

Public Health Advisory Board (PHAB)
June 1, 2007
Meeting Minutes

Participating:

Board Members Present: Thomas Aschenbrener, Betty Bode, Tom Eversole, Keith Harcourt, Lynn Martin, Candace Mueller, Bill Perry, Phyllis Rand, Bob Shoemaker, Liana Winett

Board Members Absent: Faye Burch

DHS Staff: Susan Allan, Marian Blankenship, Katherine Bradley, Katy King, Mel Kohn, Brittany Sande, Joel Young

Members of the Public: David Rosenfeld, Oregon Health News; Rick North, Oregon Physicians for Social Responsibility; Dane Roberts, Eli Lilly and Company

Opening:

Thomas Aschenbrener called the meeting to order, welcomed the board members and invited introductions and announcements.

December 15, 2006 and March 2, 2007 Meeting Minutes (Handout)

Minutes will stand as written.

Announcement: Betty Bode – June 21, 2007 James Whitfield, the U.S.

Department of Health & Human Services Secretary's top representative, will be coming to the Beaverton Library, with a presentation titled "Building Health Communities." All PHAB members are invited to attend this special opportunity and will have a chance to meet with him after his presentation.

Changes/Additions to the Agenda:

Tom Eversole: Discussion of work that the Association of Oregon Counties (AOC) is doing: Counties and DHS accomplish public health work through contracts between state and county. AOC has been working for a year or so to straighten out the language of the contracts. They have been able to straighten out the language surrounding the program elements, as well as the technical aspect and what people do. Next step: AOC will continue the conversation and help with some of the concerns. Tom would like an opportunity at the September PHAB meeting for some people to address those issues and discuss how the conversation is going. Thomas asked that it be added to the September agenda and Tom will coordinate with AOC for the presentation.

Bylaw Update – Thomas Aschenbrener

(Handout: *Oregon Public Health Advisory Board Bylaws and Policy Statement on Public Comment Supplement*)

The Board revisited the PHAB bylaws and addressed the supplement regarding public comment at meetings. They also discussed the need to develop a policy statement on how public comment is handled and recognized the need to be consistent and clear when providing a forum for public comment, where it is appropriate. The policy statement would let the public know what is expected of them, and is consistent with other advisory groups where the public is entitled to be heard. Public comment will be limited to 3 minutes. One Board member expressed concern with the language used in the statement “by invitation of the chair.” Members had discussion of where to place a public comment period on the agenda and of how to make sure that all views are represented. It was suggested that “public comment cards” be used to show a record of who came and what topic they spoke on, and it gives the Chair the capability of controlling the topics. It was decided that public comment will be tried at the beginning of the agenda at the September meeting. The bylaw update will be revised and sent out to PHAB for review.

PHAB Membership and Recruitment

There are currently 4 openings on the Board (2 providers and 2 public members); James Diegel has resigned. Katy will send application packets to PHAB members to distribute at their discretion. The packet includes an application and interest form which is sent to the Governor’s office. The Governor’s office makes the ultimate decision, but PHAB can play a role in the selection process by recommending candidates. Board members had a conversation about the desired qualities and characteristics of new members, including cultural diversity (racial and ethnic) and physical location, particularly the importance of representing other areas of Oregon. It was noted that there are urban/rural health disparities in Oregon. The concern was brought up of people on the Board that are too busy and don’t attend meetings. The Board discussed the possibility of using video conference or conference calls to enable other parts of the state to participate. Staff have been asked to further explore these possibilities. Also discussed the possibility of holding meetings in other areas of Oregon, noting the value in attending in other areas and the impact it has on rural communities.

Public Health Division Updates – Dr. Susan Allan

- **Medical Advisory Group (MAG)** – 24 members had six meetings from October 2006 – May 2007. The group provided advice around some of the most difficult questions in emergency preparedness for a public

health medical emergency, in particular, allocation of scarce resources and altered standards of care. Most of the representatives of MAG come from a variety of health professions. When establishing the MAG, members were chosen who would be faced with the consequences or have the responsibility for implementing something done differently in medical care in the event of an overwhelming emergency (pandemic, natural disaster). The group looked at how to use resources differently. They also looked at information flow, ethical and practical issues of making decisions, and discussed how priorities may switch in different situations. Group members developed ethical principles and worked through discussions and decisions that the state has faced.

- **OR-EPI** – state epidemiology conference, convened local health officials. Talked about providing them with media and public speaking training to have a broader view of them as policy influencers and not just authorities for medical issues.
- **National Response Plan** - breaks out tasks into what are known as emergency support functions (17); public health and medical ESFs fall to state public health to lead in the state, helping human services at the federal level. Requires the need to become responsible for things that you don't have programs for and don't deal with on a daily basis – food and water sanitation, vector control, hospitals and medical care, chemical radiation, toxic exposure. Lots of little committees finally came together and will meet every other month.
- **Pandemic Influenza** – Oregon will be getting a report card from the federal government about state planning status. A tabletop exercise with the Department of Education around closing schools and canceling classes to slow spread of illness was held. It was a constructive exercise and now there is interest in local counties. The state has moved ahead in emergency preparedness in the last year and has paved the way for counties to follow through and have conversations at the local level.
- **Cultural Competency Training** – staff will facilitate an internal process for translation, all managers will have bilingual business cards, bilingual signage by elevators at PSOB, there are now 9 urgent public health media releases that go out in English and Spanish

Public Health Division Legislative Update – Susan Allan and Katy King

HB 2185 – Public Health Authorities, passed unanimously out of joint committee, passed by house and senate, just awaiting Governor's signature – creates authorities and procedures, effective January 1, 2008. This is an important step for Oregon. It is the first time state law has a clear presence of public health as a protector of the community in a far more comprehensive way. It puts public

health front and center in the protection of the public, and makes public health a legitimate player in emergency preparedness. It creates an intermediate emergency category that doesn't require a Governor's declaration of emergency.

There were 8 public health bills in play at the last PHAB meeting in March and none of them had passed. Since then, 7 of the 8 bills have passed or are likely to pass. (Handout: *PHAB Legislative Update June 2007*)

Major public health legislation that was introduced this session either passed or is poised to pass (Handout: *major Public Health Legislation 2007 Session*): Domestic partnership, fire safe cigarettes, HB 2371 – emergency plans for vulnerable populations, breastfeeding in the workplace, minimum standards for food and beverages sold in schools, insurance coverage of contraceptives and emergency contraceptives in the emergency room, plans to slow diabetes, patient safety commission funding, biopharmaceutical crops.

Big legislation pending as of 5/31/07 (in ways and means or getting ready for another floor vote): Big issue is the DHS budget bill. Generally the DHS budget comes up last out of all of the agency budget bills because it is the largest. Several issues are still in play for the DHS budget bill.

Dr. Allan suggested that it would be good for PHAB to have a strategic plan for more visibility and more understanding of the legislature.

Public Health Workforce Development – Mike Skeels and Liana Winett

Presented information developed by Tom Engle and the Office of Community Liaison about the requirements for academic qualifications for public health leadership in the state, and survey results that show where Oregon is with respect to the requirements.

(Handout: *Minimum Qualification Standards for Local Health Department Leadership*) Lists requirements in statute for what the credentials should be for people in leadership positions in county health departments. It was pointed out that there are no counterpart requirements for the state level, except for the position of Health Officer.

(Handout: *Survey of Oregon Public Health Leadership Academic Preparation*) A survey was conducted in December of 2006 of local health department leadership, asking about level of education and focus of study. Results indicate that there are lots of well qualified, experienced people in public health, but not much depth. Many health departments that don't have people that meet the minimum standards, and there is a gap between what should be there and what

actually is. The challenge is to find a way to bridge the gap and develop a more qualified workforce to provide leadership in local public health.

Oregon MPH Program –A collaboration of four colleges within OSU, PSU, and OHSU with approximately 300 students each year and 1000 alumni. It is accredited by the council on education for public health. The program has evolved from faculty-centric into something more centralized. (Handout: *model of what program will look like and what practice office will look like*). Support needed from PHAB – come forward with recommendations to the director of DHS for building the collaborative relationship, or actions that PHAB would like DHS to be doing that would support the certificate program. Create an official statement from PHAB endorsing the program, address the resource issue and encourage the department to do their part.

Loss of Timber Funds and Implications for Public Health Services - Cara Fisher, Association of Oregon Counties

(Handout: *P.L. 106-393 Status Report*)

Southern Oregon counties have lost federal timber funds. Counties did get one year of full funding, but for most counties it was too little, too late to be beneficial. Staff are being cut and services are being cut in all service areas. The legislature has limited its funding for public health that comes to the county health departments, and therefore, more county dollars have had to make up for the shortfall of state dollars. Some counties are talking about shutting down their health departments altogether and placing public health responsibility solely on the state.

Suggestions or recommendations for PHAB: keeping the pressure on the legislature for the \$5 million that is being requested, and helping to keep the focus on what this means at the local level – one year of funding isn't enough. Work with local legislatures on the silent part of public health, and help them to understand what the impact is on the communities when services can't be supported. May need to start looking at alternative delivery system.

Lunch With a Leader: Dr. Bruce Goldberg, Director, DHS

Dr. Goldberg stated that he greatly appreciates what PHAB does for DHS and for the Public Health Division.

What PHAB can do to help: Answer 2 questions – What are the 2 most important things that we should be doing at the state to improve the health of the public? What are the 2 most important things that we should be doing as a state and as an agency to be certain that we have a “world class public health system?”

Challenges that Dr. Goldberg sees down the road as an agency and as a state: State – challenges around our resources that we provide to health and human services. The challenge for the agency is in how we use those resources. Agency - continue to do better at creating new and better models for doing things, new ways of delivering public health services. Ways that things were done 10-15 years ago don't necessarily work anymore.

One of the ways to get to a “world class health system” is to demonstrate the value of the health system. Ability to articulate what we do and how we do it is something that challenges us all of the time. Innumerable challenges – epidemic of obesity, shorter lifespan for younger generations, and the inability to live in a state where everyone has access to basic healthcare. The pyramid of how we deliver services has been backward – the focus has been on high cost technologic interventions at the end of processes and not around prevention and how we can promote health and prevent illness.

Dr. Goldberg suggested that PHAB draft a letter to the co-chairs supporting the package to double the county's public health assessment, doubling the current per capita rate of state supported public health from \$.60 to \$1.20 and supporting technical assistance and consultation to counties.

Tom moved that PHAB crafts a letter in support of restoring the \$5 million to the Governor's suggested budget and that it be crafted by Katy and sent to PHAB for approval with the names of all of the members listed under Thomas' signature. Seconded by Candace, all in favor of the motion, motion passes.

SB 234 Biopharming- Susan Allan

(Handout: *SB 234*)

Discussion of SB 234 and the work done by the Department of Agriculture and the Public Health Division in development of legislation.

Bob moved that PHAB develops as a policy, that when members are invited to be a part of a workgroup or policy development group, PHAB be included in the development of any legislation that should be engendered by that workgroup, either in committee or post-committee. Candace seconded, all in favor, motion carries.

Public Comment Period:

Rick North, Oregon Physicians for Social Responsibility – Comments on Biopharming: Oregon Physicians for Social Responsibility supported all of the

recommendations of the biopharming committee. He commented that as the bill will come up for a vote in the House, he's glad that public health has an equal footing in this whole issue, and that it's not just an agricultural issue.

Closing:

Thomas declared the meeting adjourned.

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

**Friday September 14, 2007
Portland State Office Building
800 NE Oregon Street
Room 1D
Portland, OR
9:00 a.m. – 2:00 p.m.**

If you would like these minutes in an alternate format please contact Brittany Sande at (971) 673-1229.