AGENDA

PUBLIC HEALTH ADVISORY BOARD

April 11, 2024, 3:00-5:30 pm

Join ZoomGov Meeting
https://www.zoomgov.com/j/1603086166?pwd=aGgvUlFENXdadzZvLzZZZStWKzR6QT09

Meeting ID: 160 308 6166
Passcode: 955876
One tap mobile
+16692545252,,1603086166#

Meeting objectives:

- Approve March meeting minutes.
- Hear about Oregon Health Policy Board's 2024 priorities and discuss opportunities to strengthen OHPB and PHAB connections
- Adopt changes to bylaws
- Hear updates from PHAB workgroups
- Discuss public health modernization priorities for future funding

3:00-3:15 pm	**Welcome, board updates, shared agreements, agenda review** • Welcome, board member introductions and icebreaker: What is something you do in Spring that you wish you could do all year long? • Share group agreements and the Health Equity Policy and Procedure • OHA staff updates • ACTION: Approve March meeting minutes	Veronica Irvin, PHAB Chair
3:15-3:55 pm	**Oregon Health Policy Board 2024 priorities** • Hear updates from OHPB, including 2024 priorities	Brenda Johnson, OHPB Chair

	• Discuss opportunities to strengthen connections between OHPB and PHAB in 2024	Tara Chetock and Suzanne Cross, OHA
3:55-4:05 pm	**PHAB bylaws** • Review changes to PHAB's bylaws • ACTION: Vote to adopt changes	Veronica Irvin
4:05-4:20	**PHAB workgroup updates** • Hear updates from the Health Equity Framework and Public Health System Workforce Workgroups	Jackie Leung, Health Equity Framework Workgroup Kari Christensen, Public Health System Workforce Workgroup
4:20-4:30 pm	**BREAK**	
4:30-5:10 pm	**Public health modernization priorities** • Review PHAB priorities developed in 2022-23 • Discuss PHAB's priorities for future funding increases	Veronica Irvin Sara Beaudrault, OHA
5:10-5:15 pm	**Public comment**	Veronica Irvin, PHAB Chair
5:15-5:25 pm	**Upcoming meeting topics and PHAB business** • May topics: ○ OHPB Health Equity Committee connection	Veronica Irvin, PHAB Chair

	○ Public health modernization funding formula ○ Public health modernization implementation ○ Preventive Health and Health Services 2023-24 work plan review • Future topics for public health modernization implementation • Planning for an in-person retreat in 2023 or 2024 • Accountability Metrics and Incentives and Funding subcommittees continue to seek new members
5:25 pm	**Adjourn**

Everyone has a right to know about and use Oregon Health Authority (OHA) programs and services. OHA provides free help. Some examples of the free help OHA can provide are:

- Sign language and spoken language interpreters.
- Written materials in other languages.
- Braille.
- Large print.
- Audio and other formats.

If you need help or have questions, please contact Sara Beaudrault: at 971-645-5766, 711 TTY, or publichealth.policy@odhsoha.oregon.gov at least 48 hours before the meeting.

PHAB Public Health Modernization Funding Workgroup Group agreements

- **Learn from previous experiences and focus on moving forward**
- **Slow down to support full participation by all group members**
- 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

Oregon Health Authority

Public Health Advisory Board meeting minutes
March 14th, 2024, 3:00-5:20 pm

Attendance

Board members present: Veronica Irvin, Cara Biddlecom, Mike Baker, Bob Dannenhoffer, Jackie Leung, Kelle Little, Marie Boman-Davis, Nic Powers, Tameka Miles, Meghan Chancey, Sarah Present, Mary Engrav, Ana Gonzalez, Jenny Withycombe, Kelly Gonzales, Dianna Hanson, Heather Kaisner

Board members excused: Jawad Khan, Ryan Petteway, Dean Sidelinger

OHA Staff for PHAB: Sara Beaudrault, Kirsten Aird, Tamby Moore, Eugene Pak

Welcome and shared agreements

Presented by Veronica Irvin

- PHAB members, subcommittee and workgroup members and staff introduced themselves.
- A new member, Tameka Miles, introduced themselves as well.

February meeting minutes vote

- Mary Engrav proposed a motion to approve the February meeting minutes, which was seconded by Heather Kaisner.

- The minutes were approved with one abstention by Tameka Miles.

Board Updates and Agenda Review

Presented by Kirsten Aird

- Kirsten informed the board that the last position to be filled was the liaison to the Oregon Health Policy Board. Brenda Johnson, the current chair of the Oregon Health Policy Board, will assume this role. Brenda's first meeting will be in April.

Meet OHA Director, Dr. Sejal Hathi

Presented by Veronica Irvin, Sejal Hathi

- PHAB members were introduced to Dr. Sejal Hathi, the current OHA Director.

- Dr. Hathi shared her background and some insight into what her priorities were as OHA director.

- She emphasized her commitment to improving accountability, increasing transparency, and fostering belonging to build and restore trust in the agency.

- Kelly Gonzales asked Dr. Hathi about what some of her top priority areas were.

- Dr. Hathi responded by naming three categorical priority areas: operationalizing health equity, behavioral health transformation, and pivoting from coverage to access and expansion of health services in the state.

- Hongcheng Zhao, a PHAB subcommittee member, shared his perspective on PHAB as a bridge between OHA, local public health agencies, and CBOs. He also highlighted the role of PHAB in gaining insight into state innovation, including CBOs in public health modernization.

- Several questions were raised and discussed, focusing on Dr. Hathi's experience working with CBOs specifically serving BIPOC communities, her strategies for bridging areas where she doesn't necessarily have lived experience (addressing settler colonialism as a determinant of health) that could inform approaches for health justice, and the process to get feedback from committees like PHAB before funding requests go to the legislative sessions.

Public Health Accountability Metrics update

Presented by Veronica Irvin

- The board was informed about an updated report that showcased the staff's work over the last few years on developing an equity-focused metrics framework and establishing new metrics through 2030 to

demonstrate Oregon's improving health outcomes and eliminating health inequities through public health modernization.

- Veronica Irvin congratulated the board and all subcommittee members who worked on this project and acknowledged OHA's commitment to the work and the staff's assistance with the project as well.

CCO Quality Incentive Program Overview presentation

Presented by Jorge Ramirez-Garcia, Manu Chaudhry, Sara Kleinschmit

- Jorge Ramirez-Garcia, Manu Chaudhry and Sara Kleinschmit shared a presentation about the CCO Quality Incentive Program.

- This presentation was highlighted in pages 11-28 of the meeting packet.

- Manu Chaudhry provided an overview of the quality incentive program, explaining that CCOs earn bonus money by providing high-quality care and demonstrating meaningful improvement in healthcare quality measures. He explained the benchmark targets and improvement targets selected annually by the committee.

- Jorge Ramirez-Garcia discussed the changes to the program that came out of the last legislative session. He mentioned Senate Bill 966 had provided the legislative path to update the structure of the program. He also discussed the Health Equity impact assessment conducted by the committee and the goal to eliminate health inequities.

- Sarah Kleinschmit discussed how the committee is implementing the changes to the program. She showed the current incentive measures and how they were mapped to the categories defined in the legislation from last year.

- Questions were raised and discussed about potential to expand the program to look at CCOs at a statewide level, and how the definitions of health equity in relation to the incentives program were addressing colonialism as a determinant of health.

Members took a 10-minute break and returned at 4:40 PM

PHAB Chair Position and Vote

Presented by Kirsten Aird

- Kirsten Aird presented two options regarding the vote for the PHAB chair position:

    - Amend the bylaws to change the chair election to the first quarter of odd years (from the current even years).

    - Prepare to elect a new chair in April as per the current bylaws.

- Members discussed the options and decided to amend the bylaws to have the chair election in the first quarter of odd years.

- This would leave Veronica Irvin to remain the chair of PHAB until the next vote.

- A motion was made by Jackie Leung and seconded by Nic Powers. The motion passed unanimously.

Public Health Director Recruitment Discussion

Presented by Kirsten Aird

- The meeting continued into a discussion about the recruitment process for the Public Health Director.

- Members were prompted to discuss and post in the meeting chat the skills and attributes desired in the next Public Health Director

- Members highlighted the importance of political savvy, understanding of Oregon's landscape, ability to work in diverse political dynamics, and experience outside of government.

- Members were asked how they would like to be apprised of the Public Health Director's recruitment process. The possibility of having PHAB representation on the selection committee was discussed.

CBO Public Health Modernization Grants Presentation

Presented by Dolly England

- Dolly England shared a presentation on the Public Health Modernization Grants to CBOs.

- This presentation was highlighted in pages 30 – 39 of the meeting packets.

- Dolly England began with updates on the grant awardees from Cohort 2.

- 44 CBOs were selected out of a total of 141 applications. All applicants received a letter regarding their application outcome as of March 1st. Considerations for award included scores, priority populations, and funding gap. Cohort 1 CBOs initially funded in the 2021-23 biennium are continuing to receive funding.

- The PHAB recommendations that were implemented as part of the request for grant applications process were discussed.

- The LPHA public health modernization funding formula was used as a guide for equitable distribution of funds. A cap for awards was set at $250,000.

- It was noted that the recommendation to suggest a minimum biennial base funding level for CBOs was not followed as it could have potentially alienated organizations who were looking for smaller funding.

- The list of underserved priority counties was expanded. CBOs serving locally were prioritized for selection based on the definition included in the

request for grant applications. All CBOs were asked to include letters of support and encouraged to reach out to local public health for opportunities for partnerships.

- Each CBO grant application was reviewed by OHA review.

- It was mentioned that there were issues with the review process, notably a glitch that prevented the comments field for reviewers from popping up. It was also noted that there were more applications in some counties than other parts of the state, which presented a challenge in sorting applications to align with the regions that LPHA reviewers were closest to.

- Some next steps that were highlighted were all CBOs were to submit their budgets and work plan. A kickoff event was mentioned, being held on April 16th and April 18th. A new tool is also being developed for local public health to view CBO work plans.

- Members asked questions and provided feedback on the process. The gaps in certain counties were acknowledged and plans to address these gaps in partnership with LPHA were discussed.

Public Comment

- No public comment

Meeting adjourned at 5:20PM

PUBLIC HEALTH ADVISORY BOARD BYLAWS

~~**November 2022**~~**April 2024**

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 18~~4~~ 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;
15. An expert in health equity;
16. An individual who represents a community-based organization serving a rural community;

17. An individual who represents a community-based organization serving an urban community; and
18. An individual who represents the education system from early learning through high school.

Governor-appointed members serve four-year terms and are eligible for reappointment. Members serve at the pleasure of the Governor.

PHAB shall also include the following nonvoting, ex-officio members:

1. The Oregon Public Health Director or the Public Health Director's designee;
2. If the Public Health Director is not the State Health Officer, the State Health Officer or a physician licensed under ORS chapter 677 acting as the State Health Officer's designee;
3. If the Public Health Director is the State Health Officer, a representative from the Oregon Health Authority who is familiar with public health programs and public health activities in this state; and
4. An OHPB liaison.

Members are entitled to travel reimbursement per OHA policy. Members are entitled to compensation as specified in HB 2992 (2021).[1] Members are not entitled to any other compensation.

Members who wish to resign from the PHAB shall inform the PHAB chair and OHA staff in writing. Members who no longer meet the statutory criteria of their position must resign from the PHAB upon notification of this change.

If there is a vacancy for any cause, the Governor shall make an appointment to become immediately effective for the unexpired term.

ARTICLE II

Committee Officers and Duties

PHAB shall elect one of its voting members to serve as the chair. Elections shall take place within the first quarter of each ~~even~~odd-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.

[1] State of Oregon. Boards and Commissions. Available at: https://www.oregon.gov/gov/pages/board-list.aspx.
State of Oregon. Boards and Commission Member Compensation. Available at: https://www.oregon.gov/gov/SiteAssets/How_To_Apply/HB-2992-FAQ.pdf

The chair shall serve a two-year term. The chair is eligible for one additional two-year reappointment.

If the chair were to vacate their position before their term is complete, a chair election will take place to complete the term.

The PHAB chair shall facilitate meetings or delegate that responsibility to guide the PHAB in achieving its deliverables. Delegates may be PHAB members, OHA staff or external facilitators. The PHAB chair shall represent the PHAB at meetings of the OHPB as directed by the OHPB designee. The PHAB chair may represent the PHAB at meetings with other stakeholders and partners or designate another member to represent the PHAB as necessary.

Should the PHAB chair not be available to facilitate a meeting, the PHAB chair shall identify a voting member to facilitate the meeting in their place.

The PHAB chair shall work with OHA Public Health Division staff to develop agendas and materials for PHAB meetings. The PHAB chair shall solicit future agenda items from members at each meeting.

ARTICLE III

Committee Members and Duties

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

Absences of more than 20% of scheduled meetings may be reviewed. PHAB members are expected to notify OHA staff if they are unable to attend a scheduled PHAB or subcommittee meeting.

In order to maintain the transparency and integrity of the PHAB and its individual members, PHAB members must comply with the PHAB Conflict of Interest policy as articulated in this section, understanding that many voting members have a direct tie to governmental public health or other stakeholders in Oregon.

All PHAB members must complete a standard Conflict of Interest Disclosure Form. PHAB members shall make disclosures of conflicts at the time of appointment and at any time thereafter where there are material employment or other changes that would warrant updating the form.

PHAB members shall verbally disclose any actual or perceived conflicts of interest prior to voting on any motion that may present a conflict of interest. If a PHAB member has a potential conflict related to a particular motion, the member should state the conflict. PHAB will then make a decision as to whether the member shall participate in the vote or be recused.

If the PHAB has reasonable cause to believe a member has failed to disclose actual or possible conflicts of interest, it shall inform the member and afford an opportunity to explain the alleged failure to disclose. If the PHAB determines the member has failed to disclose an actual or possible conflict of interest, it shall take appropriate corrective action including potential removal from the PHAB.

Members must complete required Boards and Commissions training as prescribed by the Governor's Office.

PHAB members shall utilize regular meetings to propose future agenda items.

ARTICLE IV

Committee and Subcommittee Meetings

PHAB meetings are called by the order of the chair, if serving as the meeting facilitator. A majority of voting members constitutes a quorum for the conduct of business.

PHAB shall conduct its business in conformity with Oregon's Public Meetings Law, ORS 192.610-192.690. All meetings will be available by conference call, and when possible, also by either webinar or by livestream.

The PHAB strives to conduct its business through discussion and consensus. The chair may institute processes to enable further decision making and move the work of the group forward.

PHAB shall establish, practice and regularly update group agreements.

Voting members may propose and vote on motions. The chair will use the current version of Robert's Rules of Order to facilitate all motions. Votes may be made in-person, webinar or by telephone. Votes cannot be made by proxy, by mail or by email prior to the meeting. All official PHAB action is recorded in meeting minutes.

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

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.

Purpose for today's discussion

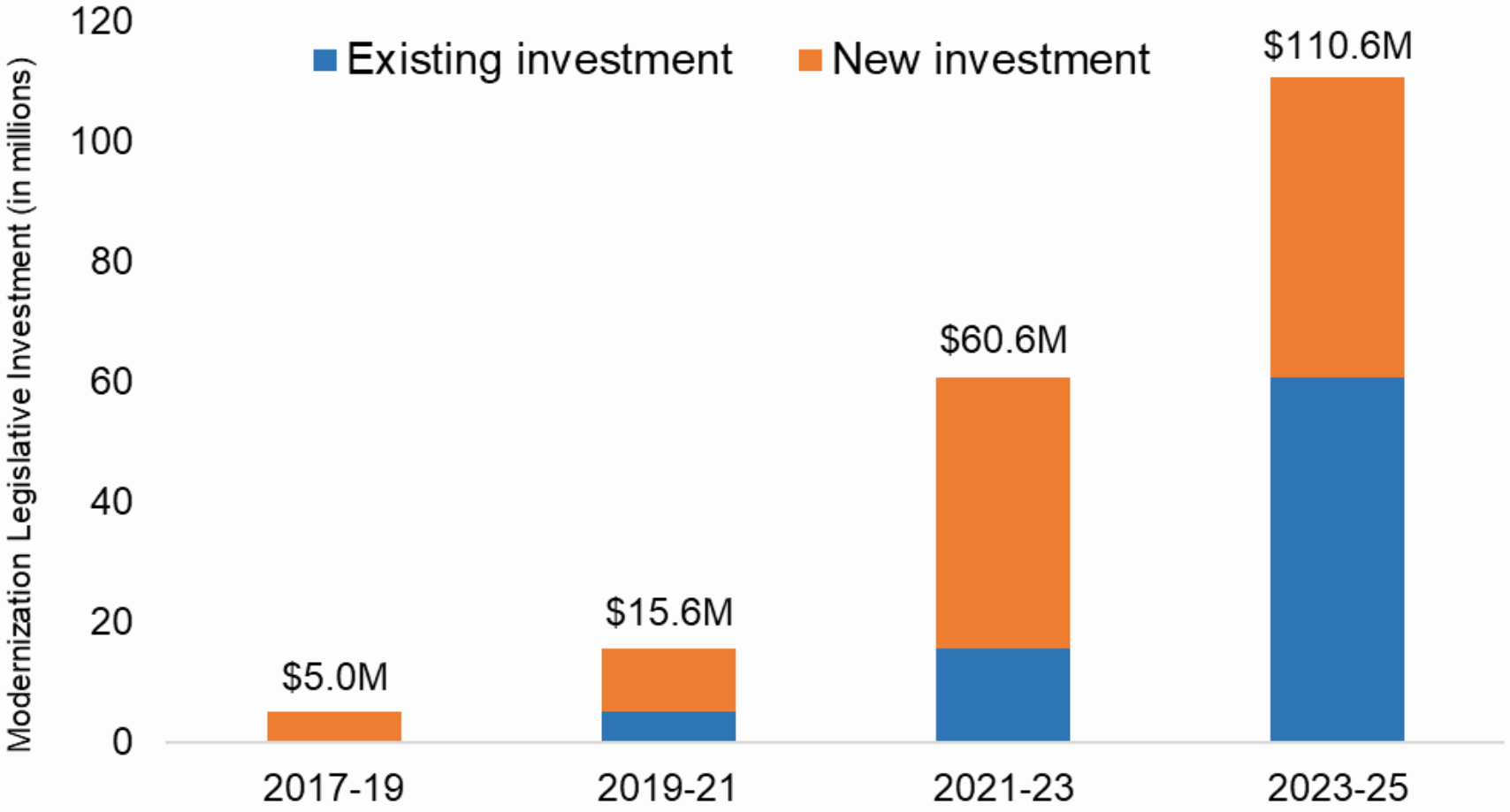
- Share information about the timeline and process for OHA to develop a funding request.
- Using 2023 prioritization as a starting place, prioritize areas for future increases in public health modernization funding.
- Discuss ways that PHAB and partners will be involved in ongoing discussions about public health modernization priorities.

Public health modernization is key for delivering on Oregon's commitment to eliminate health inequities and improve health outcomes

- Ensures every person in Oregon has the **same access to public health protections**.
- Builds **capacity for primary prevention** across public health programs.
- Prepares Oregon to respond to **public health issues that are increasingly complex** and growing rapidly.
- Provides sustainable funding and a public health workforce that is needed to **prepare and respond to public health crises**.

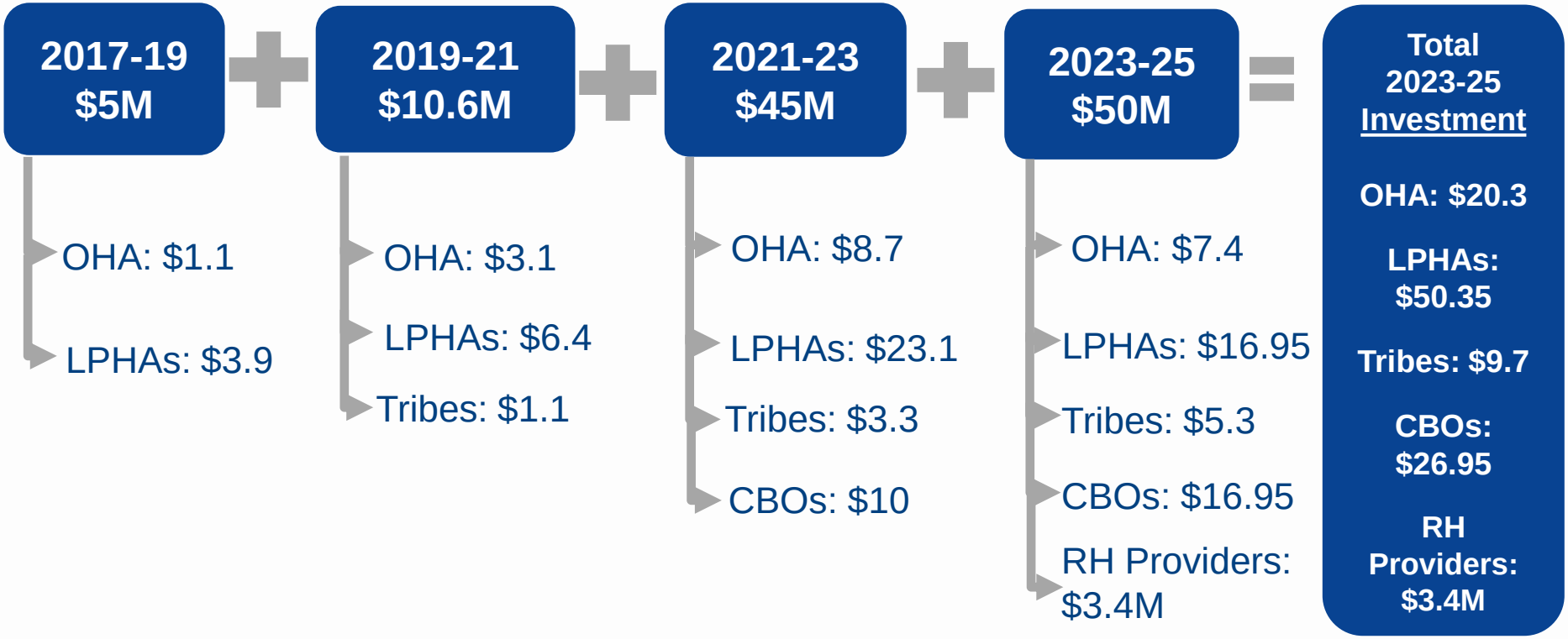
Oregon Health Authority

Legislative investment in public health modernization, 2017-2025 (in millions)



Oregon Health Authority

Legislative investment in public health modernization, 2017-2025 (in millions)



Proposed phases for foundational programs

Oregon Health Authority

2016 and 2024 cost estimates to fully implement Oregon's modernized public health system

2016 assessment	2024 assessment
Estimated **an additional $210 million needed** per biennium to reach full implementation of public health modernization over time	Will have **updated estimates** of funds needed in **September 2024.**
OHA and LPHAs only	Inclusive of federally-recognized Tribes and CBOs.
PHAB has used the 2016 results to make decisions about priorities to address systemic gaps.	Will provide an update on where we've made progress and ongoing gaps in implementation.

Oregon Health Authority

General process for OHA funding requests (aka Policy Option Packages, or POPs)

- OHA Agency Request Budget submitted to the Governor in late summer.
- Governor's Budget typically released in December.
- Legislative session begins in January.
- Legislature approves state agency budgets by end of session.

PHAB's role to develop public health modernization funding priorities

- Every two years PHAB develops priorities for the next biennium.
- PHAB's priorities are used to
  - Develop legislative funding requests
  - Make decisions about allocations of new funding
- In 2022, PHAB requested that engagement with LPHAs and CBOs happen jointly through a PHAB workgroup that met in December 2022 and January 2023.

2022-23 PHAB public health modernization funding workgroup

- Developed three documents to inform priorities for increased funding:
  1. Public health system priorities at a range of funding levels
  2. Core roles for each part of the system to achieve each priority
  3. Recommendations for funding allocations

2023 priorities identified by PHAB

$286 million funding request

- Public health workforce development and retention
- Equity initiatives
- Respond to public health threats
- Communicable disease control and prevention
- Reproductive health provider network
- Climate adaptation
- Community-led data systems
- Chronic disease prevention
- Access to preventive health services
- Broad implementation across public health programs

2023 priorities identified by PHAB

$50 million addl. Funding received

- Public health workforce development and retention
- Equity initiatives
- Respond to public health threats
- Communicable disease control and prevention
- Reproductive health provider network
- Climate adaptation
- Community-led data systems
- Chronic disease prevention
- Access to preventive health services
- Broad implementation across public health programs

Oregon Health Authority

Assuming a modest funding request for 2025-27, what would PHAB recommend prioritizing?

- Looking at the list of priorities developed in 2022-23, what areas should we continue to focus on?
- How can we build on current progress?
- What's missing?
- Is there anything that should be removed?

Policy Package 406: Public health modernization priorities

In December 2022 and January 2023, members of the Public Health Advisory Board (PHAB), the Community Based Organization (CBO) Advisory Group, representatives of the Conference of Local Health Officials (CLHO), and OHA leaders met over a series of meetings to discuss recommendations for public health modernization priorities and funding. The following public health system priorities were developed based on discussion and input provided during these meetings. Each of the Tribes and NARA made determinations about their public health needs identified in Tribal PH Modernization Assessments, and that information was added separately by OHA staff.

Table 1: Public health system priorities for additional investments in public health modernization

	$50 million	$100 million	$150 million	$200 million	$286 million
Public health workforce development and retention	Develop statewide public health workforce plan Retain and slightly increase LPHA and tribal workforce and related training to support new staff Increase minimally the number of funded CBOs, with focus on filling known gaps in rural communities and for disability communities Ensure state capacity to administer grants and contracts, and monitor and evaluate the impact of funds Support culturally-responsive training and technical assistance for tribal public health staff.	**Everything at $50 million, plus** Limited implementation of strategies from statewide public health workforce plan Increase state, tribal and local workforce capacity for climate and environmental health initiatives Expansion in number of funded CBOs and program areas, including chronic disease prevention, access to preventive health services and social determinants of health. Expand efforts to recruit and hire bilingual and bicultural staff into the governmental and community-based public health workforce Increase tribal public health staff capacity to support basic public health infrastructure.	**Everything at $100 million, plus** Implement strategies to develop a pipeline for a future public health workforce - Increase engagement in high schools and career ready programs to promote careers in public health - Increase partnerships with colleges and universities Increase system-wide recruitment efforts Significantly increase tribal PH workforce and infrastructure.	**Everything at $150 million, plus** Expand public health training, including Certified Health Interpreter and Community Health Worker training and certification	**Everything at $200 million, plus** Provide broad implementation of a range of innovative workforce recruitment and retention strategies
Equity initiatives	Develop public health system equity plan to eliminate health inequities by ensuring state investments are directed upstream and address inequities in BIPOC and rural communities. Increase language access and culturally relevant communications	**Everything at $50 million, plus** Increase culturally-specific services across public health programs and for - Hire and retain bilingual and bicultural staff - Increase language access and culturally relevant communications	**Everything at $100 million, plus** Expansion in culturally specific services across programs and populations	**Everything at $150 million, plus** Broad expansion of equity initiatives throughout public health programs and community-led data practices	**Everything at $150 million, plus** Increase interventions and coordination with communities and across governmental agencies and sectors to eliminate health inequities

	$50 million	$100 million	$150 million	$200 million	$286 million
		- Implement culturally specific strategies across the state			
Responding to public health threats	Sustain some current capacity to respond to emerging threats, including minimal increase in number of emergency response coordinators Ensure consistency in public health messaging during public health emergencies Some Tribes will review and implement processes to support increased community preparedness before, during and after emergencies	**Everything at $50 million, plus** Incorporate equity specialists into public health emergency response structures - Hire and retain bilingual and bicultural staff for emergency response efforts - Co-create public health materials with communities More Tribes will use funds for increased overall tribal community preparedness.	**Everything at $100 million, plus** Unified command structures that ensure coordination across branches of government System-wide capacity to respond to multiple simultaneous events	**Everything at $150 million**	**Everything at $150 million, plus** Ensure coordinated statewide systems for responding to communicable disease and environmental health threats Ensure coordinated statewide approaches for ensuring access to culturally and linguistically responsive services during public health events
Communicable disease control and prevention	Sustain current communicable disease interventions within local and tribal jurisdictions - Ensure culturally relevant interventions - Sustain limited number of regional all hazard epidemiologists - Sustain local and tribal emerging communicable disease positions and expertise	**Everything at $50 million, plus** Increase local and tribal disease-specific prevention initiatives Expand laboratory services, including rapid testing and other critical services	**Everything at $100 million, plus** Increase local, tribal and statewide prevention initiatives, including those that address risk factors across multiple disease areas.	**Everything at $150 million**	**Everything at $150 million, plus** Increase prevention initiatives that include community expertise and cross sector approaches.
Climate adaptation and environmental health	**No additional investment for LPHAs, CBOs and OHA** Tribes will complete community environmental health (EH) assessments NPAIHB will continue to support or provide technical assistance to Oregon Tribes for EH regulatory work.	**Everything at $50 million, plus** Implement local tribal and community-driven climate adaptation strategies	**Everything at $100 million, plus** Expand local and statewide climate adaptation strategies, including through expanded partnerships Expand use of GIS and other technologies that are necessary for enhanced public health interventions for climate threats	**Everything at $150 million, plus** Minimal implementation of cross sector policy initiatives that support health	**Everything at $200 million, plus** Implement local and statewide initiatives for healthy and resilient built environments Increase plans and actions that elevate public health expertise for climate mitigation, including for land use, transportation, food supply and natural resources Increase community-led environmental justice initiatives

	$50 million	$100 million	$150 million	$200 million	$286 million
					Increase local monitoring of environmental health risks Provide statewide plan to manage threats to the environment and human health resulting from changes to Oregon's climate Establish and expand Tribal environmental health programs
Community-led data initiatives	**No additional investment for LPHAs, CBOs and OHA** Limited support for tribal-specific data hub developed and implemented by NPAIHB	**No additional investment for LPHAs, CBOs and OHA** Full support for tribal-specific data hub	Minimal interventions to engage historically marginalized communities in relevant and timely data collection Increased tribal epidemiology capacity within Tribes.	**Everything at $150 million, plus** Increased investment and interventions for community-led culturally and linguistically relevant data collection and use	**Everything at $200 million, plus** Increase public health data infrastructure that supports community-led data collection, use and dissemination
Reproductive health provider network	Minimal investments to enhance access to care in medically underserved regions of the state	Increased investments at approximately one-third of estimated need	Increased investments at approximately one-half of estimated need	Increased investments at approximately two-thirds of estimated need	Increased investment to the full amount needed to protect critical infrastructure for reproductive health clinical providers
Chronic disease prevention	**Funding for chronic disease programs not included at this funding level.** Funded CBOs have flexibility to use funds for prevention initiatives that are responsive to their community's priorities, including those that address social determinants of health.	**Funding for chronic disease programs not included at this funding level.** Funded CBOs have flexibility to use funds for prevention initiatives that are responsive to their community's priorities, including those that address social determinants of health.	**Funding for chronic disease programs not included at this funding level.** Funded CBOs have flexibility to use funds for prevention initiatives that are responsive to their community's priorities, including those that address social determinants of health.	Minimal investment in chronic disease programs and implementation of strategies to reduce chronic disease Minimal implementation of cross sector policy initiatives that support health	**Everything at $200 million, plus** Broad implementation of cross sector policy initiatives that support health Expand access to healthy foods and opportunities for physical activity Expand provision of data, resources and communications for chronic disease prevention Expand public health interventions for community resiliency from exploitation that undermines health Increase local investments in community health improvement plans

	$50 million	$100 million	$150 million	$200 million	$286 million
Access to preventive health services	**Not included at this funding level**	**Not included at this funding level**	**Not included at this funding level**	**Not included at this funding level**	Increase interventions with health system partners to ensure access to preventive health services Increase coordination with other sectors to ensure access to preventive health services
Broad implementation across public health programs	**Not included at this funding level**	**Not included at this funding level**	**Not included at this funding level**	**Not included at this funding level**	Increase coordination across governmental agencies and sectors to eliminate health inequities Increase community and governmental coordination to address issues such as mental health services and community resiliency

Table 2: Level of implementation of public health system priorities at $50 million and $286 million investments

$50 million additional investment in 2023-25	No addl. implementation	Minimal implementation	Moderate implementation	Significant implementation
Public health workforce development and retention		✓		
Equity initiatives		✓		
Responding to public health threats			✓	
Communicable disease control and prevention		✓		
Climate adaptation	✓			
Community-led data initiatives	✓			
Reproductive health provider network		✓		
Chronic disease prevention	✓			
Access to preventive health services	✓			
Broad implementation across public health programs	✓			
$286 million additional investment in 2023-25	**No addl. implementation**	**Minimal implementation**	**Moderate implementation**	**Significant implementation**
Public health workforce development and retention				✓
Equity initiatives				✓
Responding to public health threats				✓
Communicable disease control and prevention				✓
Climate adaptation and environmental health				✓
Community-led data initiatives			✓	
Reproductive health provider network				✓
Chronic disease prevention			✓	
Access to preventive health services			✓	
Broad implementation across public health programs			✓	

Policy Package 406: Public Health Modernization

Proposed public health modernization allocations

In December 2022 and January 2023, the Public Health Advisory Board and other groups met over a series of meetings to discuss recommendations for public health modernization priorities and funding. The following proportional allocations to the original $286 million POP were developed based on discussion and input provided during these meetings.

	$60.6 million (current base budget)	**Investments in addition to the current base budget**				
		$50 million- Governor's Recommended Budget *	**$100 million***	**$150 million**	**$200 million**	**$286 million**
Local public health authorities (Approximately $10.2 million addl. investment will keep LPHAs funded at current AY23 levels as ARPA COVID-19 funds expire; includes a limited pass-through to Multnomah County-Program Design & Evaluation Services for data and evaluation)	$33.4M	$16.95M	$35.6M	$52.6M	$72.8M**	$100.3M
Community-based organizations (Approximately $6.2 million addl. investment will keep the current network of CBOs funded at AY23 funding levels for a full 24-month funding cycle)	$10M	$16.95M	$35.6M	$52.4M	$72.6M**	$100M
Federally recognized Tribes (A portion of these funds will keep Tribes funded at current levels as federal Tribal Public Health Equity funds expire)	$4.4M	$5.3M	$10.6M	$15.7M	$15.7M**	$30M
Oregon Health Authority (Includes staff to manage grants and contracts, and contract payments for professional services)	$12.8M	$7.4M	$14.7M	$22.1M	$29.5M	$42.1M
Reproductive health provider network	-	$3.4M	$3.5M	$5.2M	$7M	$10M
Community-based organizations Community-led data initiatives	-	-	-	$1.8M	$2.4M	$3.5M
Total investment	**$60.6 million**	**$50 million**	**$100 million**	**$150 million**	**$200 million**	**$286 million**

*Community-led data initiatives are not prioritized by the Public Health Advisory Board at funding levels of $50 million or $100 million. Proportional funding for community-led data initiatives at these levels are equally reallocated to LPHAs, Tribes and CBOs.
**Funding requested by Tribes at the $200 million level is less than a proportional allocation. Remaining funds are equally allocated to LPHAs and CBOs.

Upcoming meetings

Which topics are PHAB members most interested in to learn about ways public health modernization is being implemented in the current biennium?

- Increasing capacity across the system to address climate and health
- Youth engagement
- Community-led data initiatives
- Oregon's 2024-2030 viral hepatitis elimination plan
- Tribal public health modernization
- OHA budget and COVID impacts
- What else?

PHAB retreat

- Are members interested in planning for an in-person retreat in 2023 or 2024?
- If so, what are initial thoughts on what members would like to accomplish together at a retreat?

There's still time to join the Accountability Metrics or Incentives and Funding subcommittees!

Please contact Sara Beaudrault if you are able to join one of these groups or would like more information.