

# AGENDA

## PUBLIC HEALTH ADVISORY BOARD

December 2, 2022, 3:00-4:30 pm

Join ZoomGov Meeting

<https://www.zoomgov.com/j/1617866484?pwd=cWpobUZSRnVySThMcUxHZG81VStadz09>

Meeting ID: 161 786 6484

Passcode: 100625

One tap mobile

+16692545252,,1617866484#

Meeting objectives:

- Propose updates to Public Health Advisory Board membership

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<b>3:00-3:10 pm</b>	<b>Welcome, board updates, shared agreements, agenda review</b> <ul style="list-style-type: none"><li>• Welcome, board member introductions (name, pronouns, board role)</li><li>• Share group agreements and the Health Equity Review Policy and Procedure</li></ul>	Cara Biddlecom, OHA staff
<b>3:10-4:15 pm</b>	<b>Membership change discussion</b> <ul style="list-style-type: none"><li>• Discuss recommendations for updating PHAB membership</li></ul>	PHAB members
<b>4:15-4:25 pm</b>	<b>Public comment</b>	Cara Biddlecom, OHA staff
<b>4:25-4:30 pm</b>	<b>Determine proposal presenter at December 8 PHAB meeting and close meeting</b>	PHAB members
		Cara Biddlecom,

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# 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  
Charter  
November 2022**

**I. Authority**

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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.<sup>1</sup>

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 for 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**

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**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 with a focus on those experiencing health inequities. Partners include but are not limited to

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<sup>1</sup> <https://www.oregon.gov/oha/PH/ABOUT/Documents/phab/PHAB-health-equity.pdf>

Approved by OHPB on April 9, 2020

November 2022 updates are pending OHPB approval

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**

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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
<p>a. Make recommendations to the OHPB on the development of statewide public health policies and goals.</p>	<ul style="list-style-type: none"> <li>• Have knowledge of OHPB agendas and priorities.</li> <li>• Create opportunities to align with OHPB priorities and elevate recommendations to OHPB</li> <li>• Participate in and provide guidance for Oregon’s State Health Assessment.</li> <li>• Regularly review state public health data to identify ongoing and emerging health issues.</li> <li>• 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.</li> </ul>
<p>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.</p>	<ul style="list-style-type: none"> <li>• Regularly review health system transformation priorities.</li> <li>• Recommend how health system transformation priorities and statewide public health goals can best be aligned.</li> <li>• Identify opportunities for public health to support health system transformation priorities.</li> <li>• Identify opportunities for health care delivery system to support statewide public health goals.</li> </ul>

<p>c. Make recommendations to strengthen foundational capabilities and programs for governmental public health and other public health programs and activities</p>	<ul style="list-style-type: none"> <li>• Provide representation and participate in the administrative rulemaking process when appropriate.</li> <li>• Provide recommendations on updates to the Public Health Modernization Manual as needed.</li> <li>• Make recommendations on the roles and responsibilities of partners, including LPHAs, Tribes, CBOs, OHA and others to the governmental public health system</li> </ul>
<p>d. Make recommendations to the OHPB on the adoption and updating of the statewide public health modernization assessment.</p> <p>e. Make recommendations to the OHPB on updates to and ongoing development of and any modification to the statewide public health modernization plan.</p>	<ul style="list-style-type: none"> <li>• Make recommendations and updates to the OHPB on processes/procedures for updating the statewide public health modernization assessment.</li> <li>• Perform ongoing evaluation, review and recommendations toward system performance</li> <li>• Update the public health modernization plan as needed based on capacity.</li> <li>• Use assessment findings to inform PHAB priorities.</li> </ul>
<p>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.</p>	<ul style="list-style-type: none"> <li>• 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.</li> <li>• Use a menu of metrics, with organizations working in these areas eligible to receive incentives.</li> </ul>
<p>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.</p>	<ul style="list-style-type: none"> <li>• Identify effective mechanisms for funding the foundational capabilities and programs.</li> <li>• 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.</li> <li>• Follow Tribal Consultation policy on funding to federally recognized Tribes and the Urban Indian Health Program.</li> <li>• Review the Public Health Modernization Assessment report for estimates on the total cost for implementation of the foundational capabilities and programs.</li> </ul>

<p>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,</p>	<ul style="list-style-type: none"> <li>• Develop and update public health accountability metrics.</li> <li>• Provide recommendations for the application of accountability measures to incentive payments as a part of the local public health authority funding formula.</li> <li>• 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.</li> <li>• Consider public health system’s integration as it relates to achievement of accountability metrics.</li> </ul>
<p>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.</p>	<ul style="list-style-type: none"> <li>• Develop models to incentivize investment in and equitable provision of public health services across Oregon.</li> <li>• Solicit feedback on incentive models.</li> </ul>
<p>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.</p>	<ul style="list-style-type: none"> <li>• Provide support and vision for local modernization plans, and ensure collaboration with CLHO.</li> <li>• Provide support and vision for Tribal planning as requested by Tribes through the Tribal Consultation process.</li> <li>• Develop a strategy for PHAB to support vision and strategies for working with LPHAs on local modernization plans.</li> </ul>
<p>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.</p>	<ul style="list-style-type: none"> <li>• Provide guidance and accountability for Oregon’s State Health Improvement Plan by receiving quarterly updates and providing feedback for improvement.</li> <li>• Provide support and guidance for local public health authorities in the pursuit of statewide public health goals.</li> <li>• Provide guidance and accountability for the statewide public health modernization plan.</li> <li>• Develop accountability measures for state</li> </ul>

	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.	<ul style="list-style-type: none"> <li>• Provide letters of support and guidance on federal grant applications, as applicable.</li> <li>• Educate federal partners on public health modernization.</li> <li>• Explore and recommend ways to expand sustainable funding for state and local public health and community health.</li> </ul>
m. Assist the OHA in coordinating and collaborating with federal agencies.	<ul style="list-style-type: none"> <li>• Identify opportunities to coordinate and leverage federal opportunities.</li> <li>• Provide guidance on work with federal agencies.</li> </ul>

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.	<ul style="list-style-type: none"> <li>• Provide guidance and recommendations on statewide public health issues and public health policy.</li> </ul>
b. Act as formal advisory committee for Oregon’s Preventive Health and Health Services Block Grant.	<ul style="list-style-type: none"> <li>• Review and provide feedback on the Preventive Health and Health Services Block Grant work plan priorities.</li> </ul>
c. Provide guidance for the implementation of health equity initiatives across the public health system by leading with racial equity.	<ul style="list-style-type: none"> <li>• Receive progress reports and provide feedback to the Public Health Division Health Equity Committee.</li> <li>• Provide direction to the OHA Public Health Division on health equity initiatives.</li> <li>• Participate in ongoing learning and continuing education to support PHAB priorities and initiatives</li> <li>• Participate in collaborative health equity efforts.</li> </ul>

#### IV. Dependencies

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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**

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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).<sup>1</sup> 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.

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<sup>1</sup> 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](https://www.oregon.gov/gov/SiteAssets/How_To_Apply/HB-2992-FAQ.pdf)

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](http://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.

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# PHAB Membership Discussion

December 2, 2022



# Things to consider

- Simplicity of statutory language that can withstand time, since all changes to membership require legislative action
- Broadest possible application that can open up opportunities to serve on PHAB
  - Very precise requirements in current statutory changes have set up issues in identifying membership in the past.

# 1. Community-based organization representative

- PHAB determined that CBOs should be represented on PHAB.
- Discussion/decisions:
  - 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.
- Discussion/decisions:
  - Is an early learning representative a standalone category?
  - Is this one cross-sector position, or an early learning position AND a cross sector-position?



### 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.
- Discussion/decisions:
  - 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.
- Discussion/decisions:
  - Should a person who receives public health services be included?
  - How would PHAB define a person who receives public health services?