

**Public Health Advisory Board (PHAB)**  
**March 18, 2021**  
**FINAL Meeting Minutes**

**Attendance**

*Board members present:* Dr. Eli Schwarz, Kelle Little, Dr. Bob Dannenhoffer, Dr. Sarah Present, Dr. Veronica Irvin, Eva Rippeteau, Muriel DeLaVergne-Brown, Sarah Poe, Dr. Jeanne Savage, Dr. David Bangsberg, Rachael Banks

*Board members absent:* Carrie Brogoitti, Alejandro Qeral, Dr. Dean Sidelinger

*Oregon Health Authority (OHA) staff:* Cara Biddlecom, Sara Beaudrault, Dolly England, Lisa Rau, Josillia Johnson, Carina Guzman, Dani Galvez

**Welcome and Agenda Review**

*Veronica Irvin (PHAB Chair)*

Ms. Irvin welcomed the PHAB to the meeting and reviewed the agenda. A quorum was present. She asked for an approval of the February 18, 2021 minutes. There was a move to approve the minutes and it was seconded.

**Recap of Oregon Health Policy Board Retreat**

*Dr. David Bangsberg (OHPB representative)*

Dr. Bangsberg gave an overview of the two-day Policy Board virtual retreat, held on February 17-18, 2021. He added that there were more details available in the attached meeting materials.

Day One was spent reviewing the progress of the polices of the Oregon Health Policy Board over the last ten years. He explained that they went in-depth into the work of each committee, including the PHAB. The reason for this was recognition by the board that there needs to be more cross-communication between committees and the board and discussed ways to do that. For example, in last year's discussion about the definition of health inequity, PHAB brought a broader perspective to that discussion by focusing on anti-racism and other

disparities. PHAB leads with health equity and he feels the PHAB committee should play a more prominent role in other committees, leading to more collaborative work.

Day Two focused on a letter from the Governor to the Policy Board naming three areas of emphasis: cost growth target, related to Senate Bill 889; waiver renewal; and health equity.

- The cost of health care has been twice the rate of inflation, and at this rate, will soon become unaffordable for many Oregonians. Cost growth initiative involves monitoring health care cost increases and determining why prices have been rising. Oregon Health Authority plans to bring together all groups involved to discuss how to keep cost increases at a 3.4 percent target growth. There was discussion on how to achieve this and how to hold everyone accountable.
- Oregon is due to request another waiver renewal from the Federal government to continue work with CCO 2.0, and to determine what's been successful and what hasn't worked. In that way, Dr. Bangsberg elaborated, we can build on the successes, and examine the failures for ways to improve. PHAB was influential in stressing the importance of social determinants of health as well as creating partnerships between communities with LPHAs, and the committee is excited to go back and see if this is working.
- The third area focused on attention toward the OHA's goal of ending health disparities in Oregon by 2030. Senate Bill 889 needs to be done with an equity-centered framework with input from PHAB and every part of OHA.

Dr. Bangsberg shared that he looks forward to being a liaison between the PHAB and the Oregon Health Policy Board.

Dr Schwarz asked where the cost increases are coming from and what is driving the prices up.

Dr. Bangsberg replied that medications are driving prices up disproportionately, which is an issue that needs to be addressed. There is a need to “look under the

hood” and examine providers, their services, and their medication and have them account for that additional growth. He stated that we are following a model used in Massachusetts to bring all the health care providers together and all the payers together and ask questions about what they are doing and what are they charging that might be causing the cost increases. Then it needs to be decided how to set standards and how to hold everyone accountable. Dr. Bangsberg mentioned that Massachusetts is a couple years ahead of us in this area.

Dr. Irvin asked if there were any concrete steps that PHAB needs to take based on the retreat.

Dr. Bangsberg replied that there are no steps to be taken at this point, but he will keep the committee updated. He also stated that the PHAB will have a big input as things get deeper into the Medicaid waiver and will also have an influence on cost control discussions.

Ms. Rippeteau joined the meeting and was acknowledged by the chair.

Ms. Biddlecom asked if there was interest in continuing the Medicaid Waiver conversation, as PHAB was highly involved in providing the public health population perspective during the CCO 2.0 contracts. She asked for members to let her know if anyone is interested and she will put it on the agenda sometime during the next few months.

Dr. Irvin called for a vote to approve February minutes. All approved except Ms. Rippeteau, who abstained because she missed the beginning of the meeting. Also, Dr. Irvin mentioned that Ms. Rippeteau would like to have the Medicaid waiver topic be added to future agendas.

### **Discussion of PHAB Subcommittees**

*Sara Beaudrault (OHA)*

Ms. Beaudrault gave a short update on status of the subcommittees. She is working on getting two of the three subcommittee meetings up and running by looking for dates to meet. After the PHAB approved the short list of community partners last month for membership into the Accountability Metrics and the

Strategic Date Plan subcommittees, Ms. Beaudrault shared that they were able to secure five of the six chosen members who were still interested in joining, and replace the one missing person with another qualified candidate. She mentioned that if anyone in the room was on one of those subcommittees, he or she can expect a call from her to solidify future meeting times.

Ms. Beaudrault announced that the committees will be meeting during the first half of April, and so she will have more of an update to give at the next PHAB meeting.

Dr. Schwarz asked if the committees set their own objectives and frameworks. Ms. Beaudrault replied that OHA will offer a high-level overview and a draft charter, but the committee participants will ultimately decide the direction of the committees.

Dr. Irvin went on to introduce the next part of the meeting, involving COVID-19 Response and Vaccine Equity. She introduced Ms. Dolly England, Program Manager for the Community Engagement Team, and asked her to introduce her team.

### **COVID-19 Response and Vaccine Equity**

*Dolly England (OHA)*

Ms. England thanked everyone for the opportunity to be here and for the chance to display the great work that the partner community-based organizations (CBOs) are doing. She stated that she will introduce the Community Engagement Coordinator for each CBO, who will in turn tell everyone a little bit about that CBO. Josillia Johnson introduced **Highland Haven** and spoke about how they offer life-saving support for their community.

### **CBO #1: Quete Capuia and Teresa Johnson of **Highland Haven****

Ms. Capuia, the Program Director for Highland Haven, introduced Teresa Johnson, who is the Health Team leader for Highland Haven and the Health and Wellness Co-Chair of the Highland Christian Center. Ms. Johnson presented a video of their work in the community. The video outlined many of the community services they

offer, including distribution of personal protective equipment, food, and clothing to those in need, ultimately serving over 100 families. More information about Highland Haven and their activities can be found on their website.

Ms. England next introduced Dani Galvez, the statewide Community Engagement Coordinator for Asian and Pacific Islander communities. Ms. Galvez introduced Malo Ala'ilima from **UTOPIA PDX**. Malo is the co-founder and co-chair of UTOPIA PDX, which stands for the United Territories of Pacific Islanders Alliance Portland, a member and co-founder for the Oregon Pacific Islanders Coalition (OPIC) as well as the National Pacific Islanders Data & Research Council Lead.

Malo began with a slideshow, which illustrated how Pacific Islanders are disproportionately affected by the pandemic. They stated that much of the high infection rates found in Asians and Pacific Islanders are due to the fact that many of their community members work as front-line workers, health care workers, and in close quarters for packaging plants. Also, multi-generational households are common in their culture, with up to ten people living in a single home.

A recent service that UTOPIA PDX provided their clientele was an immunization event, vaccinating hundreds of their elders while making on-line appointments and offering translator services. They also provided food boxes, gift cards, and other goods to their community.

Ms. England then asked Carina Guzman, the Community Engagement Coordinator for Region 2, to introduce *Interface Network*, who have been key partners in many county vaccination events.

Mr. Arreola announced that **Interface Network** has been providing support at COVID-10 testing events since July 2020, and at vaccine events since Feb. 11, 2021. He mentioned they had a strong partnership with many organizations to host drive-through vaccine events. When hosting an event, **Interface Network** plans events in both English and Spanish and makes sure there is a bi-lingual contact person. His organization has learned that there is a great deal of vaccine hesitancy in his population, so they work at the grass roots level, using Spanish

radio and media to try and reach the most community members. **Interface Network** offers translation services at all provider events to make sure his clients feel respected and valued. They also use a phone bank and call clients to offer OHP information and wrap-around services. He was proud that over the past few weeks, his organization had vaccinated over 2,000 people, but was concerned that only 20% of those vaccinated were Latino/a/x. He is a strong advocate for making our health system more equitable.

Ms. England expressed her appreciation to the CBOs for their time and their presentations, and then opened the floor for questions.

Dr. Savage wanted to applaud and thank everyone for their work. She mentioned that she has found in her work that getting a second dose of the vaccine is harder for BIPOC communities. Is there a way to promote the second dose and get the information to the people who need it?

Mr. Arreola stated that at the beginning, there was a problem with supply, but now they are caught up. But he admitted it has been a challenge for his clients to get two doses. However, with the arrival of the Johnson and Johnson vaccine, he feels this problem will be reduced.

Ms. Johnson at Highland Haven says that her organization was able to ensure that their clients got a second dose by stopping people who got the vaccine on their way out the door and signing everyone up as they left. This eased the worries of their clientele, who wanted to come back to the same location to get their second shot because it was familiar and welcoming.

Sarah thanked everyone and stressed how much of a role CBOs play in public health. She stated that often CBOs do not announce their vaccine events for BIPOC communities because they are concerned they are going to be overrun with people other than their target population. She feels that it might help for OHA to get some of these success stories out to the general community.

Ms. England responded that she is sending out messages immediately to start getting some of these heartwarming stories out to the public.

Ms. Tiel asked how can we build on these resources after COVID is over and move from a scarcity mindset to an abundance of services. What will things look like in a year or two?

Mr. Arreola believes OHA is doing a good job and has a handle on this, but that there could be more work in establishing fair and equitable policies. He mentions that sometimes people who are making the policies are disconnected with the people who are working in community.

Ms. Rippeteau expressed her appreciation for the work everyone has done to reach their clientele where they are. She suggested that she would be happy to join a campaign around the idea of “wait your turn” for the vaccine. She remarked that while people are doing the best they can with the resources they get, they may not get the continued funding going forward than there has been in the past. She also suggested a need to pay everyone for their contributions to vaccine efforts.

Ms. Johnson responded that she does the work with passion, but having the funds available to pay bills and to buy supplies for needy families makes all the difference. She stated that when we show the community that we are there to support them, the public responds very positively with smiles, hugs, and love. She stressed the need to get more health workers trained, and that some of them may even be among us as our friends and community members. She was happy to report that by partnering with their CEC and by OHA reaching out to small churches like hers, it’s a tremendous help to the people they serve.

Malo echoed Ms. Johnson’s sentiments and mentioned that they volunteer and do the work at UTOPIA PDX with love. They are hoping that OHA will consider having a low barrier application process to make it easier for their clients to receive funds. They explained that they have a small CBO and didn’t have existing infrastructure before COVID-19.

## **PHAB Member Discussion**

*Veronica Irvin (PHAB Chair)*

Ms. Irvin stated that it was time for the PHAB Member Discussion section of the agenda but asked if PHAB members would allow more time to continue asking questions instead.

Dr. Schwarz thanked all the presenters for offering very interesting and touching stories. However, he expressed concern that although the focus is on the virus and the acute problem it represents right now, what will be the procedure for the future? What will the new norm look like? He noted that it was probably a question for medical professionals but was wondering how the future will look and how we will deal with the vaccine being distributed in the long-term.

Mr. Arreola stressed that the future projections will be difficult to predict, especially for the multi-cultural population. However, he believes a collaboration of public health, CBOs, and health providers is ideal, and by developing a relationship together will allow everyone to find a solution together. He believes that the collaboration model works the best for sustainability, and hopefully will prevent the inequities of the past that were always present but have been exacerbated by the pandemic.

Mr. Dannenhoffer wanted to applaud the presenters for their inspiring stories and work. He outlined that there are three things that an Advisory board does. One is to look at the data, and the data is dismal. When we look at the disparities in vaccination rates, it is terrible. We are not doing a good job in this area. Second is funding, and he's grateful for the money that goes to CBOs. However, is the money spent really in proportion to the amount these communities are affected by the pandemic? Are they getting 3-5 times the funding since they have 3-5 times the rate of disease? And finally, are we doing everything possible to remove the barriers? Do the groups that presented today get enough vaccine? These are the items we need to work on to really say that we are being equitable.

Dr. Irvin thanked the CBOs, the CEC's, and Dolly England for the meaningful and heartwarming presentations.

## **Public Comments**

*Cara Biddlecom (OHA)*

Ms. Biddlecom asked if there were any public comments. There were none.

## **Next Meeting Agenda Items and Adjournment**

*Veronica Irvin (PHAB Chair)*

Dr. Irvin asked if there were any PHAB member discussions that needed to be addressed at the next meeting.

Dr. Schwarz congratulated Dr. Irvin on doing a great job for her first time chairing the committee. He also stated there that he was at a meeting yesterday with FUSE (Frequent Users Systems Engagement) and learned data he thinks might be relevant to the PHAB committee. FUSE did an analysis focusing on high-impact populations who were frequent users of our healthcare system and were also often incarcerated in Multnomah County. He thought some of this data might be helpful to the committee.

Ms. Irvin asked for any additional comments from either the public or the committee members.

Ms. Poe commented that she felt the committee had developed real momentum. She would like to revisit how we are reaching our vulnerable populations and asked if the PHAB has any leverage to advocate for them. She recognizes this will be a long process but would like to check in at every meeting on what the numbers are for those disproportionately affected by the virus and the vaccine efforts.

Dr. Savage agreed and suggested having a 5-10-minute update at upcoming meetings on the health equity of the vaccination and the COVID response statewide following with a discussion on ways to improve.

Ms. Biddlecom said that OHA is aware of this concern and the issue is being worked on already for future meetings.

Dr. Savage noted in response to Ms. Schwarz's earlier comment that in discussions at her clinic, she's been preparing patients to expect that the COVID vaccine will probably be a yearly shot, like the flu shot. She wants to encourage families who are reluctant to get flu shots or to get regular health care to realize that this is an important part of maintaining good health.

Dr. Irvin thanked the members and the participants for rich and robust discussions and said that she looks forward to seeing everyone at next month's meeting. She adjourned the meeting one minute early at 2:59 p.m.

The next Public Health Advisory Board meeting will be held on:

**April 15, 2021**  
**2:00 – 4:00 p.m.**  
**ZoomGov**

If you would like these minutes in an alternate format or for copies of handouts referenced in these minutes, please contact Lisa Rau at [lisa.k.rau@dhsosha.state.or.us](mailto:lisa.k.rau@dhsosha.state.or.us). For more information and meeting recordings please visit the website: [healthoregon.org/phab](http://healthoregon.org/phab)