AGENDA

PUBLIC HEALTH ADVISORY BOARD

September 12, 2016
1:00-4:00 pm
Portland State Office Building, 800 NE Oregon St., Room 1E, Portland, OR 97232

Conference line: (877) 873-8017
Access code: 767068

Meeting objectives

- Share information about the Public Health Advisory Board Accountability Metrics and Incentives and Funding Subcommittee meetings
- Discuss the Oregon Health Authority's work with Oregon Tribes on public health modernization
- Review and discuss draft health equity review tool and process
- Learn about and discuss the Oregon Health Authority's partnership with the Oregon Department of Transportation

1:00-1:10 pm	**Welcome** • Approve August 18, 2016 minutes	Jeff Luck, PHAB Chair
1:10-1:40 pm	**Subcommittee reports** • Accountability Metrics subcommittee: share information and updates from August 25 meeting • Incentives and Funding subcommittee: share information and updates from August 31 meeting	Teri Thalhofer, Accountability Metrics subcommittee member Tricia Tillman, Incentives and Funding subcommittee member
1:40-1:50 pm	**Public health modernization updates** • Oregon Health Authority agency request budget	Lillian Shirley, Oregon Health Authority
1:50-2:10 pm	**Public health modernization work with Oregon Tribes** • Share work to date with Oregon Tribes on public health modernization • Review process and timeline	Tim Noe, Oregon Health Authority
2:10-2:50 pm	**Follow up on health equity resources** • Review health equity resources shared with the Public Health Advisory Board • Discuss draft health equity review process and tool • Determine next steps	PHAB members

2:50-3:05 pm	**Break**	
3:05-3:45 pm	**Oregon Department of Transportation and Oregon Health Authority partnership** • Review purpose of partnership • Discuss work to date • Receive feedback on health and transportation initiatives	Jerri Bohard, Oregon Department of Transportation Heather Gramp, Oregon Health Authority
3:45-4:00 pm	**Public comment**	
4:00 pm	**Adjourn**	Jeff Luck, PHAB chair

Public Health Advisory Board (PHAB)
August 18, 2016
Portland, OR
Draft Meeting Minutes

Attendance:

Board members present: Carrie Brogoitti (by phone), Muriel DeLaVergne-Brown, Silas Halloran-Steiner (by phone), Katrina Hedberg, Prashanti Kaveti (by phone), Safina Koreish, Jeff Luck, Alejandro Queral, Eva Rippeteau, Akiko Saito, Eli Schwarz, Lillian Shirley, Teri Thalhofer (by phone), Tricia Tillman, and Jennifer Vines

OHA Public Health Division staff: Sara Beaudrault, Cara Biddlecom, Angela Rowland

Members of the public: Morgan Cowling, Coalition of Local Health Officials, Charlie Fauntin, Coalition of Local Health Officials, and Stacy Michaelson, Area of Counties

Changes to the Agenda & Announcements

There were no changes to the agenda.

Myde Boles and David Solet presented the modernization economic and health outcome report at the last PHAB meeting. They wanted to reiterate with the Board that the final report will not demonstrate return on investment but will demonstrate the health and economic benefits of investing in public health.

Morgan Cowling from Oregon Coalition for Local Health Officials announced the progress on regional meetings for the Robert Wood Johnson Foundation grant deliverables. The 2 year grant award of $250, 000 will help advance public health modernization across the state. CLHO has contracted with the Rede Group to hold the regional meetings. A schedule of the 10 regional meetings will be provided at the next PHAB meeting. PHAB members are strongly encouraged to attend regional meetings in your area. Materials and information are available by following the link to the AIMHI page of the CLHO website http://oregonclho.org/public-health-issues/aimhi-in-oregon/

Approval of Minutes

Jeff made one edit to the July 21, 2016 meeting minutes.

A quorum was present. The Board voted to approve the July 21, 2016 minutes. All members approved the edited minutes.

Public Health Advisory Board Accountability Metrics Subcommittee report
-Jennifer Vines, Accountability Metrics member

Jennifer provided a brief overview of the July 29th subcommittee meeting. The group is working through existing measure sets to develop a list of possible measures for public health modernization. The goal is to have a final measure set in Q1 2017 with at least one measure for each prioritized foundational capability and program.

There will be an opportunity for LPHAs and PHAB to review recommended measures. LPHAs won't be accountable for measures if funding in those areas isn't available. Muriel also suggested discussing measures with other partners to help gain perspective across a spectrum of services among agencies. What would it look like if partners were all working toward common goals?

Tricia asked how the subcommittee's work around the 2017-2019 priority areas is related. Preventable measures should be included as part of the winnable battles. Jennifer stated they are still whittling through these sets.

Cara stated that after the subcommittee completes its review of existing data sets, a public survey will be conducted to solicit feedback from partners. All potential measures will be reviewed against the criteria developed by the subcommittee. Health equity is one of the criteria.

Please note: The Incentives and Funding subcommittee will meet on August 31st and September 13th.

Phasing of public health modernization priorities over the next three biennia (2017-19, 2019-21 and 2021-23)
-PHAB members

Jeff provided an overview of activities so far. As required under HB3100, state and local health departments completed assessments to determine the gaps in public health services and the related resources needed to fill those gaps. There is a need to determine a formula for funding local health departments. The policy option package is due by September 2016 to move on to Governor Brown. If approved, on to the Legislature.

Teri voiced concern about the narrow language of *local health departments* in the funding formula instead of for the broader *public health system*. There needs to be a broader look in governmental public health system overall.

PHAB was instructed to consider these three questions when looking at the priorities for the next three biennia:

- What is an appropriate amount of new work for the governmental public health system to take on within a biennium?
- What is the balance between the breadth of work and a narrow enough focus to make a meaningful impact on outcomes within a short timeframe?
- How do we balance the need for flexibility in implementation, knowing from the assessment that different health departments have different strengths and needs?

Alejandro said that the second question seems vague. What level of implementation is meaningful? How to tailor the greatest level of impact needed at the local level? Jeff stated the question is asking how to address local health department's highest needs as well as the foster the state's impact. Cara commented that the task force was created to develop a public health system to serve the needs of everyone in Oregon, so regardless of where you live you have access to basic public health protections. It may look different because each department is not starting at an even playing field.

Programmatic gaps in current governmental public health system are uneven across the system. The work is prioritized around communicable diseases, environmental health, emergency preparedness, health equity, population health data (assessment and epidemiology), and public health modernization planning (leadership and organizational competencies)

Communicable disease

Currently, 25% of Oregonians live in an area where communicable disease control activities are limitedly implemented.

Jennifer commented that historically communicable diseases were a result of people in densely populated areas. The communicable disease numbers vary widely between jurisdictions with some small counties that don't have any communicable diseases. Muriel cautioned against assuming the need isn't there in smaller counties. Small and extra small counties need the capacity to respond when communicable disease cases occur and to do prevention work.

Tricia stated that if significant implementation is occurring, health outcomes might not follow. It's difficult to put out there the implementation without the companion of burden of disease. Safina recommended overlaying the epidemiology with the priorities.

Environmental health

There are significant differences in implementation across the three functional areas. Overall, our mandated work is well implemented.

Alejandro asked why promoting land-use planning is included under environmental health. Cara added that this is a new body of work for environmental health. Tricia stated that it includes looking at the built environment, population and business density, and transportation planning. Jen noted land-use planning is a nice bridge for health officers to communicate with legislators about chronic disease and environmental health. Muriel stated that public health can conduct the health impact assessment and then work with the transportation department to make improvements.

Tricia noted that the most implemented functional area is also where public health has the authority to generate its own revenue with fees.

Emergency preparedness and response

Cara reviewed the prioritized functional areas. The Board did not have substantial discussion about the prioritized areas for emergency preparedness and response.

Health equity and cultural responsiveness

Health equity and cultural responsiveness is the least implemented foundational capability or program. The Board did not have substantial discussion about the prioritized areas for health equity and cultural responsiveness.

Assessment and epidemiology

Katrina questioned why the use of community and statewide assessment data was removed from the prioritized list. Coalition of Local Health Officials (CLHO) decided to remove this at their 8/18 meeting. This work is already happening, and many LPHAs are in the middle of their CHIP cycle. There is a window of time to focus elsewhere. Katrina responded that the important component is using CHA/CHIP data to inform decisions.

Jennifer stated the functional area for responding to data requests and translating data for intended audiences is the most important area for health officers.

Alejandro asked how differences between CLHO and PHAB prioritized would be resolved. Jeff asked OHA to take PHAB's feedback back to CLHO.

Morgan Cowling from CLHO talked about the program areas and costs. The assessment and epidemiology cost of implementation is estimated around $14.4 million. CLHO discussed how to scale this back and focus on measureable achievements.

Safina stated a gap for CCOs is access to population health data. Muriel state a gap for LPHAs is expertise to take data use to the next level. commented that CCOs are doing this but if they had the same access to data as public health has, could take it to the next level.

Jeff remarked that he would like to figure out how to capture and summarize the work happening in different health departments, as well as track how each LPHA plans to use modernization funding.

Silas supports a principle around local design and what is measureable. Could LPHAs choose which functional areas to prioritize? If IP 28 passes there needs to be a strategy to increase the funding request.

Alejandro asked for information about how the $30M funding request was determined. Lillian replied that the funding request is a part of OHA's budget submission to the Governor for inclusion in the Governor's Recommended Budget. In addition to working within monies that may be available, we also need to think about what the system can realistically absorb in two years.

Jeff suggested revisiting this topic at a future meeting to discuss 1. How many functional areas would each LPHA be expected to address and 2. If more money becomes available, how could the governmental public health system use additional funds.

Leadership and organizational competencies

Cara reviewed the prioritized functional areas. The Board did not have substantial discussion about the prioritized functional areas for leadership and organizational competencies.

Priorities for 2017-19, 2019-21, and 2021-23

Tricia asked what is being requested of the Board regarding this agenda item. Cara stated that this is largely an update. At a 30,000 foot level how will we broadly quantify what to do in each of the next three biennia. Cara reviewed a proposal for how to scale up public health modernization between now and 2023.

Role of the Public Health Advisory Board in promoting health equity

-PHAB members

Cara reviewed how the PHAB has been incorporating health equity into its work. The Board has specifically incorporated a health equity lens in decision making in factors of the local public health authority funding formula: racial and ethnic diversity, limited English proficiency, and poverty. Also the accountability metrics review process includes health equity as one of the criteria for measure selection. Health equity and cultural competency has been chosen as a foundational capability for the 2017-2019 priority list. Updates were made to the PHAB charter to include health equity. Last month there was a report on the PHD health equity committee work.

Cara asked for input on what the Board would like to focus on, particularly for the committee policy decisions and recommendations.

Muriel had staff who participated in the DELTA trainings and brought back information that her county was unaware of. They are reviewing their strategic plan and planning for ongoing conversations.

Eva asked if there is an agreed upon health equity lens for Oregon. Akiko is a member of the PHD health equity committee. They are working on documentation now. She would like to make sure health equity is always in our conversation and tribes should continue to be engaged. Muriel recommends that the tribes should be included in the regional meetings with the Rede group.

Tricia stated there are guidance documents created by the Oregon Health Policy Board while initiating the health system transformation charge, and the Portland Parks Bureau has an accountability document with equity principles. It is broader than the modernization scope, but might be worthwhile to review.

Teri mentioned the Early Learning Council Hubs use health equity in their shared vision and goals. Eva also mentioned there is also a health equity subcommittee. She stated there are 8 questions including providing robust community engagement.

Eli stated that more needs to be done to make health systems more equitable. Specifically the outcomes show inequities of health and access.

Alejandro stated that there are tools that have been built but need to access how these tools have addressed health disparities. The PHAB can set a standard and determine what is needed to accomplish these goals. Katrina suggested a PHAB statement or check list with shared definitions.

Public Comment Period

No public comments were made in person or on the phone.

Closing:

Cara provided an overview of topics to be covered at the next PHAB meeting. The next meeting will focus on developing a comprehensive plan for 2017-19 as well as public health modernization priorities to be implemented over the next three biennia.

The meeting adjourned.

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

September 12, 2016
1:00pm – 4:00 p.m.
Portland State Office Building
800 NE Oregon St., Room 1E
Portland, OR 97232

If you would like these minutes in an alternate format or for copies of handouts referenced in these minutes please contact Angela Rowland at (971) 673-2296 Or angela.d.rowland@state.or.us. For more information and meeting recordings please visit the website: healthoregon.gov/phab

PUBLIC HEALTH ADVISORY BOARD
DRAFT Accountability Metrics Subcommittee Meeting Minutes

August 25, 2016
2:00 – 3:00pm

PHAB Subcommittee members in attendance: Muriel DeLaVergne-Brown, Eli Schwarz, Teri Thalhofer, Jennifer Vines

PHAB Subcommittee members absent: Eva Rippeteau

OHA staff: Cara Biddlecom, Joey Razzano, Angela Rowland, Emilie Sites

Members of the public: Alison Martin, Center for Children of Special Health Needs

Welcome and introductions: The July 28 draft meeting minutes were unanimously approved by the subcommittee.

Discuss applicability of existing Oregon measure sets to state and local public health

Child and Family Well-Being (Monitoring) Measures

The group went through the measures.

Measures to consider:

- *Pregnancy Related – Intimate Partner Violence Composite*
- *Children Served by Child Welfare Residing in Parental Home*
- *Intimate Partner Violence – Healthy Teens*
- *Food Insecurity Among Children*
- *Use of fluoridated water*
- *Percent of women who report being informed about maternal depression during and/or after pregnancy by a healthcare worker*
- *Percentage of live births weighing less than 2500 grams*
- *Pregnancy rate among adolescent females ages 14 and under and 15-19*
- *Percentage of preconception and pregnant women who reported drinking alcohol*
- *Infant death rate per 1000 live births*
- *Percent of Mothers who reported breastfeeding 8 weeks after delivery*
- *Percentage of Persons with medical insurance*
- *Rate of non-medical exemptions for immunizations*

There is a need for more clarity around the *Connections to Community – Percent of Children Ages 0-5 who go on outings* in the National Survey of Children's Health.

It may be useful to think about the future of public health services to help narrow down the list. .

Review Public input survey draft

As we whittle down these lists, the survey could include potential measures or be completely open-ended. Muriel says she is looking through these lists and getting a bit overwhelmed. CCOs have 16 and we have 325 to choose through.

Eli sent an email earlier stating that the measures aren't categorized by programs and capabilities, the subcommittee is moving too fast and definitions aren't ready.

Next steps for future meetings

Public health-specific measure sets will be reviewed at the next meeting.

Here is the overall process:

1. Review existing non-public health measure sets for any possible measures where public health could have shared accountability
2. Review existing public health measure sets for any possible measures that make sense for Oregon and the foundational capabilities and programs
3. Categorize possible measures into the foundational capabilities and programs; process vs. outcomes
4. Collect public feedback on the list of possible measures
5. Run measures through established measure selection criteria
6. Finalize list of measures, with questions about process vs. outcome, number of statewide vs. locally-selected measures, total ideal number of measures, etc. addressed throughout the process

Public comment
No public testimony.

Adjournment

Teri has agreed to report back to the Public Health Advisory Board on September 12.

The meeting was adjourned.

PUBLIC HEALTH ADVISORY BOARD
Incentives and Funding Subcommittee Meeting Minutes

August 31, 2016
2:00-3:00 pm

Portland State Office Building, 800 NE Oregon St., Room 918, Portland, OR 97232
Conference line: (877) 873-8017
Access code: 767068

Meeting chair: Tricia Tillman

PHAB subcommittee members present: Silas Halloran-Steiner, Akiko Saito, Tricia Tillman

PHAB subcommittee members absent: Jeff Luck and Alejandro Queral

OHA staff: Sara Beaudrault, Chris Curtis, Angela Rowland, Erica Sandoval

Members of the public: Morgan Cowling, *Coalition of Local Health Officials*

Welcome and introductions – Tricia Tillman

Approval of minutes – Tricia Tillman

Subcommittee members voted to approve the July 12, 2016 subcommittee meeting minutes. All in favor.

Announcements and updates – Tricia Tillman

Sara provided an update on how the funding formula will be applied, related to gaps identified in the self-assessments. Local public health administrators have asked whether different funding formulas will be used based on self-assessment findings for the six foundational programs and capabilities prioritized for 2017-19.

The funding formula is based on components required under HB 3100 such as baseline, matching funds, and incentive payments. Different versions of the funding formula will not be used based on self-assessment findings. However, as the subcommittee develops the funding formula, members should ensure the funding formula provides adequate resources for all counties to address identified gaps in existing capacity. Sara referenced the patchwork quilt diagram that displays the 2017-19 priorities. LPHAs will have flexibility to put funding where they have the biggest need in their communities.

Tricia asked what the subcommittee's role is with this information. Akiko recommended that CLHO could put this information forward. She also suggested creating a list of FAQs on the PHAB website.

Tricia proposed to gather a list of FAQs at the CLHO retreat in September. Holly Heiberg from PHD and Kathleen Johnson from CLHO are working on FAQs that are much more conceptual but they could add in some of these process questions. The full Board will be asked to provide feedback on the need for FAQs at the September meeting.

Review Incentives and Funding subcommittee work plan– Subcommittee members

The main deliverable for this subcommittee is to provide guidance on the funding formula with the goal to complete an initial funding formula this fall. The subcommittee has identified developing a communication tool and exploring additional funding sources as additional deliverables.

The work plan was reviewed. Once the funding formula is complete, the subcommittee may opt to go on hiatus until 2017, after the legislative session.

Discuss three funding formula models – subcommittee members

PHD developed three different funding formulas. The assumption for all models is a $10 million annual investment, with the same allocations for indicators (50% for county population, 10% for each of the 5 indicators: burden of disease, health status, racial/ethnic diversity, poverty, and limited English proficiency) used for all models.

Model 1 is the per capita model where all indicators are tied to county population. Model 2 ties some indicators to county population. Model 3 had a base payment/floor of $50,000 with none of the indicators based on county population.

Tricia asked how the indicators are tied to county populations in model 1. Chris explained how counties are ranked for each indicator, and each county's payment for an indicator is based on its rank and its county weight based on its population. Under Model 1 the estimated payout benefits the large and extra-large counties the most. Model 3 benefits the small and extra-small counties the most.

Silas encourages a simple model that will be easy to administer at the local level. Sensitive models where payments may change from year to year could result in employee layoffs or cuts to programs. The per capita dollars are important to look at as the award ranges from $2,000-$2 million, which is really broad.

Akiko stated her program uses a funding formula that incorporates a base payment. She and Silas suggest incorporating a base payment into Models 1 & 2. Another suggestion made previously was to make payments based on a 3 year average to prevent annual fluctuations.

Silas asked if this will be an annual or biannual payout, or whether it could be a 5 year funding cycle. A longer funding cycle will lead to more stability and drive performance.

Tricia inquired about the $50,000 floor and how this amount was determined. She asked what a reasonable floor amount would be that won't disincentivize the exploration of new service delivery models. Akiko stated in her program funding formula they took an estimated public health emergency preparedness coordinator salary to determine a base funding award amount. The base had 3 categories for small, medium and large counties.

Silas inquired if there are any other states making a funding formula like this. Tricia would like to have the live models distributed to the group. Tricia would like to determine what an average FTE public health employee could be.

Discuss subcommittee update for September 13th PHAB – Subcommittee members

Tricia will report out at the September 12, 2016 PHAB meeting. She will review the work plan and solicit feedback on whether a PHAB FAQ should be developed. She would also like to discuss measure 97 at the PHAB meeting.

The next Incentives and Funding subcommittee meeting will be September 13, 2016. The subcommittee will review updated models that all include a floor. Tricia would like to see updated data based on the indicators that have been discussed by the subcommittee. Akiko will provide her program's funding formula example.

Public comment – Morgan Cowling, *Coalition of Local Health Officials*
Morgan referenced Section 28 in HB3100 that discusses incorporating in the funding formula population, burden of disease, overall health status of communities within the jurisdiction and the ability of each local public health authority to invest in activities and services. Morgan feels the size of the jurisdiction is serving as a proxy for the ability to invest discussion. She recommends looking at how the funding formula can be used to incentivize county investments. That could inform the base conversation the subcommittee is having. PHAB county reps could also take this question to the counties they represent.

Morgan also suggests that the subcommittee consider what is being incentivized through the funding formula.

Adjournment – Tricia Tillman
The meeting was adjourned.

Public Health Advisory Board
HB 3100 equity references
September 2016

HB 3100 describes the public health system's role to improve equity in terms of health outcomes and equitable provision of public health services.

Related to foundational capabilities:

- Section 9(1) The Oregon Health Authority, in consideration of the advice provided by the Oregon Health Policy Board under section 8 of this 2015 Act, shall establish by rule the foundational capabilities necessary to protect and improve the health of the residents of this state and to achieve effective and equitable health outcomes for the residents of this state.
- Section 14(1)(d) Maintain a competent workforce necessary to ensure the effective and equitable provision of public health services;
- SECTION 15(1) For the purpose of establishing the foundational capabilities under section 9 of this 2015 Act, health equity and cultural responsiveness include, but are not limited to, the knowledge, skills and abilities necessary to: (a) Support public health policies that promote health equity; (b) Implement processes within public health programs that create health equity; (c) Recognize and address health inequities that are specific to certain populations, including populations specific to sex, race, ethnicity and socioeconomic status; (d) Communicate with the public and stakeholders in a transparent and inclusive manner; Enrolled House Bill 3100 (HB 3100-B) Page 8 (e) When appropriate, provide the public and stakeholders with access to the data and findings described in section 10 of this 2015 Act; and (f) Engage diverse populations in community health planning.

Related to the local public health authority funding formula:

- Section 4(1)(j) Use incentives adopted under ORS 431.380 to encourage the effective and equitable provision of public health services by local public health authorities;
- Section 7(7) Make recommendations to the Oregon Health Policy Board on the use of incentives by the Oregon Health Authority under ORS 431.380 to encourage the effective and equitable provision of public health services by local public health authorities;
- Section 28(1) The Oregon Health Authority shall each biennium submit to the Public Health Advisory Board and the Legislative Fiscal Office a formula that provides for the equitable distribution of moneys.
- Section 28(4) The Oregon Health Authority shall adopt by rule incentives to encourage the effective and equitable provision of public health services by local public health authorities.

Public Health Advisory Board
Policy and procedure for conducting equity reviews of products and deliverables
September 2016 DRAFT

Background

The Public Health Advisory Board (PHAB), established by House Bill 3100 (2015), serves as the accountable body for governmental public health in Oregon. PHAB reports to the Oregon Health Policy Board (OHPB) and makes recommendations to OHPB on the development of statewide public health policies and goals. PHAB is committed to using best practices and an equity lens to inform its recommendations to OHPB on policies needed to address priority health issues in Oregon, including the social determinants of health.

Policy

The Public Health Advisory Board demonstrates its commitment to advancing health equity by implementing an equity review process for all formally adopted work products, reports and deliverables. The purpose of this policy is to ensure all Board decision-making will advance health equity and reduce the potential for unintended consequences that may perpetuate disparities.

These questions have been adapted from the Multnomah County Equity and Empowerment Lens.

Procedure

The answers to the following questions will be submitted to PHAB for review with the meeting materials prior any official Board action involving a vote to adopt a work product, report or and deliverable. The subcommittee or Public Health Advisory Board member responsible for bringing the work product, report or deliverable forward for a motion will begin by walking through the responses to the equity review, prior to introducing the work product, report or deliverable for a motion.

1. Who does the policy or decision benefit? Community members? The public health system? Both?
   - If the answer is one or the other, how can the policy or decision be changed to incorporate the needs of both?

2. What support exists for the decision or policy? What opposition exists? Why?

3. How will data be used to monitor the impact on health equity resulting from this policy or decision?

4. How does the policy or decision explicitly acknowledge the value of equity and racial justice to the public health system?

5. How have diverse perspectives been integrated into this decision or policy?

6. How does the policy or decision perpetuate or help to dismantle historical, legal, or political oppressions set in the past?

7. How does the policy or decision anticipate and address influence or differential power within the public health system?

8. How does the policy or decision advance health equity?

Resources

The City of Portland, Parks and Recreation. Affirmation of Equity Statement.

Multnomah County Health Department (2012). Equity and Empowerment Lens.

Oregon Health Authority, Office of Equity and Inclusion. Health Equity and Inclusion Program Strategies.

Oregon Education Investment Board. Equity Lens.

Oregon Health Authority, Office of Equity and Inclusion. Health Equity Policy Committee Charter.

Jackson County Health Department and So Health-E. Equity planning documents and reports.

Health and Transportation: Making the Connection

2016 Status Update to the Public Health Advisory Board

Jerri Bohard, Oregon Department of Transportation
Heather Gramp, Public Health Division

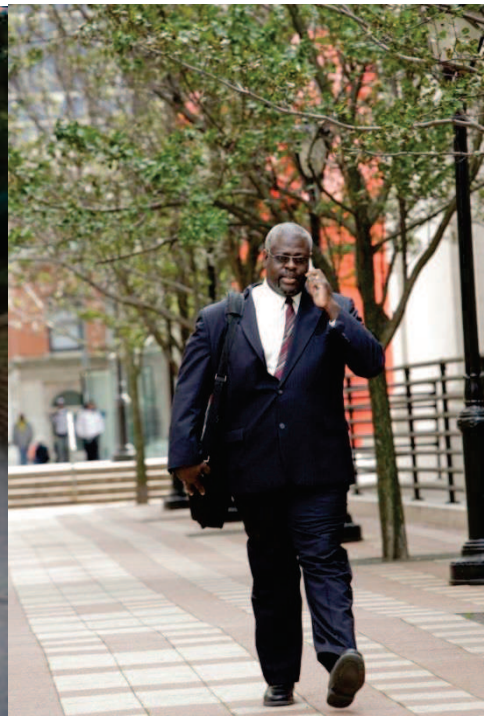
September 12, 2016

Establishing Partnership

Highlights of Initial Efforts

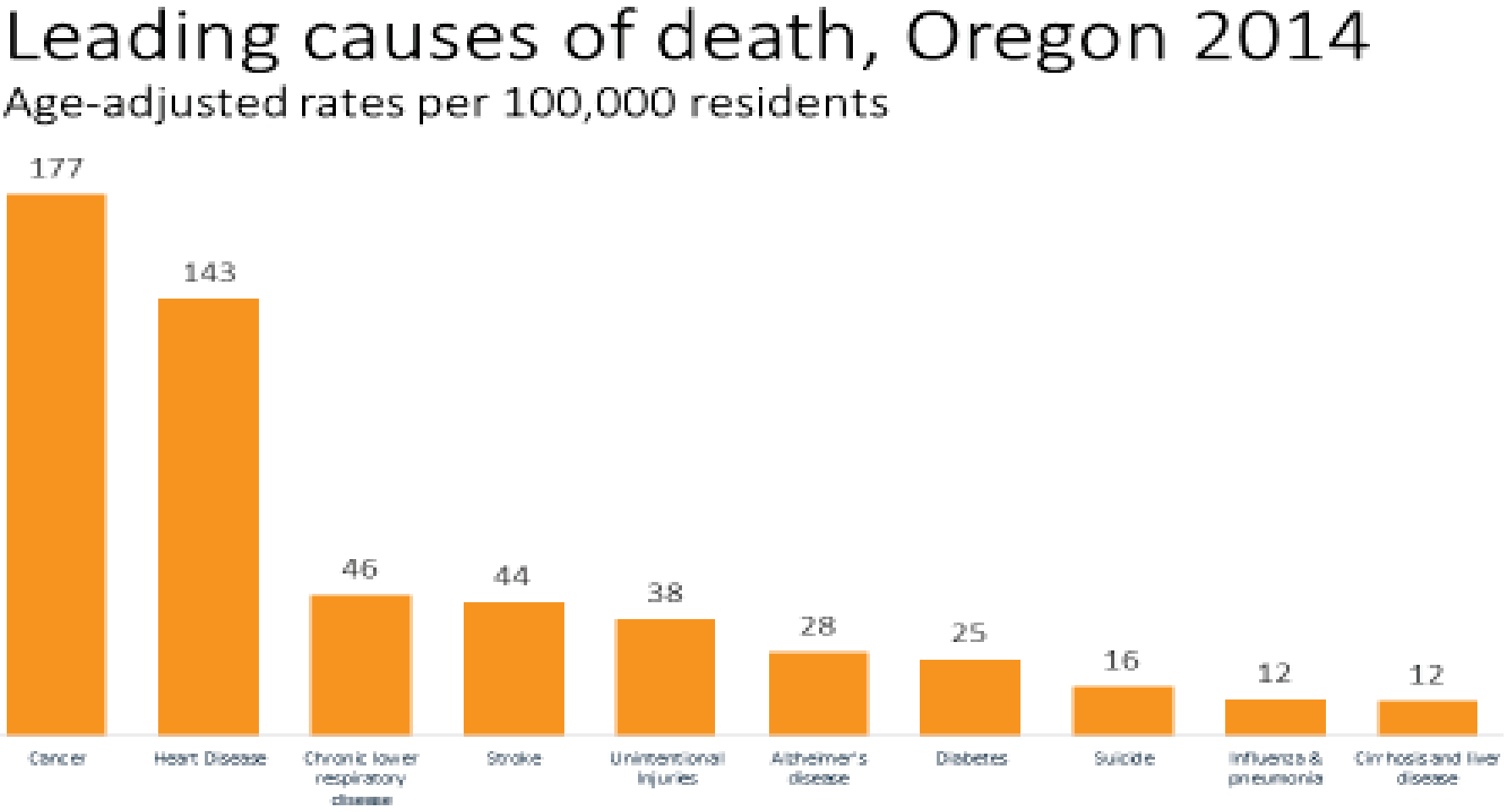
Notable Achievements

Future Milestones

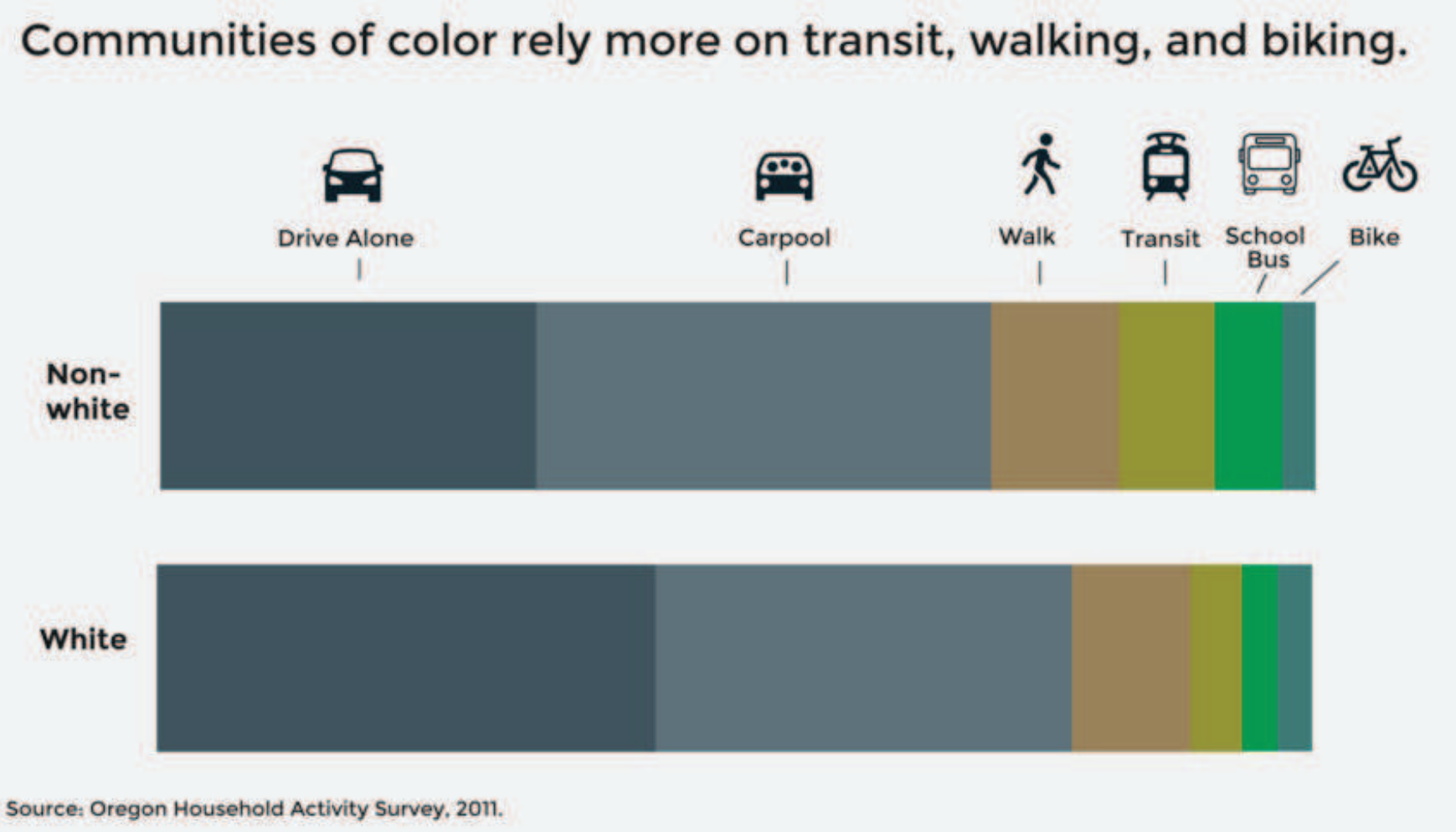


Oregon Health Authority

Rationale for Working Together



Equity


Communities of color rely more on transit, walking, and biking.
Drive Alone
Carpool
Walk
Transit
School Bus
Bike
Non-white
White
Source: Oregon Household Activity Survey, 2011.

Development of the Partnership

Highlights of Initial Efforts

Outreach to Stakeholders

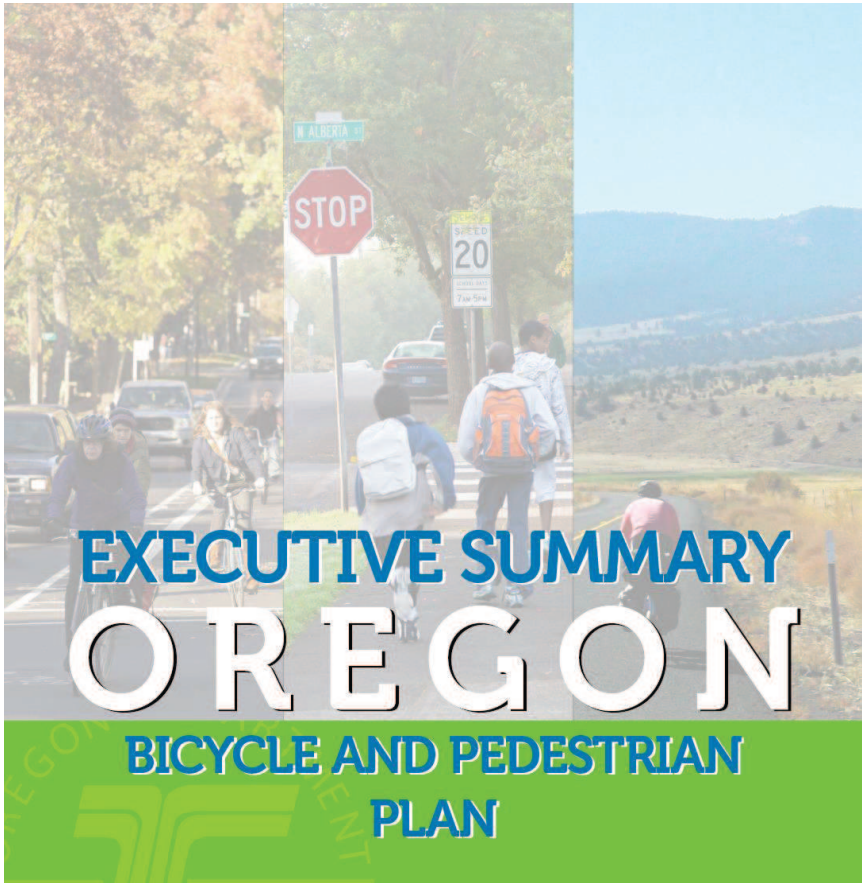
Describing the rationale for this partnership to several of the state's 11 Area Commissions on Transportation and other audiences.

Highlights of Initial Efforts

Training and Convening

A series of workshops for practitioners and local decision-makers on how transportation decisions influence health outcomes.

Highlights of Initial Efforts



Advisory Roles

- Transportation Safety Action Plan
- Statewide Transportation Improvement Program
- Bicycle and Pedestrian Plan
- Distracted Driving Task Force
- Public Transportation Plan

Notable Achievements

Climate Adaptation Case Study

- 2015 Tillamook County natural disaster
- Lessons to inform future climate adaptation planning efforts

Notable Achievements

Tools and Resources for Transportation & Public Health Practitioners

- Integrated Transport and Health Impact Model (ITHIM)
- Transportation research brief

Future Milestones

Transportation System Plan Guidelines Update

Transportation in State and Local Health Planning Efforts

Future Milestones

Linking EMS, Trauma and Crash Data

Health System Innovations

Discussion and Next Steps

Jerri Bohard, ODOT Transportation
Development Division Administrator
Jerri.L.BOHARD@odot.state.or.us

Heather Gramp, OHA-PHD Policy Analyst
Heather.Gramp@state.or.us