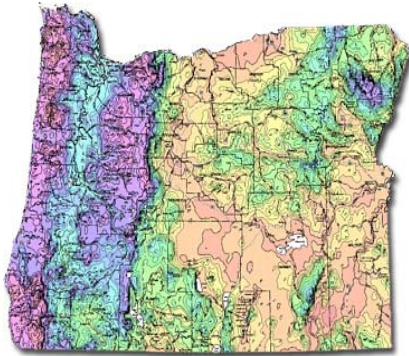
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Office of Disease Prevention and Epidemiology

All will begin their service on the board in September 2009.

Hot Topics: A Triennial Review Field Guide for Program Managers

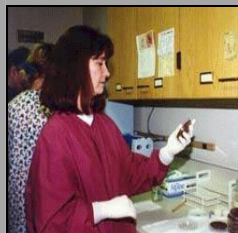


By Rebecca Clark and MaiKia Mova, nurse consultants, Office of Community Liaison, Oregon Public Health Division, DHS; Tasha Poissant, Acute and Communicable Disease Prevention Program; Cindy Robinson, Foodborne Illness Prevention Program, Oregon Public Health Division, DHS. Additional contributor to this article: Norma O'Mara, Linn County.

The hustle and bustle of everyday life at the local health department is like the continuous humming of the river and the plants and animals in the wilderness of Oregon. However, every three years there is a rustling among the bushes as the Triennial Review approaches and the program reviewers come to visit. It may seem like a hungry bear is at work, but more so a brisk breeze to whisk away the fallen leaves and the rain to support the new growth. As the triennial review makes its way into your territory, we will be sending your Administrator ample notice, along with tools in which you can refer to and practice with before we arrive. So while your Administrator steadily coordinates the Triennial Review adventure, as a Program Manager you can prepare for the hike using the survival tips in this field guide.

- ✓ **Survival Tip #1: Use your resources early.** Community Liaisons and reviewers offer a pre-review visit to help new leadership understand the process and offer technical assistance. Some reviewers may also provide you with a "Get ready checklist." Take advantage of these resources. Reviewers welcome your questions and are eager to assist you.
- ✓ **Survival Tip #2: Take the time to read the program elements and review tools.** It will be crucial for you to be familiar with the program elements, exhibits, and the review tools available at <http://www.oregon.gov/DHS/ph/lhd/index.shtml>. For program specific information and resources, go to <http://www.oregon.gov/DHS/aboutdhs/structure/phd.shtml>. Share these with staff so they are well prepared.
- ✓ **Survival Tip #3: Work with your staff early and often.** Check in regularly with staff to assure updates are done and reviewer's requests for materials are available. Giving staff notice of our presence will help as we do our rounds.
- ✓ **Survival Tip #4: Start reviewing and preparing your policies, procedures and charts.** Update policies and procedures and assure that they are still relevant and signed. One way to do this is to distribute the policies and procedures appropriately for review, then designate a time for approval and signature. Doing this on a consistent basis over a period of time, not only relays the updates to staff, but also helps the Health Officer maintain current policies and standing orders. Furthermore, if your program keeps charts or records, see that they are prepared accordingly to your program area for data extraction and review.
- ✓ **Survival Tip #5: Prioritize your work based on the last review.** Review your program area from the last triennial report to avoid repeat findings.
- ✓ **Survival Tip #6: Coordinate the scheduling of reviews and exit interviews.** Coordinate the Triennial Review visits to balance the need for staff time and minimize interference of services. This is especially important if managers oversee multiple programs. In addition, include your Administrator in the exit interview. This is a great opportunity for the Administrator to support you and ask questions.
- ✓ **Survival Tip #7: Designate an unobtrusive workspace.** Reviewers may request a space that is least disruptive for staff, but readily available and quiet to do their work during the visit.
- ✓ **Survival Tip #8: Have readily accessible comfort food for your self.** We recommend dark chocolate espresso beans or your favorite trail mix.

Nurse Legislative Update



Several bills passed this legislative session that will be of interest to nurses working in local health departments. The first bill is SB 139 which removes the requirement for the Board of Nurses to issue wallet-sized license cards. Many health departments document their nurse's current license by taking a photocopy of this wallet-sized license. Beginning Jan 1, 2010, this will no longer be the practice.

The licensee or the health department will be required to print out the license verification from the Board of Nursing webpage <http://www.osbn.state.or.us/search/searchResults-submit.do>. This document will be the primary source for license verification and should be kept in the personnel file. The second bill is HB 3022A which allows health care practitioners to prescribe or dispense antibiotics to partners of patients with gonorrhea or chlamydia without first examining the partner. This concept in local health departments will change the nurse practitioner's practice. For more information, see: <http://www.leg.state.or.us/09reg/measures/hb3000.dir/hb3022.a.html> This bill will go into effect on Jan. 1, 2010.

Information provided by Rebecca Clark, R.N., M.N., Community Liaison Office, Oregon Public Health Division

PH: In the News

State officials prepare for flu season (Marion County, OR.) – H1N1 Summit draws hundreds to plan for upcoming flu season. (Courtesy Salem Statesman-Journal, Salem, OR.)

Fair rebounds from nasty surprise (Wasco County, OR.) – A test of the well that serves the Wasco County fairgrounds in Tygh Valley revealed that the water supply was contaminated. (Courtesy The Dalles Chronicle.)

Sandy man's quest for healthcare (Clackamas County, OR.) – Now that the county health clinic in Sandy has closed, anyone desiring county health services must travel to Oregon City. But by December 2011, the county will be out of the primary health care business altogether. (Courtesy The Sandy Post.)

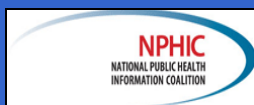
Infectious parasite sickens girl (Marion County, OR.) Public health officials are trying to determine the source of a parasite that caused a 3-year-old girl's body weight to drop 9 pounds. (Courtesy KPTV, Fox 12.)

Marijuana for those in need (Jackson County, OR.) New smoke shop provides assistance for those needing the drug for medicinal purposes. (Courtesy Medford Mail Tribune.)



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The Oregon Public Health Connection has been recognized by NPHIC with the Bronze Award for Excellence in Public Health Communication.



SPECIAL EDITION: Summary of Major Public Health Legislation

Health Care

Health care licensing and certification reform and hospice program oversight

Increased oversight and fees will ensure that every licensed health care facility and agency (500 total) and hospice agency is inspected at least every three years. *SB 158 and SB 161.*

Women's Health and Wellness

Expedited Partner Therapy (EPT)

Allowing health practitioners to prescribe treatment to the sex partners of patients infected with Chlamydia and gonorrhea will reduce rates of re-infection. *HB 3022*

Maternal Depression Task Force

HB 2666 creates a maternal mental health work group to look at a more systematic and comprehensive approach to prevention, early identification and treatment of maternal depression.

Consumer Right to Know

Menu Labeling

Chain restaurants with 15 or more locations will be required to provide nutritional information on their menus and drive-through areas by January 1, 2011. *HB 2726A*

Landlord Disclosure of Smoking Policy in Rental Properties

This bill requires rental agreements to include a disclosure of smoking policy for rental units. Similar laws have been passed at the local level in cities but this is the first law of its kind at a state level. *HB 2135*

Arsenic Testing for Private Wells

SB 739A adds arsenic to the current requirement for bacteria and nitrate testing by the seller for all real estate transactions involving domestic drinking water wells. The bill also requires the seller to share all test results with the buyer.

Protecting Kids

Tobacco Vending Machines

This new law limits tobacco vending machines to bars that are posted as off-limits to minors at all times. *HB 2136*

Lead-based Paint Safety

Over 70 percent of childhood lead poisoning cases are caused by lead-based paint, and exposure to lead-based paint is almost always from remodeling or painting of pre-1978 buildings. *HB 2134* provides statutory authority for DHS and CCB to administer and to enforce EPA's new Renovation Repair and Painting (RRP) rules that require training and certification for anyone paid to do such work on buildings occupied by children. The final requirements go into effect April 2010.

Public Safety

Liability Protection for Health Care Responders

HB 3021 revises law to ensure liability barriers do not hinder the health care provider response needed to protect the Oregon public in the event of a disaster.

Prescription Drug Monitoring Program

DHS is required to establish a program for reporting and monitoring prescription drugs dispensed by pharmacies that have potential for abuse but have legitimate medical uses (narcotics, depressants, stimulants, steroids). *SB 355.*

The Budget

All state agencies put forward 30 percent cuts lists to fill the shortfall for the existing biennium and the next. The legislative PHD General Fund reductions for 2009-11 were \$4.4 million (elimination of the Juvenile Diabetes Database, reductions to Safe Drinking Water Program and communicable disease testing, various administrative and operational reductions) but an additional \$1.3 million was allocated from the provider tax to fund School Based Health Centers. The Tobacco Education and Prevention Program budget was reduced by approximately \$2.8 million (from the 2007-09 budget) to align with declining tax revenues generated from cigarette sales and consumption. The reduction in funds, a product of successful tobacco prevention policies and state and local programs, will also challenge the abilities of programs to maintain their success in reducing tobacco-related illness and death, promoting smoke-free workplaces and helping people to quit.

Next Steps

The Public Health Division will become part of the legislatively established Oregon Health Authority. This new department-level agency led by current DHS Director Dr. Bruce Goldberg, also includes; Addictions and Mental Health, the Oregon Medical Assistance Programs, the Office of Health Partnerships, the Oregon Medical Assistance Program and the Public Employee Benefit Board. The Oregon Health Policy Board, consisting of nine members appointed by the Governor, will provide oversight of the Oregon Health Authority. For additional information regarding the Health Fund Board, visit: <http://healthfundboard.oregon.gov/>

Information provided by Katy King, Government Relations Manager, Oregon Public Health Division, DHS.

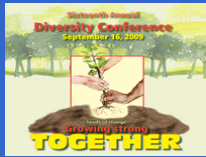
PH Calendar

SEPTEMBER 2009



2009 Oregon Flu Summit

The 2009 Oregon Flu Summit will be held 8 a.m. – 5 p.m., Sept. 1-2 at the Amridge Events Center, Portland, OR. For more information, see: <http://www.oregon.gov/DHS/ph/imm/adults/OAIC.shtml>



16th Annual Diversity Conference

Sponsored by multiple state agencies and coordinated through the Department of Human Services, the annual state diversity conference is scheduled for Sept. 16, Salem Conference Center, Salem, OR.

OCTOBER 2009



OPHA Annual Conference

Oregon Public Health Association 65th Annual Meeting and Conference, Oct. 26-27, LaSells Steward Center, Oregon State University, Corvallis, OR.



WE WANT YOUR FEEDBACK!

Please take a few minutes and offer us your thoughts, insights, and suggestions for the Public Health-County Bulletin. The annual survey is available electronically at the underlined link: [COUNTY BULLETIN SURVEY](#).

Hot Topics: Pandemic H1N1 Influenza Preparedness Summit



Gov. Ted Kulongoski addresses hundreds of participants to the Pandemic H1N1 Influenza Preparedness Summit, Aug. 21 in Salem. (Photo courtesy PHEP.)

On Friday, Aug. 21, Gov. Ted Kulongoski welcomed 900 participants to the Pandemic H1N1 Influenza Preparedness Summit held in Salem. Participants included leaders from education, business, local and tribal governments, labor organizations, healthcare, utilities, local and tribal health departments, emergency management, faith communities, community-based organizations, the news media and more.

The summit focused on state and local efforts to be ready for the re-emergence of H1N1 this fall. DHS Director Dr. Bruce Goldberg acted as master of ceremonies and moderated plenary panel sessions including an "H1N1 Overview" by acting State Public Health Director Dr. Mel Kohn, "Current Information about the Pandemic" by State Epidemiologist Dr. Katrina Hedberg, and the "Medical Response to H1N1" by Immunization Program Medical Director Dr. Paul Cieslak. A plenary overview of state agency planning included Goldberg, Superintendent of Public Instruction Susan Castillo, and Oregon Military Department Deputy Director State Affairs Brig. Gen. Mike Caldwell.

Other plenary speakers included Umatilla County Public Health Department Administrator Genni Lehnert, Portland Business Alliance President and CEO Sandra McDonough, Multnomah County Special Projects Manager Jessica Gurensey-Camargo, Office of the Governor Legal Counsel Kelly Skye, Oregon Department of Justice Sr. Assistant Attorney General Shannon O'Fallon, and DHS Communications Director Patty Wentz.

The afternoon breakout sessions included topics such as: School Preparedness; Health Care System Capacity; Business Continuity Planning and Worker Protection; County Emergency Managers; Local Government; Emergency Medical Services and First Responders; State Agencies; Protecting At-Risk Populations. The plenary sessions were streamed on the web in real time with 490 additional viewers. All sessions were videotaped and will be posted online along with program materials at: www.flu.oregon.gov

Information provided by Beth Crane and Christie Holmgren, Public Health Emergency Preparedness, Oregon Public Health Division, DHS.

Public Health @ OMSI Education Event Reaches Thousands



Photos from top left clockwise: Crack the Case visitors start their quest with a clue notebook; home hazards are revealed in a hands-on game; OHSU pharmacy student helps at the "flu fighter" exhibit; visitors learn about environmental public health at a water table activity. For more information, visit: <http://www.oregon.gov/DHS/ph/spotlight/omsi/index.shtml>

OMSI officials counted 14,737 visitors to the Public Health annual educational event, Aug. 10 – 15, 2009, at the Oregon Museum of Science and Industry in Portland. This attendance number far exceeded expectations. More than 175 volunteers and two dozen public health partners including non-profits, local health departments, and educational institutions participated in the week, which featured a wide variety of preventative health learning activities focusing on "where does good health start?" Visitors to the event learned how to support healthy choices in their communities, for themselves and their families.

More information on public health's educational efforts, including the PH @ OMSI event, will be featured in next month's PH-County bulletin.



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