

# AGENDA

## PUBLIC HEALTH ADVISORY BOARD

January 21, 2021, 2:00-3:30 pm

Join ZoomGov Meeting

<https://www.zoomgov.com/j/1609326045?pwd=M3hGbmVMZ2RwNm1kYWJhc3Q4Tzh1Zz09>

Meeting ID: 160 932 6045

Passcode: 107561

One tap mobile

+16692545252,,1609326045#

Meeting objectives:

- Approve November meeting minutes
- Discuss chair position
- Review 2021 Public Health Advisory Board work plan
- Discuss COVID-19 response and COVID-19 vaccine roll out

---

**2:00-2:15 pm**

**Welcome and agenda review**

- **ACTION:** Approve November meeting minutes
- Welcome new members and discuss board transitions

Rebecca Tiel,  
PHAB Chair

---

**2:15-2:25 pm**

**Nominations for new chair**

- Discuss member for chair position

Cara Biddlecom,  
Oregon Health Authority

---

**2:25-2:40 pm**

**Review 2021 Public Health Advisory Board Work Plan**

- Provide feedback on work plan draft
- Review subcommittee objectives for 2021
- Confirm member participation in subcommittees

Sara Beaudrault,  
Oregon Health Authority

---

**2:40-3:10 pm**

**COVID-19 response update**

- Discuss vaccine planning and delivery
- Discuss equity in COVID-19 response

Rex Larsen,  
Oregon Health Authority

---

---

---

**3:10-3:20 pm**

**PHAB member discussion**

- Discuss key issues that PHAB members should be aware of or should help problem solve on behalf of the public health system

Rebecca Tiel,  
PHAB Chair

---

**3:20-3:30 pm**

**Public comment**

---

**3:30 pm**

**Next meeting agenda items and adjourn**

---

---

Public Health Advisory Board (PHAB)

**DRAFT** November 19, 2020

Meeting Minutes

---

**Attendance:**

Board members present: Dr. Eli Schwarz, Kelle Little, Dr. Bob Dannenhoffer, Rebecca Tiel (Chair), Dr. Sarah Present, Dr. Veronica Irvin, Eva Rippeteau, Muriel DeLaVergne-Brown, Rachael Banks, Akiko Saito, Carrie Brogoitti, Alejandro Queral, Sarah Poe

Board members absent: Dr. Jeanne Savage, Dr. David Bangsberg, Dr. Dean Sidelinger

Oregon Health Authority (OHA) staff: Cara Biddlecom, Krasimir Karamfilov

Members of the public: None

**Welcome and Agenda Review**

*Rebecca Tiel*

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

- Approval of October 2020 Minutes

A quorum was present. Dr. Schwarz moved for approval of the October 15, 2020, meeting minutes. Ms. Rippeteau seconded the move. The PHAB approved the meeting minutes unanimously.

- Welcome Sarah Poe

Ms. Tiel introduced Sarah Poe, public health administrator for Malheur County, as the recently appointed member to the board in the position formally held by Ms. Teri Thalhofer.

Ms. Poe introduced herself. She hoped to learn quickly and add something significant to the board. She is representing the rural, diverse voice of far east Oregon.

The board members introduced themselves to Ms. Poe.

Ms. Tiel formally welcomed Ms. Banks to the board, now a member as the Public Health Director, formerly a representative of Multnomah County on the PHAB.

Ms. Tiel informed the board that Ms. Saito's term on the PHAB would expire at the end of 2020. Ms. Tiel's position on the board is also up at the end of 2020. A process of soliciting additional



Public Health Advisory Board  
Meeting Minutes – November 19, 2020

individuals and voices to be appointed in the role is ongoing. If the position cannot be filled, Ms. Tiel might stay in her role.

### **PHAB Presentation to Oregon Health Policy Board**

*Rebecca Tiel, Cara Biddlecom (OHA Staff), Dr. David Bangsberg*

Ms. Tiel remarked that on November 3, 2020, she, Dr. Bangsberg, and Ms. Biddlecom presented the PHAB's response to the Health Equity Committee's letter to the Oregon Health Policy Board (OHPB). The next steps will be identified during the OHPB's retreat.

Ms. Biddlecom added that the presentation to the OHPB went well. PHAB's equity policy and procedure was shared with the OHPB. There is a lot of support for the work and the direction of the PHAB in meeting the public health system in the state. The focus of the OHPB retreat in February 2021 will be on equity.

Dr. Irvin asked when the PHAB would start implementing the equity policy and procedure.

Ms. Biddlecom answered that today's presentations by Ms. DeLaVergne-Brown and Ms. Brogoitti were focused on equity and the COVID-19 response and were examples of putting the equity policy and procedure into practice. In addition, the board's charter and bylaws will be updated in 2021 to ensure that they reflect the PHAB's commitment to leading with race and equity. An opportunity for the board to exercise leading with race and health equity is within the public health accountability metrics.

Dr. Schwarz asked if the equity action plan would be included in the workplan.

Ms. Biddlecom answered that the equity action plan was a specific strategy that the Health Equity Committee (HEC) had asked for. Part of the presentation was to share the PHAB's work around equity and to respond to the letter the HEC sent to the OHPB. There were several recommendations in the letter, one of which was to develop an equity action plan. The group that convened prior to the presentation meeting felt that this was an opportunity to have an equity action plan line up with Healthier Together Oregon. A COVID-19 equity action plan is really important and the public health system needs to look at secondary and tertiary impacts of COVID-19 and have a systems approach for the next several decades.

Ms. Tiel added that it was not only OHPB's and PHAB's responsibility to have meaningful engagement around Healthier Together Oregon. The work needs to happen in a wide variety of sectors, not just in the public health system.

Mr. Queral asked about the meaning of lining up with Healthier Together Oregon as it related to the equity action plan. His understanding was that the focus of Healthier Together Oregon was on social determinants of health.

Ms. Biddlecom answered that the equity action plan did not exist yet. It was a recommendation that the HEC included in their letter to the OHPB. Not having more than what was in the letter to work with, the board members felt that the PHAB needed to look at the additional impacts of COVID-19, as the equity action plan was more focused on the COVID-19 response. The board members also felt that the PHAB should be looking more broadly beyond COVID-19. The disproportionate impacts on communities of color and tribal communities with COVID-19 need to be addressed through the equity action plan. This is also the focus of Healthier Together Oregon. The question is: How can a plan that has not been developed yet and a plan that has been developed can be lined up, so that they enhance each other?

Mr. Queral asked where the PHAB had leverage. He wondered what else the PHAB could do beside creating the equity action plan, in light of the priorities Healthier Together Oregon had put forward, and how the board would define its role in this context.

Dr. Schwarz noted that when the board started to work on redefining the accountability metrics, it would have to focus much more than it did last time around on what the PHAB had promised to do now. At that time, the State Health Improvement Plan was not completed. The environment in which the board is operating, in terms of the metrics, has changed quite a lot. That is one place where the board could do something independently.

### **PHAB Subcommittee Structure**

*Rebecca Tiel*

Ms. Tiel remarked that a big part of the board's work happened in the PHAB subcommittees, where different tools, guidance, and documents were developed for implementing the board's work. In thinking about embodying the commitment PHAB has made to equity and leading with race, it's important to consider how board members engage outside of the PHAB to do their work. As OHA staff are preparing the board's 2021 draft workplan and subcommittees, there is an opportunity for the board to explore how it can engage with community. Two important questions are: Would the PHAB be willing to open subcommittee participation to individuals outside of the PHAB members to get a broader perspective? Would the PHAB be willing to charter a new subcommittee – the public health data subcommittee?

Dr. Dannenhoffer stated that broadening the subcommittees would be great and reconsidering what subcommittees did was fine. The only issue is that the scheduling of subcommittee meetings will become even more difficult with adding more people.

Ms. DeLaVergne-Brown supported the broadening of the subcommittees. One thing to think about, and it depends on who is on the subcommittee, is that subcommittee members get data wonky and use way too much public health speak. If the subcommittees are broadened, it

should be remembered that people may have a great viewpoint but may not be a part of the public health world. An example is becoming a member of the metrics subcommittee.

Ms. Rippeteau noted that she had gotten an education from sitting on the PHAB and on other committees. When the Early Learning Council (ELC) considered broadening the subcommittees to include non-council members, the council decided to have 1-2 council members on each subcommittee and the rest of the subcommittee members to be non-council members. These members were service users or providers with different points of view or policymakers. The ELC received more inclusive input on the work of the council from its subcommittees and now has a pipeline of future council members. The non-public health members of the PHAB take the work done by board members working in public health and help people understand it better. It's a two-way street. Inviting others to the table would allow for better translation to others what the work board members do means.

Dr. Schwarz asked if the PHAB was in statute and if that presented any limitations in terms of what the board could do. According to Oregon law, all PHAB meetings are public meetings. Anybody can participate, if they want to, and speak as well. In his experience, he couldn't remember anybody speaking at any of the subcommittee meetings. It is fine to attract other people to the subcommittees, but in terms of commitment, board members are busy, yet committed to the board. If there are people who swing in and out of subcommittees, it will be very difficult to have continuity in conversations and outcomes.

Ms. Rippeteau added that listening in and giving public comment was a very different process than being a part of a committee or subcommittee, where members got into in-depth conversations and informed the work. Members are more engaged. Even though the PHAB is a public body and people are welcome to join the meetings and comment, a lot of people who might be curious about it would not have the time or luxury to join during normal work hours. Representative Courtney Neron is putting in a bill on including serving on a committee, or subcommittee, or other appointed committee to be equivalent to civil engagement like jury duty and be protected time off. That might give more availability to the general public to participate in such bodies and inform the work.

Ms. Tiel remarked that last month the PHAB heard a presentation on public health survey modernization and how the state collected data that was grounded in community needs. OHA is putting together strategic data plan. The purpose of the public health data subcommittee would be to develop a strategic public health data plan for the state which would provide a glidepath into the next State Health Assessment and future public health accountability metrics. The work will start with determining whether the PHAB wants to charter this subcommittee and whether it fits within the workplan, followed by recruiting and ensuring the right representation.

Ms. DeLaVergne-Brown commented that the timing for this subcommittee was right. Having people from outside public health see the work public health employees do is really important, as the general public has many ideas about what public health means.

Ms. Biddlecom stated that OHA had been working on and off over the last year on developing a strategic public health data plan. When the public health system thinks about lessons learned from the community-based participatory work, it comes down to how public health data is collected, shared, and summarized for policymaking. We can't build on the systems that the state has without going to community and learning about how data collection is done. When an OHA team tried to develop the strategic data plan, it became clear that a lot more people outside of the agency needed to be involved. The work that happens around public health data will ultimately impact the public health accountability metrics. In the future, these two data streams would converge and might change and shape the way the PHAB frames the accountability metrics.

Dr. Schwarz shared that there was a very good example of how bad it could become when the communities that were affected were not engaged or involved in developing particular data collection systems. There was this huge project that the state was supposed to fund the collection of information about those groups in society that were particularly affected by COVID-19. The only thing that was missing was that somebody had forgotten to talk to those communities when the project was planned. When this was realized, it was too late to do the project, which got scrapped. This is a sad outcome, because it was a missed opportunity to get information that could have been used in future interventions and prevention activities.

Ms. Biddlecom added that the strategic data planning needed to be done before the next State Health Assessment, so that data could be collected differently (i.e., grounded in community). That data will be used to develop the next state health improvement plan.

Ms. Tiel asked for a motion to expand the subcommittees to include community engagement and to charter a public health data subcommittee.

Dr. Dannenhoffer moved for approval of the proposed two items. Ms. Rippeteau seconded the move. The PHAB approved the two items unanimously.

### **COVID-19 Response**

*Muriel DeLaVergne-Brown (Crook County), Carrie Brogoitti (Center for Human Development)*

Ms. DeLaVergne-Brown started her presentation by praising her staff who had been amazing. She remarked that Crook County created an infrastructure for supporting communities experiencing COVID-19 disparities by organizing her team and focusing on the demographics. The county's population is older (25.2% over 65). People with disabilities represent 15.5%, while 12.9% of the population lives in poverty.

Ms. DeLaVergne-Brown added that the first thing her team did was to form an incident command team. The county worked together with the neighboring counties (i.e. Deschutes and Jefferson) and the tri-county community-based organizations. As the process rolled out, the county evaluated its needs and reached out to people and organizations to build relationships. With the help of the tri-county epidemiologist, the three counties released a COVID-19 daily situation update. In addition, the county does a lot of educational outreach in the community and with partners.

Ms. DeLaVergne-Brown shared that when the team was designed, some of the areas of focus included case investigations, case monitoring, bilingual wraparound services, facilitation of testing approvals, communication and regional liaisons, bilingual staff, and a nurse. The tri-county community liaisons are trying constantly to get the right message out, as there is a lot of misinformation out there. Liaisons work with hospital and medical partners, businesses, schools, long-term care facilities, the county court, a faith-based network, and environmental health.

Ms. DeLaVergne-Brown explained that one of things the county worked on was a guidebook for individuals who tested positive and their contacts. Another example of the work is the distribution of food for a week to anyone who showed up at a drive-through clinic. In terms of messaging, there is a lot of pushback around face coverings and the county always has to try different messages on how to protect the community. For reopening, a reopening plan was written and videos were made in English and Spanish for businesses.

Ms. DeLaVergne-Brown noted that a lot of work needed to be done around staff care. In June 2019, the team did an exercise for emergencies and trained in case something like a pandemic happened. That training paid off. In term of next steps, the county will continue reaching out to communities, reinforcing the right message, planning flu and COVID-19 clinics (the last one was on November 14, 2020), and working with schools. The future goals include the development of a strategic plan focused on health equity, public health reaccreditation (completed in June 2020), and ongoing training of staff. It's been a challenging year, but the public health team in Crook County has learned and grown a lot.

Ms. Poe thanked Ms. DeLaVergne-Brown and praised her team for their incredible and inspiring work in Crook County. It is an example for other counties on how to do big things.

Ms. DeLaVergne-Brown responded that one thing that the public health authorities learned was how to share across the state. The sharing happens all the time.

Dr. Schwarz asked if Ms. DeLaVergne-Brown could talk a little bit about the attitudes that she alluded to related to the rejection of mask use and following the guidelines.



Ms. DeLaVergne-Brown answered that it was really challenging. The county tries to use messaging that is positive and not shaming. The public health authority has worked a lot with the local Chamber of Commerce on the “Mask up, Crook County” campaign. The elementary school and high school children are making videos, showing how wearing a mask is really important. It’s hard to understand the pushback. It might intensify when the vaccine rolls out. Many people believe in the immunization work, but there will be a fair number of people who will not want the vaccine.

Ms. Rippeteau asked if there was a useful tool for community partners even outside the formal partnerships that were in place in Crook County for dispelling some of the misinformation and rumors.

Ms. DeLaVergne-Brown answered that the county continued to put out the positive, true information. It’s impossible to talk somebody into something, if they have it in their head that it must be in a certain way. Even when providing data, there are always questions about the science. This is the hardest part of her job. When people put inaccurate information on Facebook, the county puts the accurate information or provides a specialist to talk to them. Facebook came through to help the community for the food drive.

Ms. Tiel thanked Ms. DeLaVergne-Brown for the update on the response in Crook County, which showed a lot of leadership.

Ms. Brogoitti began her presentation by stating that relative to Crook County, Union County had the same percentage of Hispanic/Latino/a/x population (i.e., 92.6%). Although the Asian population is 1.3% and the Native Hawaiian/Other Pacific Islander population is 1.3% of the county’s population, these communities have been significantly impacted by COVID-19.

Ms. Brogoitti presented a timeline of the COVID-19 response in Union County. In June, the county had an outbreak that made national news. Despite its small population, the county is at number 5 in the state in case count per 100,000. The outbreak started out with two linked cases and a communicable disease nurse who had a suspicion that there may be more cases. A community testing event a few days later confirmed her suspicion.

Ms. Brogoitti remarked that the Pacific Islander community had experienced generational health disparities, specifically due to the history of nuclear testing in the COFA (Compact of Free Association) nations and how those had impacted the residents of Oregon who had come from those places. Pacific Islanders have the largest number of COVID-19 cases per 100,000 in Oregon.

Ms. Brogoitti noted that as a result of the outbreak in Union County, it became apparent that in order to contain the spread and provide wraparound services and support to the community, the county couldn’t do it alone. The county needed community partners to be a critical and key

part of the response. Collaboration and co-creation emerged early on. A member of the county's incidence management team was a volunteer wraparound services coordinator, who started connecting with organizational partners and hosting meetings. This was before the community-based organizations (CBOs) were funded. The CBOs are now integrated into the incident command structure. They are doing a lot of the work, because they know their communities. Communities that are facing stigma can go directly to the CBO partners.

Ms. Brogoitti remarked that the CBOs were funded to do contact tracing. They can provide wraparound services to the contacts traced, or send them back to the county health department (CHD), or to another CBO, if there is another CBO that can better address language or cultural needs. The CHD and the CBOs are meeting weekly to problem-solve, collaborate, coordinate, and address needs.

Ms. Brogoitti explained that if the CHD identified wraparound services during an investigation or contact tracing, it sent people to a CBO that could best meet their needs or referred them to a wraparound services coordinator. If a CBO cannot meet the needs, they refer people to another CBO where the needs can be met. Reverse referrals have been critical to addressing needs. It is very common in Union County for somebody who tested positive, or is symptomatic, or is a close contact to a case to go directly to the CBO where they have a connection. This happens long before the CHD makes contact with these people. This is the greatest success.

Ms. Brogoitti stated that another weekly call focused on community outreach. Although a few CBOs were funded to do community education and outreach, a lot of people just show up and want to get the word out. The weekly meeting is used as a platform for coordinating the messaging and thinking collaboratively through strategies to meet the needs of the entire community. Working closely with trusted community organizations helps get people connected with the services they need. People experiencing stigma may not want to ask for help because it is uncomfortable. Some of the people who have been impacted by COVID-19 have never been in a situation where they needed to ask for help. Having diverse partners helps to break down those barriers.

Ms. Brogoitti added that although it had been really hard, the amazing gift of the pandemic was the connections that had been established with the community organizations, which had been so committed to helping the community and addressing health inequities and so willing to help public health do a better job. Most of the CBOs in Union County are doing it all: contact tracing, wraparound services, and outreach and education. The CBOs communicate in many languages to meet the diverse needs of the community. The population in the county may be small, but many cultures are represented in eastern Oregon.

Ms. Brogoitti pointed out that one of the things that became apparent in the response was the importance of support for food. CBOs that provide wraparound services report that food is the number one need. If one thing must be funded, it has to be food. A CBO in Union County has

been doing food box distribution events in partnership with a local food bank and another CBO. They have been trying hard to provide culturally appropriate food that people want to eat, especially if they have to isolate or quarantine. A box from a food bank might not include all the food that certain communities are used to eating. The CBO reported that each food distribution event helped 100 families (around 400 individuals). Over 8,000 pounds of food have been distributed.

Ms. Brogoitti stated that an area where the county stepped up during the response was working with the religious community. The CHD started attending a monthly faith leadership meeting and working with faith leaders more deliberately, recognizing how important it is to meet the needs of the community by partnering with faith leaders. In conclusion, the county will continue its efforts to create equitable distribution or redistribution of resources and power. This is a small foundation on which the county will continue to build. A thank you goes out to OHA for investing resources that allow Union County to respond to the needs of the community. The county will continue with the direct involvement of affected communities as partners and leaders in the change efforts ahead.

Ms. Tiel thanked Ms. Brogoitti for her presentation and praised Union County for its level of community engagement.

Ms. Brogoitti asked if she could put in the chat box a web link to a video by CANN (COFA Alliance National Network). The video is about the history of the COFA citizens and it would be great if board members watched it.

Ms. Tiel recommended that Ms. Biddlecom also sent the video link to the PHAB in an email.

### **Public Comment**

Ms. Biddlecom invited members of the public to provide comments or ask questions.

There was no public comment.

### **Next Meeting Agenda Items and Adjourn**

*Cara Biddlecom*

Ms. Biddlecom remarked that the PHAB typically cancelled its December meeting and asked the board members what they thought about that.

Dr. Schwartz seconded the move to cancel the meeting.

Dr. Dannenhoffer added that one less meeting would be the best Christmas present.

Ms. Biddlecom confirmed that the December board meeting would be cancelled. She noted that this meeting was the last meeting of board member Ms. Saito and asked her if she would like to say a few words.

Ms. Saito praised the two presentations. She shared that it had been a wonderful experience to serve on this board. She was inspired by the local, regional, and tribal work that had been shared and supported. She thanked the board and offered to come to a meeting as a public member and ask questions.

The board members wished Ms. Akiko all the best.

Ms. Biddlecom adjourned the meeting at 3:29 p.m.

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

**January 21, 2021**  
**2:00-4:00 p.m.**  
**ZoomGov**

If you would like these minutes in an alternate format or for copies of handouts referenced in these minutes please contact Krasimir Karamfilov at (971) 673-2296 or [krasimir.karamfilov@state.or.us](mailto:krasimir.karamfilov@state.or.us). For more information and meeting recordings please visit the website: [healthoregon.org/phab](http://healthoregon.org/phab)

**Public Health Advisory Board  
2021 work plan - draft**

**Key to workplan symbols**

★ = Updates, discussion and feedback

◆ = Deliverables, decisions or formal recommendations, including but not limited to formal votes

Please refer to page 2 for work plan details

Topic		Month											
		January	February	March	April	May	June	July	August	September	October	November	December
Board structure	PHAB 2021 work plan, charter and bylaws	★	◆		◆			★					
	Legislative update: review of public health priority bills		★		★		★						
Statewide population health priorities and policies	Public health interventions for COVID-19, and impacts on the public health system	★	★	★	★	★	★						
	Leading with race to achieve health equity				★						◆		
	Leveraging CCO, health system and public health collaborations												
	PartnerSHIP update				★						★		
	Preventive Health and Health Services Block Grant					★	◆						
	Member priorities and member-led discussions	★	★	★	★	★	★	★	★	★	★	★	★
	2019-21 implementation and system improvements			★		★							
	Public health funding				★	★	◆	★					
Public health modernization	Public health strategic data plan				★	★	★	★	★	★	★	★	★
	Public health system accountability			★	★	★	★	★	★	◆			

August meeting dependent on agenda items.

December meeting dependent on agenda items.

	Topic	Purpose	Decisions, deliverables and agenda topics
Board structure	PHAB 2021 work plan, charter and bylaws	Adopt work plan that is structured to support PHAB priorities and deliverables. Ensure charter and bylaws are up-to-date. Ensure subcommittee structure is in place to complete deliverables.	<p><b>January:</b> Review and propose changes to draft work plan. Review subcommittee structure and make subcommittee assignments.</p> <p><b>February:</b> Approve 2021 work plan. Elect Chair position.</p> <p><b>April:</b> Approve updates to charter and bylaws.</p> <p><b>July:</b> Mid-year work plan review.</p>
Statewide population health priorities and policies	Legislative update: review of public health priority bills	Provide regular updates to PHAB members on priority bills and potential impacts on the public health system.	<b>Dates:</b> approximately every other month during Legislative Session.
	Public health interventions for COVID-19, and impacts on the public health system	Provide regular updates on the COVID-19 response. Demonstrate state and local roles for responding to public health threats. Understand the role of community partnerships to address health inequities and reduce disparities in outcomes.	<p><b>January:</b> COVID vaccine distribution</p> <p><b>March:</b> Role of community partners to serve systemically marginalized communities</p>
	Leading with race to achieve health equity	Provide opportunities for shared learning and discussion. Demonstrate and apply PHAB commitments to achieving racial equity through actions and deliverables. Continue to use Health Equity Review Policy and Procedure for work products, reports, deliverables, and presentations to the Board.	<p><b>April:</b> Facilitated discussion and training opportunity</p> <p><b>October:</b> Annual review of Health Equity Review Policy and Procedure, including effectiveness for achieving intended outcomes.</p>
	collaborations; building partnerships to address social determinants of health	Ensure PHAB members are engaged in statewide strategies with potential impacts for the public health system. Continue to recommend policies that strengthen collaborations and shared governance across sectors.	<b>TBD</b>
	2020-24 State Health Improvement Plan (SHIP)	Provide guidance on implementation activities as overseen by the PartnerSHIP. Identify opportunities to elevate <i>Healthier Together Oregon</i> through PHAB's work.	<p><b>April:</b> Provide update on PartnerSHIP and its recommendations to date for implementation</p> <p><b>October:</b> Provide a year-end update on implementation and progress</p>
	Preventive Health and Health Services block grant	Review and provide guidance on PHHS block grant work plan	<p><b>May:</b> Receive an overview of the Block Grant.</p> <p><b>June:</b> Approve Block Grant annual work plan.</p>
Member priorities and member-led discussions	Ensure members are engaged in agenda development and have the opportunity to engage in member-led discussions.	<b>Monthly:</b> Agenda time for board members to propose agenda items and discussions.	
Public health modernization	2019-21 implementation and system improvements	Hear regular updates to inform board members of local, regional, tribal and and state implementation activities and system improvements occurring through public health modernization. Understand how existing funds are being used to advance systemwide priorities. Provide guidance for statewide initiatives.	<p><b>March:</b> Role of community partners to serve systemically marginalized communities</p> <p><b>May:</b> Survey modernization update</p>
	Public health funding	<b>Convene PHAB Incentives and Funding subcommittee.</b> Finalize 2021-23 public health modernization funding formula, including recommendations for use of funding to support shared service delivery models, and for matching and incentive funds. Use PHAB funding principles to ensure public health funding is used to achieve improved outcomes and eliminate health disparities.	<p><b>April-May:</b> subcommittee updates</p> <p><b>June:</b> Approve funding formula</p> <p><b>July:</b> Discuss outcome of Legislative Session, funding priorities and allocations</p>
	Public health strategic data plan	<b>Convene PHAB Strategic Data Plan subcommittee.</b> Oversee development of a plan for collection, analysis and reporting public health data for the public health system that is grounded in equity and represents community values and experience.	<p><b>March-November:</b> Subcommittee updates</p> <p><b>December/January:</b> Approve strategic data plan</p>

	<b>Public health system accountability</b>	<b>Convene Public Health Accountability Metrics subcommittee.</b> Discuss purpose and use of accountability metrics to meet the needs of stakeholders and communities. Ensure alignment with public health priorities, including eliminating health inequities. Provide oversight for ongoing evaluation of public health modernization investment.	<b>March-July:</b> Subcommittee updates. <b>August/September:</b> Approve changes to public health accountability metrics <b>September:</b> Review 2019-21 evaluation deliverables and discuss plan for 2021-23 evaluation
--	--------------------------------------------	-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

## PHAB subcommittee objectives for 2021

<b>Incentives and Funding subcommittee</b>	
Members	Bob Dannenhoffer, Carrie Brogoitti, Alejandro Qural, Veronica Irvin
Commitment	Approximately two meetings in late spring/early summer
Objectives	<ol style="list-style-type: none"> <li>1. Finalize 2021-23 public health modernization funding formula, including matching and incentive funds and funding for shared service delivery models</li> <li>2. Ensure plan for use of modernization funding aligns with Funding Principles and public health system goals</li> </ol>
<b>Accountability Metrics subcommittee</b>	
Members	Muriel DeLaVergne-Brown, Eva Rippeteau, Jeanne Savage, Rebecca Tiel, Sarah Poe, Sarah Present. Approximately three community partners to join.
Commitment	Monthly from February-August
Objectives	<ol style="list-style-type: none"> <li>1. Clarify intent and use of accountability metrics</li> <li>2. Make recommendations for changes to framework for and presentation of accountability metrics</li> <li>3. Review and update metrics for communicable disease control and environmental health</li> </ol>
<b>Strategic Data Plan subcommittee</b>	
Members	Eli Schwarz. Approximately three community partners to join.
Commitment	Monthly from March-December
Objectives	<ol style="list-style-type: none"> <li>1. Make recommendations for a plan for collection, analysis and reporting public health data</li> <li>2. Ensure plan is grounded in equity and represents community values and experience</li> </ol>