

Public Health Advisory Board (PHAB)
March 5, 2010
Meeting Minutes

Attendance:

Board Members Present: Thomas Aschenbrener, Shawn Baird, Betty Bode, Tina Castañares, Tran Miers, Bill Perry, Alejandro Queral, Bob Shoemaker, Steve Westberg, Liana Winett

Board Members Absent: Tom Eversole, Barry Kast, Kathleen O’Leary, Mike Plunkett, Rick Stone

DHS Public Health Division Staff: Katy King, Mel Kohn, Jane Moore, Brittany Sande

Members of the Public: Morgan Cowling, Association of Oregon Counties; Beryl Fletcher, Oregon Dental Association; Kristen Gustafson; Mary Lou Hennrich, Community Health Partnership; Connie Kirby, Northwest Food Processors Association; Kristen Leonard, Northwest Health Foundation; Diane Lund, The Lund Report; Kari McFarlan, Community Health Partnership; Shannon O’Fallon, Department of Justice

Opening:

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

Approval of Minutes

(Handout: *PHAB Meeting Minutes, December 2009*)

Betty Bode moved that the December 2009 minutes be approved as recorded; Tina Castañares seconded the motion; board members voted in favor with no opposition or abstentions; minutes are approved and will stand as written.

Public Comment Period

Mary Lou Hennrich, Community Health Partnership:

Mary Lou told the Board about a meeting that was held with the legislature regarding the recent report on the county rankings of health. She also shared information about an op-ed that was sent out regarding things that can be done at the local level in relation to health care reform. The op-ed also talked about data and how other things aside from medical care are important when talking about health.

Changes to the Agenda or Announcements

No changes were made to the agenda.

Announcements:

Betty Bode:

Betty told the Board about an article in the Oregonian on February 10, 2010 regarding how Oregon had the highest rate of immunizing seniors against pneumonia. She also shared information about a drug take-back day being held by Beaverton and Hillsboro police departments. People are encouraged to bring their old medications to be properly disposed of.

Tina Castañares:

Kinsman Conference - an annual conference on bio-ethics. This year the conference is being held at St. Charles Medical Center in Bend in mid-April. It is a wonderful opportunity to promote and educate people about public health, and educate people about the differences between health care services and population-based public health.

Liana Winett:

Liana wanted to acknowledge Katy King and State Representative Lew Frederick for coming and speaking to MPH students at Portland State University, and for giving a voice and life to what public health policy is really like.

Public Health Division Update – Dr. Mel Kohn, Acting Public Health Director

Mel began by talking about presenting the Director's Excellence Award to the Public Health Division's Women, Infants and Children (WIC) program, for the work that the WIC team has done around the healthy choices campaign. The Division's WIC team did a terrific job over about 18 months, including outreach and education to the community. The Board engaged in conversation about the state WIC program, including ways to use the WIC program in the future, and how to leverage the program to address some of the other public health problems that are faced.

Mel also led discussion of the Oregon Health Authority and some of the organizational changes that are happening. HB 2009 created the Oregon Health Authority to combine the Public Health Division, the Division of Medical Assistance Programs, the Addictions and Mental Health Division, and several programs from outside of the Department of Human Services that are involved with the purchasing of health insurance. This is a huge lever to drive what is in health insurance, with an eye towards promoting health in important ways and adapting the health care system in ways that will address health more effectively. A steering group has been meeting regarding the proposed mission and principles

of the OHA, with a clear acknowledgement that the OHA won't just be about providing health insurance, but about promoting health. The actual OHA won't formally come into existence until July 2011, but by fall 2010 there should at least be broad outlines of what the structure will look like. The most immediate steps have been looking at which administrative services should be shared between DHS and OHA, and looking at the actual organizational configuration of the OHA and how the offices should be set up. Mel shared his idea of the framework to organize the OHA, which grew out of the discussions about the county health rankings.

Mel gave an update on flu activity in Oregon. He also talked a little about what went well during the flu response and areas that will need more work, including the communications infrastructure and the low vaccination rates among health care workers.

Public Health Division Policy Packages for 2011 – Dr. Mel Kohn

The Division has been starting to think about Policy Option Packages (POPs) for the 2011 legislative session. Sometime in early summer the OHA list will be solidified and will then go to the Governor's Office for additional vetting and solidifying. In December the Governor will release his or her budget.

The public health leadership team has been meeting to narrow down the priorities. The four areas of focus will be: prevention and wellness (including tobacco prevention and obesity prevention); public health system reform; environmental public health (including core capacity and climate change); and healthcare access and coordinated care. The Division will meet with CLHO, PHAW and other community stakeholders to talk about mutual priorities and see where there are some areas of alignment. The Division would also like the Board's input. Cabinet is holding community forums in April and May to hear from community members about what is important to them. After that they will come up with some initial priority lists and start pricing them. The list will go to DAS and be vetted by the Governor's Office.

Laboratory System Improvement Program – Dr. Mike Skeels, Director, Oregon State Public Health Laboratory

(Handout: "*Laboratory System Improvement Program*")

Mike came to share with the Board a project that the Oregon State Public Health Laboratory is about to embark on and to ask for participation from the PHAB. The OSPHL did some strategic planning and identified the need to look at the lab in a different way to determine if they are meeting the needs of the public system that they serve. The lab is about to embark on an assessment using a tool called the Laboratory System Improvement Program developed by the Association of

Public Health Laboratories. A group of about 50 people that represent a range of stakeholders will come together and look at the 10 essential services of public health and examine to see whether the labs that support public health in our state are providing the services needed for the 10 essential services. The assessment will look at how the OSPHL is doing, as well as public and private sector labs, and see if as a network they are providing what is needed for the 10 essential services. The assessment will be a chance to report on gaps, strengths, opportunities to build relationships with stakeholders, and to inform people on what the OSPHL is doing and for stakeholders to inform the OSPHL on what they think the lab should be doing.

Mike asked if any board members wanted to assist with the all day assessment on June 30th. Bob Shoemaker and Betty Bode volunteered their time. Brittany and Katy will contact the other members of the board that weren't able to attend the meeting to see if they are interested and remind members as the date gets closer.

**Bureau of Labor and Industries' Efforts to Support an Aging Workforce –
The Honorable Brad Avakian, Oregon Labor Commissioner**

(Handout: *Biography*)

Commissioner Avakian began by telling the Board about himself and about the agency that he leads.

BOLI does 4 things: 1) The state's Technical Assistance for Employers Program, which employers can call and confidentially get advice on how to handle different employment situations, helping them navigate their way through state and federal employment laws. The program also travels the state doing seminars; 2) The Apprenticeship and Training Division, which certifies all of the state's apprenticeship facilities; 3) The Wage and Hour Division, which sets all of the prevailing wages for the state and enforces all of the wage and hour laws, including rest periods and minimum wage; 4) The state's chief law enforcement agency in civil rights. BOLI prosecutes claims not only of employment discrimination, including age, race, gender, and disability, but also in housing and complaints of discrimination in public places. BOLI enforces all of those laws against public bodies as well as private entities. From complaint through trial, it is all done within the agency.

In relation to the aging workforce, there is a significant crisis in the fact that the workforce is aging and there isn't an infrastructure built below it to be bringing younger people into the workforce. A study was done to find out why and it points to where shop classes and career education programs were eliminated from middle and high schools in the mid to late 1990's. The loss of the programs had an

immediate effect on the age when people entered higher education or skilled training for living wage jobs. Now after 10 to 15 years, the workforce is aged but there isn't a workforce to bring up behind it. BOLI is working on some legislative packages to try to deal with it in the 2011 session.

Another issue with the aging workforce is that people at retirement age can't retire when they want to. More expenses (college, mortgage, health care) are putting workers in the position where they don't have the retirement savings they used to and are forced to work past the age that they want to. Older workers are keeping the jobs that could be going to a younger workforce, even when they don't want to keep the jobs. There isn't a system in Oregon to help them retool their skills when they need to, and they don't have the skills to compete in the workforce anymore if they do lose their job and need to re-enter the workforce.

Some solutions that BOLI is working on:

- Shop classes and career education – Community colleges are doing a great job of providing programs to train workers, but there are only 17 of them. BOLI is working on legislation for the 2011 session to fully restore the programs to the K-12 system.
- Aging workforce – The state needs to build a structure that brings groups together under a common plan for workforce development, and there needs to be better coordination between the nine different agencies that handle workforce training in Oregon.

Time was allowed for the Board to ask questions and engage in discussion.

Handouts were distributed by DHS, Public Health Division, Health Promotion and Chronic Disease Prevention: "*Healthy Aging in Oregon Counties, 2009*" & "*Healthy Worksite Initiative Fact Sheet*")

Legislative Concept Proposals for 2011 & Federal Health Reform Update – Katy King, Government Relations Liaison, DHS Public Health Division

(Handouts: "*Possible Legislative Concepts and Budget Requests, draft 3/2010*" & "*Federal Health Reform*")

Katy shared with the Board the draft list of legislative concepts that the Public Health Division is working on for the 2011 legislative session. The concepts still need to be vetted through the Director's Office before getting sent to DAS. Katy asked for input and initial reactions from the Board.

Priority categories for budget packages include: Prevention and Wellness; Public Health System Reform; Environmental Public Health; and Promote Access

to Coordinated and High-Quality Healthcare. Within those categories there are currently over two dozen ideas of concepts. The Division will be looking at which concepts are best for them to be backing and which are more suitable for another partner to back.

Lunch with a Leader – Keith Dubanevich, JD, Chief of Staff, Office of the Attorney General

(Handout: *Biography*)

Keith began by talking about his background and described what the Department of Justice does and how it is structured. He then focused on some of the health related issues that the DOJ works on.

One of the high priorities for the DOJ is the drug and alcohol commission. According to the Oregon Criminal Justice Commission about 78% of all property crimes are committed by addicts that are stealing to finance their addictions. For every dollar spent on drug treatment, the state saves \$5 that would otherwise be spent as a result of drug and alcohol abuse. The Attorney General joined with the Governor and got approval to create the Alcohol and Drug Policy Commission. The goal is to come back to the legislature in 2011 and present a comprehensive drug treatment plan.

Related to tobacco, the DOJ monitors the Master Settlement Agreement to make sure that payments are made timely and in the right amount, and to make sure that the tobacco companies aren't violating their obligations in the way that they market their tobacco products. Unforeseen was the challenge of all of the alternative methods of tobacco delivery, and the DOJ is involved in making sure that those tobacco delivery options also pay their fair share. The DOJ also took action against electronic cigarettes with an injunction against manufacturers from selling their product in Oregon and the DOJ is currently litigating whether manufacturers will ever be able to sell in Oregon.

Related to food, when the flu scare started hitting the news and people became more conscious about what they needed to be doing to protect themselves, Kellogg's was advertising on their cereal boxes that the cereal helped boost children's immune systems. The DOJ got Kellogg's to pull the boxes and donate a half-million boxes to food banks.

Related to the environment, there was a resort in Eastern Oregon that had sewer lagoons, which is a permissible method of storing and processing the sewage. The lagoons started to overflow and the walls started to leak, creating a danger to fish and humans that lived in the area. The DOJ got an injunction that prohibited them

from adding sewage to the lagoons and a court order to lower the levels and take steps to protect the public's safety.

Related to pharmaceuticals, the DOJ worked on a bill during the 2009 legislative session that was an effort to require pharmaceutical companies to disclose gifts and benefits that they had given to physicians. They were not successful in getting it passed, but anticipate that the bill will come up again in 2011. The DOJ has also been working on the issue of wrongful or deceptive marketing of drugs.

Time was allowed for the Board to ask questions and engage in dialogue. Some of the issues that the Board raised include: decriminalization of certain drug offenses; community water fluoridation; electronic cigarettes and ads for them that have been on the radio; evasion of tobacco taxes and the internet sales of tobacco products; and land-use as it relates to obesity prevention.

Keith expressed his desire to stay in touch with the Board and encouraged the Board to keep the AG office in the loop as things develop related to policy initiatives.

Governor's Reset Cabinet – Dawn Bonder, Policy Advisor, Office of the Governor

(Handout: *"Governor's Reset Cabinet – Executive Order No. 09-13"*)

The Governor and staff started looking at the budget situation about a year ago. As a result, the reset cabinet was convened to come up with ideas of how to do things differently and operate state government in a way that will be more sustainable. The Governor wants to leave office with a playbook or roadmap for the next governor and legislature with ideas that have already been vetted and talked about that they can carry forward.

The reset cabinet is made up of different subcommittees, including health and human services. For health and human services, one of the biggest challenges faced budget-wise is in the area of long term care and senior care. The cabinet is looking at ways of being more efficient and thinking through how things have been done historically to redesign how programs are offered and resources are utilized, rather than just cutting. They are working to get people to start thinking about how to do things in a way that will offer options, and to find permanent and tolerable solutions. They will get stakeholder input once things are codified into a report, and ideas will be further refined.

The committee has met three or four times and the first meetings have been focused on criteria. They are fine-tuning the areas that can be focused in on, and at

the last meeting really got into the long-term care piece. They haven't gotten into the details about the other proposals yet.

Board members can contact Dawn, Mel or Katy if they have any ideas.

Closing:

Betty Bode (acting chair) declared the meeting adjourned.

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

**Friday, June 4, 2010
Portland State Office Building
800 NE Oregon Street, Room 1A
Portland, OR
9:00 a.m. – 2:00 p.m.**

If you would like these minutes in an alternate format or for copies of handouts referenced in these minutes please contact Brittany Sande at (971) 673-1291 or brittany.a.sande@state.or.us.