AGENDA

PUBLIC HEALTH ADVISORY BOARD

December 8, 2022, 3:00-5:30 pm

Join ZoomGov Meeting
https://www.zoomgov.com/j/1602414019?pwd=MWtPYm5YWmxyRnVzZW0vZkpUV0lEdz09

Meeting ID: 160 241 4019
Passcode: 577915
One tap mobile
+16692545252,,1602414019#

Meeting objectives:

- Approve November meeting minutes
- Approve proposed updates to PHAB membership
- Discuss PHAB subcommittees
- Discuss SB 1554 COVID-19 After Action Report
- Discuss prioritization for public health modernization funding in the 2023-25 biennium

3:00-3:10 pm	**Welcome, board updates, shared agreements, agenda review** • Welcome, board member introductions (name, pronouns, board role) and icebreaker in the chat: something you are feeling grateful for, please pass to another member in the chat • Acknowledge PHAB member transitions • Share group agreements and the Health Equity Review Policy and Procedure • ACTION: Approve November meeting minutes	Veronica Irvin, PHAB Chair

Time	Item	Presenter
3:10-3:25 pm	**PHAB membership discussion** • Discuss workgroup recommendations for updating PHAB membership • ACTION: Vote to approve membership proposal to go to the Oregon legislature	Bob Dannenhoffer, PHAB Membership Workgroup
3:25-3:35 pm	**Subcommittee updates** • Hear updates from Accountability Metrics subcommittee • Hear updates from the Strategic Data Plan subcommittee	TBD, Accountability Metrics Subcommittee TBD, Strategic Data Plan Subcommittee
3:35-4:20 pm	**COVID-19 After Action Report** • Discuss findings from the report and implications for Oregon's public health system	Jill Hutson, Beck Wright and Kara Skelton, Rede Group
4:20-4:30 pm	**Break**	
4:30-5:15 pm	**Public health modernization investment prioritization update** • Provide recommendations and priorities for scaling the public health modernization investment	TBD, PHAB Workgroup member
5:15-5:25 pm	**Public comment**	Veronica Irvin, PHAB Chair
5:25-5:30 pm	**Next meeting agenda items and adjourn**	Veronica Irvin, PHAB Chair

Everyone has a right to know about and use Oregon Health Authority (OHA) programs and services. OHA provides free help. Some examples of the free help OHA can provide are:

- Sign language and spoken language interpreters.
- Written materials in other languages.
- Braille.
- Large print.
- Audio and other formats.

If you need help or have questions, please contact Cara Biddlecom: at 971-673-2284, 711 TTY, or publichealth.policy@dhsoha.state.or.us, at least 48 hours before the meeting.

Public Health Advisory Board meeting minutes
November 10, 2022, 3:00-5:30 pm

DRAFT

Attendance

Board members present: Rachael Banks, Mike Baker, Carrie Brogoitti, Bob Dannenhoffer, Veronica Irvin, Jackie Leung, Kelle Little, Meghan Chancey, Sarah Present, Erica Sandoval, Jeanne Savage, Jocelyn Warren, Nic Powers

Board members absent: Dean Sidelinger, Ryan Petteway, Jawad Khan

PHAB subcommittee members present: Kat Mastrangelo

OHA Staff: Charina Walker, Sara Beaudrault, Tamby Moore, Cara Biddlecom

Welcome and introductions

- PHAB members, subcommittee members and staff introduced themselves.
- Veronica confirmed that PHAB will meet in December.
- PHAB members voted to approve the October meeting minutes. Bob first, Veronica second. All in favor.

Charter and bylaws discussion

- Veronica shared that the draft charter was reviewed extensively at the October meeting.
- Veronica shared that PHAB needs to make a decision about bylaws:
  - Discuss proposed membership changes only;
  - Or adopt bylaws in full with some specific decision points as follows:
    - Whether subcommittee participation is required for members; and
    - Proposed membership changes.

- Jeanne proposed adopting bylaws today and then updating later on.
- Jocelyn seconded Jeanne's proposal and added that PHAB voting members should be required to participate in at least one subcommittee. Jeanne, Jocelyn and Kelle all agreed that PHAB voting members should be serving on a subcommittee.
- Sarah Present agreed with voting on the bylaws today but prefers 'expected' versus 'required' to participate in a subcommittee. Sarah noted that some subcommittees sunset and restart in accordance with the timing of deliverables.
- Jeanne agreed with Sarah.
- Group agreements: Bob suggested leaving the group agreements out of the bylaws. Kelle made a separate recommendation to start a meeting with group agreements. Erica suggested putting group agreements in the bylaws or referencing them. Cara suggested adding a sentence about PHAB having group agreements but not putting the exact group agreement language in the charter. Members were in favor.
- Mike raised concerns about the 20% of scheduled meeting attendance not being achievable for rural communities. Mike suggested removing the reference to exceptions for family medical leave in the bylaws.
- Sarah and Bob moved to approve the bylaws with edits from today. All voting members were in favor.

- Membership
  - Jocelyn proposed adding an early learning representative.
  - Bob proposed two CBO representatives- metro and nonmetro.
    - Jeanne shared that CBOs cannot speak on behalf of other CBOs.
    - Mike shared concern about expectations for the role.
    - Erica shared background about how CBOs work together.
    - Cara shared that PHAB members have long struggled with whether their roles are required to be a representative of the constituency of organizations for which they have as an affiliation, and confirmed that

DRAFT

PHAB appointees, with the exception of the representative of CLHO, are meant to bring their own professional and lived experience to PHAB and not speak on behalf of constituencies they are a part of.

- Sarah voiced concern about CBO representation and whether OHA or LPHAs have a role that works on behalf of CBO networks.
- Rachael shared concern about having OHA speak on behalf of CBOs.
- Erica stated that CBO capacity to participate in PHAB will be important to consider.
- Mike shared that rural health equity coalitions are not statewide. Bob clarified that they are called regional health equity coalitions. Rachael offered to share information about the regional health equity expansion.
- Bob offered that the working group come together to discuss membership again and bring a proposal forward.
- Mike, Erica and Jackie offered to join the charter and bylaws workgroup to discuss membership.
- OHA staff will offer others to join this meeting.

- Charter
  - Mike suggested adding rural equity.
  - Cara explained that the charter reflects back to the health equity review policy and procedure and that document will be updated next by PHAB.
  - Decision made to ensure that the forthcoming update to the health equity review policy and procedure includes rural equity.
  - All members voted in favor to approve the charter. Jocelyn, Mike, (two others) abstained.

Subcommittee updates

- Subcommittee updates were moved to the December meeting due to time.
- Veronica noted that a LPHA representative is needed for the Strategic Data Plan subcommittee.

DRAFT

Public health modernization investment and scaling

- Cara and Sara provided background about the public health modernization Policy Option Package and specific focus areas by:
    - Ensuring an adequate workforce and building on lessons learned from the COVID-19 pandemic to respond to and mitigate emerging health threats
        - Emergency preparedness and communicable disease control
        - Climate and health planning and environmental health risk mitigation
        - Community outreach and engagement
        - Community-centered data systems
        - Chronic disease prevention and other public health programs
    - The Public Health Modernization budget ask was submitted August 31st and includes $286 million in addition to the current investment. The breakdown for the funding request is:
        - LPHAs - $100,324,854
        - Tribes - $30,000,000
        - CBOs -public health practice - $100,000,000
        - CBOs – community-led data collection - $3,500,000
        - Reproductive health provider network - $10,000,000
        - Oregon Health Authority - $42,175,146
- Cara asked that PHAB propose how to scale the funding down in $50 million dollar increments.
- Bob asked if PHAB was consulted on the funding allocation and amount.
- Cara said that PHAB provided the overall guidance and OHA took the recommendations to LPHAs, Tribes, and CBOs.
- Nic asked for funding accountability.
- Sarah expressed appreciation for the great partnerships that have been built between CBOs and LPHAs. She does not recommend scaling the funding proportionately.
- Jocelyn asked how the CBO funding number was determined and mentioned that there is a costing out by each county.
- Cara shared that there was a crosswalk of work.
- Rachael shared that we are a public health system, and we need to come together as a system.
- Erica shared that we have models for shared accountability.

- Bob expressed concern that CBOs are concentrated in the tri-county and there is an inequity between rural and urban.
- Cara shared that a proposal for scaled funding must be complete by January.
- Kelle asked that the conversation come back to Tribal Health Directors for guidance on the next steps.
- Decision to have PHAB representatives plus representatives of Tribes, CBOs, LPHAs
  - Mike, Jackie, Bob

December meeting agenda items

- SB 1554 report
- Medicaid 1115 Waiver
- PHAB membership
- Small working group update on POP

Public comment

- No public comment was made.

Adjourn

- Meeting adjourned at 5: pm.
- The next Public Health Advisory Board meeting will be held on December 8, 2022 from 3:00-5:30 pm.

Everyone has a right to know about and use Oregon Health Authority (OHA) programs and services. OHA provides free help. Some examples of the free help OHA can provide are:

- Sign language and spoken language interpreters.
- Written materials in other languages.
- Braille.
- Large print.
- Audio and other formats.

DRAFT

If you need help or have questions, please contact Cara Biddlecom: at 971-673-2284, 711 TTY, or publichealth.policy@dhsoha.state.or.us, at least 48 hours before the meeting.

DRAFT

Public Health Advisory Board
Charter
November 2022

I. Authority

The Public Health Advisory Board (PHAB) is established by ORS 431.122 as a body that reports to the Oregon Health Policy Board (OHPB). PHAB performs its work in accordance with its Health Equity Review Policy and Procedure.[1]

The purpose of the PHAB is to advise and make recommendations for governmental public health in Oregon. The role of the PHAB includes:

- A commitment to leading intentionally with racial equity to facilitate public health outcomes.
- A commitment to health equity fo[2]r all people as defined in OHPB's health equity definition.
- Alignment of public health priorities with available resources.
- Analysis and communication of what is at risk when there is a failure to invest resources in public health.
- Guidance for Oregon Health Authority, Public Health Division strategic initiatives, including the State Health Assessment and State Health Improvement Plan.
- Support and alignment for local governmental strategic initiatives.
- Connect, convene and align LPHAs, Tribes, CBOs and other partners to maximize strengths across the public health system and serve community-identified needs.
- Support for state and local public health accreditation and public health modernization.

This charter defines the objectives, responsibilities, and scope of activities of the PHAB.

The charter will be reviewed no less than annually to ensure that the work of the PHAB is aligned with statute and the OHPB's strategic direction.

II. Definitions

Governmental public health system: A network of state and local public health authorities and government-to-government relationships with federally recognized Tribes. In Oregon's decentralized public health system, local and Tribal governments have authority over many public health functions to ensure the health and well-being of every person in their jurisdictions.

Public health system: A broad array of governmental public health authorities and partners working collectively to improve health through interventions that reach every person in Oregon

[1] https://www.oregon.gov/oha/PH/ABOUT/Documents/phab/PHAB-health-equity.pdf
[2]

with a focus on those experiencing health inequities. Partners include but are not limited to community-based organizations, regional health equity coalitions, health care and behavioral health providers, public safety agencies, faith-based institutions, schools, environmental agencies, and the business sector.

Community-based organizations (CBO): Non-governmental organizations that provide community-informed, culturally and linguistically responsive services to improve the community's health and well-being. CBOs often provide services intended to reach those experiencing a disproportionate impact of health risks and disease. Within this charter, CBOs is used to refer to community-based organizations that currently are or in the future may be funded by OHA.

III. Deliverables

The duties of the PHAB as established by ORS 431.123 and the PHAB's corresponding objectives include:

PHAB Duties per ORS 431.123	PHAB Objectives
a. Make recommendations to the OHPB on the development of statewide public health policies and goals.	• Have knowledge of OHPB agendas and priorities. • Create opportunities to align with OHPB priorities and elevate recommendations to OHPB • Participate in and provide guidance for Oregon's State Health Assessment. • Regularly review state public health data to identify ongoing and emerging health issues. • Provide recommendations to OHPB on policies needed to address priority public health issues, including the social determinants of health, per PHAB's health equity review policy and procedure.
b. Make recommendations to the OHPB on how other statewide priorities, such as the provision of early learning services and the delivery of health care services, affect and are affected by statewide public health policies and goals.	• Regularly review health system transformation priorities. • Recommend how health system transformation priorities and statewide public health goals can best be aligned. • Identify opportunities for public health to support health system transformation priorities. • Identify opportunities for health care delivery system to support statewide public health goals.

c. Make recommendations to strengthen foundational capabilities and programs for governmental public health and other public health programs and activities	• Provide representation and participate in the administrative rulemaking process when appropriate. • Provide recommendations on updates to the Public Health Modernization Manual as needed. • Make recommendations on the roles and responsibilities of partners, including LPHAs, Tribes, CBOs, OHA and others to the governmental public health system
d. Make recommendations to the OHPB on the adoption and updating of the statewide public health modernization assessment. e. Make recommendations to the OHPB on updates to and ongoing development of and any modification to the statewide public health modernization plan.	• Make recommendations and updates to the OHPB on processes/procedures for updating the statewide public health modernization assessment. • Perform ongoing evaluation, review and recommendations toward system performance • Update the public health modernization plan as needed based on capacity. • Use assessment findings to inform PHAB priorities.
f. Establish accountability metrics for the purpose of evaluating the progress of the Oregon Health Authority (OHA), and local public health authorities in achieving statewide public health goals.	• Establish public health accountability metrics as a core set of metrics. For example, across any program there would be relevant metrics related to access or reach. • Use a menu of metrics, with organizations working in these areas eligible to receive incentives.
g. Make recommendations to the Oregon Health Authority (OHA) and the OHPB on the development of and any modification to plans developed for the distribution of funds to local public health authorities, and the total cost to local public health authorities of implementing the foundational capabilities programs.	• Identify effective mechanisms for funding the foundational capabilities and programs. • Develop recommendations for how the OHA shall distribute funds to local public health authorities and community-based organizations. Continue to evaluate and update funding recommendations. • Follow Tribal Consultation policy on funding to federally recognized Tribes and the Urban Indian Health Program. • Review the Public Health Modernization Assessment report for estimates on the total cost for implementation of the foundational capabilities and programs.

h. Make recommendations to the Oregon Health Policy Board on the incorporation and use of accountability metrics by the Oregon Health Authority to encourage the effective and equitable provision of public health services by local public health authorities,	• Develop and update public health accountability metrics. • Provide recommendations for the application of accountability measures to incentive payments as a part of the local public health authority funding formula. • Make recommendations regarding the extension of metrics and use of incentive metrics, including CBOs funded by OHA, federally recognized Tribes and the Urban Indian Health Program, if approved through Tribal Consultation Policy. • Consider public health system's integration as it relates to achievement of accountability metrics.
i. Make recommendations to the OHPB on the incorporation and use of incentives by the OHA to encourage the effective and equitable provision of public health services by local public health authorities.	• Develop models to incentivize investment in and equitable provision of public health services across Oregon. • Solicit feedback on incentive models.
j. Provide support to local public health authorities in developing local plans to apply the foundational capabilities and implement the foundational programs for governmental public health.	• Provide support and vision for local modernization plans, and ensure collaboration with CLHO. • Provide support and vision for Tribal planning as requested by Tribes through the Tribal Consultation process. • Develop a strategy for PHAB to support vision and strategies for working with LPHAs on local modernization plans.
k. Monitor the progress of local public health authorities in meeting statewide public health goals, including employing the foundational capabilities and implementing the foundational programs for governmental public health.	• Provide guidance and accountability for Oregon's State Health Improvement Plan by receiving quarterly updates and providing feedback for improvement. • Provide support and guidance for local public health authorities in the pursuit of statewide public health goals. • Provide guidance and accountability for the statewide public health modernization plan. • Develop accountability measures for state

	and local health departments.
l. Assist the OHA in seeking funding, including in the form of federal grants, for the implementation of public health modernization.	• Provide letters of support and guidance on federal grant applications, as applicable. • Educate federal partners on public health modernization. • Explore and recommend ways to expand sustainable funding for state and local public health and community health.
m. Assist the OHA in coordinating and collaborating with federal agencies.	• Identify opportunities to coordinate and leverage federal opportunities. • Provide guidance on work with federal agencies.

Additionally, the Public Health Advisory Board is responsible for the following duties which are not specified in ORS 431.123:

Duties	**PHAB Objectives**
a. Review and advise the Director of the OHA Public Health Division and the public health system as a whole on important statewide public health issues or public health policy matters.	• Provide guidance and recommendations on statewide public health issues and public health policy.
b. Act as formal advisory committee for Oregon's Preventive Health and Health Services Block Grant.	• Review and provide feedback on the Preventive Health and Health Services Block Grant work plan priorities.
c. Provide guidance for the implementation of health equity initiatives across the public health system by leading with racial equity.	• Receive progress reports and provide feedback to the Public Health Division Health Equity Committee. • Provide direction to the OHA Public Health Division on health equity initiatives. • Participate in ongoing learning and continuing education to support PHAB priorities and initiatives • Participate in collaborative health equity efforts.

IV. Dependencies

PHAB has established three subcommittees that meet on an as-needed basis in order to comply with statutory requirements and support PHAB priorities and initiatives:

1. Accountability Metrics Subcommittee, which reviews existing public health data and metrics to propose biannual updates to public health accountability measures for consideration by the PHAB.
2. Incentives and Funding Subcommittee, which develops recommendations on the local

public health authority funding formula for consideration by the PHAB.
3. Strategic Data Plan Subcommittee, which provides recommendations and develops a framework for modernization of public health data in the state of Oregon.

Subcommittees and their work will evolve based on PHAB priorities and deliverables. PHAB shall operate under the guidance of the OHPB.

V. Resources

The PHAB is staffed by the OHA, Public Health Division, as led by the Policy and Partnerships Director. Support will be provided by staff of the Public Health Division Policy and Partnerships Team and other leaders, staff, and consultants as requested or needed.

PHAB Executive Sponsor: Rachael Banks, Public Health Director, Oregon Health Authority, Public Health Division

Staff Contact: Cara Biddlecom, Oregon Health Authority, Public Health Division

PUBLIC HEALTH ADVISORY BOARD BYLAWS
November 2022

ARTICLE I

The Committee and its Members

The Public Health Advisory Board (PHAB) is established by ORS 431.122 for the purpose of advising and making recommendations to the Oregon Health Authority (OHA) and the Oregon Health Policy Board (OHPB).

The PHAB consists of the following 14 members appointed by the Governor.

1. A state employee who has technical expertise in the field of public health;
2. A local public health administrator who supervises public health programs and public health activities in Benton, Clackamas, Deschutes, Jackson, Lane, Marion, Multnomah or Washington County;
3. A local public health administrator who supervises public health programs and public health activities in Coos, Douglas, Josephine, Klamath, Linn, Polk, Umatilla or Yamhill County;
4. A local public health administrator who supervises public health programs and public health activities in Clatsop, Columbia, Crook, Curry, Hood River, Jefferson, Lincoln, Tillamook, Union or Wasco County;
5. A local public health administrator who supervises public health programs and public health activities in Baker, Gilliam, Grant, Harney, Lake, Malheur, Morrow, Sherman, Wallowa or Wheeler County;
6. A local health officer who is not a local public health administrator;
7. An individual who represents the Conference of Local Health Officials created under ORS 431.330;
8. An individual who is a member of, or who represents, a federally recognized Indian tribe in this state;
9. An individual who represents coordinated care organizations;
10. An individual who represents health care organizations that are not coordinated care organizations;
11. An individual who represents individuals who provide public health services directly to the public;
12. An expert in the field of public health who has a background in academia;
13. An expert in population health metrics; and
14. An at-large member.

Governor-appointed members serve four-year terms and are eligible for reappointment. Members serve at the pleasure of the Governor.

PHAB shall also include the following nonvoting, ex-officio members:

1. The Oregon Public Health Director or the Public Health Director's designee;
2. If the Public Health Director is not the State Health Officer, the State Health Officer or a physician licensed under ORS chapter 677 acting as the State Health Officer's designee;
3. If the Public Health Director is the State Health Officer, a representative from the Oregon Health Authority who is familiar with public health programs and public health activities in this state; and
4. An OHPB liaison.

Members are entitled to travel reimbursement per OHA policy. Members are entitled to compensation as specified in HB 2992 (2021).[1] Members are not entitled to any other compensation.

Members who wish to resign from the PHAB shall inform the PHAB chair and OHA staff in writing. Members who no longer meet the statutory criteria of their position must resign from the PHAB upon notification of this change.

If there is a vacancy for any cause, the Governor shall make an appointment to become immediately effective for the unexpired term.

ARTICLE II

Committee Officers and Duties

PHAB shall elect one of its voting members to serve as the chair. Elections shall take place within the first quarter of each even-numbered year and must follow the requirements for elections in Oregon's Public Meetings Law, ORS 192.610-192.690. Oregon's Public Meetings Law does not allow any election procedure other than a public vote made at a PHAB meeting where a quorum is present.

The chair shall serve a two-year term. The chair is eligible for one additional two-year reappointment.

If the chair were to vacate their position before their term is complete, a chair election will take place to complete the term.

The PHAB chair shall facilitate meetings or delegate that responsibility to guide the PHAB in achieving its deliverables. Delegates may be PHAB members, OHA staff or external facilitators. The PHAB chair shall represent the PHAB at meetings of the OHPB as directed by the OHPB designee. The PHAB chair may represent the PHAB at meetings with other stakeholders and partners or designate another member to represent the PHAB as necessary.

Should the PHAB chair not be available to facilitate a meeting, the PHAB chair shall identify a voting member to facilitate the meeting in their place.

The PHAB chair shall work with OHA Public Health Division staff to develop agendas and materials for PHAB meetings. The PHAB chair shall solicit future agenda items from members at each meeting.

ARTICLE III

Committee Members and Duties

Members are expected to attend regular meetings and join at least one subcommittee.

Absences of more than 20% of scheduled meetings may be reviewed. PHAB members are expected to notify OHA staff if they are unable to attend a scheduled PHAB or subcommittee meeting.

In order to maintain the transparency and integrity of the PHAB and its individual members, PHAB members must comply with the PHAB Conflict of Interest policy as articulated in this section, understanding that many voting members have a direct tie to governmental public health or other stakeholders in Oregon.

---

[1] State of Oregon. Boards and Commissions. Available at: https://www.oregon.gov/gov/pages/board-list.aspx.
State of Oregon. Boards and Commission Member Compensation. Available at:
https://www.oregon.gov/gov/SiteAssets/How_To_Apply/HB-2992-FAQ.pdf

Date approved: November 10, 2022

All PHAB members must complete a standard Conflict of Interest Disclosure Form. PHAB members shall make disclosures of conflicts at the time of appointment and at any time thereafter where there are material employment or other changes that would warrant updating the form.

PHAB members shall verbally disclose any actual or perceived conflicts of interest prior to voting on any motion that may present a conflict of interest. If a PHAB member has a potential conflict related to a particular motion, the member should state the conflict. PHAB will then make a decision as to whether the member shall participate in the vote or be recused.

If the PHAB has reasonable cause to believe a member has failed to disclose actual or possible conflicts of interest, it shall inform the member and afford an opportunity to explain the alleged failure to disclose. If the PHAB determines the member has failed to disclose an actual or possible conflict of interest, it shall take appropriate corrective action including potential removal from the PHAB.

Members must complete required Boards and Commissions training as prescribed by the Governor's Office.

PHAB members shall utilize regular meetings to propose future agenda items.

ARTICLE IV

Committee and Subcommittee Meetings

PHAB meetings are called by the order of the chair, if serving as the meeting facilitator. A majority of voting members constitutes a quorum for the conduct of business.

PHAB shall conduct its business in conformity with Oregon's Public Meetings Law, ORS 192.610-192.690. All meetings will be available by conference call, and when possible, also by either webinar or by livestream.

The PHAB strives to conduct its business through discussion and consensus. The chair may institute processes to enable further decision making and move the work of the group forward.

PHAB shall establish, practice and regularly update group agreements.

Voting members may propose and vote on motions. The chair will use the current version of Robert's Rules of Order to facilitate all motions. Votes may be made in-person, webinar or by telephone. Votes cannot be made by proxy, by mail or by email prior to the meeting. All official PHAB action is recorded in meeting minutes.

Meeting materials and agendas will be distributed one week in advance by email by OHA staff and will be posted online at www.healthoregon.org/phab.

ARTICLE V

Amendments to the Bylaws

Bylaws will be reviewed annually. Any updates to the bylaws or charter will be approved through a formal vote by PHAB members followed by an approval by the Oregon Health Policy Board.

Date approved: November 10, 2022

PHAB Accountability Metrics Group agreements

- Stay engaged
- Speak your truth and hear the truth of others
- Expect and accept non-closure
- Experience discomfort
- Name and account for power dynamics
- Move up, move back
- Confidentiality
- Acknowledge intent but center impact: ouch / oops
- Hold grace around the challenges of working in a virtual space
- Remember our interdependence and interconnectedness
- Share responsibility for the success of our work together

PHAB Membership Discussion

December 2, 2022

December 2, 2022 Workgroup meeting

PHAB members:

- Mike Baker
- Bob Dannenhoffer
- Kelle Little
- Sarah Present
- Erica Sandoval

OHA staff: Victoria Demchak and Cara Biddlecom

1. Community-based organization representative

- PHAB determined that CBOs should be represented on PHAB.
- **Recommendation: Two positions (one rural, one urban) based on CBO physical presence. Use first two sentences from CBO definition in charter.**
  - **Community-based organizations (CBO): Non-governmental organizations that provide community-informed, culturally and linguistically responsive services to improve the community's health and well-being. CBOs often provide services intended to reach those experiencing a disproportionate impact of health risks and disease.**
- Discussion:
  - How many CBO representatives?
  - Are there any qualifiers (urban/rural, geographic, population)?
  - Are there any tax exempt status or employment qualifiers (e.g., 501(c)3 organization, a CBO is not a nonprofit hospital or clinic?)

2. Early learning/cross-sector representative

- PHAB determined that early learning and/or other sectors such as housing, K-12 education, etc. should be represented on PHAB.
- **Recommendation: Add one position for early learning/ k-12 education**
- Discussion:
  - Is an early learning representative a standalone category?
  - Is this one cross-sector position, or an early learning position AND a cross sector-position?

Oregon Health Authority

3. Regional health equity coalitions/lived or professional health equity experience

- PHAB had discussed including a "person with lived or professional health equity experience, including as a regional health equity coalition representative". RHECs are not currently statewide.
- **Recommendation: Add one seat for an "expert in health equity"**
- Discussion:
  - Should a RHEC representative be included?
  - Should a RHEC representative AND a person with lived or professional health equity experience be included?

https://www.oregon.gov/oha/oei/Pages/rhec.aspx

4. Recipient of public health services

- PHAB had discussed including person who receives public health services. PHAB currently has one at-large position.
- **Recommendation: no changes to at-large member language.**
- Discussion:
  - Should a person who receives public health services be included?
  - How would PHAB define a person who receives public health services?

PHAB Health Equity Review Policy and Procedure

1. How does the work product, report or deliverable:
   a. Contribute to racial justice?
   b. Rectify past injustices and health inequities?
   c. Differ from the current status?
   d. Support individuals in reaching their full health potential
   e. Ensure equitable distribution of resources and power?
   f. Engage the community to affect changes in its health status

The PHAB membership proposal increases representation from community-based, culturally-specific and educational organizations as well as an individual with health equity expertise, which has the potential to contribute to racial justice and does differ from current status.

PHAB Health Equity Review Policy and Procedure

2. Which sources of health inequity does the work product, report or deliverable address (race/racism, ethnicity, social and economic status, social class, religion, age, disability, gender, gender identity, sexual orientation or other socially determined circumstance)?

Addition of four members has the potential to address multiple sources of health inequity and will depend on who is ultimately appointed to the board. Additionally, geographic inequities and inequity based on the social determinants of health are reflected in the proposal.

PHAB Health Equity Review Policy and Procedure

3. How will data be used to monitor the impact on health equity resulting from this work product, report or deliverable?

Demographic data from Governor's Executive Appointment application and optional committee member REALD data will identify whether changes to PHAB membership have led to a more diverse and representative board.

What other evaluation considerations do PHAB members have?

NOTE:

The Rede Group will share this presentation, via virtual meeting, to members of the Public Health Advisory Board on December 08, 2022, under the direction of the Oregon Health Authority, Public Health Division

Slides from this presentation are shared for reference for attendees

Do not duplicate this presentation

Questions about this presentation should be directed to Rede Group Managing Consultant Alex Muvua at Alex.Muvua@redegroup.co

12-08-22

PUBLIC HEALTH RESPONSE

TO THE COVID-19 PANDEMIC IN OREGON

A SOCIAL IMPACT COMPANY
»redegroup

Bringing clarity, visibility, and equity to complex public health challenges

- » Everyone is a researcher
- » Everyone is a creative
- » Everyone has valuable expertise, knowledge, and wisdom

Meeting Purpose

- Share findings and recommendations from Report 1
- Answer questions

Note

- Time constraints and the volume of the report don’t allow for walking through the data

Agenda

Item	Timeframe	Speaker
Introductions	3:35-3:40 PM	All
Project purpose, goals, collaborators, & timeline	3:40-3:45 PM	Beck, Jill, & Alex
Executive Summary ● Resources ● COVID-19 health outcomes ● Health Equity ● Emergency management + coordination ● Enforcement of public health mandates	3:45-4:05 PM	Beck & Jill
Next steps: Report 2 &3	4:05-4:10 PM	Jill
Questions	4:10-4:20 PM	All

Project team

BECK WRIGHT
project lead

KARA SKELTON
principal investigator

MAKINNA MILES
project coordinator

JILL HUTSON
policy/systems analysis

ALEX MUVUA
data collection manager

ELENA RIVERA
analyst

ROBB HUTSON
fiscal and tech manager

ERIN CHARPENTIER
graphic designer

BRIANA ARNOLD
analyst

ELIZABETH PASCHAL
analyst

ELISABETH CASTILLO
analyst

KC THOMPSON
analyst

Partners

Wild Iris Consulting, LLC

We envision healthy, connected, resilient communities working together to resist, respond to, and recover from emergencies and disasters

coordinatedconsulting.com

Community Partners

- Portland Opportunities Industrialization Center/Rosemary Anderson High School
- Oregon Public Health Association
- Indigenous Health Equity Institute
- Eastern Oregon Regional Health Equity Alliance - EUVALCREE
- Disability Rights Oregon
- Consejo Hispano

The purpose of this study is to fulfill the requirements of Senate Bill 1554 (2022), which calls for a comprehensive study of Oregon's public health system COVID-19 pandemic response, including lessons learned and recommendations for improvement and public health system resiliency.

Overview: Main Study Questions

1. Focus on the public health system, including federal, state, and local resources, and how funding was coordinated between the state, counties, and local governments and community organizations.
2. Identify efficiencies and deficiencies in the public health system response, areas for improvement, and needed investment.
3. Consider emergency management coordination with the public health system, including distribution of PPE, where vaccines and testing were provided, and isolation and quarantine best practices and guidance.
4. Analyze the enforcement of public health requirements by the state, local governments, and schools.

Overview: Main Study Questions Continued

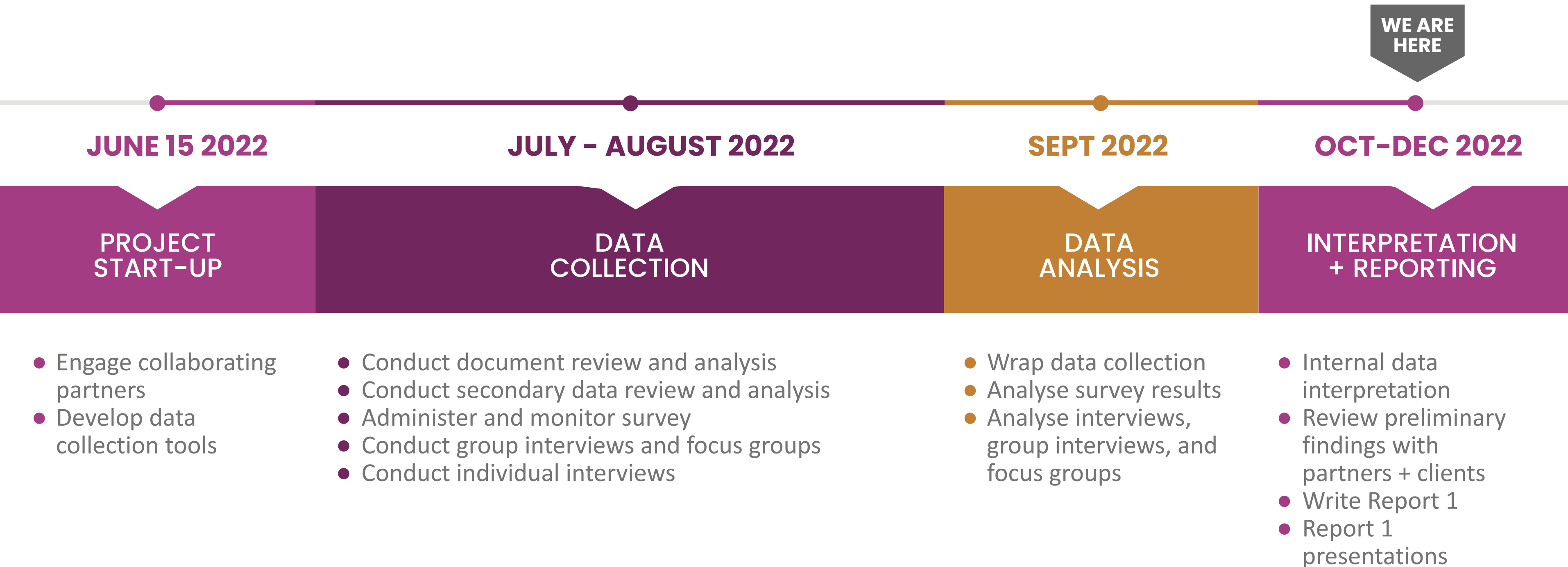
5. Examine outcomes related to public health modernization implementation, including the roles that public-private partnerships played and any challenges posed by the current intersection of state and county public health systems.

6. Compare the health equity outcomes related to the COVID-19 pandemic response, including second-hand health disparities resulting from the increased strain on hospitals, health systems and resources.

7. Engage in a qualitative, in-depth analysis of utilization of resources, differing regulations and enforcement of evidence-based pandemic control practices across the state.

8. Assess messaging in general, including whether best practices in public health communication were used during the COVID-19 pandemic.

Project timeline: Report 1



Methods

The study team conducted:

- **106 interviews**
  with 117 participants, with
  a response rate of 90%;
- **11 focus groups**
  with 36 participants; and
- **132 surveys**
  with a response rate of 29%.

The study team analyzed secondary data from:

- **15 sources;**
  and reviewed over
- **1000 records**
  from OHA, web research,
  and other state agencies.

Primary data collection: Study participant groups

- AOC, CLHO, LOC
- CBOs
- CCOs
- OHA
- Health care associations
- County, city, and tribal emergency management
- LPHAs
- OHA Directors
- OHA Office of Equity and Inclusion Staff
- OHA staff + managers
- PHAB (non-government)
- State agencies (non-OHA)
- Tribal organizations
- Tribal Nations

Analysis

Qualitative data were audio-recorded for accuracy, professionally transcribed, and de-identified to preserve confidentiality. All transcripts were analyzed in Dedoose mixed-methods software using thematic content analysis. The study team examined findings by many different variables, codes, and descriptors to identify the strongest themes.

Quantitative data were analyzed using standard descriptive statistics. Rede performed subclass analysis to examine differences across sociodemographic characteristics, including race, ethnicity, age, disability, and geographic location for each outcome of interest, when available. Rede also examined these metrics over time.

Interpretation of Findings

- CBO specific findings were reviewed and interpreted by community partners supporting the project
- Key findings were reviewed and interpreted with an OHA review committee made up of OHA staff, local and tribal health departments, and CBOs

Design and limitations

Study findings should be interpreted in the context of the limitations:

- The most significant limitation in this phase of the study was the time constraint (four months).
- The retrospective nature of this study, which covers over two years, introducing recall bias in which participants may not accurately recall past events.
- Public health workforce turnover, limited incentive availability for specific informant groups, documents lacking dates and other context, and reliance on self-reported data for online surveys

EXECUTIVE SUMMARY

KEY FINDINGS:

Resources

Prior to 2020, Oregon's public health system was critically underfunded.

Sustained state funding is necessary to rebuild the public health system and recover from the strains on the system caused by the COVID-19 pandemic.

Recommendations

- Fund the public health system at the level requested in 2023-2025 OHA budget request

    $286,000,000 for public health modernization; and
    $32,000,000 to develop a pandemic response information system

KEY FINDINGS: Health outcomes

As of the week of July 31, 2022, OHA recorded:

- 860,300 COVID-19 cases
- 34,376 hospitalizations (4%)
- 8,291 people died

COVID-19 exacerbated already existing health inequities;

in particular, Tribal Nations and communities of color were impacted disproportionately in comparison to White communities.

KEY FINDINGS: Health equity

Health equity was a central focus in Oregon's public health system response.

Study participants noted:

- High motivation to center equity; and
- An understanding that equitable access to resources and information are key elements of an equitable pandemic response.

LPHAs and CBOs were seen as invaluable resources in the response.

Challenges + facilitators to health equity

The greatest health equity challenges Oregon faced in its public health pandemic response were:

- An emergency management infrastructure that did not include equity practitioners and communities impacted by health inequities in decision-making;
- Limited equity capacity across the state, including significant delays and challenges producing accessible and culturally-tailored public messaging; and
- Inconsistent buy-in for equity work.

A few factors that facilitated and enhanced an equitable pandemic response included strong partnership networks with role clarity; and adequate, timely, and flexible funding.

Recommendations

1. Ensure information is timely and accessible for all Oregonians.
    a. Conduct translation in-house
    b. Hire, recruit, and retain bilingual, and preferably bicultural, staff into various departments - outside of critical need.
2. Ensure that timely and accurate morbidity, hospitalization, and mortality data about historically marginalized communities are collected and available to those communities and partnering organizations serving them.
3. Continue to fund public health-focused CBOs serving historically marginalized communities

KEY FINDINGS: Emergency management + coordination

A lack of role clarity between OHA and OEM likely led to confusion early on in the pandemic.

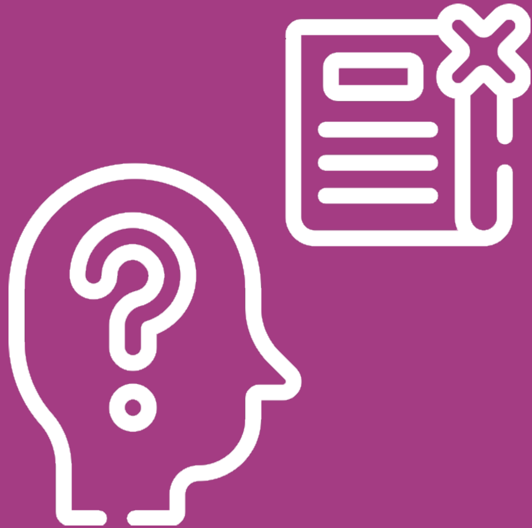
Issues arising from this confusion affected the overall response,

but **directly impacted LPHAs and City and County Emergency Management.**

Recommendations

1. Explore the concept of a fully resourced, flexible, and scalable unified command structure between OEM and OHA in support of future public health emergencies.
    a. Utilize the full weight and power of the authorities outlined in the Oregon Revised Statutes (ORS) §401 et seq.
    b. Commit resources to develop and participate in an integrated Multi-Year Training and Exercise Program (MYTEP) with a specific focus on executive leadership training.
2. OEM and OHA should work together to establish an equity-specialists team that is formally adopted into the response structure.

KEY FINDINGS: Enforcement of public health mandates



Enforcement of public health mandates was inconsistent across Oregon. This is reflected in interviews with State Agencies (non-OHA); Health Care Associations; LPHAs; City, County, and Tribal Emergency Management; and CBOs.

Participants reported that challenges with enforcement included:

- Politicization of the response effort and a widespread misinformation campaign beginning in Stage 1.
- Localized decision-making of LPHAs allowed responses that put politics over health.
- Multiple State Agencies worked together to enforce public health mandates. While laudable, this structure led to confusion and gaps in enforcement.

Recommendations

1. Local and state agency partners should be convened in a formal committee to determine if the enforcement mechanisms used to protect the public's health from COVID-19 in 2020-2022 are the best fit for Oregon, given all the factors described in this report.
    a. Minimally, this committee should include OHA, DOJ, LPHAs, CBOs, OR-OSHA, and OLCC.
    b. **If** changes to the enforcement structure for public health mandates are deemed necessary by OHA, partners and the Oregon State Legislature should work to enact necessary statutory or regulatory changes.
2. Enforcement of public health mandates and various roles and responsibilities should be clearly articulated, and all parties in the public health system should educate themselves accordingly.

Next Steps

Report 2 -- March 1, 2023 (due to legislature April 1)

a: Identify any local epidemiological data and capacity issues, included those that affected the reporting to statewide data systems
b: Clarify the roles of hospitals, long-term care facilities and local public health programs in response coordination
c: Compare health and health system data, including COVID-19 positivity rates, rates of COVID-19 infection, hospital capacity and other core metrics with the efficacy of statewide public health mandate enforcement
d: Investigate specific public health workforce challenges
e: In-depth report of nongovernmental and community partner contributions to the COVID-19 response

Report 3 -- August 15, 2023 (due to legislature by September 1)

Synthesize reports 1 and 2

Q&A

“I think the pieces that went well were the agency's desire to do the right thing. I was surprised at how many people were like, 'We want to be here.' And we were working seven days a week, 10-hour days, 12-hour days. And there were so many of us that said, 'I'm going to do whatever it takes to make sure that whatever's given to me or whatever's given to our team gets done.' So there was a big, it's like the public servant desire in the folks that were working on the agency command center."

If you have additional questions you may contact Alex Muvua at alex.muvua@redegroup.co

PHAB public health modernization funding workgroup assignments

1. Review each POP priority and focus area included in the $286 million POP **(Workgroup meeting #1)**
2. How should the POP priorities and focus areas be prioritized and included at lower levels of new funding? **(Workgroup meeting #1)**
   - The workgroup needs to clearly demonstrate the differences in what will be prioritized at each funding level, as well as what we expect to achieve.

   Action: Develop recommendations for a package of priorities and focus areas at each of the following levels of new funding: $50 million, $100 million, $150 million, $200 million.
3. What is the core work for all organization types at each funding level? **(Workgroup meeting #1 and #2)**

   Action: List the core work of each organization type for priorities and focus areas at each funding level and how the work of each organization type contributes to achieving shared goals.
4. How should funding be allocated at each level of new funding? **(Workgroup meeting #3)**
   - What are the funding considerations at each funding level?

- Considerations may include expectations for funding reproductive health network, critical OHA infrastructure to manage new funds, and LPHA and CBO funding needs to continue at present level of service.

  Action: Develop recommendations for funding allocations across organization type at each level of new funding.

DRAFT

For PHAB December 8 discussion- DRAFT

1. What is your initial feedback on the priorities identified by the workgroup so far?

   **Note that OHA has made updates to this document since the 12/6 workgroup meeting in the third column, at the request of the workgroup – these are DRAFT*
2. Are there recommendations from the COVID-19 After Action Report that you do not see reflected, but should be?
3. Is work to date so far meeting PHAB's expectations for antiracist governmental and community health? What would PHAB like to see?

How should the POP priorities and focus areas be prioritized and included at lower levels of new funding? (Workgroup meeting #1) **Action:** Develop recommendations for a package of priorities and focus areas at each of the following levels of new funding: $50 million, $100 million, $150 million, $200 million.			
POP priority	**Focus areas for public health system changes that are critical for protecting people from communicable disease, environmental health threats and chronic disease, as well as bolstering access to reproductive health services.**		**In what way should each priority and focus area be included at funding levels of $50 million, $100 million, $150 million and $200 million**

DRAFT

Building on lessons learned from the COVID-19 pandemic to respond to and mitigate emerging public health threats	**Communicable disease prevention and emergency preparedness** **Communicable disease prevention and emergency preparedness is an area that is currently funded; new funds would be used to sustain and expand current work** a. Coordinated, statewide systems for responding to communicable disease threats, including access to culturally and linguistically responsive services. b. Prevention initiatives that include local expertise to protect people from acute and communicable diseases.	**PHAB Workgroup 12/6 priorities:** • Prioritize hiring of local/regional disease intervention specialists (DIS) • Expand laboratory services (rapid lab testing, e.g.) • Implement modern, interoperable data systems	**$50M:** • Increase capacity for preparedness coordinators in the state • Increase capacity for community engagement for CD prevention • Prioritize hiring of local/regional disease intervention specialists (DIS) • Expand partnerships for CD prevention, Increase language access, culturally relevant communications and interventions • Ensure consistency in public health messaging during future public health emergencies. (COVID-19 AAR) **$100M: All of the above, plus** • Expand laboratory services (rapid lab testing, e.g.) • Work together to establish an equity-specialists team that is fully adopted into the response structure. (COVID-19 AAR) **$150M: All of the above, plus** • Explore the concept of a scalable unified command structure in support of future public health emergencies. (COVID-19 AAR) **$200M: All of the above, plus** • Implement modern, interoperable data systems (note: OHA has a pandemic data system POP that is separate from public health modernization)

DRAFT

Building on lessons learned from the COVID-19 pandemic to respond to and mitigate emerging public health threats	**Climate and health planning and implementation, and environmental health risk mitigation** **Climate and health planning and implementation is an area that is currently funded; new funds would be used to sustain and expand current work** a. Coordinated, statewide systems for responding to environmental health threats, including access to culturally and linguistically responsive services. b. Healthy and resilient built environments. c. Plans and action to mitigate climate risks to public health. d. Emergency preparedness and response systems for environmental health-related events.	**PHAB Workgroup 12/6 priorities:** • Expand cross-sector partnerships • Expand work with CCOs • Implement broad education and messaging on climate and health • Bring public health representation to the table of decisions related to the built environment • Expand use of GIS and other technologies to support better public health interventions for climate threats	**$50M:** • Expand cross-sector partnerships to support response to climate emergencies • Expand work with CCOs **$100M: All of the above, plus** • Implement broad education and messaging on climate and health • Expand partnerships to bring public health representation to the table of decisions related to the built environment • Expand use of GIS and other technologies to support better public health interventions for climate threats **$150M: All of the above** **$200M: All of the above**

DRAFT

Investing in antiracist governmental and community public health initiatives that engage Oregonians directly	**Community outreach and engagement** a. Public health programs that are co-created with communities b. Public health programs that are culturally and linguistically competent. c. Work with communities and partners to prepare for, respond to and recover from public health threats and emergencies; and ensure that populations most at risk are at the center of planning efforts. d. Analyze data to understand emerging trends for communicable disease and environmental health threats; e. Leverage coordinated care organizations, government agencies and other cross-sector partners, and invest in community partners to increase the impact of public health modernization work in communities.	**PHAB Workgroup 12/6 priorities:** • Expand community input on implementing public health programs and services • Expand partnerships with health systems on CHA	**$50M:** • Sustain and expand network of public health-focused culturally-specific to communities and regions of the state that are underserved with the base investment • Create culturally-specific statewide strategies for health • Expand community input on implementing public health programs and services • Adopt a language access standard that information isn't ready to be externally communicated until it is accessible for ALL Oregonians (COVID-19 AAR) **$100M: Same as above, plus** • Expand partnerships with health systems on CHA **$150M: Same as above** **$200M: Same as above**

DRAFT

	f. Ensure timely risk communications and proactive communications that are culturally and linguistically responsive. g. Engage with partners, decision-makers and communities to develop and implement policy solutions that are responsive to community needs		
Investing in antiracist governmental and community public health initiatives that engage Oregonians directly	**Community-centered data systems** a. Data infrastructure that supports community-led, equity focused data collection and dissemination. b. Make data readily available to communities and partners who rely on the information and use data to implement culturally and linguistically responsive interventions.	**PHAB Workgroup 12/6 priorities:** did not discuss on 12/6	**$50M: N/A** **$100M: N/A** **$150M:** • Expand PH partnerships to engage on relevant and timely data historically marginalized communities are collected and available to those communities **$200M: Above, plus** • Fund community partners to support development and implementation of culturally and linguistically relevant data collection and use

DRAFT

Investing in the development and retention of a public health workforce that is representative of and from the community served	**Workforce initiatives** a. Develop the public health workforce to be better equipped to nimbly respond to new public health threats b. Spread capacity from public health modernization across public health program areas c. Build clinical program infrastructure	**PHAB Workgroup 12/6 priorities:** • Expand efforts to retain public health staff within the public health system • Increase innovative partnerships, such as with colleges and universities • Increase public health recruitment efforts • Expand and implement public health training, e.g. Certified Health Interpreter and Community Health Worker training and certification, training and certification for other registered staff	**$50M:** • Expand efforts to retain public health staff within the public health system **$100M:** • Expand efforts to recruit and hire bilingual and bicultural staff into the public health workforce (COVID-19 AAR) **$150M:** • Increase innovative partnerships, such as with colleges and universities • Increase public health recruitment efforts **$200M: All of the above, plus** • Expand and implement public health training, e.g. Certified Health Interpreter and Community Health Worker training and certification, training and certification for other registered staff
Broad implementation of public health modernization across the Oregon public health system	**Chronic disease prevention and health promotion and other public health programs** a. Plans for expanded access to healthy foods and opportunities for physical activity and community resiliency from exploitation that undermines health. b. Community health improvement plans	**PHAB Workgroup 12/6 priorities:** did not discuss on 12/6	**$50M: N/A** **$100M: N/A** **$150M: N/A** **$200M:** • Expand state level staff capacity to provide data, resources, communications support for chronic disease prevention • Begin implementation of strategies to reduce chronic disease

DRAFT

Broad implementation of public health modernization across the Oregon public health system	**Access to preventive health services and other public health programs** a. Cross-sector coordination, including with health systems partners, to ensure access to preventive health services for every person, and cross sector partnerships to eliminate health inequities. b. Critical infrastructure supports for reproductive health clinical providers.	**PHAB Workgroup 12/6 priorities:** did not discuss on 12/6	**$50M:** • Limited funding to support critical infrastructure for reproductive health clinical providers in rural and frontier communities. • Limited funding to increase culturally-specific services. **$100M: Scaled investments** • Moderate funding to support critical infrastructure for reproductive health clinical providers in rural and frontier communities. • Moderate funding to increase culturally-specific services. **$150M: Scaled investments** • Robust funding to support critical infrastructure for reproductive health clinical providers across the state. **$200M: All of the above, plus:** • Wide-ranging interventions with health system partners to assure access to preventive health services. • Wide-ranging cross-sector partnerships (housing, transportation, education, corrections and more)

DRAFT