

# AGENDA

## PUBLIC HEALTH ADVISORY BOARD

June 8, 2023, 3:00-5:30 pm

Join ZoomGov Meeting

<https://www.zoomgov.com/j/1614044266?pwd=ekpYekxaMm92SHN0dngzTW9ZeldsUT09>

Meeting ID: 161 404 4266

Passcode: 938425

One tap mobile

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Meeting objectives:

- Approve May meeting minutes
- Approve public health modernization accountability metrics
- Discuss PHAB retreat agenda
- Review Preventive Health and Health Services Block Grant work plan
- Hear about progress related to community-led data initiatives

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**3:00- 3:10 pm Welcome, board updates, shared agreements, agenda review**

- Welcome, board member introductions and icebreaker in the chat
- Share group agreements and the Health Equity Review Policy and Procedure
- **ACTION:** Approve May meeting minutes

Veronica Irvin,  
PHAB Chair

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**3:10- 3:40 pm Public health modernization accountability metrics**

- Discuss changes to accountability metrics
- **ACTION:** Adopt accountability metrics

Accountability Metrics  
Subcommittee  
members

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Sara Beaudrault,  
Elliott Moon, Julie  
Sifuentes, OHA

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**3:40-  
3:50 pm**      **Legislative updates**

- Share information about OHA budget development

Charina Walker and  
Cara Biddlecom, OHA

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**3:50-  
4:00 pm**      **Break**

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**4:00-  
4:30 pm**      **Public Health Advisory Board retreat  
planning**

- Introduce retreat facilitators
- Review retreat objectives
- Discuss agenda

Veronica Irvin,  
PHAB Chair

Lillian Tsai and  
Thomas Bruner,  
Facilitators

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**4:30-  
5:05 pm**      **Public health modernization  
investments and improvements, 2021-  
23**

- Hear about PHAB Strategic Data Plan values and recommendations
- Hear about community-led data work this biennium

Veronica Irvin

Victoria  
Demchak, OHA

Virginia Luka,  
OHA Program  
Design &  
Evaluation  
Services

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**5:05-  
5:15 pm**      **Preventive Health and Health Services  
Block Grant**

- Discuss Preventive Health and Health Services Block Grant work plan for upcoming year
- Recommend work plan

Sara Beaudrault,  
OHA

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**5:15- Public comment**  
**5:25 pm**

Veronica Irvin,  
PHAB Chair

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**5:25- Next meeting agenda items and**  
**5:30 pm adjourn**

- July 13 meeting is canceled in lieu of July 14 in-person retreat

Veronica Irvin,  
PHAB Chair

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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@odhsoha.oregon.gov](mailto:publichealth.policy@odhsoha.oregon.gov) at least 48 hours before the meeting.

# 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



## **Public Health Advisory Board meeting minutes**

**May 11, 2023, 3:00-5:30 pm**

### **Attendance**

Board members present: Rachael Banks, Marie Boman-Davis, Mike Baker, Bob Dannenhoffer, Veronica Irvin, Jackie Leung, Meghan Chancey, Sarah Present, Jocelyn Warren, Erica Sandoval, Jawad Khan, Jeanne Savage

Board members excused: Ryan Petteway, Dean Sidelinger, Kelle Little, Nic Powers

OHA Staff for PHAB: Tamby Moore, Sara Beaudrault, Joyleen Mabika, Charina Walker, Cara Biddlecom

### **Welcome and introductions**

- PHAB members, subcommittee and workgroup members and staff introduced themselves
- PHAB retreat is on July 14<sup>th</sup> in Portland
  - Lillian Tsai and Thomas Bruner will be facilitating the retreat
    - Will be sending out a survey on what members would like to complete during the retreat
    - Will join the June PHAB meeting to discuss the agenda
  - There will be no additional PHAB meeting in July
- Motion to approve April meeting minutes was put forth by Mike Baker. Jackie Leung seconded the motion. All in attendance approved April meeting minutes.

### **Public health modernization accountability metrics**

Presentation by Sara Beaudrault, Tim Menza, and Rex Larsen

- Jeanne Savage, Jocelyn Warren, Sarah Present, Kat Mastrangelo, Ryan Petteway, Cristy Muñoz on committee
  - Subcommittee has been meeting for two years to update the metrics framework to better align with PHAB's equity focus and bring forward updated metrics recommendations
  - Review of metrics
    - Subcommittee recommendations for communicable disease priorities and indicators
    - PHAB health equity questions
    - Adoption of communicable disease accountability metrics
- Timeline
  - Meeting since 2021
  - Updated framework approved by PHAB in 2022
    - The rest of the timeline shows upcoming work to be completed
- Currently addressing communicable disease priorities and indicators
  - Will complete policy actions and public health data, partnerships and policy
  - Recommendations
    - Priority areas
      - STI – Syphilis
      - Vaccine-preventable diseases
        - Two year-old vaccine rates
        - Adult influenza vaccine rates
- STI summary
  - Priority now as syphilis rates are higher than ever
  - Recommended 3 indicators
    - Rate of congenital syphilis
    - Rate of syphilis (all stages) among people who can become pregnant
    - Rate of primary and secondary syphilis
  - Rationale
    - Provide more comprehensive understanding of dramatic increases

- Rates determined by social and structural determinants of health
  - Congenital syphilis is an urgent Public Health issue
  - May result in increased partnerships with health care providers
- STIs are community priority
- Vaccine-preventable disease summary
  - Due to COVID decrease in routine immunizations of children, adolescents, and adults
  - Recommended 2 indicators
    - Two year-old vaccination rates
    - Adult influenza for population of 65 year-old and over
      - Both metrics critical to place emphasis on reducing disparities
  - Rationale
    - Both influenza and two year-old vaccination rates significantly impacted by COVID
    - Influenza dropped by 9% points
    - Two year-old dropped 2% points but showing a decline every year
    - Can close gap disparities with lessons learned in COVID
  - Strong community priorities
    - 160+ CBOs involved in outreach strategies for COVID and express interest in applying similar strategies to vaccinations
    - Lessons learned
      - Mobile outreach
      - Culturally and linguistically communications
      - Collaboration with community leaders
  - Possible strategies
    - Community outreach
    - Use of public health data
    - Health care provider partnerships
  - Comment – A lot of the success during COVID was due to how the funds were received and coded differently. As funds for COVID are going away will need to be creative to be able to make the change.

- Will make it harder to accomplish but more important.
- Motion to approve indicators for STI and vaccine-preventable diseases put forward by Bob Dannenhoffer. Second to approve put forward by Jawad Khan. All in attendance approved.

## **Local public health authority funding formula**

Presented by Sara Beaudrault

- Overview
  - Key changes in 2023 – 2025
  - Matching and incentive funds
  - Regional partnership funds
- Key changes
  - At higher funding levels, increased base funding amounts
  - Increased allocations for indicators that describe community conditions
- Incentive and matching funds
  - To be awarded when there is at least \$15 million allocated to LPHAs
  - OHA will collect data for both incentives and matching funds I the 2023-25 biennium
  - Funds will be awarded to LPHAs at beginning of 2025 – 2027 biennium based on 2023-25 performance
- Regional partnership funding
  - Based on PHAB recommendation. Each biennium portion of total LPHA allocation set aside for regional partnership.
  - Amount of funds for regional partnership has remained flat while funding has increased
  - Regional partnership provides unique benefits to rural and remote counties
- Recommendation for regional funding
  - If an overall increase in public health modernization funding, increase funding for regional partnerships to \$4.4 million (10% increase)
  - In no increase in funding, maintain current funding
  - Continue funding current regional partnerships. No funding for new regional partnerships.



- Motion to approve regional partnership funding for 2023 – 2025 put forward by Bob Dannenhoffer. Second to approve motion by Marie Boman-Davis. Approved by all in attendance.

## **Public health modernization investments and improvements, 2021-23**

Presented by Tim Holbert

- Overview of Program Design and Evaluation Services (PDES) Survey Modernization activities
  - Collaboration with communities
  - Lessons learned
  - Dissemination of results
  - Implementation of community recommendation
  - Proposed model for state survey system
- Purpose of survey modernization
  - Improve validity, representativeness and utility of our population surveys
    - Understanding, analyzing and interpreting BRFSS and OHT/SHS survey data
    - Identify strengths, gaps and limitations of data and methodologies
    - Facilitating community led data collection on identified gaps in data
    - Developing recommendations for further improvements
  - Collaboration with communities
    - Latino/a/e/x, Black/African American communities
    - AI/AN communities
    - Pacific Islander communities
  - Identify innovative statistical and survey methods
- Solutions
  - Disseminated findings and community recommendations
  - Implemented community recommendation for student health surveys
  - Modernized content and methods for adult survey systems
  - Built internal capacity and support for community engagement
  - Align with Healthier Together Oregon
  - Grant for community led data systems

- Main recommendation for communities that surveys must be revamped
- Participatory budgeting and community led data collection to be presented in next PHAB meeting

### **Public comment**

- Jessa Reinhart
  - Parent of 3 young children; 2 of whom have developmental disabilities services
  - An allowance during COVID allowed parents to be paid as direct care providers for developmental disability children
    - Allowance ending 5/11/23
  - Direct care providers having a crisis in labor shortage
    - When direct care providers not available up to parents to bear the cost of leaving the workforce and financial shortfalls
  - Two waivers for Medicaid/Medicare to allow funding for direct care providers, but due to administrative rule parents are not allowed to be considered direct care providers: only other family members
  - Requesting a change of the administrative rule as waivers take months or years to be put in place or requesting a state of emergency due to shortage of workers to continue to allow this allowance.
- Jennifer
  - Has 2 boys with developmental disabilities
  - Spoke to CMS about the current state of this issue
    - Stated that it is up to the state to make the flexibilities to allow parents to be direct care providers.
    - Other states are working to do this, but Oregon is not.

### **June meeting agenda items**

- Presentation from Strategic Data Plan subcommittee about participatory budgeting and community led data collection from PDES
- Discussion/presentation of PHAB July Retreat
- Discussion of Accountability Metrics recommendation for environmental health indicators
- Discussion of Preventive Health and Health Services Block grant

### **Adjourn**

- Meeting adjourned at 5:30 pm.
- The next Public Health Advisory Board meeting will be held on June 8, 2023, from 3:00-5:30 pm.

DRAFT

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# Public Health Accountability Metrics Environmental Health

Sara Beaudrault  
Elliott Moon  
Julie Sifuentes



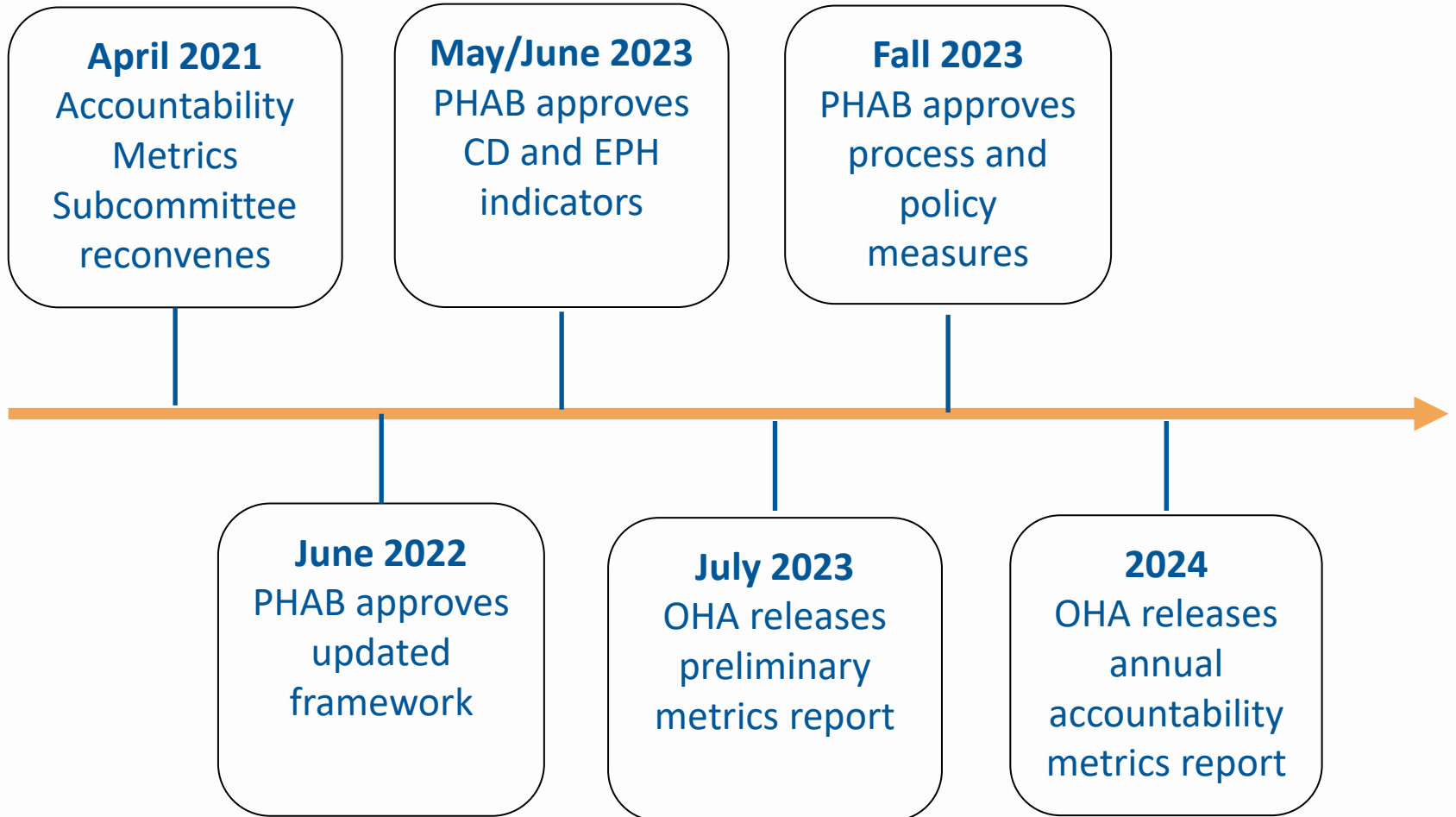
PUBLIC HEALTH DIVISION  
Office of the State Public Health Director

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# What we'll cover

1. Subcommittee recommendations for environmental health priorities and indicators
2. PHAB health equity review questions
3. **Action:** Adopt environmental health accountability metrics

# Timeline



## Public health system metrics

The following set of metrics brings attention to health priorities in Oregon.

These metrics provide a framework to bring together governmental public health authorities, other sectors and partners, and state and local health officials to collectively change policies to create health for everyone.

These metrics also demonstrate improvements in Oregon Health Authority and local public health authorities' core system functions through public health modernization

Collective responsibility across sectors and partners	
Health priorities	Policy actions
Public health assessment	Public health policy development
Indicators of health outcomes  <i>What are priority health issues throughout Oregon?</i>  <i>Which groups experience disproportionate harm?</i>	Measures of policy landscape  <i>How are policies contributing to or eliminating root causes of health inequities?</i>
Level of accountability  The governmental public health system as a whole, other sectors and partners, elected officials.  Oregon's Public Health Advisory Board has a critical role to influence necessary policy changes.	

Oregon Health Authority and local public health authority accountability
Public health data, partnerships and policy
Public health assurance
Measures of foundational capabilities  <i>Are public health authorities increasing capacity and expertise needed to address priority health issues?</i>  <i>Are public health authorities better able to provide core public health functions within their community?</i>
Level of accountability  OHA and individual LPHAs

# Recommended priority area

The Accountability Metrics recommends a single bundled priority area for **Climate Planning, Adaptation and Resilience**



# Recommended indicators

## Summer heat-related morbidity and mortality

- Emergency department and urgent care visits due to heat
- Hospitalizations due to heat
- Heat deaths

## Smoke-related air quality

- Respiratory (non-infectious) emergency department and urgent care visits

## Drinking water security

- Community water system health-based violations, #/% of population affected
- Number of/type of advisories, #/% of population affected
- Number of weeks in drought annually, % of population affected

# Rationale

- A bundled priority reflects intersections in climate-related threats and challenges.
- A bundled priority reflects a range in topics and issues that are relevant statewide.
- Strong indication of support from communities
- Opportunities for LPHA and OHA interventions for all topics under this priority, ranging from improved collection and use of data, community partnerships, communications, prevention initiatives and interventions that address social determinants of health.
- Alignment with other statewide initiatives
- Alignment with Healthy People 2030 objectives

Public health accountability metrics  
 Metrics selection criteria summary  
 June, 2023

		Health equity and an antiracist society Community-leadership and community-led metrics			Data availability			Governmental public health system accountability					Direct connections to state and national initiatives
		Known health inequities exist	Measure is actionable by state and local public health through policy change and community-level interventions	Communities have provided input and demonstrated support	Data are reportable at the county level or similar geographic breakdowns	Data are routinely updated	Data are reportable by race, ethnicity, gender, sexual orientation, age, disability, income level, insurance status or other relevant risk factor data	State and local public health authorities have control over the measure, which includes influence	Funding is available or is likely to be available	Local and state public health expertise exists	Changes in public health performance will be visible in the measure	Measure is sensitive enough to capture improved performance or show differences between years	State and community health improvement plans CCO incentive measures Healthy People 2030
Summer heat-related morbidity and mortality	Emergency department and urgent care visits due to heat	Yes	Yes	Yes	Yes	Yes	Yes, likely to require aggregation	Yes	Public health modernization funding	Developing All LPHAs currently developing, updating or implementing a Climate and Health plan	Unsure	Unsure	1115 Medicaid Waiver
	Hospitalizations due to heat												2021 Oregon Climate Change Adaptation Framework
	Heat deaths												OHA Climate and Health in Oregon report
Air quality	Respiratory (non-infectious) emergency department and urgent care visits	Yes	Yes	Yes	Yes	Yes	Yes, likely to require aggregation	Yes	Public health modernization funding	Developing All LPHAs currently developing, updating or implementing a Climate and Health plan	Unsure	Unsure	1115 Medicaid Waiver
	Adult influenza vaccination rate												Healthy People 2030 objective EH-01 2021 Oregon Climate Change Adaptation Framework OHA Climate and Health in Oregon report
Water security	# weeks in drought annually, % population affected	Yes	Unsure	Yes	Yes, % population affected not currently reported but could be calculated and made available	Yes	Not currently	Yes	OHA Drinking Water Services funding	Developing All LPHAs currently developing, updating or implementing a Climate and Health plan	Unsure	Unsure	Healthy People 2030 objective EH-03
	Health-based violations, % population affected								2021 Oregon Climate Change Adaptation Framework				
	# and type of advisories, % population affected								OHA Climate and Health in Oregon report				

# Summer heat-related morbidity and mortality

# Issue summary:

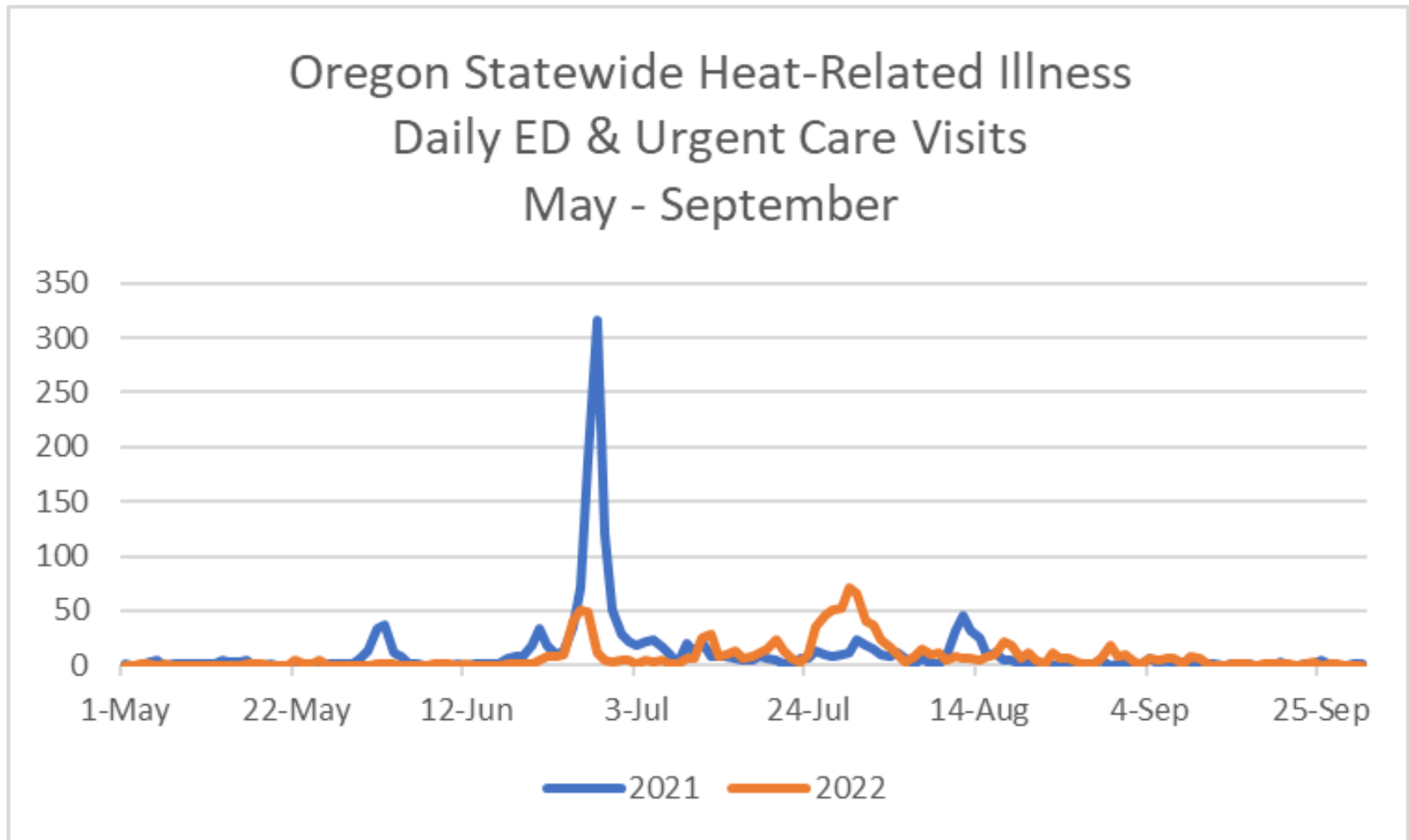
## Why is this a priority now, and which groups are experiencing disproportionate harm?

- Exposure to higher temperatures and extreme heat is on the rise because of the frequency, length and intensity of heat events.
- In Oregon there were a total of 157 heat-related deaths in 2021 and 2022 combined, compared with 1 to 4 heat-related deaths per year in the previous decade.
- Environmental threats like extreme heat disproportionately impact communities of color, tribal communities and communities that are lower-income.
- Racist housing policies relegated these communities to areas with increased heat exposure and less access to protections.
- Systemic educational disinvestment and lack of oversight results in overrepresentation and lack of protections in jobs with greater exposure to environmental hazards.

# Summer heat is a community priority

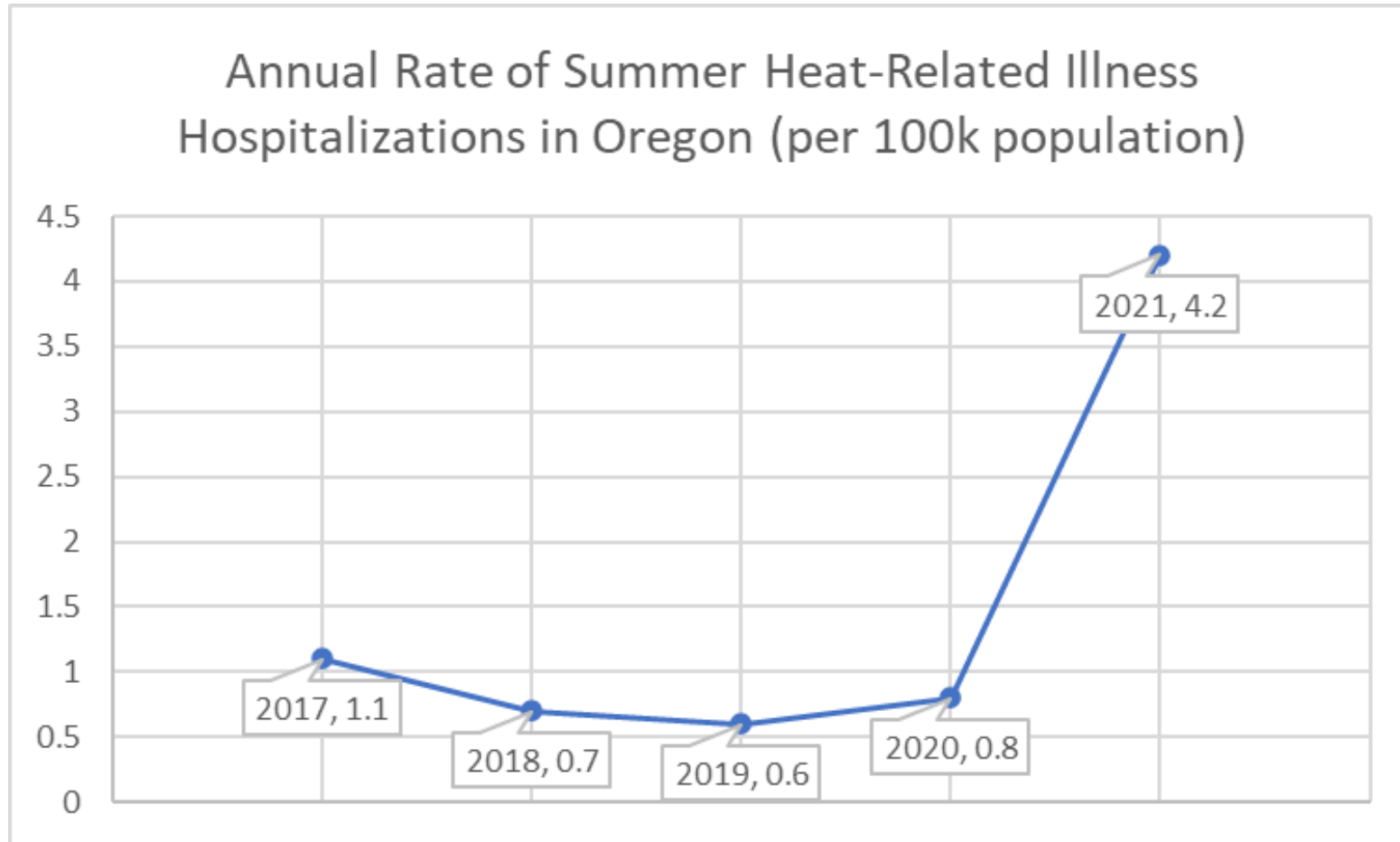
- CBOs and interested community members identified extreme heat as one of their top concerns in a community-based survey conducted as part of the annual Climate and Health Report (before the 2021 Heat Dome Event).
- Extreme heat also emerged as a top concern in the qualitative findings of the survey, especially for respondents who identified as people of color
- OHA is currently funding 37 CBOs that are engaged in Climate Resilience. Many LPHAs are also working with community partners on Community Resilience.
- Recent Legislative investments in household cooling and air filtration interventions (SB 762 and 1115 Medicaid waiver)

# Extreme Heat



Data from Oregon ESSENCE syndromic surveillance program.

# Extreme Heat

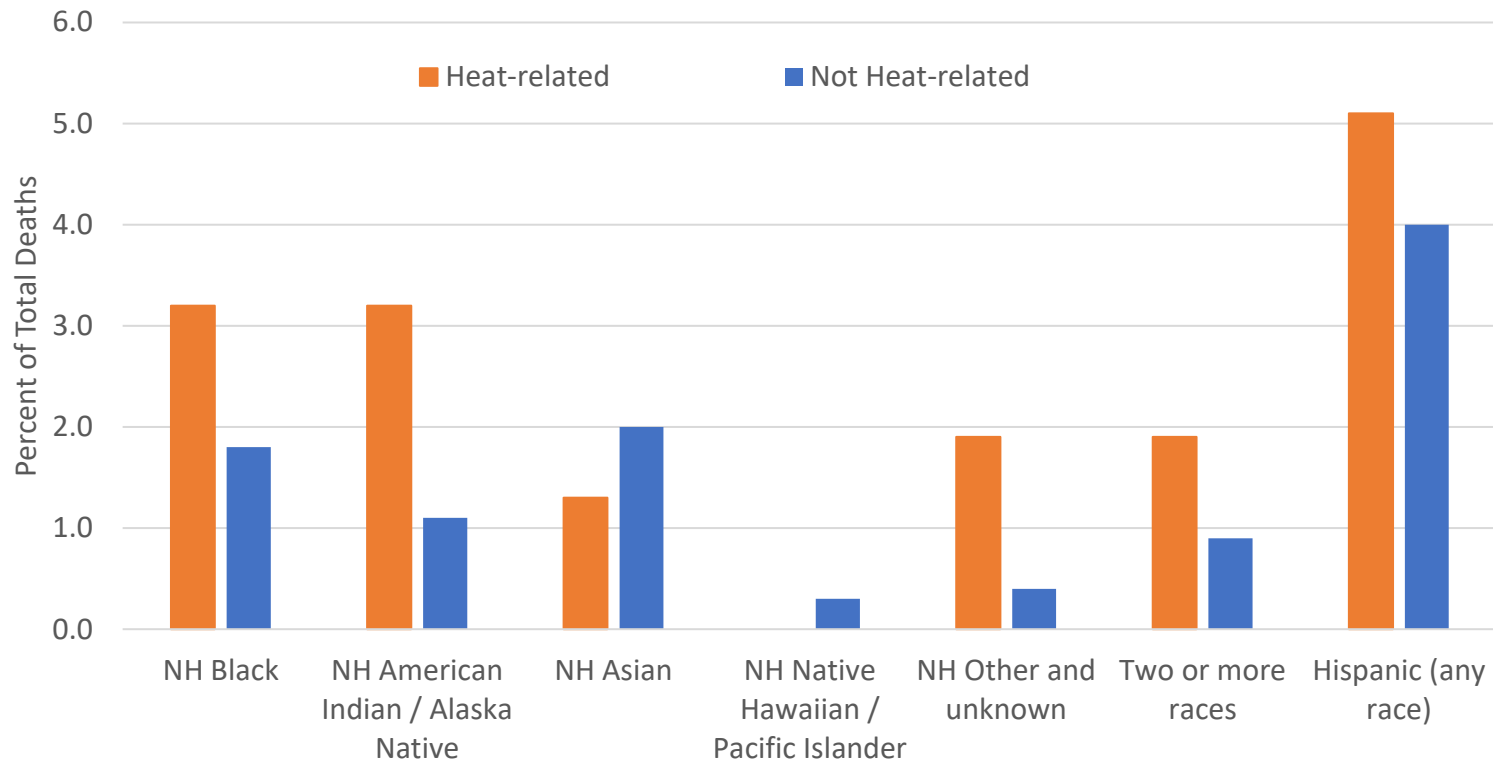


Date source: Centers for Disease Control and Prevention. National Environmental Public Health Tracking Network. Web. Accessed: 3/27/23. [www.cdc.gov/ephtracking](http://www.cdc.gov/ephtracking)



# Extreme Heat

Comparison of Oregon Heat-related and Non-heat Related Deaths by Non-white Race and Ethnicity 2021+2022



\*Data from 2022 are preliminary and subject to change.

Source: OHA - Public Health Division - Center for Health Statistics, Produced on March 2, 2023

# Smoke-related air quality

# Issue summary: Air Quality

## Why is this a priority now, and which groups are experiencing disproportionate harm?

- Wildfires are the primary contributor to summer air pollution across Oregon
- The frequency and intensity of wildfires in Oregon and many western US states have been increasing
- Many areas in Oregon experience cumulative wildfire smoke impacts and are exposed to hazardous air pollution year after year
- Disproportionate wildfire smoke impacts measured by respiratory ED & Urgent Care visits in Oregon have been experienced by persons of color and Hispanic populations

# Who is most likely to have health effects from wildfire smoke exposure?

## Sensitive groups:

- Persons with chronic respiratory, cardiovascular and other chronic conditions
- Persons >64 years of age
- Infants and children
- Pregnant people (& fetus)
- People who smoke tobacco

## Vulnerable groups:

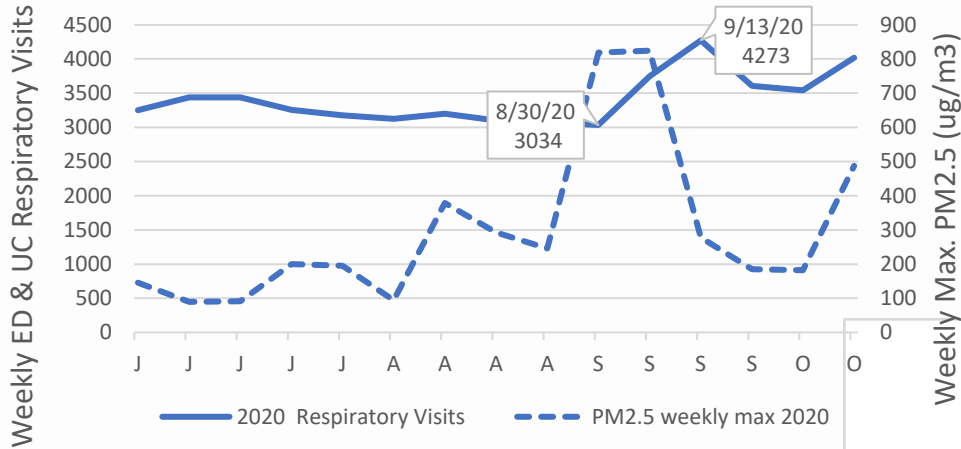
- People working outdoors, e.g., migrant and seasonal agricultural workers
- Persons exercising or working at a level that increases breathing rate
- Persons experiencing homelessness
- Persons living in poverty or with low incomes

# Air quality is a community priority

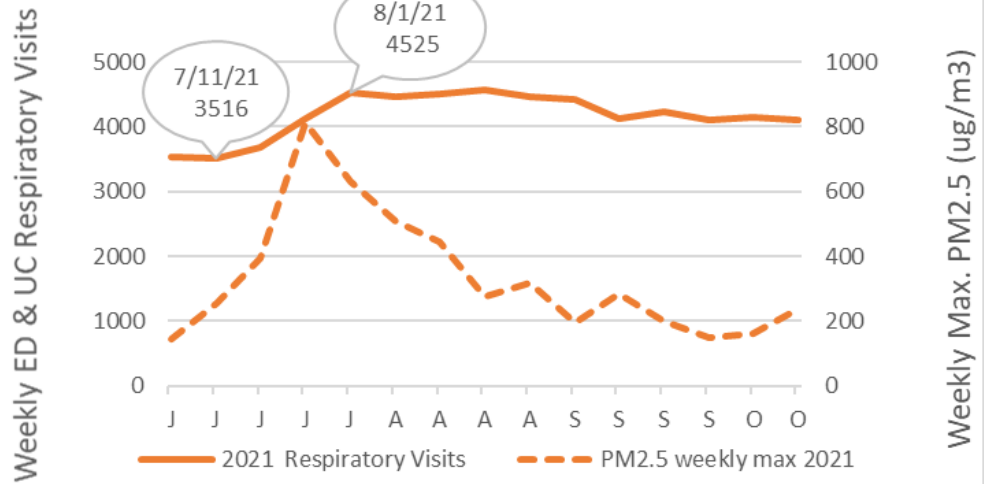
- CBOs and interested community members identified air quality and wildfires as one of their top concerns in community-based survey conducted as part of 2020 Climate and Health Report.
- Air quality also emerged as a top concern in the qualitative findings of the survey, especially for respondents who identified as people of color
- OHA is currently funding 37 CBOs that are engaged in Climate Resilience adaptation actions.
- Recent Legislative investments in household air purifiers (SB 762 and 1115 Medicaid waiver)

# Oregon statewide wildfire smoke health impacts, 2020-21

Statewide Weekly Emergency Department and Urgent Care Respiratory Visits with Weekly Maximum Fine Particulate Matter June 28- Oct 15, 2020



Statewide Weekly Emergency Department and Urgent Care Respiratory Visits with Weekly Maximum Fine Particulate Matter July 4 - Oct 15, 2021



# Drinking water security

# Issue summary:

## Why is this a priority now, and which groups are experiencing disproportionate harm?

Equitable access to adequate supplies of clean, safe and affordable water for drinking, food preparation, sanitation and hygiene, and cultural and spiritual uses is essential to human health and wellness.

Oregon's changing climate, aging water infrastructure, socioeconomic conditions and community design have a negative impact on access to safe, and affordable water.

Populations experiencing houselessness, lower income and rural communities, communities of color, Tribal communities, migrant communities and communities served by private wells, private surface water intakes or very small water systems are more likely to experience threats to water access and quality.



# Drinking water security is a community priority

- Oregon Water Futures facilitated conversations with communities impacted by water issues and lifted up culturally-specific ways of interacting with drinking water and bodies of water; concerns around water quality and cost; resiliency in the face of challenges to access water resources essential for physical, emotional, and spiritual health; and a desire for water resource education and to be better equipped to advocate for water resources.
- CBOs and interested community members identified water security as one of their top concerns in community-based survey conducted as part of 2020 Climate and Health Report,
- Water security also emerged as a top concern in the qualitative findings of the survey, especially for respondents who identified as people of color

# February 21, 2023

(Released Thursday, Feb. 23, 2023)

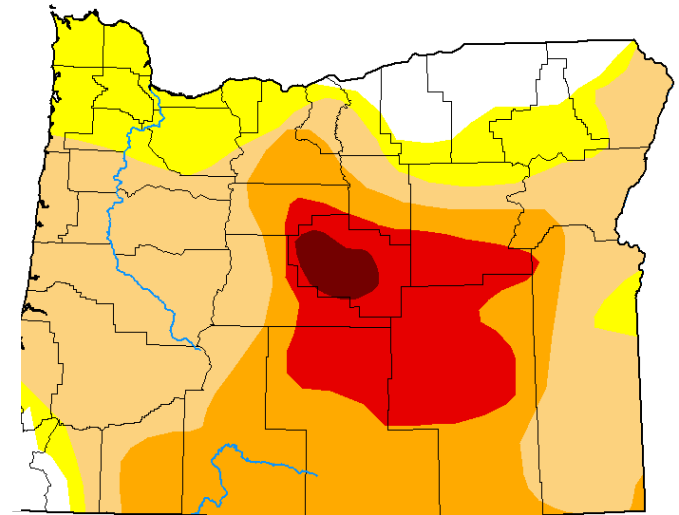
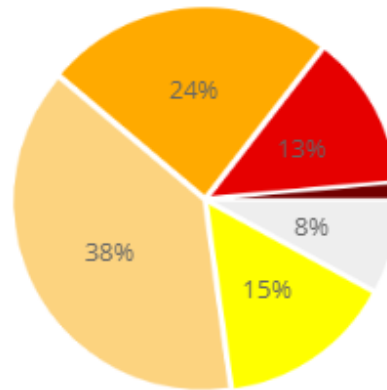
Valid 7 a.m. EST

## U.S. Drought Monitor Oregon

Drought Conditions (Percent Area)

	None	D0-D4	D1-D4	D2-D4	D3-D4	D4
Current	7.93	92.07	77.18	38.84	14.48	1.40
Last Week 02-14-2023	12.81	87.19	70.46	38.84	14.48	1.40
3 Months Ago 11-22-2022	5.37	94.63	59.79	46.04	26.18	1.40
Start of Calendar Year 01-03-2023	13.46	86.54	59.75	46.03	26.18	1.40
Start of Water Year 09-27-2022	0.42	99.58	68.05	52.42	30.73	1.40
One Year Ago 02-22-2022	4.18	95.82	90.65	76.38	45.61	16.22

OR % Area in  
Drought Categories



**Intensity:**

- None
- D0 Abnormally Dry
- D1 Moderate Drought
- D2 Severe Drought
- D3 Extreme Drought
- D4 Exceptional Drought

Author:  
Richard Heim  
NCEI/NOAA



The Drought Monitor focuses on broad-scale conditions. Local conditions may vary. For more information on the Drought Monitor, go to <https://droughtmonitor.unl.edu/About.aspx>

[droughtmonitor.unl.edu](https://droughtmonitor.unl.edu)

<https://droughtmonitor.unl.edu/CurrentMap/StateDroughtMonitor.aspx?OR>

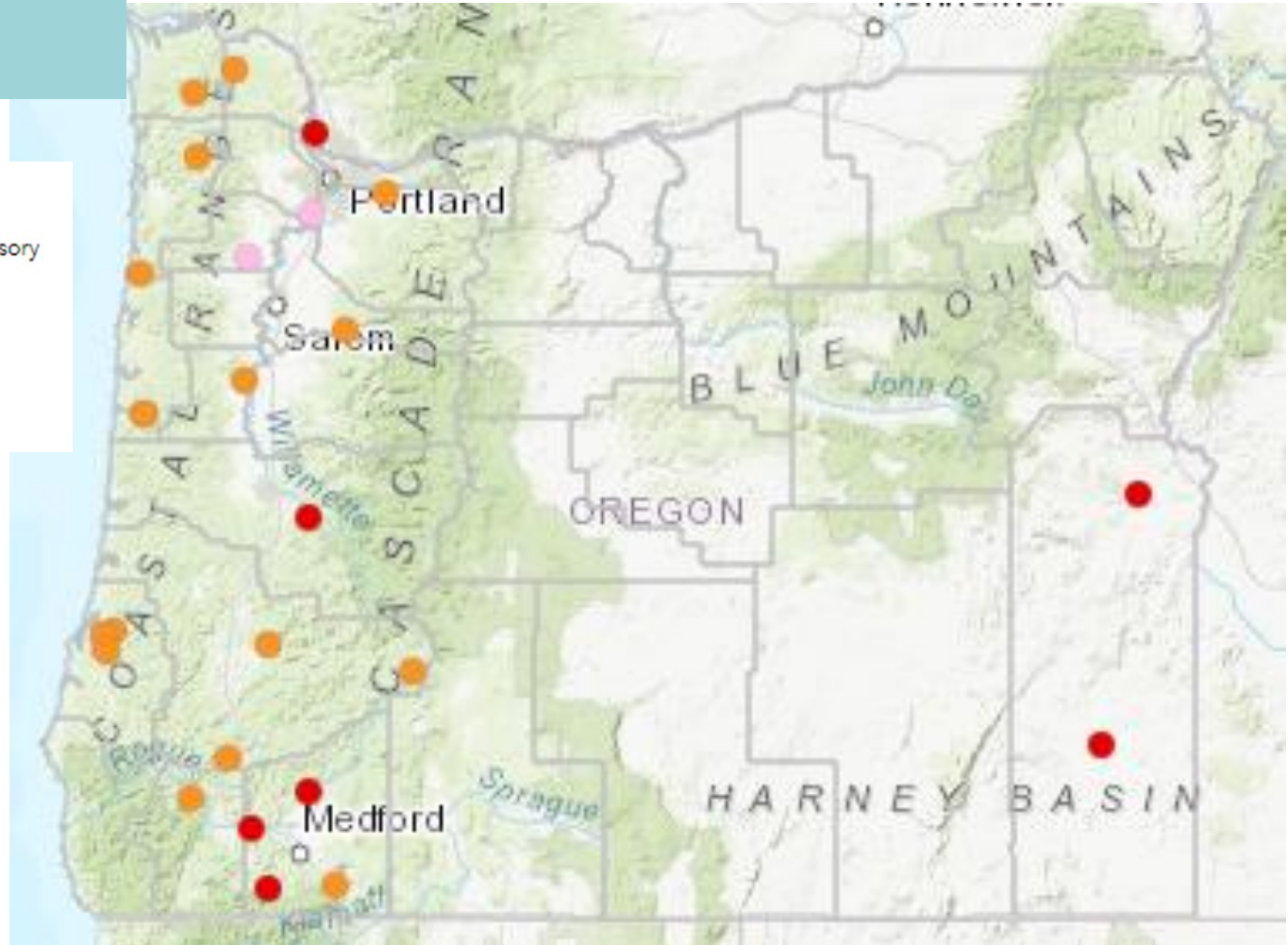


# Oregon Drinking Water Current Advisories by Type and Location

Accessed 5/31/23

## Drinking Water Advisories

- System-wide Do Not Drink Water Advisory
- System-wide Boil Water Advisory
- Partial Boil Water Advisory
- System-wide Other Advisory



Source: <https://yourwater.oregon.gov/advisories.php>

# Drinking Water

Health Outcome Measure

Percent of community water systems meeting health-based standards

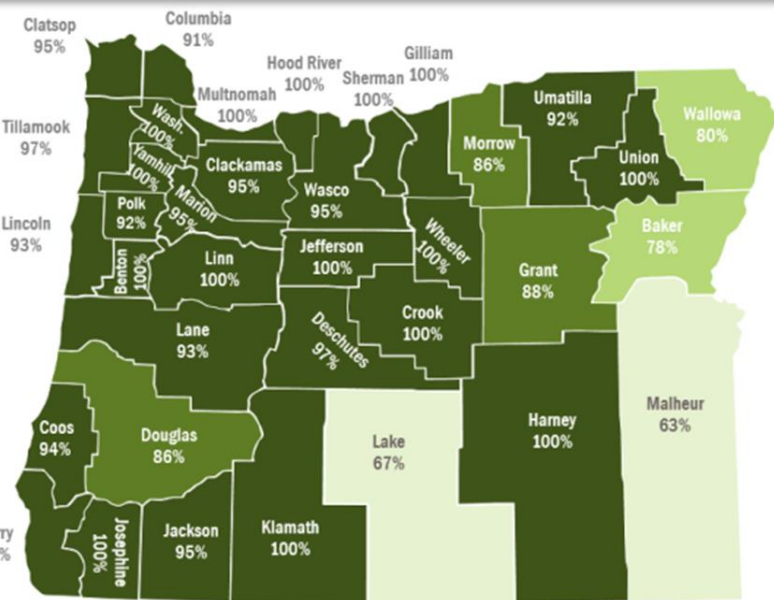
## 2023 Recommendation:

include county level % of population served affected by health-based violations and action level exceedances (*note: population served counts are not unique due to transient systems (e.g., schools)*)

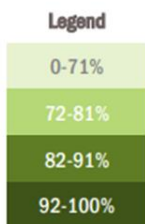
Foundational program area: Environmental Health

Data source: Safe Drinking Water Information System (SDWIS) Federal Reporting Services, the Environmental Protection Agency's (EPA) national regulatory compliance database

Benchmark source: 92%, EPA

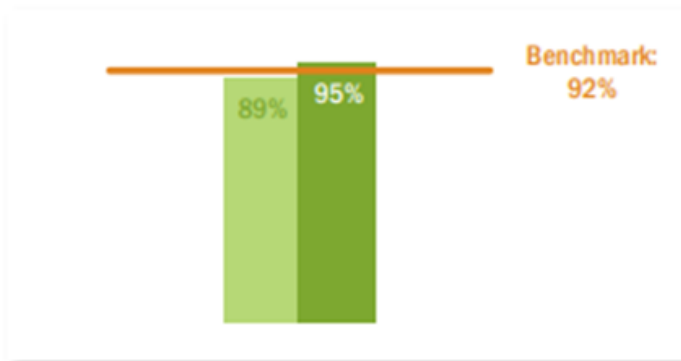


Benchmark: **92%**



## Statewide

● 2016 ● 2017



Notes:

- Unit of analysis is water systems; race/ethnicity data do not apply.
- Percentages are calculated by dividing the number of community water systems that met standards (numerator) by the number of community water systems (denominator). Numerator and denominator data are provided in the Technical Appendix.

# Developmental: mental health effects of climate change

# Issue summary:

## Why is this a priority now, and which groups are experiencing disproportionate harm?

The mental health effects of climate change include those directly related to the physical and traumatic consequences of severe weather events, as well as anxiety, fear and distress associated with slower-moving stressors, perceptions and attempts to understand and respond appropriately to climate change and its implications.

The effects of climate change on mental health and well-being are not isolated but interact with other social and environmental determinants of health, including race and income.

Livelihoods and cultural identities are negatively affected by Oregon's changing landscapes and will disproportionately affect farmworkers, fishers, tribal and indigenous people. Youth with depression and anxiety are at increased risk for worsening symptoms.

# PHAB health equity review questions

What health inequities exist among which groups? Which health inequities does the work product, report or deliverable aim to eliminate?

PHAB's updated framework for public health accountability metrics is intended to bring sectors together to eliminate root causes of health inequities, including through policy actions.

Inequities are present for all recommended indicators. Environmental threats disproportionately affect communities of color, Tribal communities, migrant communities and often rural communities. Causes of inequities include housing status and quality, outdoor worker status and barriers to accessing resources.

# PHAB health equity review questions

How does the work product, report or deliverable engage other sectors for solutions outside of the health care system, such as in the transportation or housing sectors?

Accountability metrics can be used to foster shared responsibility and action across sectors. These metrics can also be used to strengthen public health and health care partnerships and alignment.



# PHAB health equity review questions

How was the community engaged in the work product, report or deliverable policy or decision? How does the work product, report or deliverable impact the community?

The PHAB Accountability Metrics subcommittee has not directly engaged communities in the selection of priority areas or indicators for accountability metrics. The PHAB Accountability Metrics workgroup has looked to previous engagement and existing plans to understand community priorities for all recommended environmental health indicator.

# PHAB vote

- Do members approve adopting the recommended environmental health priority area and indicators for 2023-25?



## **Preventive Health & Health Services Block Grant October 2023 – September 2024 Work Plan**

### Background

- Non-competitive grant issued to all states and territories to address state/territory determined public health priorities.
- The Public Health Advisory Board (PHAB) is designated as the Block Grant Advisory Committee which makes recommendations regarding the development and implementation of the work plan.
- Federal code states that a portion of the allocation (pre-determined) be used for rape prevention and victim services. This funding currently goes to the Oregon Coalition Against Domestic and Sexual Violence.
- Work plan must be tied to Healthy People 2030 objectives. Oregon has historically used the block grant to support infrastructure, including public health modernization and the state health improvement plan. Healthy People 2030 objectives in the 2023-24 work plan:
  - Healthier Together Oregon development and implementation (PHI-R04 Increase the proportion of state and territorial that have developed a health improvement plan)
  - Public Health Modernization support (PHI-R08 Explore financing of public health infrastructure, including the core/foundational capabilities in health departments)
  - Sexual Violence primary prevention (PHI-D05 Reduce contact sexual violence by anyone across the lifespan)

### Proposed October 2023-September 2024 Work Plan

- Support SHIP implementation – Healthier Together Oregon (HTO)
  - PartnerSHIP will make decisions about budget allocations moving forward



- Ongoing support for PartnerSHIP to guide strategy prioritization and implementation, including meeting facilitation, member compensation and travel
- Implementation support for HTO prioritized strategies (may include mini grants, communications tools, training, etc.)
  - Increase affordable housing that is co-located with active transportation options
  - Increase access to affordable, healthy and culturally appropriate foods for people of color and low-income communities
  - Build a resilient food system that provides access to healthy, affordable and culturally appropriate food for all communities
  - Reduce systemic barriers to receiving behavioral health services, such as transportation, language and assessment
  - Provide culturally and linguistically responsive trauma informed, multi-tiered behavioral health services and supports to all children and families
  - Improve integration between behavioral health and other types of care
  - Increase affordable access to high-speed internet in rural Oregon
- Support Public Health Modernization
  - Support and training for Public Health Advisory Board
  - Training for Local PH Authorities, Tribes, and/or Community-based Organizations to support Public Health Modernization implementation
  - Support for Conference of Local Health Officials for ongoing meetings to support state/local governmental public health system work
  - Staff support for Public Health Modernization operations, including accountability metrics development and reporting,



annual Legislative Fiscal Office report, coordination with local and state partners

- Sexual Violence Primary Prevention:
  - Oregon Coalition Against Domestic and Sexual Violence
  - Fund one to three local, culturally specific organizations and/or Tribal sexual/domestic violence programs to continue to build capacity for and implementation of sexual violence primary prevention and programs.
  - Fund 0.8 FTE position to provide to funded and non-funded organizations online and in person (as able) sexual violence primary prevention technical assistance and training.

### Funding

- Total PHHS Block Grant funding for October 2023 through September 2024 is \$1,111,737 with \$88,458 designated for sexual assault prevention and services.
- Funding by Health Objective:
  - State Health Improvement Plan – *Approximately \$650,000-700,000*
  - Financing Public Health Infrastructure – *Approximately \$350,000-400,000*
  - Reduce sexual violence -- \$88,458
  - Indirect costs (capped at 10%) -- \$102,327
- Funding for OHA-PHD Staff:
  - 1.0 FTE Public Health Modernization and Strategic Initiatives Lead (Block Grant Coordinator)
  - 1.0 FTE Healthier Together Oregon Strategist
  - 1.0 FTE Strategic Initiatives Coordinator

**Public Health Advisory Board  
Planning Retreat  
July 14, 2023**

**Agenda Outline**

Overview (Thomas Bruner)	8:30
<ul style="list-style-type: none"><li>• Agenda Review</li><li>• Hopes for the Day</li></ul>	
Team-Building (Lillian Tsai)	9:00
<ul style="list-style-type: none"><li>• Who We Are</li><li>• What We Bring to PHAB</li></ul>	
Break	10:30
Getting Re-Grounded (Lillian Tsai, Cara Biddlecom)	10:45
<ul style="list-style-type: none"><li>• PHAB's Purpose, Charter &amp; Responsibilities</li><li>• Public Health in Oregon: Update</li></ul>	
Lunch	12:00
Going Forward: PHAB's Action Plan (Thomas Bruner)	12:30
<ul style="list-style-type: none"><li>• Identifying Priorities</li><li>• Clarifying Desired Outcomes</li><li>• Developing Strategies &amp; Tactics</li><li>• Clarifying Timeline</li></ul>	
Break	2:45
Team Building (Lillian Tsai)	3:00
Reaffirming Our Commitment (Thomas Bruner)	3:45
Adjourn	4:00

# PHAB Strategic Data Plan Update

# Process

- Reviewed Survey Modernization reports and recommendations; added the Strategic Data Plan members' recommendations
- Reviewed Behavioral Risk Factor Surveillance System (BRFSS) and other data improvement initiatives within state public health
- Developed and workshopped values for data equity initiatives.



# Values

## Data justice

- “Data justice recognizes that the types of data the government collects and relies on are insufficient for understanding community needs, experiences and, equally important, desires...”

## Data equity

- “Efforts should be made to collect and analyze data that accurately reflects the lived experiences, challenges, and aspirations of diverse populations...”

## Community engagement

- “... a pluralistic approach that seeks out and values diverse perspectives in all phases of data processes...”

# Short-term recommendations

## Data justice

Accessible data that's community or culturally specific. Data should be sortable, as far as possible, by REALD, SOGI, geography and faith-based proxies.

Develop working definitions of “actionable data” to direct community engagement

Develop toolkits for data work at all levels of use

## Data equity

Data rights and governance

Elevate community-identified issues

## Community engagement

Develop a framework to incorporate community-developed data

Ongoing engagement

# Long-term recommendations

## Data justice

Invest in different data collection strategies, including Census-style methods

Identify different paradigms of data collection and advocate for future data efforts.

Improve survey translations

Improve communication on survey activities

Add community-responsive questions to existing surveys

## Data equity

Data sovereignty and governance

Data collection oversight

## Community engagement

Develop a workforce that supports data engagement within OHA and with community-based organizations

# Discussion

What feedback and reflections do PHAB members have on the subcommittee's work to date?

# Investing in Data Infrastructure

# Data Infrastructure Recommendations

## How this fits

- Builds on survey modernization recommendations from 2018-19
- Investments in data collection and data quality
- For Asian, Black, American Indian/ Alaska Native, Latine, and Pacific Islander communities
- Community engagement process started in January 2023

# Funding

- Engagement process supported with some state modernization dollars
- Data infrastructure comprises \$1 million of the CDC Epidemiology and Laboratory Capacity (ELC) grant
- Focus:
  - Indirect effects of COVID-19 in BIPOC and Tribal communities
  - Highlight community strengths
  - Improve state's response to the pandemic
  - Invest in improved data for future preparedness

# Steering Committee Goals

## Relationship Building

Create and maintain healing, healthy and safe relationships with community organizations

## Justice and Healing

Repair community harm, center community vision and process, and create positive systemic change

## Capacity Building

Provide smaller, less-recognized organizations the opportunity to lead, guide and executive their own culturally-specific projects

## Community and Cultural Wisdom

Center Indigenous knowledge, recognize our power to lead and support cultural and linguistic accessibility



# What's next

Determine funding opportunities

Set up contracts for deliverables in each of the five communities for these CDC funds

Provide support and ongoing monitoring for these contracts

Stay engaged with steering committee and other community partners over project development cycle.

# How this connects to overall goals

- Continues ongoing community engagement efforts around data by inviting participation to focus on what communities need
- Actionable data involves connecting with individuals and organizations about what they want or need to know
- Opportunities to build capacity in community organizations for data collection, interpretation, meaning making, and reporting

# Questions for the PHAB

How would you like to stay engaged?

# State Health Assessment update

# MAPP 2.0 Stages for SHA and SHIP

## 1. Build the community health improvement foundation

- a) Create a cross-sector external workgroup
- b) Initial assessment: community health infrastructure

## 2. Tell the community story (and assess)

- a) Community status assessment
- b) Community partners assessment
- c) Community context assessment

## 3. Continuously improve the community

**This is our first shared milestone!**

**State health assessment**

**State health improvement plan**

# Funding

- Limited funding through CDC PH Infrastructure grant
- Plan to compensate public participants and facilitation for the process
- Will try to build upon previous SHIP funding resources as this progresses toward the next improvement plan.

# Timeline

Convene agency committee staff	April - May 2023
Convene steering committee	June-July 2023
Assemble data to assess SHIP, lead to SHA	April 2023, ongoing
Design assessments	Fall 2023
Perform assessments	Fall/ Winter 2023



# Next steps

## Starting point assessment

- Continuous quality improvement to assess the previous SHIP, Healthier Together Oregon
- Work to build upon the previous experience and lessons learned
- Connect internally and externally to assess change

## Steering committee

- Inviting public participants to engage with the process to set vision, mission and values



# How this connects to overall data goals

Incorporate broad engagement with community organizations to support community level health equity activities

Work to build and understand community perspectives on strengths, how change happens, and definitions of health

Broad engagement

Work toward continuous quality improvement, rather than frequent cycles where we start over.

Build upon existing community, government, and agency relationships that OHA has invested in.

# Questions for the PHAB

**How do you want to be engaged?**

**How do PHAB members envision connecting this with other public health system priorities?**