

# AGENDA

## PUBLIC HEALTH ADVISORY BOARD

September 8, 2022, 3:00-5:00 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 July meeting minutes
- Discuss public health response to hMPXV (Monkeypox) and COVID-19
- Hear update from Strategic Data Plan and Accountability Metrics subcommittees
- Review alignment with the Oregon Health Policy Board's Health Equity Committee through their letter
- Discuss revised PHAB charter and bylaws.
- Discuss 2023 legislative session

---

**3:00-3:20 pm**      **Welcome, board updates, shared agreements, agenda review**

- Welcome, board member introductions and icebreaker: what cold summer treats have you had a chance to enjoy?
- Share group agreements and the Health Equity Review Policy and Procedure
- Discuss the Health Equity Committee
- Discuss public health response to COVID-19 and hMPXV (Monkeypox)
- **ACTION:** Approve July meeting minutes

Veronica Irvin,  
PHAB Chair

<b>3:20-3:35 pm</b>	<b>Subcommittee updates</b> <ul style="list-style-type: none"> <li>Hear updates from Strategic Data Plan subcommittee</li> <li>Hear updates from Accountability Metrics subcommittee</li> </ul>	TBD, Strategic Data Plan Subcommittee; Jeanne Savage, Accountability Metrics Subcommittee
<b>3:35-4:00 pm</b>	<b>Charter and bylaws discussion</b> <ul style="list-style-type: none"> <li>Discuss the Health Equity Committee's letter to OHPB expressing its commitment to racial equity.</li> <li>Hear update and discuss proposed changes to PHAB's charter.</li> </ul>	Bob Dannenhoffer
<b>4:00-4:10 pm</b>	<b>Break</b>	All
<b>4:10-4:40 pm</b>	<b>Legislative Update</b> <ul style="list-style-type: none"> <li>Review status of POPs</li> <li>Update on agency legislative concepts</li> </ul>	Cynthia Branger Muñoz and Charina Walker, Oregon Health Authority
<b>4:40-4:50 pm</b>	<b>Public comment</b>	Veronica Irvin, PHAB Chair
<b>4:50-5:00 pm</b>	<b>Next meeting agenda items and adjourn</b>	Veronica Irvin, PHAB Chair

# 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 (PHAB) MEETING MINUTES**  
**July 21, 2022, 2:00-4:00 pm**

**Attendance**

***Board members present:***

Dr. Veronica Irvin, Dr. Jocelyn Warren, Nic Powers, Kelle Little, Dr. Jeanne Savage, Carrie Brogoitti, Dr. Sarah Present, Erica Sandoval, Rachael Banks, Dr. Dean Sidelinger, Dr. Bob Dannenhoffer

***Board members absent:***

Dr. Ryan Petteway, Dr. Michael Baker, Jackie Leung, Jawad Khan

***Oregon Health Authority (OHA) staff:***

Cara Biddlecom, Sara Beaudrault, Tamby Moore, Victoria Demchak, Charina Walker

**Meeting objectives:**

- Approve June meeting minutes
- Hear update from Strategic Data Plan subcommittee
- Discuss PHAB charter and bylaws

**2:00-2:20 pm Welcome, board updates, shared agreements and agenda review**

Veronica Irvin, PHAB Chair

- Welcome, board member introductions and icebreaker
- Share group agreements and the Health Equity Review Policy and Procedure
- Confirm new meeting date and time, beginning in September
  - Second Thursdays from 3 – 5:30pm, starting September 8<sup>th</sup>
- Hear update on Gilliam County LPHA
  - Has removed itself from North Central Public Health District and as of 7/1/22 holds its own public health authority.
- Hear update on federal Public Health Infrastructure Funding
  - Available November 2022 to October 2027. Multnomah county to apply for the funding separately from OHA. 50% of funds to go to the LPHAs and Tribal governments
    - 1<sup>st</sup> to be used for workforce, performance & accountability data.
    - 2<sup>nd</sup> foundation capabilities - \$1.3 mil for funding for one year and next 5 will be dependent on available federal funds
    - 3<sup>rd</sup> data modernization
- **ACTION:** Approve June meeting minutes
  - June meeting minutes approved with 1 abstain
- COVID-19 update:
  - Disease transmission is flat according to the data but still at high levels. Cases are underreported. Calculated that 1 in 30 cases are reported. Wastewater systems are testing higher than what the data is reflecting for COVID. Hospitalizations high but at a flat rate. This is a strain on the system but not near what it was with Delta or Omicron variants.
- hMPXV (monkey pox) update:
  - Same class as smallpox. Oregon identified first case in June. As of now 36 cases in Oregon. Most cases have been in cisgendered males in Oregon. Non-Hispanic have highest cases. Hispanic next highest ethnicity. High rates of transmission through anonymous sexual encounters. Offering vaccine used with smallpox. Offered to

gay/bisexual men, anyone living with HIV/AIDS, mixed sexual partners due to high risk of contracting the disease.

**2:20 – 2:30 pm Subcommittee updates**

Cara Biddlecom, *Strategic Data plan*

- Hear updates from Strategic Data plan subcommittee – Meeting was cancelled due to only 2 board members were able to attend.

**2:30 – 2:40 pm Break**

**2:40 – 3:40 pm Charter and bylaws Review**

Veronica Irvin, *PHAB Chair*

- Created 3 breakout rooms (Charter & bylaws, duties a – e, duties f – k) to discuss about changes to update the charter & bylaws.
  - Group one (Charter & Bylaws) – changes made to PHAB oversight & overall duties.
    - Role of community partners considered in overall charter & bylaws. To work together and have seats in PHAB and be representative. Advise to make 2 seats available.
    - Advising adding following seats to PHAB; Adding 1 additional seat for Tribal, 2 seats for CBOs, adding 1 public health and/or lived experienced with health inequities, 1 position @ large for community member receiving public health services.
      - Currently 14 members, 3 non-voting members. Requesting an additional 5.
        - Requesting must go through legislature to be approved. Will need more time to deliberate and then bring forward to '23 legislature or a future legislative session.
  - Group two (duties a – e) - OPHB makes the vision. Wants to know roles of all entities. Time for a revision and who to reflect that to. Can only change duties on the right side of chart. Left side are in statute and cannot be changed without legislative action.
  - Group three (duties f – k) – Similar questions to previous group. Who has authority roles & who is listening, etc. Who gets funded & how.

Who codifies funding for Tribes. Relationships with Tribes must be codified and in the charter.

- Suggestion made of forming small temporary sub committee to make changes to charter & bylaws to be presented to PHAB in a whole and to vote on changes.
- Voted to cancel August PHAB meeting, and all approved. Temporary subcommittee to meeting during time that PHAB would meet in August.

### **3:40 – 3:50 pm Public Comment**

Veronica Irvin, *PHAB Chair*

- No written in comment was submitted
- Public comment from someone who attended meeting:
  - Suggested someone from OHSU from teaching for a committee member. Also suggested someone from nursing board.
  - Stated working on rebuttal for class about HTO when it comes to trauma informed care.

### **3:50 – 4:00 pm Next meeting agenda items and adjourn**

Veronica Irvin, *PHAB Chair*

- September meeting to continue discussion of updating charter & bylaws, presenting of temporary subcommittee changes suggested to charter & bylaws.
- Next meeting will be Thursday, September 8, from 3 – 5:30 pm.
  - New time and day to hopefully have more participation with the public.

**Meeting adjourned at 4:00 p.m.**

# **PUBLIC HEALTH ADVISORY BOARD**

## **Strategic Data Plan Subcommittee**

August 16, 2022

1:00 - 2:00 PM

Subcommittee members present: Veronica Irvin, Kelle Little, Jawad Khan, Dean Sidelinger

OHA staff: Victoria Demchak, Virginia Luka, Diane Leiva, Cara Biddlecom, Tamby Moore

Other visitors: Patricia Moncure (OHA)

### **Welcome and introductions**

### **Minutes approval**

May and June meeting minutes approved.

### **Strategic Data Plan subcommittee purpose**

Role of this committee

- Work toward how we make changes with public health data & collaboration with CBOs to reflect it correctly.

### **Charter discussion:**

Agreement that this was the right direction.

- Who are the audiences for this work? Who approves the charter?
  - Numerous audiences to share the data. Numerous responsibilities. Having framework helps with finding changes needed to move forward to rid of health inequities. Oversight to OHA to help with initiatives.
  - Would submit the charter to PHAB.
- Revisions –
  - Change wording for agency to be OHA with intent to increase alignment across other agencies.
  - No change to community-based participation.
  - Tribes – broaden engagement in formal; perhaps monthly and quarterly updates to allow all Tribal engagement.
  - Deliverables – proposal – add formality about to whom this committee reports, timing of recommendations.

### **Public Comment**

No public comment

**Meeting adjourned at 1:58pm.**



## **PUBLIC HEALTH ADVISORY BOARD Accountability Metrics Subcommittee**

**August 25, 2022  
2:00-4:00 pm**

**Subcommittee members present:** Jeanne Savage, Kat Mastrangelo, Sarah Present, Jocelyn Warren

**Subcommittee members absent:** Cristy Muñoz, Ryan Petteway

**OHA staff:** Sara Beaudrault, Kusuma Madamala, Diane Leiva, Ann Thomas, Kim Tham, June Bancroft, Zints Beldavs, Corinna Hazard

**Guest presenters:** Lisa Ferguson, Tyra Jansson, Kathleen Johnson

---

---

### **Welcome and introductions**

April and June meeting minutes were approved.

Sara B. reviewed the group agreements and timeline for deliverables.

---

---

### **Metrics selection criteria**

- Review changes to metrics selection criteria and ensure alignment with updated framework
- Do the criteria align with subcommittee expectations?
- In what ways can they be applied when selecting metrics? OHA has envisioned that the criteria will be used to review each proposed measure and determine whether it should be recommended to PHAB.

Based on framework, OHA staff envision that we are talking about two tracks of measures. These are shown on page 20 of the meeting packet. Indicators bring attention to priority issues and may be health outcome measures or measures of social determinants of health that require cross sectoral work. Process measures assess the daily work of governmental public health authorities and their accountability for core work that's necessary for making improvements in indicators.

Sara B. reviewed changes to the metrics selection criteria. She and Kusuma reorganized the selection criteria to align with the framework developed by PHAB.

---

---

Jeanne commented that measures must align with the Public Health Modernization Manual. She said that the Manual came out before current discussions about social justice and structural racism. Is the Manual up to date enough to represent current efforts in the health equity space?

Jocelyn replied that the way Oregon adopted the foundational public health services to center health equity, which the national model did not. Oregon was ahead in terms of thinking about it. There are some things that are missing but overall it is pretty great in terms of equity and community partnership. They show up across the whole Manual.

Jeanne asked whether it would be useful to walk through an example. She suggested percentage of home ownership among people of color. Home ownership and generational wealth can lead to significant differences in public health and health outcomes. A process measure could be work in terms of advocacy or something similar. Or is this too big and not something that an LPHA could affect?

Kusuma mentioned an opportunity to align indicators with Healthier Together Oregon, the state health improvement plan.

The group proceeded to walk through an indicator example, using “home ownership among people of color”.

Sarah P. said that her first question is about governmental public health’s sphere of control and whether it is actionable by public health. Public health can raise awareness. She would like additional discussion on the criteria that a measure is actionable. Do we mean actionable by state and local public health?

Ann said that in the state communicable disease measure, they proposed measures such as reducing rates of certain diseases of people experiencing houselessness, including hepatitis A or foodborne illnesses. The interventions might include vaccination or efforts to improve sanitation. She noted racial disparities in certain communicable diseases. This is another area to think about interventions to improve community engagement and cultural competence.

Sarah P. said the ideas of what we can do will continue to be challenges. If we take this as an example, she sees sphere of control addressed on the second page of selection criteria and recommends including this for both indicators and process measures.

Jeanne suggested stratifying the levels at which measures are impactful. There needs to be change at the level within sphere of control, but also at the policy level. PHAB has the ability to impact policy through OHPB. She wants to continue to work on disease outcomes, but it is also a bit far down the line and it doesn’t encompass everything she would like to work on through these measures. She recommended a legislative level of impact, and an on the ground level of impact. The root causes of disease are issues like lack of housing and substance use, and we need to focus measures on these root causes.

---

---

---

---

Kusuma asked whether the criteria on data, policy and community partnerships gets at levels of impact. The process measures are more on the ground and within the control of state and local public health authorities.

Jeanne said this sounds right, for the example of home ownership. There could be a policy level, community level for on the ground work, and data interventions. Legislative could include policy to help with subsidized loans or supports to people at risk of losing housing or help people purchase homes. Could we partner with communities to support home ownership and employment. She's not sure what a data intervention might look like.

Kat asked whether there are ways that public health works with other state level agencies, like ODOT, that transportation is supportive of communities and health.

Jocelyn said there are other agencies who more directly are involved in housing. But there are not other agencies that are doing communicable disease control, There is an imperative to focus on public health's core work. She noted that policy and community priorities are public health work, and in her county's CHIP, housing is the number one priority. Public health coordinates with community partners and other agencies doing the work. But she's not sure that housing itself should be the measure, rather than the policy and partnership work of public health.

Sara B moved to the group to the next criteria for community leadership and community-led metrics. How would the subcommittee look at this for a measure of home ownership?

Sarah P. said she has assumptions about community priorities for home ownership, and she would want some background information on where community engagement has occurred.

Sara B agreed and said we could look to CHIP and SHIP engagement or engagement and feedback from other agencies or sectors.

Kathleen noted that when thinking about housing, PHAB could also think about integrating concepts like climate ready or healthy homes, especially as it relates to affordable housing.

Jeanne noted that the framework and selection criteria is allowing for a great discussion with the appropriate points for determining whether something is a good indicator and how to bring the process measures into line with public health sphere of control. It seems like they get to the heart of the right discussion.

Sara B. reviewed the next rows of the metrics selection criteria.

Jeanne asked what is meant by "public health has control over the measure". Is this ability to affect change?

Sara B. suggested as a starting place that the measure reflects the work of state and local public health and is within the scope of public health.

---

Kusuma noted alignment with public health accreditation standards.

Lisa said that public health sometimes has federal requirements over which state and local public health does not have control.

Sarah P. returned to the housing example. Public health can have influence and provide information. But local public health does this through partnerships; it is not within local public health's control.

Jeanne noted that PHAB does have an ability to influence at a legislative level, and it makes more sense that a public health authority may not.

Sarah P. noted that these measures relate to public health funding. She can see measures for making data available or increasing education, but not having local public health accountable for percentage of home ownership among people of color.

Sara B reviewed the last row of the metrics selection criteria, for alignment with other state and national initiatives.

Kusuma asked whether this row is for both indicators and process measures.

Sara B said she thinks it is for both. Alignment with CHIP and SHIP priorities relates to indicators, but alignment with public health accreditation standards is more closely tied to process measures.

To wrap up, Sara B noted that the criteria seems to generate the discussion that subcommittee members should have when selecting measures. She and Kusuma will take the idea for levels of indicators and think about what that could look like in the selection criteria.

---

### **Recommended process measures for communicable disease and environmental health**

- Hear from CLHO Communicable Disease and Environmental Health accountability metrics workgroups about recommended process measures
- Provide guidance on continued development of process measures

Sara B. introduced Lisa Ferguson and Tyra Jansson from the Conference of Local Health Officials Communicable Disease committee, and Kathleen Johnson from the Conference of Local Health Officials Environmental Health committee. Each committee has established accountability metrics workgroups that are working with OHA to develop state and local process measures to bring to this subcommittee for consideration. These workgroups have focused on process measures related to public health data, community partnerships and policy.

Tyra began by talking about communicable disease. She noted the collaboration between OHA and LPHAs to develop process measure proposals, and that the workgroup has also focused on funding.

---

---

---

Lisa said that she appreciates the frame for measures and has felt that the framework has allowed for digging deeper, beyond measures that count interventions to the things that will make a longer-term difference.

Lisa reviewed the first section of the handout on access and utilization of communicable disease data to ensure that LPHAs have the data needed to understand what's happening in their county, trends and what interventions or policy changes are needed. The workgroup has talked about process measures related to dashboards. These dashboards exist through the state communicable disease system called Orpheus. A measure could include the number of dashboards available, number of categories of information included on dashboards, and number with data that can be downloaded for further analysis. Lisa noted there is so much variety in capacity for data analysis among LPHAs. LPHAs with less capacity may rely on OHA to have the same level of access to local data. OHA technical support needs to be available for these LPHAs. LPHA use of communicable disease could be another process measure. The focus needs to be on ensuring that LPHAs have access to data, so that in the future LPHAs can make data available to community partners.

Kusuma noted challenges in access to data that have come up in discussions.

Lisa gave an example of hMPXV. There is state level data, but an LPHA needs to be able to identify differences in their community from statewide trends, to be able to work with partners to do additional outreach to communities being impacted.

Tyra noted capacity to communicate about communicable disease data locally, in addition to outreach. In some areas of the state, OHA is not a trusted entity, but the LPHA is.

Jocelyn said that these measures are things we hold ourselves accountable to. It requires access and this is a necessary condition. But the thing they're doing with communicable disease data is communication and outreach. Is access the right word for the goal? The goal is sharing meaningful data, rather than access itself.

Lisa noted that this can be incorporated to include what the end result is.

Lisa reviewed the section for data completeness, which includes REALD, SOGI and risk factor data and shared contextual information from the workgroup discussions.

Jeanne asked at what age is SOGI data collection started? Presenters didn't know this information.

Jeanne clarified that the purpose is not to evaluating measures today.

Sara B. agreed. Today's discussion is to get information about the direction that the workgroups are heading and to provide feedback to the CLHO workgroups.

Jocelyn said that data completeness measures for data exchange and a REALD repository will help to alleviate burden on individuals who will potentially be asked REALD and SOGI questions repeatedly.

---

---

---

---

Jeanne agreed and said in her system they have to document that a person is asked these questions once per year. But the Medicaid systems don't talk to the public health system. There is a need for people asking these questions to understand the purpose of collecting this information. Jeanne said that in her community, there are questions about whether it is appropriate to ask some of these questions of younger ages. Maybe there should be a broader campaign around SOGI and why this information is collected.

Sara B. said that a lot of the oversight of REALD and SOGI sits within the OHA Equity and Inclusion Division, and they are interested in working with PHAB on these measures, especially as it relates to a future REALD repository. The repository will provide more complete data through data exchange, but it will always need to be completed with case interviews. Sara noted other risk factor information that is collected through case interviews, like housing status.

Lisa said that housing status is a good example of the nuance of case interviews. People who are unhoused are often harder to reach through case interviews, so public health does not get a complete picture of housing status.

Tyra reviewed the workforce section.

Jocelyn asked whether we have a definition of what we're trying to accomplish with accountability metrics. She thinks accountability is about the work we are doing, like case interviews, investigations, innovative approaches and work tied to the foundational capabilities. Workforce questions seem to get at whether the system is being adequately resourced. These seem like different questions. It is the doing something, not having something, that is captured in process measures.

Sarah P. said that addressing capacity is part of becoming a modern public health system. She said there is a question about whether to create a metric that we know we can't meet in order to support funding requests, or to create a metric that we can meet to demonstrate successes that can be used in funding requests. There is something to looking at what we know we cannot do if we're not at capacity to do it.

Kusuma said there has been a lot of discussion about whether workforce falls in accountability metrics or the evaluation. When she thinks about the public health system moving forward and infrastructure, nationally there is an understanding of the types of positions that are thinking of leaving public health, which will result in even bigger gaps in capacity. There is a lot of funding coming in for public health workforce through the CDC Public Health Infrastructure grant.

Kat said her clinic struggles to recruit staff who can afford housing. People who come in are quickly overwhelmed by demand, and capacity remains an issue. It goes back to what we have control over or can influence. Can we influence higher ed to encourage people to pursue careers in health care, mental health and public health?

---

---

---

---

Jeanne said there is a huge push among CCOs to develop the behavioral health workforce, and federal, state and CCO funding for behavioral health workforce. In terms of how a community member might perceive accountability metrics for workforce, Jeanne wondered whether a community member might feel that workforce measures don't concern them. From a community perspective, maintaining a workforce might be considered part of the work that needs to happen within an organization to support work with the community, but not part of accountability metrics. She sees a disconnect and would lean to not include them as measures.

Tyra noted that there are already review metrics for how quickly LPHAs respond to diseases within the regulated timeframes and looking at completeness of other data in triennial reviews. The workgroup avoided these areas since they are already being reflected elsewhere.

Lisa said that we've had measures in the past of number of interviews done, for example, and she feels that we're beyond this in communicable disease metrics. We should look at work we're doing with the community or data metrics. Analyzing our data is the key to an LPHA being able to say, here's what's happening in our community, here's policy changes that are needed.

Kat said that in COVID, LPHAs provided the backbone and organization for the whole community to come together to address issues. There is expertise in being able to do incident command that belongs with the LPHA. Because of those relationships and interactions, her organization was better prepared for a recent Monkeypox exposure, which resulted in a person being vaccinated within 20 minutes and an outbreak potentially being halted. This is a big component for safety net clinics, and there's great value in an LPHA providing the fabric in a community.

Sara B. summarized feedback provided, including the purpose of including workforce-related measures, needing to think about the "doing" in these process measures to make sure we are reflecting work that communities that can expect.

Tyra asked whether there are things members expected to see in these process measures.

Jocelyn said, with expanded capacity for foundational capabilities, how has that expansion changed or enhanced the way we deliver communicable disease services in the community? She gave an example of hiring bilingual, bicultural disease investigation specialists, and the difference it makes in the community in terms of case investigation, contact tracing, doing better investigations, and developing stronger relationships with community partners. Maybe there is something around how integrated communicable disease is within a community or being responsive to what is needed by the community. What is new or different because of modernization?

Sarah P. said the interaction between teams within a public health agency. For example, COVID resulted in communicable disease investigators and immunization staff working together. There is more internal coordination.

Kathleen provided an update on the early work of the CLHO environmental health accountability metrics workgroup. This group has met twice.

---

---

- 
- 
- State and local modernization funding for climate and health is new, and this is largely new work for LPHAs and a shift from regulatory environmental health work. This is, in some sense, uncharted territory.
  - Initial conversations have followed the path set by the CLHO communicable disease group. The CLHO environmental health group has discussed measures for data use, accessibility and reporting. How could we develop a process measure for using data to understand the vulnerability of communities around climate risks, risks that are currently present or will be present, and then related outcomes.
  - Climate and health work is naturally cross sectoral and collaborative. How could we capture in a process measure the collaborations that will happen with CBOs, other agencies, health care? Are we measuring in meetings, work products, programming that's shared?
  - There is also a policy piece. Moving accountability metrics from minutiae to policy, systems and environment approaches that are needed for climate and health, and a health in all policies approach. How are we showing up in policy and decision-making spaces to elevate climate and health considerations within whatever is being developed? There are a lot of conversations happening across communities and a lot of opportunities for public health to show up and make an impact in terms of climate adaptation.
  - Need to create metrics for a system in which most LPHAs are at a starting place but some LPHAs have done a great deal of climate-related work. Need to create metrics that are achievable for all.

Jeanne expressed appreciation for the flexible, mobile, adjusting, responding and preventing approach Kathleen described. We need to get to a place of the overarching goal of how we are showing up.

---

---

### **Subcommittee business**

- Jeanne was volunteered to provide the subcommittee update at the September 8 PHAB meeting.
- Next subcommittee meeting scheduled for September 15 from 2:00-4:00

---

---

### **Public comment**

No public comment was provided.

---

---

### **Meeting was adjourned**

---

---



## Memorandum

**To:** Oregon Health Policy Board (OHPB)

**From:** Health Equity Committee (HEC)

**Date:** July 28, 2022

**Subject:** The HEC's Commitment to Anti-Racism

The HEC is strongly committed to anti-racism and commends the Oregon Health Authority (OHA) for its decision to become an anti-racist organization. Racial equity and anti-racism are, by design, endorsed and deeply embedded into the very fabric of our Committee. In our work, we recognize, value, and elevate the dignity and humanity of Black, Indigenous, people of color, and Tribal communities.

We applaud OHA's allocation of time and resources to embrace anti-racist organizational values. Still, we believe the only way to live those values is by engaging in continual internal examination and practice, coupled with a conscious undoing of racist policies, beliefs, and behaviors. As OHA, and OHPB, work on social change and health equity, we must first hold ourselves and our community partners accountable for maintaining a racially just society, one in which all communities thrive equally and where Black, Indigenous, people of color, and Tribal communities are guaranteed a path toward - and support for - restorative, generational repair and healing.

Accordingly, we strongly condemn the events that have resulted from a communication developed by an employee of OHA, which, while using terms centered on the anti-racist values and work of the organization, generated not only disagreement but also bullying and harassment. The communication, taken out of context, alongside the employee's name,

email address, and picture, has been widely circulated on social media and television news outlets, with many people using derogatory remarks and creating harm. Diversity of voices and opinions are acceptable and expected. Aggression and threats are unacceptable.

We ask OHPB and OHA to continue to firmly and swiftly counteract these acts of violence against the OHA staff. Employees must know how much their service and commitment to equity and anti-racist work are needed and appreciated in times like this. They should be supported and lauded.

Our Committee knows there is much more to do in our leadership position to promote health and racial equity, including dismantling the impact of racism on the health of Oregonians. Today, we invite OHA and OHPB to work with us and envision a world in which racial equity is the norm and define ways to amplify internal efforts to embrace and enact race-based change and call on community partners to work along our side on this goal.

Today, as we undergo deep reflection in developing an updated charter for our Committee, we realize that we must center our work on equity and anti-racist values. This is non-negotiable.

We invite OHPB and its Committees to join us on this journey and take a stand for racial equity starting by:

- Identifying and having conversations about the importance of racial equity.
- Modifying the charters and bylaws of OHPB and its Committees to reflect equity, inclusion, and anti-racism as organizational values.
- Engaging in a racial equity journey by creating a concrete set of deliverables that advance population health through racial equity goals of the OHPB and its Committees
- Increasing racial equity values in OHPB and Committee recruitment and onboarding, as well as incorporating racial equity goals and expectations into core OHPB and Committee responsibilities and decision-making.
- Ensuring that the members of the OHPB and its Committees reflect the racial and ethnic makeup and the lived experiences of the communities it serves.
- Participating in a learning process to improve language, comprehension, and commitment.
- Ensure that OHPB and its Committees are a model for ongoing engagement, learning, and commitment to this effort.

The HEC also encourages OHA to continue its efforts toward racial equity and anti-racism starting by:

- Conducting an internal racial equity audit to determine how biases in the organization's systems, policies, and norms negatively impact Black, Indigenous, and people of color, as well as additional historically marginalized groups.
- Ensuring that all of OHA's work is informed by a strong racial and equity impact analysis.
- Creating a brave space for staff to reinforce racial equity commitments through learning, sharing, and open accounting of successes and failures.
- Ensure that all OHA divisions, not just individuals, have specific and measurable racial equity goals that are assessed and held accountable.
- Valuing the time and energy required for this work and providing the resources necessary so that the work does not fall solely on the shoulders of people of color.
- Valuing not only the products but also the process and resources needed to promote and sustain health equity. OHA can only move at the speed of trust; developing a muscle for engaging in courageous conversations and integrating racial equity takes time.
- Making time for care, creating buffers along the way, and providing opportunities to process and reflect after the intensity of racial equity work.

The HEC aims to provide the necessary guidance and support to do this work.

*Signed by the HEC Co-Chairs on behalf of members of the Health Equity Committee.*



Jorge Ramirez García, Ph.D.  
Co-Chair



Stick Crosby  
Co-Chair

Cc: Patrick Allen, Director- Oregon Health Authority  
Lean Johnson, Director- OHA Equity and Inclusion Division

**Public Health Advisory  
Board, July 2022 PHAB  
proposed updates**

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

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. 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
-----------------------------	-----------------

<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</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> </ul>
<p>statewide public health policies and goals.</p>	<ul style="list-style-type: none"> <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, CBO, RHECs, 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), <del>and</del> local public</p>	<ul style="list-style-type: none"> <li>• Core set of metrics. For example, across any programs there would be metrics related to access, reach.</li> <li>• Menu of metrics and orgs working in these areas would be eligible to receive incentives</li> </ul>

<p>health authorities, <a href="#">CBO's and HEC's</a> in achieving statewide public health goals.</p>	
<p><b>PHAB Workgroup reviewed through f.</b></p>	
<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 <a href="#">CBO's and HEC's</a>, 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.</li> <li>• Review the Public Health Modernization Assessment report for estimates on the total cost for implementation of the foundational capabilities and programs. (completed, 2016)</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, <a href="#">CBO's and HEC's</a></p>	<ul style="list-style-type: none"> <li>• Develop and update public health accountability metrics and local public health authority process measures.</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> </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, <a href="#">CBO's and HEC's</a></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 stakeholder 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 oversight for the development of local public health modernization plans.</li> </ul>
<p>k. Monitor the progress of local public health authorities, <a href="#">CBO's and HEC's</a> 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 oversight and accountability for Oregon's State Health Improvement Plan by receiving quarterly updates and providing feedback for improvement.</li> <li>• Provide support and oversight for local public health authorities in the pursuit of statewide public health goals.</li> <li>• Provide oversight and accountability for the statewide public health modernization plan.</li> <li>• Develop outcome and accountability measures for state and local health departments.</li> </ul>

<p>l. Assist the OHA in seeking funding, including in the form of federal grants, for the implementation of public health modernization.</p>	<ul style="list-style-type: none"> <li>• Provide letters of support and guidance on federal grant applications.</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>
<p>m. Assist the OHA in coordinating and collaborating with federal agencies.</p>	<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:

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

### III. Dependencies

PHAB has established two subcommittees that will meet on an as-needed basis in order to comply with statutory requirements:



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.

PHAB shall operate under the guidance of the OHPB.

---

---

#### IV. 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 Division

2023-25 Legislative Concepts and Policy  
Option Packages  
September 8, 2022



Public Health Division

---

# Focus for today's chat

- PHD 2023-2025 Legislative concepts
- PHD 2023-2025 Policy Option Packages
- Upcoming process and timeline

# What exactly is an LC and POP?

- A legislative concept (LC) is a potential future legislative bill that would create a change in statute if passed by the legislature.
- A policy option package (POP) is a budgetary change to OHA's Current Service Level. This could be an ask to fund a program, a reduction in funding, or a significant change in how OHA's budget is spent.
- For the 2023 legislative session, PHD currently has 7 LCs and 14 POPs with OHA leadership for consideration

# Toward health equity...

Public Health Division POP and LC requests prioritize eliminating health inequities by:

- Investing directly in and partnering with communities to provide culturally-specific public health interventions
- Expanding data infrastructure to be inclusive of and responsive to the needs of communities
- Further narrowing gaps in access to quality care
- Ensuring the continuation of public health regulatory programs
- Turning lessons learned from the COVID-19 pandemic into investments in our public health workforce, communities and resilience

# PHD's 2023-2025 Legislative Concepts

**Flavored Tobacco and Synthetic Nicotine** – Would restrict the sale and distribution of all flavored tobacco products, including “characterizing flavors,” menthol, synthetic nicotine and inhalant delivery systems.

**Pharmacist Flu Vaccination for all** – would allow children six months of age and over to receive influenza vaccinations at a pharmacy from a trained pharmacist

**PHD Housekeeping** – Amends requirement for an in-person site visit for initial licensure of home health agencies, in-home care agencies or hospital programs. Removes requirement that hospital nurse staffing complaint investigations be in-person.

# Legislative Concepts continued

**Death with Dignity fix** – Eliminates the state residency requirement so it is accessible to people that are served in Oregon but might reside outside of Oregon.

**Dental Pilot Projects (LC and POP)** – Removes the sunset date of January 2, 2025, extending the program indefinitely.

**Newborn Bloodspot Screen Updates** – Revises and removes outdated language for which the NBS program operates.

**Public Health Fee Ratification** – Includes fee changes

# POPs: OSPHD

**Healthier Together Oregon** - Supports implementation of Healthier Together Oregon (HTO) – the State Health Improvement Plan. This POP resources OHA to partner across state agencies and communities to better integrate policies and programs, resource, and community led solutions.

- This POP would make three areas of investment in support of HTO implementation for the 2023-2025 biennium:
  - Grants and contracts would provide flexible funding for implementing HTO strategies in communities.
  - Investment in new state positions will enable an infrastructure to leverage community equity-centered innovations.
  - Communications investments to increase awareness about HTO and adoption of an equity-driven narrative about health and wellbeing.

**POP pricing: \$15 million GF**



# POPs: OSPHD

**Public Health Modernization** – Supports continued implementation of key public health priorities and builds on this work by making comprehensive investments across the public health system and elevating work that directly mitigates health inequities.

Prioritizes investments in:

- Environmental health and climate change interventions (Environmental Health)
- Community resiliency (Prevention & Health Promotion, Community Partnership Dev.)
- Infection prevention (Communicable Disease)
- Data modernization (Assessment and Epidemiology)
- Laboratory services (Communicable Disease)
- Regional epidemiology (Communicable Disease)
- Accountability and program support (Leadership & Organizational Competencies)
- Equity office staffing (Health Equity & Cultural Responsiveness)
- Survey modernization and decolonizing data (Health Equity and Assessment & Epi)

**Pop pricing: \$285 million**

# POPs: Center for Health Promotion

**Universally offered home visiting** – Building on the 2019-21 UoHV and 2021-23 POPs, the focus for the 2023-25 biennium will be to invest in equity and center the initiative around community engagement and partnerships.

- Supports the development and implementation of health equity and community engagement practices through the Maternal and Child Health section infrastructure
- Supports developing more diverse provider teams that incorporate THWs and nursing workforce pipeline opportunities
- Fully anchors the universal offering of the service in existing communities

**POP pricing; Total funds: \$ 5,924,191**

**Oral Health Workforce Dental Pilot Project Program** – Continues funding for the Dental Pilot Project program.

**POP pricing: \$25,000**

Public Health Division

# POPs: Center for Practice

**Regional Infection Prevention and Control** – This POP would fund the protection of patients and health care workforce through infection control technical assistance, education, and resources to health care facilities.

**POP pricing: \$ 1,301,141 GF**

**Pandemic Response Information System** – This POP would fund the planning and phased development of a robust data system for collection, safe storage, data exchange, and use of data collected over the course of a reportable disease investigation.

**POP pricing: \$10,808,044 GF**

# POPs: Center for Practice

**PPE and Medical Supply Management** – Would fund a robust and operational stockpile and inventory management system for PPE and medical supplies to response to pandemics, wildfires and other disasters.

**POP pricing: \$2,563,052 GF**

**Regional Resource Hospitals for Disaster Response** – Would fund efforts to continue building statewide regional resource hospital network coordination capacity to confront all types of hazards and health care system crisis.

**POP pricing: \$3,005,068 GF**

# POPs: Center for Practice

**Newborn Bloodspot Screening Program Fee Ratification** – Would increase fees to allow the NBS program to eliminate the gap between revenue and expenses.

**POP pricing: \$8,252,000**

**Oregon Environmental Laboratory Accreditation Program** – Would support a fee increase and an update to the ORELAP fee structure.

**POP pricing: \$809,530**

# POPs: Center for Protection

**Domestic Well Safety Program** – Would restore the previously federally-funded DWSP by funding a vacant staff person. This package also funds outreach for domestic well screening, testing and water treatment device installation and maintenance.

**POP pricing: \$2,252,557 GF**

**EJ Mapping Research Analyst 4** – Would fund a permanent 1.0 RA4 to develop and maintain the Environmental Justice Mapping Tool.

**POP pricing: \$191,854 GF**

# POPs: Center for Protection

**Oregon Psilocybin Services** - This POP provides additional GF to start up the Oregon Psilocybin Services Program and addresses any immediate shortfalls while license applications are being collected and issued.

**POP pricing: \$6,587,395 GF**

**Licensing of Temporary Staffing Agencies** – Would provide additional General Funds to implement Senate Bill 1549, which requires the HLO to authorize and regulate Temporary Staffing Agencies.

**POP pricing: \$394,482**

# Upcoming process and timeline

Time Frame	Action
July – Sept	Legislative Counsel drafts bills based on Legislative Concepts
Oct – Nov	In collaboration with partners, OHA staff begin drafting one-page summaries and submit to DAS
Nov – Dec	Start seeing and analyzing proposed bills
December	Governor determines final bills to recommend to the legislature. Governor's budget is released.
January 17, 2023	First day of session



# Budget and Legislative information

<https://www.oregon.gov/oha/Pages/budget-legislative.aspx>

The background of the slide is a dense, overlapping collage of colorful sticky notes. Each note is a different color, including shades of pink, yellow, light blue, green, and purple. Every sticky note has a large, bold, black question mark printed on it. The notes are scattered across the right and bottom portions of the slide, creating a textured, busy appearance. On the left side, there is a solid dark blue vertical bar. The text 'Questions or thoughts?' is written in a clean, white, sans-serif font, positioned to the left of the sticky notes. A thin white horizontal line is located below the text.

# Questions or thoughts?