

AGENDA

PUBLIC HEALTH ADVISORY BOARD Charter and Bylaws Workgroup

August 18, 2022, 3:00-4:30 pm

Join ZoomGov Meeting

<https://www.zoomgov.com/j/1603316411?pwd=ZTNnS2J4bzIRdExpZnlIYkVoK2VVQT09>

Meeting ID: 160 331 6411

Passcode: 286738

One tap mobile

+16692545252,,1603316411#

Meeting objectives:

- Discuss Health Equity Committee feedback about Oregon Health Policy Board committee charters
- Review and recommend updates to PHAB charter and bylaws

3:00-3:15 pm	Welcome, shared agreements, agenda review <ul style="list-style-type: none">• Welcome, board member introductions and icebreaker• Share group agreements and the Health Equity Review Policy and Procedure• Share OHPB Health Equity Committee recommendations for committees	Cara Biddlecom, OHA staff PHAB members
3:15-4:15 pm	PHAB charter and bylaws updates <ul style="list-style-type: none">• Review recommended changes to date• Discuss additional recommended changes to reflect PHAB member discussion and Health Equity Committee recommendations• Determine who will present the charter and bylaws at the September 8 meeting	Victoria Demchak and Cara Biddlecom, OHA staff PHAB members

4:15-4:25 **Public comment**
pm

Cara
Biddlecom,
OHA staff

3:50-4:00 **Adjourn**
pm

Cara
Biddlecom,
OHA staff

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 BYLAWS

~~November 2017~~ July 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 (2 positions);
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.
15. CBO (2 positions)
16. Expertise/lived experience with health inequities

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.

Date approved: ~~November 17, 2017~~

Commented [BCM1]: Individual who receives public health services? Additional focus on missing foundational capabilities?

Members are entitled to travel reimbursement per OHA policy 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 ~~one~~^{two} 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~~^{is} 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.

~~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

Committee Members and Duties

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

Date approved: ~~November 17, 2017~~

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

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 Robert's Rules of Order to facilitate all motions. Votes may be made by telephone. Votes cannot be made by proxy, by mail or by email prior to the meeting. All official PHAB action is recorded in meeting minutes.

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

ARTICLE V

Amendments to the Bylaws

Date approved: ~~November 17, 2017~~

Bylaws will be reviewed annually. Any updates to the bylaws will be approved through a formal vote by PHAB members.

**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 be the accountable body for governmental public health in Oregon. The role of the PHAB includes:

- A commitment to leading intentionally, but not exclusively, with racial equity to facilitate public health outcomes.
- A commitment to (something related to the health equity definition and **intersectionality and other oppressions**)
 - 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.
 - Oversight for Oregon Health Authority, Public Health Division strategic initiatives, including the State Health Assessment and State Health Improvement Plan.
 - Support for governmental and Support/coordinate/other state sponsored, local, Tribal and community-based (define) public health strategic initiatives, (define) including the implementation of public health modernization.
 - Support for state and local public health accreditation.

Align public health systems to serve community-identified needs. This charter defines the objectives, responsibilities, and scope of activities of the PHAB. This 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
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<p>a. Make recommendations to the OHPB on the development of statewide public health policies and goals. Add after wordsmithing: hearing about what's on their agenda and their priorities Updates and alignment from OHPB Align and make recommendations to OHPB on state health priorities</p>	<ul style="list-style-type: none"> • Participate in and provide oversight for Oregon's State Health Assessment. • Regularly review state health data such as the State Health Profile to identify ongoing and emerging health issues. • Use best practices and an equity lens to provide recommendations to OHPB on policies needed to address priority health issues, including the social determinants of health. • Present to the OHPB for their retreats and strategic planning process <ul style="list-style-type: none"> • Ensure a PHAB member participates where appropriate
<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 early learning and health system transformation priorities. • Recommend how early learning goals, 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 early learning and health system transformation priorities. • Identify opportunities for early learning and health system transformation to support statewide public health goals. • Action – invite updates from early learning and health care transformation. Consider structure for keeping communication open after we determine what the PHAB wants
<p>c. Make recommendations <i>on the inclusion of additional partners to governmental public health (such as CBOs and RHECs)</i> to strengthen foundational capabilities and programs for governmental public health and other public health programs and activities</p>	<ul style="list-style-type: none"> • Participate in the administrative rulemaking process which will adopt the Public Health Modernization Manual. (Done – perhaps remove) • Provide recommendations on the Public Health Modernization Manual is still current at least every two years. Recommend updates to OHPB as needed. • Make recommendations on the roles and responsibilities of partners to the governmental public health system

<p>d. Make recommendations to the OHPB on the continued assessment and progress toward statewide public health modernization.</p>	<ul style="list-style-type: none"> • Review initial findings from the Public Health Modernization Assessment. (completed, 2016) • Review the final Public Health Modernization Assessment report and provide a recommendation to OHPB on the submission of the report to the legislature. (completed, 2016) • Make recommendations to the OHPB on processes/procedures for updating the statewide public health modernization assessment. • Perform ongoing evaluation, review and recommendations toward system performance using public health data and other sectoral data(?)
<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"> • Review the final Public Health Modernization Assessment report to assist in the development of the statewide public health modernization plan. (completed, 2016) • Using stakeholder feedback, draft timelines and processes to inform the statewide public health modernization plan. (completed, 2016) • Develop the public health modernization plan and provide a recommendation to the OHPB on the submission of the plan to the legislature. (completed, 2016) • Update the public health modernization plan as needed based on capacity.
<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"> • Core set of metrics. For example, across any programs there would be metrics related to access, reach. • Menu of metrics and orgs working in these areas would be eligible to receive incentives
<p>health authorities, CBO's and HEC's in achieving statewide public health goals.</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 CBO's and HEC's, 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. • 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, CBO's and HEC's</p>	<ul style="list-style-type: none"> • Develop and update public health accountability metrics and local public health authority process measures. • Provide recommendations for the application of accountability measures to incentive payments as a part of the local public health authority funding formula.
<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, CBO's and HEC's</p>	<ul style="list-style-type: none"> • Develop models to incentivize investment in and equitable provision of public health services across Oregon. • Solicit stakeholder 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 oversight for the development of local public health modernization plans.
<p>k. Monitor the progress of local public health authorities, CBO's and HEC's in meeting statewide public health goals, including employing the foundational capabilities and implementing the foundational</p>	<ul style="list-style-type: none"> • Provide oversight and accountability for Oregon's State Health Improvement Plan by receiving quarterly updates and providing feedback for improvement. • Provide support and oversight for local public health authorities in the pursuit of statewide public health goals.

programs for governmental public health.	<ul style="list-style-type: none"> • Provide oversight and accountability for the statewide public health modernization plan. • Develop outcome and accountability measures for state and local health departments.
l. Assist the OHA in seeking funding, including in the form of federal grants, for the implementation of public health modernization.	<ul style="list-style-type: none"> • Provide letters of support and guidance on federal grant applications. • Educate federal partners on public health modernization. • Explore and recommend ways to expand sustainable funding for state and local public health and community health.
m. Assist the OHA in coordinating and collaborating with federal agencies.	<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
a. Review and advise the Director of the OHA Public Health Division and the public health system as a whole on important statewide public health issues or public health policy matters.	<ul style="list-style-type: none"> • Provide guidance and recommendations on statewide public health issues and public health policy.
b. Act as formal advisory committee for Oregon’s Preventive Health and Health Services Block Grant.	<ul style="list-style-type: none"> • Review and provide feedback on the Preventive Health and Health Services Block Grant work plan priorities.
c. Provide oversight for the implementation of health equity initiatives across the public health system <u>by leading with racial equity.</u>	<ul style="list-style-type: none"> • Receive progress reports and provide feedback to the Public Health Division Health Equity Committee. • Participate in collaborative health equity efforts.

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

