

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
  - o 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
  - o 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)
  - o 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
  - o Built internal capacity and support for community engagement
  - Align with Healthier Together Oregon
  - o 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.

