

AGENDA

PUBLIC HEALTH ADVISORY BOARD

November 10, 2022, 3:00-5:30 pm

Join ZoomGov Meeting

<https://www.zoomgov.com/j/1602414019?pwd=MWtPYm5YWmxyRnVzZW0vZkpUV0lEdz09>

Meeting ID: 160 241 4019

Passcode: 577915

One tap mobile

+16692545252,,1602414019#

Meeting objectives:

- Approve October meeting minutes
- Discuss December meeting schedule
- Discuss PHAB subcommittees
- Review PHAB charter and bylaws
- Discuss prioritization for public health modernization funding in the 2023-25 biennium

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

- Welcome, board member introductions (name, pronouns, board role) and icebreaker in the chat: favorite fall activity
- Welcome new PHAB member
- Share group agreements and the Health Equity Review Policy and Procedure
- Solicit volunteers to update PHAB Health Equity Review Policy and Procedure
- **ACTION:** Approve October meeting minutes

Veronica Irvin,
PHAB Chair

3:20-3:50 pm	Charter and bylaws discussion <ul style="list-style-type: none"> • Discuss high level changes to PHAB charter and bylaws • Discuss recommendations for updating PHAB membership • ACTION: Vote to adopt PHAB charter; determine interim approval of bylaws and membership proposal 	Veronica Irvin, PHAB Chair
3:50-4:05 pm	Subcommittee updates <ul style="list-style-type: none"> • Hear updates from Accountability Metrics subcommittee • Solicit LPHA representative for Strategic Data Plan subcommittee • Request PHAB members to review community member applications for PHAB subcommittees 	TBD, Accountability Metrics Subcommittee
4:05-4:50 pm	Public health modernization investment prioritization <ul style="list-style-type: none"> • Provide recommendations and priorities for scaling the public health modernization investment • Discuss impact to public health system partners and feedback needed for decision-making 	Veronica Irvin, PHAB Chair
4:50-5:00 pm	Public comment	Veronica Irvin, PHAB Chair
5:00-5:10 pm	Next meeting agenda items and adjourn	Veronica Irvin, PHAB Chair



PUBLIC HEALTH ADVISORY BOARD (PHAB) MEETING MINUTES

October 13, 2022, 3 – 5:30 pm

Attendance

Board members present:

Rachael Banks, Dean Sidelinger, Bob Dannenhoffer, Veronica Irvin, Jackie Leung, Kelle Little, Sarah Present, Jeanne Savage, Jawad Khan

Board members absent:

Mike Baker, Carrie Brogoitti, Ryan Petteway, Nic Powers, Erica Sandoval, Jocelyn Warren

Oregon Health Authority (OHA) staff:

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

Meeting objectives:

- Approve September meeting minutes
- Discuss PHAB subcommittees
- Review Strategic Data Plan subcommittee charter
- Review PHAB charter and bylaws
- Discuss prioritization for public health modernization funding in the 2023-25 biennium

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

Veronica Irvin, *PHAB Chair*

No new members, icebreaker: share an acronym you use and members will guess over the break.

Updates from PHAB Chair: Eventually, PHAB will get a new liaison from the Oregon Health Policy Board (OHPB). Working to balance OHPB member workload. Health Equity Committee is also working on revising charter and membership.

Veronica's discussion with OHPB covered some questions that that came from this group.

- Who sets priorities?
 - o OHPB's priorities are set by the Governor's Office and broadly at the OHPB annual retreat. Consider the subcommittees as fairly independent and the OHPB should be supporting subcommittees in their aspirations.
- OHPB would like more bidirectional communication with PHAB. PHAB members are invited to meet with other subcommittee members and present work to the board.
- PHAB is ahead of schedule compared to other subcommittees in revising its charter and bylaws.
 - o OHPB is very favorable to PHAB moving forward and encourages PHAB to move forward in alignment or along with more language coming out about health equity from the HEC. HEC is continuing its work in November.

Workforce assessment

- OHA contracted the workforce needs assessment to OSU. Veronica is adding a public health workforce needs assessment beyond the usual health care provider assessment. Incorporating CLHO, PH WINS, etc. Invites more information and feedback to the new public health section from PHAB.

3:10 – 3:55 pm Charter and bylaws Discussion

Bob Dannenhoffer, *Charter and Bylaws workgroup*

Charter revisions

- The main body of the charter is organized by statute (left column) and right – how PHAB defines and fulfills those statutory requirements. PHAB cannot modify the left column, but this group reviewed the right column. There have been several years since the last revision, and this requires some updating.
- Discussion included appreciation of the new definitions, consideration of CBOs, connection to OHPB. Most members present were engaged in the revision and were curious about responses from those not involved in the process.
- Members decided to hold off on voting since few of the members who were not involved in the charter and bylaws workgroup were present. Veronica requested that members come having read the charter at the November meeting.

Bylaws revision

- Cara walked through the proposed changes to the bylaws and commented that the Health Equity Committee of the OHPB is doing a considerable amount of work on engaging practices for the charter.
- Cara proposed that the PHAB either consider approving membership changes and pause on adopting the charter, or adopt proposed membership changes with the charter, knowing that the charter may need another update within the next few months.
- Sarah shared concern about LPHA administrator members needing to weigh in on the membership changes to the bylaws, and also that without the membership changes proposed in the bylaws, the charter changes related to CBOs may not be well supported.
- **Support for holding a vote in November for bylaws and charter.**
 - o Provide a note in the November meeting that we need a quorum. Please read ahead of time and give your votes in advance.

3:55-4:25 Subcommittee updates

Public health accountability metrics subcommittee

Jeanne Savage, Accountability Metrics Subcommittee

- Jeanne reviewed the meeting materials. The metrics include a non-hierarchical focus. She discussed the general image and its arrangement, the focus on the public health system functions.
- Sarah shared that the tiers helps make a clearer argument for funding/defunding and helps move system conversation forward.
- Jeanne stated the need to walk potential metrics and sets of metrics through this framework. The subcommittee would need to bring a group of possible metrics, work with CLHO, then bring to PHAB. Will have to prioritize with PHAB as a whole, incorporating community input.

4:25-4:35 pm Break

4:35-5:10 pm Public health modernization investment prioritization

Cara Biddlecom, Oregon Health Authority

- Cara reviewed the process used to develop the 2023-25 Public Health Modernization POP
 - Public health modernization POP proposal is for \$286 million for 2023-25
 - PHAB communicated priorities for the POP in January 2022
 - LPHAs requested \$100M, CBOs requested \$100M, Tribes requested \$30M, \$10M for reproductive health provider network support. The remainder goes to OHA to support this work and its own portion of modernization.
- But the approved funding may be different – it has frequently been different than the OHA proposal (both up and down). Staff requests PHAB recommendations to figure out how to scale investments given possible different proposals and future.
 - If the amount is different, possible general scaling would be: (a) proportionally, (b) each group scales own investments, (c) PHAB identifies priorities for scaling across the public health system
 - Discussion centered on C:
 - PHAB could prioritize certain foundational capabilities or foci: data systems, scope and scale for different partners.
 - Sarah Present: 3 sectors looking for funding. Proportional scaling might be problematic. Might be hard to prioritize but would be fairest.

- Cara shared that while the new Governor is being elected, that person may have their own priorities and these will also be articulated in the Governor's Recommended Budget. PHAB would have to work with the budget and priorities as proposed.
 - Sarah asked about the Incentives and Funding subcommittee and it was confirmed that the subcommittee's role is to develop the LPHA funding formula but that role could grow in the future.
 - Veronica confirmed that the Incentives and Funding Subcommittee could be the correct committee to review POP priorities.
 - Cara shared that PHAB's statutes are just about a LPHA funding formula. Can consider the subcommittee looking at public health funding more broadly moving forward, but LPHA funding formula remains in statute. PHAB also needs to work in accordance with OHA's Tribal Consultation and Confer Policy.
 - Sara shared that PHAB has also come up with funding principles that could be overarching. The Incentives and Funding committee could expand their scope. Some of those conversations have been waiting on PHAB charter update.
 - Cara shared that the PHAB's membership proposal and bylaws also come into making decisions on funding the public health system partners. Could be worth some more unpacking.
- Staff will look at what kind of preparation we could need for this, so PHAB could review programmatic work included in the POP.
 - Will continue discussion in November.

5:10 – 5:20 pm Public Comment

Veronica Irvin, *PHAB Chair*

- No public comments provided

5:20 – 5:30 pm Next meeting agenda items and adjourn

Veronica Irvin, *PHAB Chair*

- November agenda will include proposed changes to the charter and bylaws; public health modernization POP and scaling
- Next meeting will be Thursday, November 10 from 3 – 5:30 pm.

Meeting adjourned at 5:00 p.m.

DRAFT

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, October 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. Definitions

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

Public health system: A broad array of governmental public health authorities and partners working collectively to improve health through interventions that reach every person in Oregon with a focus on those experiencing health inequities. Partners include but are not limited to community-based organizations, regional health equity coalitions, health care and behavioral health providers, public safety agencies, faith-based institutions, schools, environmental agencies,

and the business sector.

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

III. Deliverables


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

PHAB Duties per ORS 431.123	PHAB Objectives
<p>a. Make recommendations to the OHPB on the development of statewide public health policies and goals.</p>	<ul style="list-style-type: none"> • Have knowledge of OHPB agendas and priorities. • Create opportunities to align with OHPB priorities and elevate recommendations to OHPB • Participate in and provide guidance for Oregon’s State Health Assessment. • Regularly review state public health data to identify ongoing and emerging health issues. • Provide recommendations to OHPB on policies needed to address priority public health issues, including the social determinants of health, per PHAB’s health equity review policy and procedure.
<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"> • Regularly review health system transformation priorities. • Recommend how health system transformation priorities and statewide public health goals can best be aligned.
<p>statewide public health policies and goals.</p>	<ul style="list-style-type: none"> • Identify opportunities for public health to support health system transformation priorities. • Identify opportunities for health care delivery system to support statewide public health goals.

<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"> • Provide representation and participate in the administrative rulemaking process when appropriate. • Provide recommendations on updates to the Public Health Modernization Manual as needed. • Make recommendations on the roles and responsibilities of partners, including LPHAs, Tribes, CBOs, OHA and others to the governmental public health system
<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"> • Make recommendations and updates to the OHPB on processes/procedures for updating the statewide public health modernization assessment. • Perform ongoing evaluation, review and recommendations toward system performance • Update the public health modernization plan as needed based on capacity. • Use assessment findings to inform PHAB priorities.
<p>f. Establish accountability metrics for the purpose of evaluating the progress of the Oregon Health Authority (OHA), and local public</p>	<ul style="list-style-type: none"> • Establish public health accountability metrics as a core set of metrics. For example, across any program there would be relevant metrics related to access or reach. • Use a menu of metrics, with organizations working in these areas eligible to receive incentives.

<p>health authorities in achieving statewide public health goals.</p>	
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<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"> • Identify effective mechanisms for funding the foundational capabilities and programs. • Develop recommendations for how the OHA shall distribute funds to local public health authorities and community-based organizations. Continue to evaluate and update funding recommendations. • Follow Tribal Consultation policy on funding to federally recognized Tribes and the Urban Indian Health Program. • Review the Public Health Modernization Assessment report for estimates on the total cost for implementation of the foundational capabilities and programs. (completed, 2016)
<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"> • Develop and update public health accountability metrics. • Provide recommendations for the application of accountability measures to incentive payments as a part of the local public health authority funding formula. • Make recommendations regarding the extension of metrics and use of incentive metrics, including CBOs funded by OHA, federally recognized Tribes and the Urban Indian Health Program, if approved through Tribal Consultation Policy. • Consider public health system’s integration as it relates to achievement of accountability metrics.
<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"> • Develop models to incentivize investment in and equitable provision of public health services across Oregon. • Solicit feedback on incentive models.

<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"> • Provide support and vision for local modernization plans, and ensure collaboration with CLHO. • Provide support and vision for Tribal planning as requested by Tribes through the Tribal Consultation process. • Develop a strategy for PHAB to support vision and strategies for working with LPHAs on local modernization plans. •
<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"> • Provide guidance and accountability for Oregon’s State Health Improvement Plan by receiving quarterly updates and providing feedback for improvement. • Provide support and guidance for local public health authorities in the pursuit of statewide public health goals. • Provide guidance and accountability for the statewide public health modernization plan. • Develop accountability measures for state and local health departments.



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

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

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

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IV. Dependencies

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

1. Accountability Metrics Subcommittee, which reviews existing public health data and metrics to propose biannual updates to public health accountability measures for consideration by the PHAB.
2. Incentives and Funding Subcommittee, which develops recommendations on the local public health authority funding formula for consideration by the PHAB.
3. Strategic Data Plan Subcommittee, which provides recommendations and develops a framework for modernization of public health data in the state of Oregon.

PHAB shall operate under the guidance of the OHPB.

V. Resources

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

PHAB Executive Sponsor: [Rachael Banks](#), Public Health Director, Oregon Health Authority, Public Health Division

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

PUBLIC HEALTH ADVISORY BOARD BYLAWS
~~November 2017~~September 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.

Commented [VD(1)]: Comment: is this where we identify how we want to increase interactions and describe the relationship we want with the OHPB? Could be added to liaison role or elsewhere

Could include:

- Requesting quarterly updates from OHPB
- Clear communication between two boards

Commented [VD(2)]: Adding other roles, say individuals with lived or professional experience, would require a change to statute. Roles to consider inclusion include:
-RHECs, which may include people with lived experience
-CBO representative(s), maybe metro and non-metro?
-Individuals who receive public health services

Commented [BS3R2]: 10/13 meeting note:

Individuals who receive ph services could also be a person with lived experience (currently listed with RHEC position)

Given inclusion of PHAB role related to CBO funding, it would be important to include CBO membership on PHAB.

Members are entitled to travel reimbursement per OHA policy. Members are entitled to compensation as specified in HB 2992 (2021).¹ Additional information is available on and are not entitled to any other compensation.

Members who wish to resign from the PHAB must submit a formal resignation letter. 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 onetwo of its voting members to serve as the chair ~~and vice chair~~. Elections shall take place ~~no later than January of~~ 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 ~~and vice chair~~ shall serve a two-year terms. The chair ~~and vice chair are~~ eligible for one additional two-year reappointment.

If the chair were to vacate their position before their term is complete, ~~the vice chair shall become the new chair to a chair election will take place to~~ complete the term. ~~if a vice chair is unable to serve, or if the vice chair position becomes vacant, then a new election is held to complete the remainder of the vacant term(s).~~

The PHAB chair shall facilitate meetings and guide the PHAB in achieving its deliverables. 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.

PHAB may consider meeting facilitation through an external contract with Board approval.
~~The PHAB vice chair shall facilitate meetings in the absence of the PHAB chair. The PHAB vice chair shall represent the PHAB at meetings of the OHPB as directed by the OHPB designee when the PHAB chair is unavailable. The PHAB vice chair may represent the PHAB at meetings with other stakeholders and partners when the PHAB chair is unavailable or under the guidance of the PHAB chair, or may designate another member to represent the PHAB as necessary.~~

Both the PHAB chair ~~and vice 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

¹ State of Oregon. Boards and Commissions. Available at: <https://www.oregon.gov/gov/pages/board-list.aspx>.

Commented [VD(4): This changed in the 2021 legislative session with the new board and committee compensation policy which exempts anyone who meets a certain income level or is a government employee. Note to add citation to follow this compensation policy in HB 2992

Commented [VD(5): Reflect current practice, "shall inform chair in writing" or staff, as it may be?

Commented [VD(6): Create space for an outside or alternative facilitator (concern about this being reasonable).

Commented [BS7]: 10/13 meeting note: Two members also suggested using OHA staff as facilitators.

Committee Members and Duties

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

Absences of more than 20% of scheduled meetings that do not involve family medical leave 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.

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 ~~or vice 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 ~~or vice chair~~ may institute processes to enable further decision making and move the work of the group forward.

Voting members may propose and vote on motions. The chair ~~and vice chair~~ will use the current version of Robert's Rules of Order to facilitate all motions. Votes may be made ~~by 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.

Date approved: November 17, 2017

Commented [VD(8)]: Pending alignment with HEC recommendations to fold in practices related to inclusion, anti-racism and anti-oppressive practices.

Commented [BCM9]: Comment from Veronica: Do PHAB members want to be required to join at least one subcommittee?

Commented [BS10]: 10/13 meeting note: Can we add that OHA staff are expected to schedule subcommittee meetings at times that allow for PHAB member participation and address other barriers to participation? This may be more relevant if Board membership expands to include community partners and members.

Commented [BCM11]: From Veronica: Should group agreements that PHAB has been using be added here?

Commented [VD(12)]: Should this be more specific to versions? Concern that some members would appreciate greater clarity.

However, we review and adopt bylaws infrequently.

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

ARTICLE V

Amendments to the Bylaws

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

Public Health Modernization Policy Option Package (POP)

November 10, 2022



PHAB guidance on POP priorities

- Investments in 2023-25 will accelerate work toward health equity for communities of color, Tribal communities, immigrant and refugee communities, LGBTQIA+ communities, people living in rural Oregon, people with low income and other groups that experience intersecting oppressions.
- This includes:
 - Ensuring an adequate workforce and building on lessons learned from the COVID-19 pandemic to respond to and mitigate emerging public health threats;
 - Investing in antiracist governmental and community public health initiatives that engage Oregonians directly;
 - Investing in the development and retention of a public health workforce that is representative of and from the community served; and
 - Broad implementation of public health modernization across the Oregon public health system.

2023-25 public health modernization funding request by partner type

Public health partner type	2023-25 funding request
Local public health authorities	\$100,324,854
Tribes	\$30,000,000
Community-based organizations – public health practice	\$100,000,000
Community-based organizations – community-led data collection	\$3,500,000
Reproductive health provider network	\$10,000,000
Oregon Health Authority	\$42,175,146
Total	\$286,000,000

Options for scaling

- PHAB can propose any of the following or other options for how to scale the public health modernization POP.
 - Request that all investments are scaled proportionally
 - Request that each group scale their own investments, with specific guidance from PHAB
 - Identify priorities for scaling across the public health system

Ensuring an adequate workforce and building on lessons learned from the COVID-19 pandemic to respond to and mitigate emerging public health threats

Communicable disease and emergency preparedness

OHA Public Health Division	<ul style="list-style-type: none">• Coordinate disease outbreak investigations and provide regional epidemiological support• Provide technical updates to the Oregon State Public Health Laboratory
Local public health authorities	<ul style="list-style-type: none">• Convene local partners to develop, exercise and implement emergency preparedness plans• Provide local communicable disease prevention initiatives
Tribal public health authorities and NARA	<ul style="list-style-type: none">• Expand capacity for tribal emergency preparedness and all hazards readiness
Community-based organizations	<ul style="list-style-type: none">• Partner with local public health authorities and other public health system entities on issues such as access to services, mental health services, emergency response and supports for long COVID-19

Ensuring an adequate workforce and building on lessons learned from the COVID-19 pandemic to respond to and mitigate emerging public health threats

Climate and health planning and implementation, and environmental health risk mitigation

OHA Public Health Division	<ul style="list-style-type: none">• Implement a statewide plan to manage threats to the environment and human health as a result of changes to Oregon's climate• Provide subject matter expertise on environmental health risk mitigation
Local public health authorities	<ul style="list-style-type: none">• Lead and provide subject matter expertise for environmental health initiatives that support climate change resilience and mitigation• Monitor and regulate environmental health risks
Tribal public health authorities and NARA	<ul style="list-style-type: none">• Complete environmental public health assessments with each federally-recognized Tribe in Oregon• Establish and expand Tribal environmental health programs to ensure safe environments for tribal members, their families and children
CBOs	<ul style="list-style-type: none">• Collaborate on or lead environmental justice initiatives

Investing in antiracist governmental and community public health initiatives that engage Oregonians directly

Community outreach and engagement

OHA Public Health Division	<ul style="list-style-type: none">• Build centralized support for public health programs to structurally include community voice and co-creation into practice• Provide statewide translations, interpretation and accessible communications
Local public health authorities	<ul style="list-style-type: none">• Co-create health-related interventions with the community• Expand cross-sector and community partnerships to address local needs and priorities
Tribal public health authorities and NARA	<ul style="list-style-type: none">• Strengthen partnerships, including with local and federal public health agencies
Community-based organizations	<ul style="list-style-type: none">• Ensure alignment with goals to eliminate health inequities and support community resilience and recovery• Build capacity for advocacy for community-centered policy development

Investing in antiracist governmental and community public health initiatives that engage Oregonians directly

Community-centered data systems

OHA Public Health Division	<ul style="list-style-type: none">• Implement strategies for data decolonization• Implement transformation of statewide data systems to diversify data collection and analysis• Fund community partners and tribal public health agencies to collaborate in developing state systems for data linkages• Implement training and consultation related to data justice initiatives
Local public health authorities	<ul style="list-style-type: none">• Develop and invest in community-centered data systems• Build community capacity to collect, analyze and use public health data
Tribal public health authorities and NARA	<ul style="list-style-type: none">• Improve data collection, management and reporting infrastructure so Tribes can easily access their unique data to inform health improvement assessment, planning and programs implementation
CBOs	<ul style="list-style-type: none">• Collaborate on data justice initiatives, including implementation of culturally specific data collection

Investing in the development and retention of a public health workforce that is representative of and from the community served

Workforce initiatives

OHA Public Health Division	<ul style="list-style-type: none">• Invest in state public health workforce development, retention and wellness initiatives
Local public health authorities	<ul style="list-style-type: none">• Increase local workforce capacity, including through training and retention initiatives, for foundational capabilities and programs• Hire, train and retain staff for culturally and linguistically responsive interventions and programs
Tribal public health authorities and NARA	<ul style="list-style-type: none">• Train Tribal public health staff in core public health functions, including health equity
Community-based organizations	<ul style="list-style-type: none">• Develop workforce by increasing opportunities for training, mentorship and development of technical skills• Support opportunities for continuing education

Broad implementation of public health modernization across the Oregon public health system

Chronic disease prevention and other public health programs

OHA Public Health Division	<ul style="list-style-type: none">• Expand staff capacity to provide data, resources, communications support for chronic disease prevention
Local public health authorities	<ul style="list-style-type: none">• Begin development of local modernization plans• Increase local investments in community health improvement plans• Implement chronic disease and injury reduction policy strategies
Tribal public health authorities and NARA	<ul style="list-style-type: none">• Implement Tribal health assessments and improvement plans• Ensure opportunities for tribal collaborations for public health modernization• Establish and expand tribal maternal and infant health programs
Community-based organizations	<ul style="list-style-type: none">• Co-create culturally and linguistically responsive public health interventions• Partner with local public health authorities and other public health system entities on issues such as access to services broadly, mental health services, emergency response and supports for long COVID-19

Public health modernization investments contribute to eliminating health inequities

- Substantial investments in local public health and communities to expand capacity to co-create, plan and lead interventions.
- Progress toward eliminating inequitable health outcomes and anticipated reductions in health care costs related to communicable and chronic diseases.
- Solidified partnerships with governmental agencies and partners to address inequities related to the social determinants of health.
- Justice in data through modernized data systems and community-led data collection and reporting.
- A public health workforce that is representative of communities served.

2023-25 public health modernization funding process by partner type

Public health partner type	Proposed funding process
Local public health authorities	Develop new Program Element Utilize 3 months of 'bridge funding' for 7/1-9/30/23 Implement new funding level with funding formula as of 10/1/23
Tribes	Develop new Program Element Utilize bridge funding Implement new funding level in 2023-24
Community-based organizations – public health practice	Offer to extend existing funding at current level to existing grantees Prioritize new funding to underserved geographies and populations around the state and increase awards from 15 to 24 months
Community-based organizations – community-led data collection	New RFP
Reproductive health provider network	New RFP