Public Health Advisory Board (PHAB)
September 14, 2007
Meeting Minutes

Participating:

Board Members Present: Thomas Aschenbrener, Shawn Baird, Betty Bode, Tina Castañares, Tom Eversole, Keith Harcourt, Tran Miers, Bill Perry, Phyllis Rand, Liana Winett
Board Members Absent: Faye Burch, Lynn Martin, Candace Mueller, Bob Shoemaker
DHS Staff: Susan Allan, Deanna Conners, Tom Engle, Katy King, Mel Kohn, Brittany Sande, Dana Selover, Gail Shibley
Members of the Public: Chad Abraham - Oregon Health News, Barry Kast – Behavioral Health Consultant, Diane Lund – Rachel's Friends Breast Cancer Coalition, Shannon O'Fallon – Assistant Attorney General

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Opening:

Thomas Aschenbrener called the meeting to order, welcomed the board members and invited introductions and announcements. New members Shawn Baird, Tina Castañares and Tran Miers were introduced.

Announcements:

Betty Bode –

- The CDC and the Department of Health and Human Services is conducting a national health and nutrition survey in Washington County, September 13th – November 6th, 2007. They will be conducting interviews and doing physical exams. This survey will provide important, long-term information about Washington County.
- The nursing workforce in Oregon is in trouble. Betty commends Thomas, who was able to commission a study done by Dr. Chris Tanner, OHSU, which gave the details and status of nursing as a workforce in Oregon and predicted a phenomenal shortage of nurses and nurse educators. The colleges that just started classes were short on staffing by 24 faculty members. This is just something to follow. Betty appreciates that the problem is getting press and being researched.

Changes/Additions to the Agenda:

Tom Eversole –

- Issue raised at last meeting that was going to be touched on at this meeting: 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. The 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. The AOC would like to give an update at the next meeting in December.

June 1, 2007 Meeting Minutes (Handout)
Minutes will stand as written.

Public Comment Period:
Diane Lund, Board Chair and Co-Founder of "Rachel's Friends Breast Cancer Coalition" – (Handouts: *Brochure and handout describing "Rachel's Friends Breast Cancer Coalition," flyer for upcoming "Healthy Living Fair," handout describing the prevalence of breast cancer in Oregon"*)
The coalition is concerned with the incidence and prevalence of breast cancer in Oregon and would like to see more public health funding to look into the causes of cancer. The coalition was successful in helping to pass legislation last session regarding the disclosure of all ingredients in cosmetics, personal care products and baby toys, and stronger enforcement of the FDA. Because of national effort there is similar legislation that is going to be introduced in Congress at the end of September. Diane encourages PHAB to check out the Oregon Environmental Council website and write to respective congressmen urging support to the Oregon Congressional Delegation that co-sponsors this legislation.

EMS and Trauma Reform: Bob Leopold, EMS/TS Director and Dr. Ritu Sahni, EMS/TS Medical Director
(Handout: *Copy of slides from PowerPoint presentation*)
Introduction by Susan Allan: There was one significant disappointment during the legislative session: failure to get additional funding for the State EMS/Trauma System. Legislation also needs to be passed to strengthen certain aspects of the system from a legal and regulatory perspective. The Public Health Division is in a position to make some significant turnarounds in this program, due in part to the addition of two new staff to the EMS/Trauma Systems Program. Bob Leopold and Dr. Ritu Sahni have been able to make some immediate corrections and chart the path that the program can build on as it moves ahead. The purpose of this presentation is to start the conversation surrounding the EMS/TS Program and identify the parts of the discussion that PHAB wants to work on.

Discussion of the National Highway Traffic Safety Administration (NHTSA) Report 2006: an evaluation of Oregon's EMS system found inconsistent leadership in the program. Because of this there wasn't a shared vision of where the program

was going and how it was going to get there. Other findings included issues of governance, no medical direction, and lack of data and little evaluation or analysis of the program.

The report was taken to a panel of experts to review and come up with a set of which recommendations they felt were most important and which weren't applicable. Based on the report and the analysis of the recommendations, the Division and the EMS/TS Program determined that staff needed to be recruited for the program, particularly a director and a medical director. Regulations are currently in process and other staffing issues have been addressed. The EMS/TS Program is now trying to use the NHTSA report and the advisory team recommendations to see where the program needs to go.

The first thing to do is to build trust in the program, do the basic things and do them well. Identify what the legislature says the responsibilities of this program are, such as licensing ambulance attendants and licensing services. The second part is identifying what the Division and the Department's expectations are and how they should be integrated into the program. Find out what the provider and the consumer community expect of the program, and then identify what programs are actually funded.

Data collection is important in knowing what is going on with EMS in Oregon. Everything is predictable if you have useful information. When there is information about the activities taking place (ambulance runs, who the patients are, etc) it is possible to determine unmet needs and quality improvement activities. The program will then use the information for system building and refining to meet new and emerging challenges. It hopes to also work in coordination with the Public Health Emergency Preparedness Program (PHEP).

Discussion of the position of EMS Medical Director: It is a new position in Oregon and Dr. Sahni is currently employed half-time. The program has been working to figure out what the role of the medical director should be. Internally in the office: provide technical support to staff and advisory committees, and medical direction as a whole; in the community: provide other medical directors with support, in protocol development as well as in quality improvement programs. The current focus for the fall is to figure out what the state of practice is outside of a few of the bigger regions (Portland, Central Oregon, Southern Oregon), what the medical directors need, and what their understanding is of their responsibilities. Also, collecting data and knowledge of the state, particularly the EMS system, and analyzing the information on medical oversight.

What can PHAB do to support the program in moving forward? – The EMS Program needs resources, and needs support for changes in authorities and regulatory constructions. These need to be among the highest priority for external messaging of what the system changes are that need to be advocated for from the overall public health perspective.

Preparedness Funding, TOPOFF 4, Preparedness Policy Group (ESF8): Dr. Susan Allan, State Public Health Director, Mike Harryman, Emergency Preparedness Director

(Handout: *"Public Health Emergency Preparedness Cooperative Agreement Funding" chart)*

Base funding in Emergency Preparedness (can be used in a way that is needed in public health in Oregon) is decreasing (shown on chart in red). And while the dollar amount per budget period isn't varying too much, bits and pieces are being carved out that are not only becoming more restrictive in how the funds can be used, but in some cases are for things that aren't even under the control of public health. The funds are being earmarked for resources that may be within the state or serving the state, but public health can't use them in the state or local public health systems, or target or shape them into programs that are needed in Oregon.

Cuts: The core CDC grant, the basic state and local public health grant – roughly 16%, local health departments will be talking about laying off staff; pandemic flu – 21%; hospital and health system preparedness funding – 10%. These cuts mean that it will be much harder to follow through on things that have been started.

Another significant issue with the funding cuts is that the money that has been "red boxed" (base funding) has traditionally been used to subsidize core programs and activities that should have been funded anyway, for example epidemiology, community training, and the public health lab. Now that some of the money is going away, there is a need to legitimately use this money for emergency preparedness and therefore the Division will need to pull it back from subsidizing core activities, unmasking a definite need to fund the programs. The Division will need to continue to find a way to do the emergency preparedness planning, but also continue the support of core activities that aren't funded.

TOPOFF 4 – "Top Officials" is a national exercise that will be taking place in Portland in October. There are three locations that will be "playing" – Guam, Arizona, and Portland. Portland and the Oregon response will be the real national and international focus. A dirty bomb terrorist attack scenario is going to be used. Federal agencies will be coordinating with state and local officials. The Public Health Division will have two significant roles: radiation response and medical

surge. The exercise will help to identify and improve weaknesses in the public health system and emergency preparedness. The preparation for the exercise has solidified the relationships of roles and responsibilities with not only the other state agencies and local health departments, but also federal agencies. This exercise will test city, county, and state coordination. The Public Health Division will be testing its radiation plan and how it coordinates with adjacent states. Although public health is not the lead agency, (Oregon Emergency Management (OEM) of the Governor's Office is the lead), public health will be the most involved state agency. Participants expect to find that there are a number of duties following an event like this (dirty bomb) that there is no clear state or federal responsibility for.

It is useful for PHAB to know about this exercise because it could be very high profile. There will be an after action report highlighting some of the things that the Public Health Division needs to work on. Preparations for this exercise have helped to increase contact with police, fire, sheriff, and EMS across the region. TOPOFF and other activities have helped the Division improve and create connections with other important agencies.

(Handout: *"Oregon ESF 8 Policy Group Charter"*)
Emergency Support Function (ESF) 8 – The Emergency Support Functions were created by identifying the core areas that, for many emergencies, will require action: transportation, shelter, health and medical. The health and medical area is covered by ESF #8, which is the responsibility of the Public Health Division. There can be specialized roles in emergencies, but in any emergency where there is a health or medical piece, it is handled under the ESF 8 framework. The State Public Health Division has the lead responsibility for ESF 8: the CDC grant, the hospital preparedness grant, the State EMS/Trauma Program, the Food Safety Program, Toxicology, the Drinking Water Program, the Radiation Program, and Immunizations are all connected under an umbrella of the ESF 8 planning process. An ESF 8 Policy Group has been created to provide expert advice on policy direction to the Public Health Division, including the Public Health Emergency Preparedness (PHEP) program. The third meeting of the group is coming up. They are currently in the process of trying to determine system priorities instead of just doing what the grant says to do. They will then be able to talk about what Oregon's system for emergency response needs are.

Public Health Division Budget and Legislative Report: Dr. Susan Allan, Katy King, Government Relations Liaison
(Handout: *"Legislative Report 2007, Summary of Major Legislation"*)

The Legislative Report – The Public Health Division tracked about 611 bills, and all but one of public health's sponsored bills were passed (the EMS Bill, SB 162, which will be looked at for next session). The report is used to keep track of the volume of work and legislative activity from the session, as well as to keep track of what public health did and what it promised to do. The report is divided into sections by offices starting with the Public Health Division sponsored bills. It talks about the bill, what it does, provides a little bit of background information, what the session action was, and what the interim action will be. There were four major themes of the 2007 session: emergency preparedness and core capacity to protect people and communities, safe drinking water, children's health, and tobacco prevention. Through team efforts, the Division was able to make great advances in all of those areas.

Emergency Preparedness and Core Capacity to Protect People and Communities – PHAB was quite involved with HB 2185, Public Health Laws and Authorities. The Public Health Division recognized that this would be an enormous undertaking and came to the Board and asked the Chair if it could work with the members to get some leadership on this issue. Bob Shoemaker, former legislator, chaired the effort. The Division has been working on putting something into law about public health laws and authorities for the last couple of sessions, as it was clear that there were some gaps in the program. The Division has been looking at the need to have clearly defined authority and procedures for protecting people and communities. That is the framework from which it looked at what it currently had and didn't have. In some cases there were things already written into law, but it was confusing the way that it was written procedurally, and hard to see how it would apply to a short term emergency. Sometimes public health emergencies don't rise to the level of needing a Governor's declaration, but do need coordination. There was also an interest from local communities, local health departments, county commissioners, and hospitals in having assistance with public health emergencies from the state. Previously, the Division didn't have clear authority and procedures to assist in that way without a Governor's declaration. There was excellent support from the legislative committees on this bill and it passed nearly unanimously by both sides. Now the Division faces implementation challenges.

Other Major Legislation of 2007: The basic budget for local health departments was increased by $4.2 million, not including the provisions for state public health and preparedness. EMS funding was increased by $200,000, however in the Governor's recommended budget it was given $2.2 million. In the safe drinking water program the Division was able to get a general fund increase of $2.2 million, plus a fee increase that will allow it to assess a fee for the cost of conducting sanitary surveys. The program also established a Safe Drinking Water Advisory

Committee to assist with policy work. In children's health, new nutrition standards will eliminate junk food in school vending machines. Women gained the right to breastfeed at work; money for school-based health centers was increased by $2 million; the WIC Farmer's Market program was increased by $100,000. Funding for dental sealants and juvenile diabetes programs increased by $300,000 and $100,000. In tobacco prevention, the smoke-free workplace law was expanded and will go into effect January 2009. All of the tobacco prevention and education funding was restored ($15.8 million). The Division passed the ALERT Immunization Registry bill which will expand immunization record sharing for college students. There was an increase in family planning funding of $3.7 million. A requirement that health insurance programs cover the cost of contraceptives passed, which has been in the works since 1993. There was an increase of $331,000 in Radiation Protection fees.

There were some requests that were part of the Governor's recommended budget that were not funded: funding of state positions to support core public health services ($670,000); the Healthy Teens Survey ($689,000); and Emergency Medical Services ($2 million).

Next Steps: one of the final acts of the Legislature was to refer the Healthy Kids Plan to Oregon voters. If approved, cigarette taxes would be raised by 84.5 cents per package to provide health insurance to more than 100,000 uninsured children. If the ballot measure is passed, an additional $7 million would go towards tobacco prevention programs in the first year, with a progressively increased amount for the next years.

(Handout: *"Public Health Division Brainstorming List – Themes, Concepts and POPS for 2009-11,"*)
The public health executive team has identified central areas to work on with PHAB for the 2009 session. Core capacity, funding for basic public health services: as mentioned earlier, cuts to preparedness funding will unveil some critical funding deficiencies in the public health program. Some funding needs that have been identified: emergency preparedness funding, toxicology funding, fees for environmental health programs, Health Care Licensure and Certification (HCLC) fee increase, Oregon Healthy Teen Survey, State Childhood Fatality Review, funding for the Office of Multicultural Health, funding for the Community Liaison Office, Hepatitis C counseling and testing, public health nurse home visits, funding for a study to measure health disparities, laboratory testing fees and general support, recommendations from the Obesity Task Force, funding for data collection, and EMS and Trauma funding.

At a minimum there are basic public health services that are expected to be provided, and there are two ways of determining what they are: 1) certain things that are in statute that people will expect that the Public Health Division is providing and doing in an adequate way; 2) other things that are just standard across states and local communities to be provided, that have been public health based historically and a common expectation (communicable disease control, safe drinking water), basic things that only a government agency can do appropriately.

Lunch with a Leader – The Honorable Tina Kotek, State Representative
(Handout: *Biography*)
First term legislator, House District 44, North/NE Portland
What opportunities do you see for public health? – Promoting prevention is an important approach and basic public health services are a core function of government. Public health has an advantage because of what it does (drinking water, communicable disease control, etc.) and there is an opportunity to increase influence in terms of what the Division asks for from the legislature. Rep. Kotek encourages it to ask for more. She feels that the majority of the public probably doesn't know what the Public Health Division does, and feels that there is a need for advocates who are willing to "rattle some chains." Rep. Kotek serves on the Ways and Means Committee. The committee is really interested in funding prevention, to promote health and prevent illness. She expresses the importance of talking with legislators during the interim, saying that interim work with legislators is key. Legislators are often busy during session, but if you've already had a conversation with them, they are likely to remember that.

Highlights of the 2007 Session: it was exciting to go into caucus everyday, talking with colleagues about how to move the state forward; chairing a committee; the passing of the domestic partnership bill, which will be historic legislation for the State of Oregon.

Role of Public Health within the State Health Care Reform Process – Group Discussion
There needs to be both internal and external action on this. The focus needs to be on access and financing, and little on quality of care. Need to look at "how do we reform things to produce maximum health," rather than "how do we reform things to produce maximum management of the medical care system?" There have been different levels of engagement in this discussion at the public health level. It isn't clear how much either the public health practice community or public health policy groups are going to be involved. Health costs cannot be contained if health isn't promoted, emphasizing the importance of prevention. Universal health care access is an ethical issue, and we ought to have universal access as a basic piece to civil

rights in society. Unfortunately medical care accomplishes things too late down the road. There can be universal access, but people still won't be healthier. Perhaps there is a public health role in identifying some of the universal preventative activities.

How do we get to the point of having the conversation? The Health Reform Collaborative (made up of 30 individuals who have developed standard guidelines and parameters, and priorities that they feel need to be included in health reform work) has been meeting for the past two years. The Northwest Health Foundation is providing staff and facilitative support for it. They just had a board retreat and Barney Speight of the Oregon Health Fund Board came to speak about the issue. Thomas recommends that PHAB send a letter, thru the Director of DHS, to Barney Speight saying that PHAB would like a voice of public health on the reform design subcommittee of SB 329. He recommends someone from PHAB be that voice, as there are several people on the Board that can play that role in an appropriate way. A member moved that PHAB draft a letter to Barney Speight thru Dr. Bruce Goldberg, to have a public health individual active in the discussion of the design of the healthcare reform piece of SB 329. Motion seconded by Phyllis, all in favor, motion passes. PHAB will make a suggestion of a member to fill that role. Thomas will work with Katy and Susan to prepare the letter and will copy all board members.

Development of a Statewide Take-Back Program for Unused Pharmaceuticals – Janet Gillaspie, Oregon Association of Clean Water Agencies

(Handout: *Copy of slides from PowerPoint presentation*)
The Oregon Association of Clean Water Agencies is a not-for-profit association of Oregon wastewater treatment and storm water management agencies and associated professionals. ACWA recently convened the Oregon Drug Take Back Stakeholder Group. Why drug take back? – To reduce avoidable poisonings in children and adults, prevent prescription drug abuse and addiction in teens, and protect water quality. It is estimated that about 3% of prescribed drugs are unused or unwanted and disposed of in the toilet and trash. There are regulatory challenges to this program, particularly DEA regulations stating that controlled drugs can only be returned to a law enforcement officer, and therefore, having unused drugs dropped of at a hazardous waste site isn't legal.

Developing an Oregon Drug Take Back Program – Goals: legal, convenient and easy for the public to understand, affordable, and statewide. The stakeholder group started meeting in November of 2006, and has completed a detailed research report and recommendations for the Oregon program. Recommendations: use the product stewardship model – request the industry (drug manufacturers) to develop and fund

an effective take back program. This might require action by the 2009 Oregon legislature to ensure participation. Options for an Oregon program: a drop box at pharmacies or law enforcement offices (for controlled substances), law enforcement collection, an Oregon State Police mailer, or a reverse distributor mailer (mail unused back to distributor). The final stakeholders report is available at the ACWA website (*www.oracwa.org*).

The next step – There will be another stakeholder meeting in October 2007 to gauge support for recommendations, gauge interest in leading the effort, and consider additional actions, including possible drafting of legislation for the 2009 Oregon Legislature. Issues for PHAB: will you endorse the recommendations? If the program were to go forward, it would need to be nested in some state agency. Public health is a good match because of some of its current programs (drinking water program, prevention). ACWA is interested in thoughts on if it is a good match for the Public Health Division, another agency in DHS, or another state agency. Thomas expressed his concern that it is premature for the Board to take any action, and is concerned that this doesn't appropriately fit into a state agency function. Further conversation is still needed, and additional details would need to be brought to the Director of DHS.

Closing:
Thomas Aschenbrener declared the meeting adjourned.

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

Friday December 7, 2007
Portland State Office Building
800 NE Oregon Street
Room 918
Portland, OR
9:00 a.m. – 2:00 p.m.

If you would like this these minutes in an alternate format
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