Public Health Advisory Board (PHAB)
September 17, 2020
Meeting Minutes

Attendance:

Board members present: Dr. Jeanne Savage, Dr. Eli Schwarz, Kelle Little, Dr. Bob Dannenhoffer, Rebecca Tiel (Chair), Dr. Sarah Present, Dr. Veronica Irvin, Dr. David Bangsberg, Eva Rippeteau, Lillian Shirley (ex-officio), Muriel DeLaVergne-Brown, Rachael Banks, Alejandro Queral, Akiko Saito

Board members absent: Carrie Brogoitti, Dr. Dean Sidelinger

Oregon Health Authority (OHA) staff: Cara Biddlecom, Christy Hudson, Sara Beaudrault, Krasimir Karamfilov

Members of the public: None

Welcome, Announcements, and Agenda Review
Rebecca Tiel

Ms. Tiel welcomed the PHAB to the meeting and reviewed the agenda.

- *Approval of July 2020 Minutes*

A quorum was present. Dr. Dannenhoffer moved for approval of the July 23, 2020 meeting minutes. Ms. DeLaVergne-Brown seconded the move. The PHAB approved the meeting minutes unanimously.

- *Lillian Shirley's Retirement*

Ms. Tiel informed the board that this was Ms. Shirley's last PHAB meeting. She shared that Ms. Shirley had been a member of the board since its inception. She expressed gratitude for Ms. Shirley's service in public health and wished her the best for her next chapter.

Ms. Shirley thanked Ms. Tiel for her kind words. She pointed out Oregon Public Health's north star – the State Health Improvement Plan and the Public Health Modernization Plan – and highlighted the importance of leading with race and evaluating assumptions in all work. She felt proud of the public health work in Oregon, both on the COVID-19 response and on the wildfire response over the last six months. She thanked the board members for their work in public health.

Leading with Race and PHAB Health Equity Review Policy and Procedure Update

Ms. Tiel reminded the board that one of the action items during the PHAB meeting in July was the formation of a health equity workgroup to review and look at PHAB's health equity policy and procedure. The workgroup made four changes: (1) Updated the definition of health equity to align with the OHPB definition adopted in 2019, (2) Reframed the procedure to emphasize centering equity while a work product is being developed in subcommittees, (3) Updated questions to specifically address racial equity and current and historic injustices – this aligns with the definition of equity, (4) Mirrored questions for presenters to the board with the questions for work products and votes.

Ms. Banks remarked that the alignment would allow the PHAB to have more chances for discussions about equity. While OHA staff did a lot of the work in advance, there is room for the PHAB to talk about and grapple with equity and leading with race.

Dr. Schwarz stated that the edits improved the document. He reminded the board that the PHAB started this work before OHPB settled on a health equity definition. Once the definition was in place, it was important for all subgroups under the OHPB to align with that definition. That makes it easier for organizations across the board to agree on equity issues. He suggested an edit to the alphabetized list of six items in #4 under Procedures: 4.c. begins with an adjective (i.e., *different*), while all other points begin with a verb. A verb should be placed before the adjective, so that it is a logical list of action-oriented items.

Dr. Irvin suggested to use the word *differ* instead of *different*.

Dr. Schwarz liked Dr. Irvin's suggestion and asked if a motion to approve the changes was needed.

Ms. Tiel answered that the PHAB needed to approve the document.

Ms. Biddlecom added that in terms of alignment with the work of the OHPB, after the health equity workgroup had met, she raised the subject with members of the OHPB and the Health Equity Committee (HEC). They were aware that the PHAB had had this policy and procedure since 2017. An outcome of these conversations was a real interest in adopting this policy and procedure across the OHPB and its committees, so that decisions were being made to ensure that they were advancing equity. A question that was raised at that time: Would PHAB be willing to share the policy and procedure with the HEC to get its feedback? She asked the board members if they approved that, so that the PHAB can solicit that feedback and bring it back in October for a potential motion.

Dr. Schwarz supported this proposal and added that he had shared the previous version of the policy and procedure with the Health Share of Oregon board, because it was also discussing

health equity. In those conversations, he had stressed the importance of alignment between auxiliary organizations and OHA, so that all organizations looked at health equity in the same way.

Dr. Schwartz reminded the board that he had raised an issue related to the PHAB's constitution at the board's last meeting. Now that the PHAB was approving a document in the area of health equity, he felt that the board needed to do something to include members of the minority groups that the PHAB was addressing with this policy. He is willing to give up his post, if the board finds somebody from one of the communities the PHAB is addressing. The board's approach must be consistent, so that it shows in action what it thinks in theory.

Ms. Biddlecom agreed with Dr. Schwarz and noted that the health equity workgroup talked about how this policy and procedure probably impacted PHAB's charter and bylaws. The board needs to go back and ensure that these documents resonate. Going forward, the board will link all these documents, so that they all get updated together. The point about required position on the PHAB is a discussion the board definitely can have. It comes back to conversations that Mr. Queral and other board members have raised around community engagement during the last PHAB retreat. The question is: How can the board have more opportunities to be engaged directly with community and have its work and decisions be community-informed?

Ms. Tiel stated that one area the workgroup wanted to discuss was using this policy to make a specific commitment to leading with racial equity. This is something the board discussed at its February retreat and the workgroup thought it would be better discussed with the full board. Included in the packet is one example of the City of Seattle's commitment to racial equity and rationale for why they lead with race. Questions for the board to consider: Should PHAB's commitment to equity and leading with race be just for the board, or be also on behalf of the public health system? What would the PHAB like to include in the commitment? Does the board feel the health equity workgroup needs to come back together to work a bit more on the commitment and policy and procedure before voting next month?

Dr. Dannenhoffer remarked that he was very happy with the progress the workgroup had made.

Dr. Savage shared that the paragraph that described where the PHAB was going, by putting race in the forefront of everything the board does, is different from other organizations where health equity and leading with race is often folded into policy and procedures. Leading with race deserves to be called out in its own paragraph at the front. That is the way the PHAB will change policy and put it into play.

Mr. Queral stated that this was a great opportunity to expand the conversation. Leading with racial equity has a larger forum. This is a great place to define what that means. He proposed a reason for leading with race, in addition to the three reasons of Seattle's Race and Social Justice

Initiative: creating a north star that indicates to the public health system that this may be a procedure and a way to go forward in our understanding of how public health policy affects anti-racist outcomes. He encouraged the board members to think beyond the procedures that the PHAB was adopting, as it merited much more attention.

Dr. Bangsberg commented that there had been some discussions at the OHPB between vice chair Oscar Arana and the chair of the HEC about creating a joint statement between the HEC, the PHAB, and the OHPB with the goal of a combined statement to elevate and center this work with the possibility of either sending it to OHA Director Pat Allen and Governor Kate Brown, or encourage them to write a letter to prioritize this work going forward, similar to the letter Governor Brown wrote about CCO 2.0 that identified equity, value-based care, and social determinants of health as priorities for us all to center. He asked if the HEC had reached out to Ms. Biddlecom.

Ms. Biddlecom answered that the HEC had not reached out to her. The workgroup has been working directly with Maria Castro, heath equity program analyst at OHA, who has read the draft policy and recommended bringing the document back to the HEC, knowing that there is an interest in using the same policy and procedure across OHPB and its committees.

Dr. Bangsberg added that he would like to see the HEC and the PHAB in a joint presentation to the OHPB, in terms of their collective recommendation to center and elevate this work.

Ms. Banks remarked that there was good alignment with local public health. She attended a training with Health Impact Partners at which they went over a theory of change for leading with race that was centered in public health practice. There is good synergy between the conversations that local public health systems are having and some good opportunity for alignment across the state.

Ms. DeLaVergne-Brown pointed out that it was a great training, with participants from all local health departments. The training blends well with this work.

Ms. Tiel stated that it would be good to tailor the health equity policy and procedure to public health practice and embed some of the insights from that training in the document. For Oregon, the PHAB can go a step further around leading with racial equity. It is a really good leadership opportunity. She suggested for the health equity workgroup to meet again and incorporate some of the information from the training and to ensure that there is alignment with the OHPB and the HEC.

Ms. Biddlecom offered to coordinate the workgroup again, as well as work directly with Ms. Castro, who could take the draft policy and procedure over to the HEC for their input. The workgroup will finish the draft of leading with race and move that section to the very top of the

policy and procedure, making it clear that the board is talking about the public health system and not just the PHAB. In October, the workgroup will present an updated draft to the board.

2020-2024 State Health Improvement Plan: Healthier Together Oregon
Christy Hudson (OHA Staff)

Ms. Tiel remarked that the PHAB had been tracking the development of the State Health Improvement Plan (SHIP), which launched as Healthier Together Oregon on September 2, 2020.

Ms. Hudson explained that she would like to talk about two things: a final project report for the 2015-2019 SHIP and the current state of the new SHIP. She offered four questions for discussion: (1) What lessons can be learned from the 2015-2019 SHIP? (2) How would the PHAB like to support implementation of Healthier Together Oregon? (3) How can the public health system use Healthier Together Oregon to advance racial equity? (4) How can we continue to engage affected communities in implementation?

Ms. Hudson noted that the full progress report of the 2015-2019 SHIP provided accomplishments and challenges, as well as a summary of what happened in each priority area. She added that out of the 28 data points that OHA monitored over the life of the plan, 5 of them were achieved, 11 moved in the right direction, and 12 moved in the wrong direction.

Ms. Hudson stated that accomplishments included: alignment of priorities within Community Health Improvement Plans (CHIP), public health modernization foundational capabilities and investments bolstered efforts, and CCO alignment in incentive metrics and performance improvement projects. Challenges included: race-based disparities persisted, affected communities were missing from the development and implementation process, and upstream determinants of health and equity were not addressed.

Ms. Hudson added that Healthier Together Oregon (HTO) website had been received very favorably by the community. The plan provides details about the framework and the process for developing it. The website was created with the intention to be public-facing and user-friendly for the various partners that would implementing the plan. The implementation framework consists of five components: (1) Vision: to achieve health equity, particularly racial equity, in the state (2) Five priorities, which are the state's most urgent health challenges, (3) Eight implementation areas that organize our collective work, (4) Sixteen indicators to measure the progress, (5) Sixty-two strategies, which are actions public health will take for improvement.

Ms. Hudson explained that the 62 strategies were threaded through 8 implementation areas: equity and justice, health communities, housing and food, behavioral health, health families, healthy youth, workforce development, technology and health. Each of the five priority areas has 2-5 long-term indicators for a total of 16 indicators. There are also short-term measures

that are being identified for each strategy. Some of the indicators are existing state health indicators (e.g., suicide rate). As the PHAB reviews the Public Health Accountability Metrics, it will be good to know how those metrics align with the 16 HTO indicators.

Ms. Hudson remarked that OHA collected feedback from communities on the drafted strategies. OHA funded seven community-based organizations. Despite COVID-19, the organizations were able to collect feedback. Surveys in English and Spanish were also sent out to collect feedback. Overall, the community was very supportive of the drafted strategies. Some of the feedback included interest in supporting activities to better understand implementation and in measurement and transparency in accountability. There were concerns for feasibility and misunderstanding about who the plan was for, among others.

Ms. Hudson stated that some of the next steps for implementing the plan included sharing Healthier Together Oregon with partners, reforming the PartnerSHIP for implementation, updating the Public Health Division's strategic plan, informing the OHA strategic plan, identifying strategy champions to collectively move actions forward, and developing and maintaining partnerships with other state agencies.

Dr. Savage asked if the PartnerSHIP had discussed partnering with the CCOs for the implementation. CCOs could, and should, help roll out the plan.

Ms. Hudson answered that CCOs were represented on the PartnerSHIP. Hopefully, they will be represented on the reformed PartnerSHIP. Some of the conversations Public Health Division staff have had with Health Policy & Analytics staff, especially those who support the community advisory councils and the CHIPS, were about the interest of the CHIP coordinators within CCOs to share how they were aligning the priorities, how they were digging into the strategies, and what kind of assistance OHA could provide. There is a webinar planned for CCOs and their employees who work on CHIPs on November 5, 2020, to start that conversation. The purpose of the webinar is to share information about the SHIP and get feedback, as well as to solicit ideas for what kind of technical assistance people around the state might be interested in.

Dr. Schwarz noted that all CCOs within CCO 2.0 have community advisory boards, which meant that the community was involved. When the plan gets sent to the CCO, OHA needs to ensure that it gets disseminated to the community advisory boards, which would be a natural fit for a lot of the activities. Another thing related to the CCOs is that within CCO 2.0, CCOs have a lot more flexibility in using their funds than they had in the past. Health Share of Oregon, for example, has become heavily involved in homelessness and housing issues. All these things are discussed across the CCO world at the moment. There is enormous potential for strengthening and promoting this work over the next five years.

Dr. Schwarz added that he had read the Healthier Together Oregon report, which he found beautiful. One thing that struck him was the use of words like *reduce*, *improve*, and *incentivize*

and the lack of concrete numbers for an increase or reduction. It is good to work with performance targets, so that it is clear how much it is expected to improve or decrease. The accountability metrics group was working on trying to identify some of these metrics in a more concrete manner.

Ms. Hudson answered that the SHIP team intended to set targets for the key indicators, but that work fell off because of COVID-19. It is the team's intention to set those targets. In terms of lack of detail and specificity in the strategies, there are more specifics about the short-term measures and about what it is anticipated as a result in the draft implementation plan.

Dr. Irvin asked if the SHIP team had looked at process evaluation for some of these strategies and activities, and how well they were received (i.e., quality and quantity), and how that might carry over into monitoring the strategies, activities, and programs that were being done under the new SHIP.

Ms. Hudson answered that OHA did not have any resources to do that kind of in-depth evaluation.

Dr. Irvin asked about what was done to make progress towards those targeted goals.

Ms. Hudson answered that the accomplishments were listed in the 2015-2019 SHIP report. Some of them include the tobacco priority and the increase of the price of tobacco, as well as the partnership with the healthcare system on improving immunizations, among others. In a lot of ways, the old SHIP summarized the work that was already happening in public health. It is hard to compare what was in the old SHIP with what is outlined in the new SHIP, which is very different and much more upstream, and broader than the Public Health Division.

Ms. Biddlecom added that having a plan that had statewide strategies that OHA could continuously point to was helpful in and of itself. The priorities in the last SHIP were very health outcome-focused and lacked the focus on social determinants of health. Just having something that could align a lot of different sectors is useful. For example, a key piece was the movement that was made with CCO incentive measures and align them with the public health accountability measures. With Healthier Together Oregon being much broader, engagement will be more broadly toward those shared outcomes. The development of the plan got a little further, because it included many partners with different perspectives in the planning process. Their voice developed the strategies and they are going to be partners in making them happen.

Ms. Rippeteau noted that regarding the disciplinary action indicator for Institutional Bias, there was a group of childcare providers who had been looking at disciplinary action for preschool and early childcare. The hope is to have some legislation around that in the 2021 legislative session – to work toward reducing and eventually banning suspensions and expulsions in preschool and early learning. Regarding the childcare cost burden indicator, the childcare

taskforce at the legislature is looking at the true cost of care and how the state is not covering that with subsidies for parents and not meeting the true need for families more broadly.

Ms. Hudson stated that OHA had a data source for the childcare cost burden indicator. OHA research analysts did some work on it, which is available on the Healthier Together Oregon website.

Ms. Hudson concluded that, in reforming the PartnerSHIP, the SHIP team was looking for suggestions and ideas about how to put the group together. OHA leadership feels that the SHIP team are not the people to make these decisions. One idea that has come up from conversations with PartnerSHIP members is that a small group should be formed that would include invitations to all PHAB members, HEC members, and outgoing PartnerSHIP members. The purpose of this group over a few meetings will be to come up with a list of organizations to invite to the PartnerSHIP, review the information that comes in, and make the decisions. Any interested PHAB members should contact Ms. Hudson.

Dr. Present pointed out that interesting partnerships had been formed and fostered during the COVID-19 epidemic. New partnerships have been made with CBOs (community-based organizations) and a lot of them have worked to get grant funding. A lot of partnerships are being built right now, ensuring that people's needs are met around COVID-19. As the state builds on community engagement towards public health in general, the state should build on the relationships that are being formed and fostered right now. Many of these organizations are directing public health work in a new way, and there is a lot of work local health departments are doing to understand what these organizations are doing. She encouraged the OHA team to work on those relationships as it builds the new PartnerSHIP.

Ms. Little asked about the role of the PartnerSHIP moving forward.

Ms. Hudson answered that the role of the PartnerSHIP was to inform the implementation work. The PartnerSHIP will work on the strategies and decide which ones take priority. The SHIP will be a living document and the PartnerSHIP will indicate when changes need to be made. The group will also hold partners accountable, making sure that advancements are made. There is a little bit of funding and the group will make decisions about how that funding is used.

Ms. Tiel asked if the organizations that were funded through the mini grants for engagement would continue to be utilized.

Ms. Hudson answered that many of the organizations were on the initial list that was identified by the PartnerSHIP. There are still some gaps, in terms of priority populations. OHA is uncomfortable with its position of power. OHA is looking to the PHAB and others that support it to help it figure out who needs to be at that table. For example, one idea for the next PartnerSHIP is getting someone who can represent the youth voice. It would be great,

especially if that person was a younger person. That would be a new voice for the PartnerSHIP and it has to be decided how to identify that organization or person.

2020 Public Health Modernization Report to Legislative Fiscal Office
Cara Biddlecom (OHA Staff), Sara Beaudrault (OHA Staff)

Ms. Tiel remarked that, every biennium, OHA was required to submit a report to the Legislative Fiscal Office that included the PHAB funding formula and accountability metrics report, in addition to a recap of how the biennium's funding was being used for public health modernization, and what was needed to continue the work for the next biennium. PHAB has had a hand in all the work included in this report. Typically, the report is due by June 30, but OHA requested an extension to September 30, because of the COVID-19 response.

Ms. Beaudrault explained that the public health modernization report was provided to the Legislative Fiscal Office and gave Oregon Health Authority a way to communicate its needs, priorities, and direction for the public health system. The report is broken into two sections. The first section focuses on the current investment and the current biennium. From 2019 through 2021, the report shows how OHA has distributed funds, the public health priorities, what amount of work has been funded, and where progress is being made in the public health accountability metrics. The second section of the report sets the stage for the 2021-2023 biennium.

Ms. Beaudrault noted that the executive summary listed several areas where progress was made toward the goals that had been laid out. The first accomplishment is that, for the first time, the public health modernization formula was used to allocate funds to local public health authorities (LPHAs). The formula is also used for many streams of COVID-19 funding that is going out to LPHAs. Other accomplishments include: funds are now reaching all areas of the Oregon's public health system; ongoing investments in regional partnerships are showing results; public health modernization investments have supported Oregon's response to the COVID-19 pandemic.

Ms. DeLaVergne-Brown added that the regional partnerships were showing results, but individual health departments, due to additional funding, were also showing results.

Ms. Beaudrault stated that the second section in the report for the 2021-2023 biennium touched on the priorities for the next biennium. Earlier this year, the PHAB made recommendations to OHA to continue to focus on the direction the board had set previously: to use investments for communicable disease control, focus on health equity and cultural responsiveness, address health inequities, and assessment and epidemiology. As more funds come into the system, the work will be expanded to include environmental health, emergency preparedness and response, and leadership and organizational competencies.

Ms. Beaudrault remarked that this sets the direction for where Oregon public health wants to go in the next biennium. Coupled with that, the Incentives and Funding Subcommittee worked throughout the year, deciding whether to make changes to the funding formula for the next biennium. The subcommittee decided not to recommend any significant changes to the funding formula. Funds going out to LPHAs continue to go to individual LPHAs to support their local work, but also to continue to invest in the regional partnerships.

Ms. Beaudrault pointed out that OHA estimated that an additional $68.9 million would be needed in State General Fund to accomplish the goals and priorities set by the PHAB. Once OHA had the recommendations from the PHAB, it worked with a group of local public health administrators to begin developing details for how the priorities will be implemented. This includes the specific goals within the priorities, the impacts for populations in Oregon, and the impacts for people who are systemically underserved. Starting from the PHAB priorities, OHA continues to get narrower and clearer about how it can describe that work and what investment will result in.

Dr. Dannenhoffer shared that Douglas County health department had been working with local CBOs and it had been a great start. There is a lot more work to do.

Dr. Schwarz asked if it was known where public health modernization would land in the new budget.

Ms. Biddlecom answered that there were two realities: (1) The response to COVID-19 has illustrated serious gaps in the funding for the public health system and how the system needs to be prepared to respond, whether it's COVID-19 or wildfires. Both areas are directly addressed in the report as areas to fund and build on. (2) We are in a recession and it's going to be a tight budget development process for the next biennium. Nobody knows where all that will land.

Dr. Bangsberg noted that the case had never been stronger for this work and the resources had never been fewer.

Ms. Rippeteau stated that she appreciated the bolding of the sentence for the additional $68.9 million needed to do this work. While it is going to have a lot of legislators scoffing, it is important for them to see what the actual cost is. The board members will have to buttress this work and explain why this funding is necessary and give the examples of the work LPHAs have been doing over the last few months.

Ms. Beaudrault added that the report would be wrapped up over the next few days and submitted to the Legislative Fiscal Office by the end of September. She thanked the board for its contributions to the report.

PHAB Member Discussion
Rebecca Tiel

Ms. Tiel invited the board members to share issues, ask questions, or suggest future agenda items.

Ms. Rippeteau remarked that the COVID-19 numbers in the state over the last few days had been down and the OHSU testing site at the Expo Center closed. She asked if these two events were correlated. Regarding the wildfires, she was informed that a good number of people in the immigrant communities who had been impacted by the wildfires were not seeking resources because of rumors and fear that ICE (Immigration and Customs Enforcement) was at these locations. She asked what the PHAB could do to end those rumors and help people feel safe to get the resources they needed.

Dr. Savage commented that she worked at Yakima Valley Farm Workers Clinic in Woodburn, OR, and the clinic had faced these issues when ICE was doing its raids and there was a massive decrease in care. Then and now, the clinic provided people with little laminated cards that let them know of their rights. If they were stopped, they didn't have to talk to anybody who stopped them. They just showed them a card that said *I have rights*. It alleviated a lot of fear. A lot of public education was done through the clinic and its behavioral health counselors. It would be great to mass-produce those cards and get them out to a lot of people.

Ms. Rippeteau asked if Dr. Savage had a PDF file to share.

Dr. Savage responded that she would contact the clinic and have the clinic administrator send her the file, which she would forward to the board.

Dr. Dannenhoffer pointed out that this was a scary week in Oregon. The case numbers are down, but testing is down even more, and the positivity rate is up. When the positivity rate is up, the system is not seeing what is going on. There are a lot of people out there who may have COVID-19 symptoms – dry cough, scratchy throat – who are ascribing them to smoke and are not getting tested for COVID-19. Wildfires also resulted to riskier situations, such as families taking in other families. The hospitalization numbers look about steady this week, so that is good news.

Dr. Present added that half of Clackamas County's Legacy urgent care testing sites had been down due to smoke. Several clinics that do testing have been closed due to staffing and smoke. The state lab was closed for two days due to smoke inside the building. The lab is now open. Clackamas County included asking about evacuations during COVID-19 case investigations, which is now a part of the case investigations for positive COVID-19 cases throughout the state. The state will get some information about the migration of people evacuated during wildfires. Clackamas County called every COVID-19 case it had in the evacuation zone and tried to get

them safe isolation housing, but many of them ended up with family members and new exposures.

Ms. DeLaVergne-Brown suggested that it might be nice for the rest of the board to hear what was actually happening at the local health departments and learn about the process they went through when they had cases, and how the departments were using contact tracing, so that the board members knew the work happening at the local health departments and had that viewpoint.

Ms. Little supported the idea and said that tribal health departments did things a little differently and that it would be nice to see what the LPHAs were going.

Ms. DeLaVergne-Brown volunteered to do an update of the work in Central Oregon.

Dr. Bangsberg reiterated his suggestion for the PHAB and HEC to have a joint presentation.

Public Comment

Ms. Tiel invited members of the public to provide comments or ask questions in the chat box.

There was no public comment.

Next Meeting Agenda Items and Adjourn
Rebecca Tiel

Ms. Tiel adjourned the meeting at 3:43 p.m.

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

October 15, 2020
2:00-4:00 p.m.
ZoomGov

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