

AGENDA

PUBLIC HEALTH ADVISORY BOARD

September 12, 2024, 3:00-5:30 pm

Join ZoomGov Meeting

<https://www.zoomgov.com/j/1603086166?pwd=aGgvUjFENXdadzZvLzZZZStWKzR6QT09>

Meeting ID: 160 308 6166

Passcode: 955876

One tap mobile

+16692545252,,1603086166#

Meeting objectives:

- Approve July minutes
- Plan for November retreat
- Learn about and discuss Tribal public health modernization
- Hear update on modernization capacity and cost assessment

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

- Welcome, board member introductions and icebreaker
- Share group agreements and the Health Equity Policy and Procedure
- Welcome OHA's Public Health Director
- Meeting with OHPB Health Equity Committee
- OHA staff updates
- **ACTION:** Approve July meeting minutes

Veronica Irvin,
PHAB Chair

3:20-3:35 PHAB retreat planning (Nov 14th in Portland)

- Meet your facilitator!
- Continue to discuss goals and objectives for the day

Nhu To-Haynes

| | | |
|---------------------|--|---|
| 3:35-4:45 pm | Tribal public health modernization <ul style="list-style-type: none">• Learn about health issues, assets and challenges in rural areas of Oregon and complexities of providing public health services• Discuss opportunities for PHAB to incorporate this information into priorities and decisions• BREAK planned for approximately 4:00-4:10 | Julie Johnson, OHA Tribal Affairs Kelle Little (PHAB member) and Jessica Hamner, Coquille Indian Tribe Michael Erickson and Chelsea Hallam, Yellowhawk Tribal Health Center |
| 4:45-5:05 pm | Public health modernization capacity and cost assessment <ul style="list-style-type: none">• Discuss the purpose of the capacity and cost assessment and ways PHAB can use results, moving forward• Hear about process and timeline to complete the assessment | Steven Fiala |
| 5:05-5:15 pm | Public comment | Veronica Irvin, PHAB Chair |
| 5:15 pm | Next meeting agenda items and adjourn <ul style="list-style-type: none">• Member-identified topics• Workforce Reports | Veronica Irvin, PHAB Chair |

-
- OHA Strategic Plan
-

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 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



Public Health Advisory Board meeting minutes - DRAFT
July 11, 2024, 3:00-4:30 pm

Attendance

Board members present: Cara Biddlecom, Dean Sidelinger, Mike Baker, Marie Boman-Davis, Bob Dannenhoffer, Veronica Irvin, Jackie Leung, Sarah Present, Mary Engrav, Ana Luse, Dianna Hansen, Jenny Withycombe, Heather Kaisner, Nic Powers

Board members excused: Brenda Johnson, Kelle Little, Ryan Petteway, Meghan Chancey, Tameka Brazile Miles, Kelly Gonzales, Jawad Khan

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

Welcome, Board Updates, Shared Agreements & Agenda Review

Presented by Veronica Irvin, PHAB Chair

- Welcomes made via Zoom chat.
- Kirsten Aird expects that OHA Director , Dr. Hathi, will announce the new Public Health Director within the next couple weeks.
- OHPB Health Equity Committee meeting coming up on August 8. Veronica Irvin will be attending and is looking for another attendee to join. Please contact Sara or Veronica if you'd like to attend.
- This is Cara Biddlecom's last meeting, after eight+ years, with PHAB.

June meeting minutes vote

- Mike Baker made a motion to approve meeting minutes; Mary Engrav seconded the motion.
- June meeting minutes were approved by vote.

Oregon's Rural Public Health

Presented by Mike Baker

Presentation on pages 17 – 100 in meeting packet

- Today's Objectives:
 - Level Settings
 - Public Health 101
 - Oregon Public Health System
 - Barriers for Rural Public Health
 - Opportunities for Rural Public Health
 - Rural Health Outcomes and Public Health
- Disclaimer: This presentation is public health as done in Jefferson County. Public health needs to be as unique as the communities they serve. Not all rural is the same.
- Definition of rural has many variants – 35 federal government definitions and 17 academic definitions.
- ORH Defined Urban, Rural, and Frontier Areas: Geographic areas in Oregon that are ten or more miles from a population center of 40,000 people or more.
- According to the map, there are only 6 clusters of population centers of 40,000 or more – the rest is rural or frontier.
- Public health is as unique as each community that it serves. For today's discussion public health is defined by treating and preventing illness and the way a community comes together to do that prevention work.
- COMMENTS/QUESTIONS

- Bob Dannenhoffer – People in rural areas are older, sicker and poorer. (Shared slide highlighting the cancer rates and correlation of rural vs urban.)
- Anna Luse - Had a partnership with government of Mexico, consulate of Mexico, that visits rural areas statewide, trying to connect with people and offer resources and help navigate resources. She shared that they must connect weekends & evenings, since time is money for those seeking help.
- Veronica Irvin - What could PHAB do better/differently?
- Bob Dannenhoffer – Prioritize – In the equity statement, it does mention rurality, but not in the Oregon Health policy board. Need to push for them to include rurality as a factor that leads to health inequities.
 - Veronica is presenting at the Health Equity Committee next month, looking for someone from PHAB to join. Would like to share PHAB's health equity definition during the meeting.
- Cara Biddlecom – It's important to consider geography while looking at data and think about it intersectionality overlaid. Looking at future needs and the prioritization of work for public health modernization, further identifying limitations of healthcare access in rural areas. Discovering how we can prioritize the work and what we chose to do as a system knowing that we have to demonstrate outcomes as a whole system also allow for flexibility to fill those gaps. We need to name the strengths of rural communities, not just focus on deficits & challenges, and continuing to identify uplift and center those strengths as part of a public health approach.
- Jackie Leung – We need to consider Idaho & other neighboring areas with strict abortion laws and their residents coming to Oregon. Need to keep this in mind as it might cause stressors to system.
 - Mike Baker– Rural is unable to provide these radical resources and can only provide information.

PHAB Retreat Planning

Presented by Sara Beaudrault

- Finalized location and narrowed to two dates:
 - October 24 or November 14
 - Portland
- Discuss goals and agenda:
 - Relationship building
 - Transformative narratives
 - Facilitated activity
 - Brings people together to develop shared narratives for health and equity
 - Can lead to shared actions
 - Explores narratives that can be retired
 - Opportunities to develop & advance strategies in the Health Equity Policy & Procedure
 - Deep dive into deliverables (accountability metrics, workforce plan, health equity framework)
 - Opportunities for health care and cross sector alignment
- Open for discussion:
 - Veronica Irvin– Helpful to have relationship building in-person.
 - Mike Baker– We should have new members present their work and share their expertise.
 - Dianna Hansen – Regarding transformative narrative – There is a work group going and have already done a bunch of work around it. It would be fantastic to bring the work that group has already done to the conversation and potentially have Laura facilitate since she is currently facilitating that work group.
- Once the facilitator is onboard, they will probably want to speak with everyone. Please let Kirsten Aird or Sara Beaudrault know if there are any topics you can think of.

Public Comment

Kirsten Aird

- No public comment

Items for future meetings

No meeting in August

Meeting adjourned at 4:30 PM

DRAFT

Public Health Advisory Board 2024 Workplan Priorities and Calendar

This document provides a framework for PHAB priorities and meeting agendas in 2024.

2024 PHAB Priorities












Oregon's public health system demonstrates and acts on its commitment to health equity

- Public health system improvements and funding
- Statewide population health priorities
- OHPB and health system alignment
- PHAB structure, business and member support

Go to the last page of the work plan for a list of topics related to each priority.

Meeting calendar

| Meeting date | Agenda items | Priority | Action |
|--------------|---|----------|---------|
| January 11 | Cancelled | | |
| February 8 | New member orientation and member connections | ■ | Discuss |
| | Legislative update | ■ | Discuss |
| | Evaluation of public health modernization investments for 2023-25 | ■ | Inform |
| | 2024 work plan and subcommittee/workgroup assignments | ■ | Discuss |
| March 14 | Discussion with OHA Director, Dr. Sejal Hathi | ■ ■ ■ | Discuss |
| | Public health modernization funding for community-based organizations | ■ | Discuss |
| | CCO incentive metrics | ■ ■ | Discuss |
| | Public Health Director recruitment | ■ | Inform |
| | PHAB Chair appointment | ■ | Decide |
| April 11 | Workgroup and subcommittee updates | ■ | Discuss |
| | Oregon Health Policy Board 2024 priorities | ■ ■ ■ | Discuss |
| | Public health modernization implementation (placeholder) | ■ ■ ■ | Discuss |
| | PHAB public health modernization priorities for 2023-25 | ■ ■ ■ | Discuss |
| May 9 | Preventive Health and Health Services Block Grant, 2023-24 work plan | ■ | Discuss |
| | Public health modernization funding formula | ■ | Approve |
| | OHPB Health Equity Committee overview and connections | ■ ■ | Discuss |
| | Public health modernization implementation | ■ ■ ■ | Discuss |
| June 13 | Preventive Health and Health Services Block Grant, 2024-25 work plan | ■ | Approve |
| | Public health modernization implementation: OHA budget and COVID-19 impacts | ■ ■ ■ | Discuss |
| | Public health modernization funding formula | ■ | Approve |
| | Public Health System Workforce Report, Milestone #1 | ■ ■ ■ | Inform |
| July 11 | Public health in rural Oregon | ■ ■ | Discuss |

| | | | |
|--------------|--|---|------------------------------------|
| | Retreat planning |  | Inform |
| | | | |
| August 8 | Meeting cancelled – summer break | | |
| | | | |
| September 12 | Tribal public health modernization |  | Discuss |
| | Public health modernization cost and capacity assessment results |  | Discuss |
| | Retreat planning |  | Discuss |
| | | | |
| October 10 | Public health modernization implementation topic |  | Discuss |
| | OHA Strategic Plan |  | Discuss |
| | | | |
| November 14 | RETREAT |  | Relationship-building and planning |
| | | | |
| December 12 | Public Health System Workforce Report update (final review in January) |  | Discuss |
| | Public health accountability metrics |  | Discuss |
| | State Health Assessment |  | Discuss |
| | Public Health Equity Framework |  | Approve |
| | | | |



Priorities and topics (★ Indicates decision or deliverable)

| | |
|---|---|
| <p>■ Public health system improvements and funding</p> <ul style="list-style-type: none"> - Make recommendations related to future public health modernization investments ★ - Hear about implementation of current investments - Update public health modernization funding formula for LPHAs ★ - Approve the 2024 Public Health Modernization Funding Report ★ - Approve Public Health Equity Framework ★ - Approve Public Health System Workforce recommendations ★ - Approve Public Health Accountability Metrics Report, and use of accountability metrics ★ - Inform Public Health Modernization Evaluation - Discuss community-led data initiatives, including PHAB Strategic Data Plan - Member-initiated topics | <p>■ Statewide population health priorities</p> <ul style="list-style-type: none"> - State Health Assessment - Healthier Together Oregon - Legislative policy impacts - Public health and education - Preventive Health and Health Services Block Grant ★ - Member-initiated topics |
| <p>■ OHPB and health system alignment</p> <ul style="list-style-type: none"> - Opportunities for health system and public health alignment - CCO metrics program - Opportunities for aligned work with OHPB - Member-initiated topics | <p>■ PHAB structure, business and member support</p> <ul style="list-style-type: none"> - Update Charter and Bylaws ★ - Elect a Chair for a two-year term or postpone election until 2025 ★ - Ensure use of PHAB HE P&P throughout development of deliverables - Trainings - Annual retreat |

PHAB Retreat

- Confirmed for Thursday, November 14 in Portland
- Travel logistics
- Your facilitator: Nhu To-Haynes with NTH Consulting!

COQUILLE TRIBAL PUBLIC HEALTH: *Moving At The Speed Of Trust*

PUBLIC HEALTH ADVISORY BOARD MEETING
SEPTEMBER 2024



TRIBAL PUBLIC HEALTH:

THE INHERENT RIGHT AND EXPECTATION TO PROMOTE AND PROTECT THE HEALTH AND WELLBEING OF TRIBAL CITIZENS USING THE METHODS **MOST RELEVANT** TO THE TRIBAL COMMUNITY.



COQUILLE TRIBAL PUBLIC HEALTH: MODERNIZED NOT COLONIZED

CHALLENGES

- Cultural Sensitivity and Sovereignty
- Infrastructure Gaps
- Funding and Resources
- Workforce Development
- Data Sharing and Integration
- Trust and Collaboration

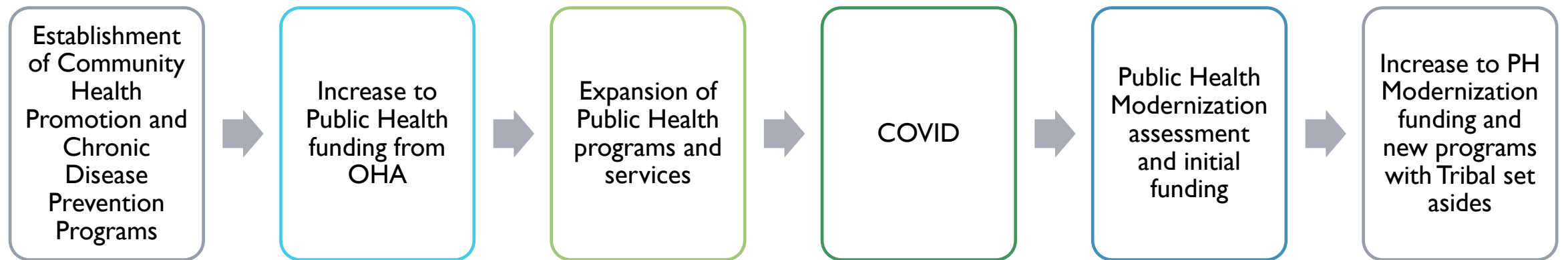


OPPORTUNITIES

- Cultural Integration
- Holistic Approach
- Community-Centered
- Prevention through Tradition Focus
- Resilience and Strength
- Trust and Collaboration



COQUILLE TRIBAL PUBLIC HEALTH: CONTEMPORARY HISTORY



COQUILLE TRIBAL PUBLIC HEALTH: A SOCIAL IDENTITY APPROACH FOR IMPROVING PUBLIC HEALTH OUTCOMES



Understanding health-related behaviors and norms



Informing interventions



Understanding the impact of shared social identity



Understanding the impact of disruptions to social identity (in-group/outgroup)



COQUILLE TRIBAL PUBLIC HEALTH: CURRENT STRATEGIES

Improve Tribal infrastructure to build capacity to address environmental hazards and protect and improve environmental public health in and for the community.

- Assess current status
- Address gaps and barriers
 - Build capacity

Increase the level of public health data available for the community to guide policy, planning, and development activities.

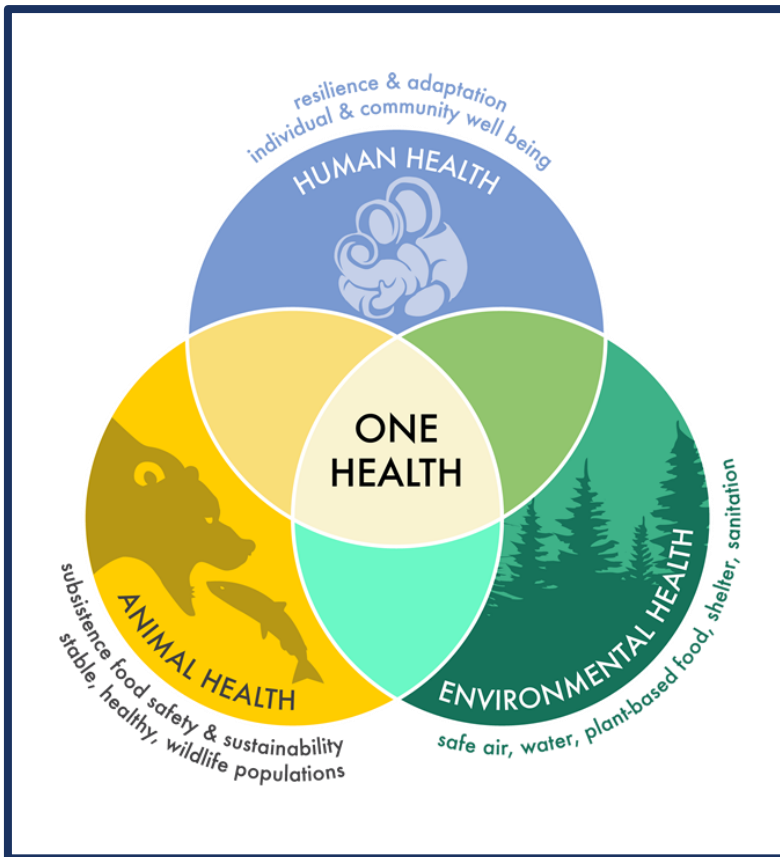
- THA/THIP

Improve Tribal infrastructure in public health emergency preparedness and response to support increased readiness.

- Assess capacities and competencies
- Trained and empowered staff and community



COQUILLE TRIBAL PUBLIC HEALTH: FUTURE DIRECTIONS



- Data Modernization
- Strengthened Foundational Capabilities (Strengthening the System)
- Culturally Responsive Programming
- Workforce Development
- Collaborative Efforts



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TRIBAL HEALTH CENTER

YELLOWHAWK TRIBAL HEALTH CENTER



***Public Health
Modernization***

CORE VALUES



VISION
*Our Tribal Community
achieves optimal
health through a
culture of wellness.*

MISSION
*Empower our Tribal
Community with
opportunities to learn
and experience
healthy lifestyles.*



Yellowhawk PH Modernization Capacity Building Projects



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2023-2025 Priority Areas & Goals



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Communicable Disease Control & Outbreak Management

- Implement consistent communicable disease data collection, analysis, and reporting systems and procedures.

Assessment, Epidemiology, & Policy Planning

- Implement systems and policies that contribute to the PH Department's long-term sustainability, efficacy, and accreditation plans.

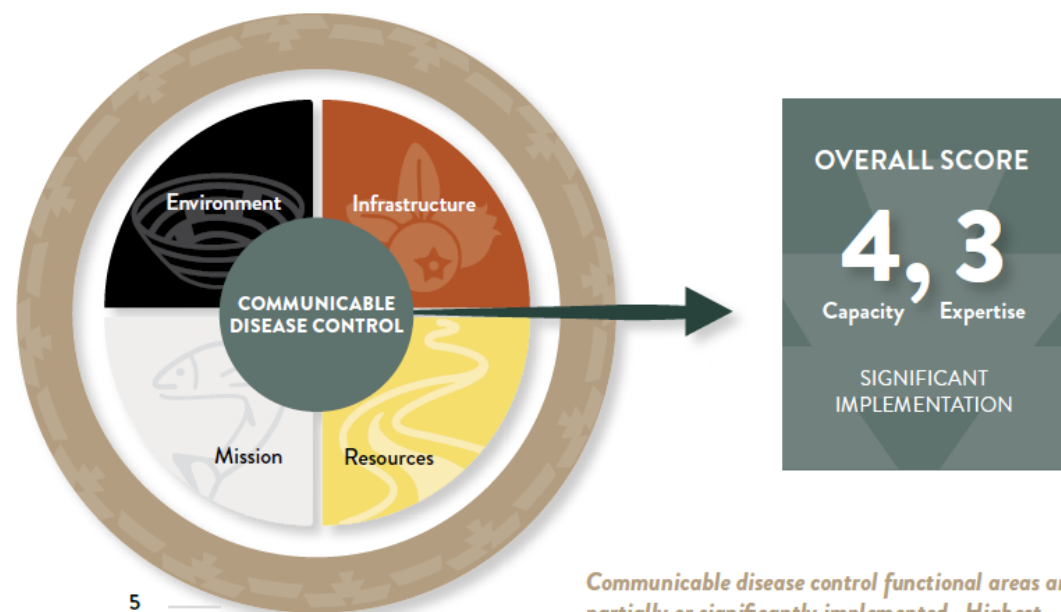
Emergency Preparedness & Response

- Further the development of emergency preparedness education, policy, and community response.

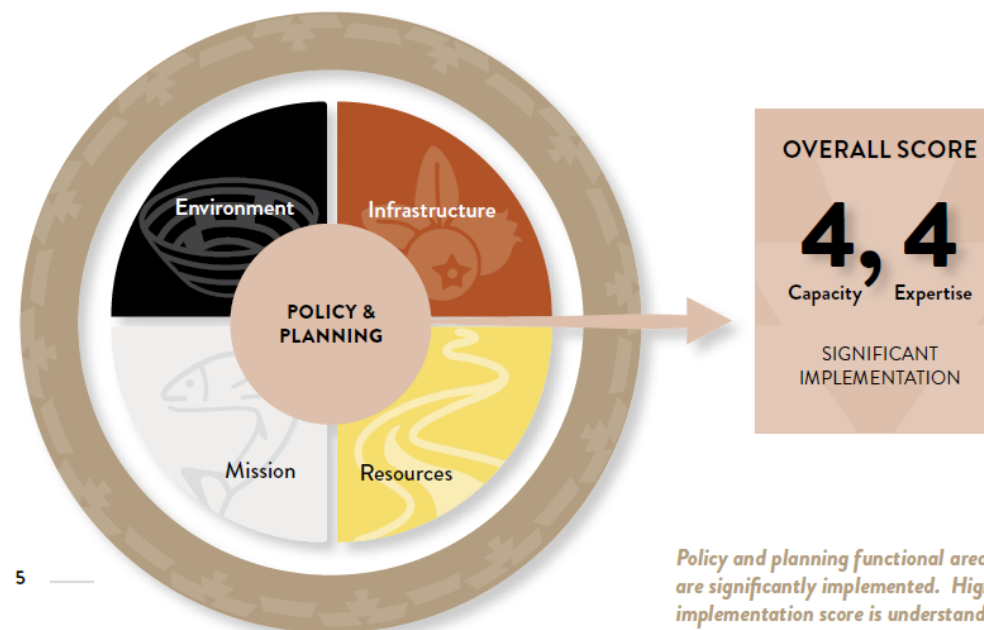
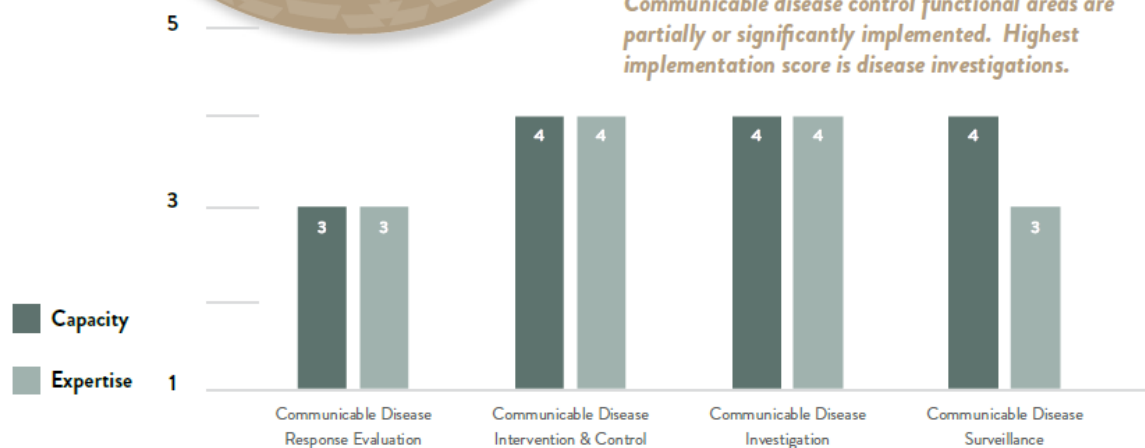
PH Modernization Assessment 2021



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Communicable disease control functional areas are partially or significantly implemented. Highest implementation score is disease investigations.



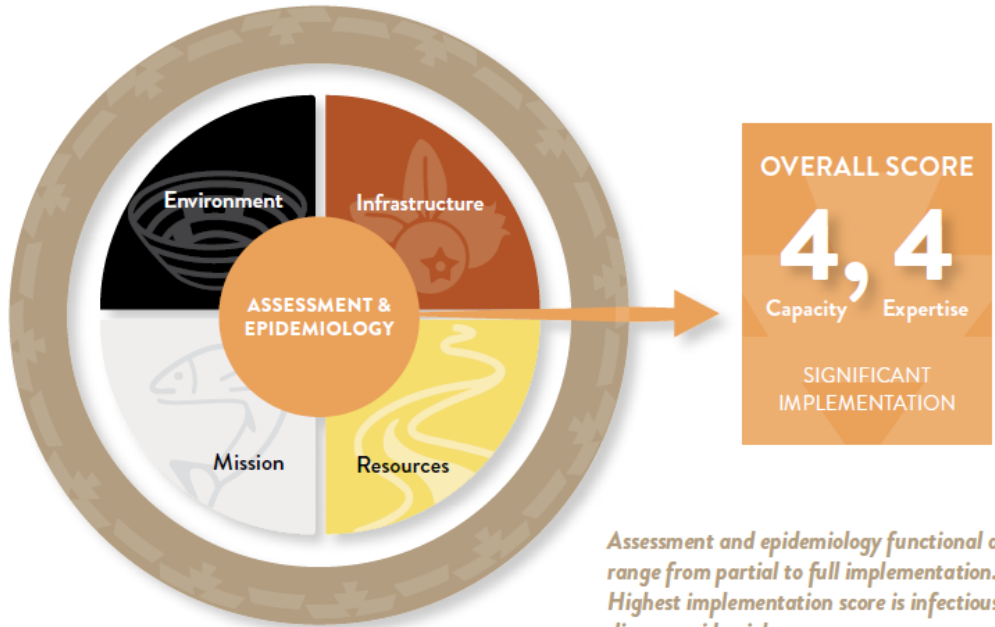
Policy and planning functional areas are significantly implemented. Highest implementation score is understanding policy results.



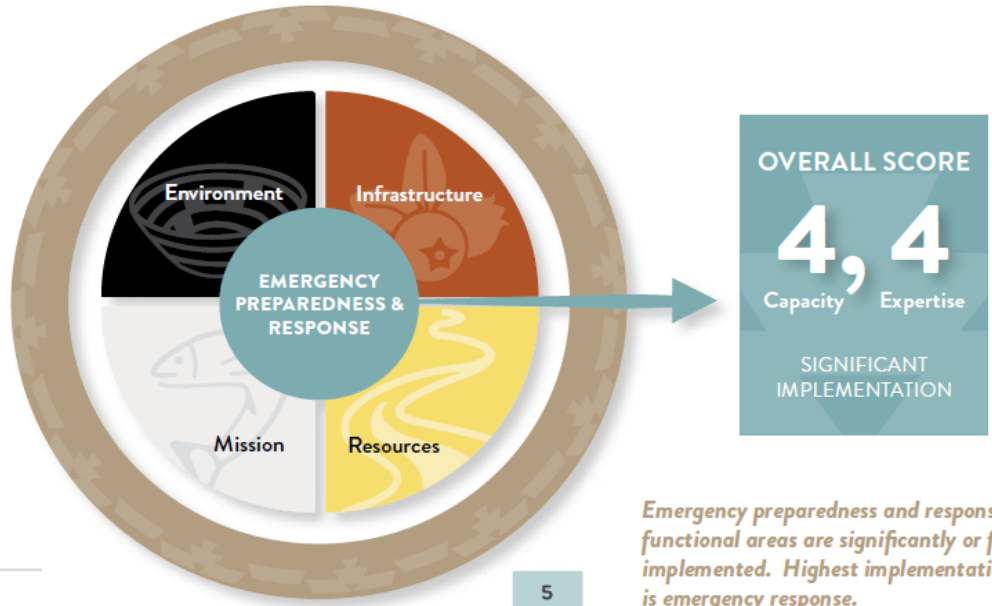
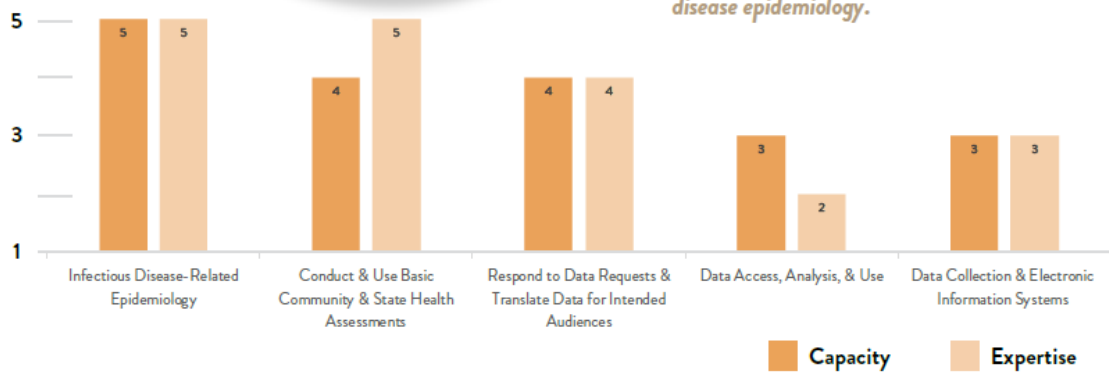
PH Modernization Assessment 2021



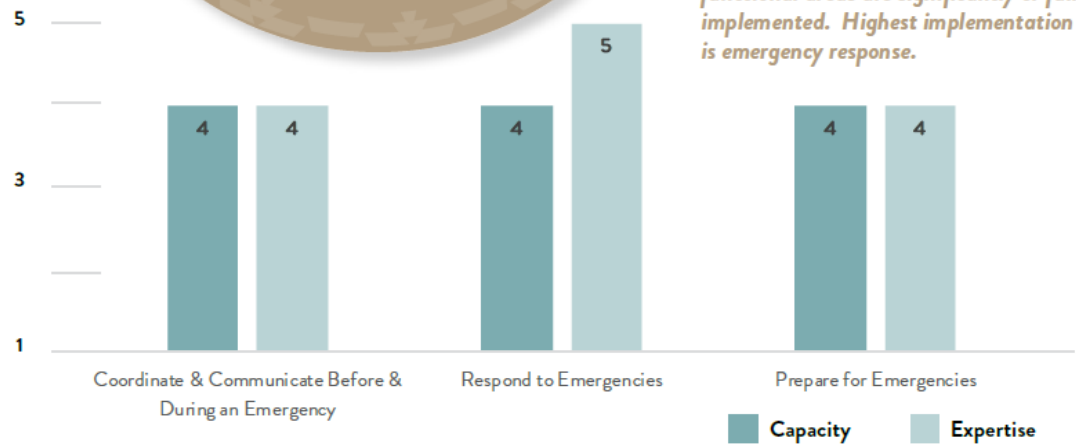
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Assessment and epidemiology functional areas range from partial to full implementation. Highest implementation score is infectious disease epidemiology.



Emergency preparedness and response functional areas are significantly or fully implemented. Highest implementation score is emergency response.





Communicable Disease Control & Outbreak Management



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Implement consistent communicable disease data collection, analysis, and reporting systems and procedures.



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- Goal: Comprehensive CD policies adopted by Yellowhawk, CTUIR, and Umatilla County Public Health
- 2-year ongoing collaboration with Northwest Portland-Area Indian Health Board (NPAIHB) Epi-Center
 - Personalized, comprehensive CD assessment for Yellowhawk PH, Medical, Laboratory, and CTUIR Environmental Health staff
 - Based on original PH Modernization Assessment



Assessment, Epidemiology, & Policy Planning



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Implement systems and policies that contribute to the PH Department's long-term sustainability, efficacy, and accreditation plans.



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- PHM funds:
 - PH Accreditation & Grant Coordinator
 - CHA/CHIP and Reaccreditation Activities
 - PH staff training and certification
 - *New* Health Promotion Projects Lead and Community Health Representative/Worker positions
 - 2025 Health Promotion/Prevention projects



Emergency Preparedness & Response



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Emergency Preparedness & Response



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- PHM funds:
 - PH Emergency Preparedness Coordinator
 - CTUIR and Yellowhawk Emergency Operations Plans, Public Health Code, and CD project – “Alignment Project”
- Community Preparedness Project
 - Ongoing yearly community resiliency and preparedness project. Centered around Community Picnic early August every year.

Community Preparedness Project



2022

+ A PERSONAL
FIRST AID GUIDE



2023



2024

Community Preparedness Project



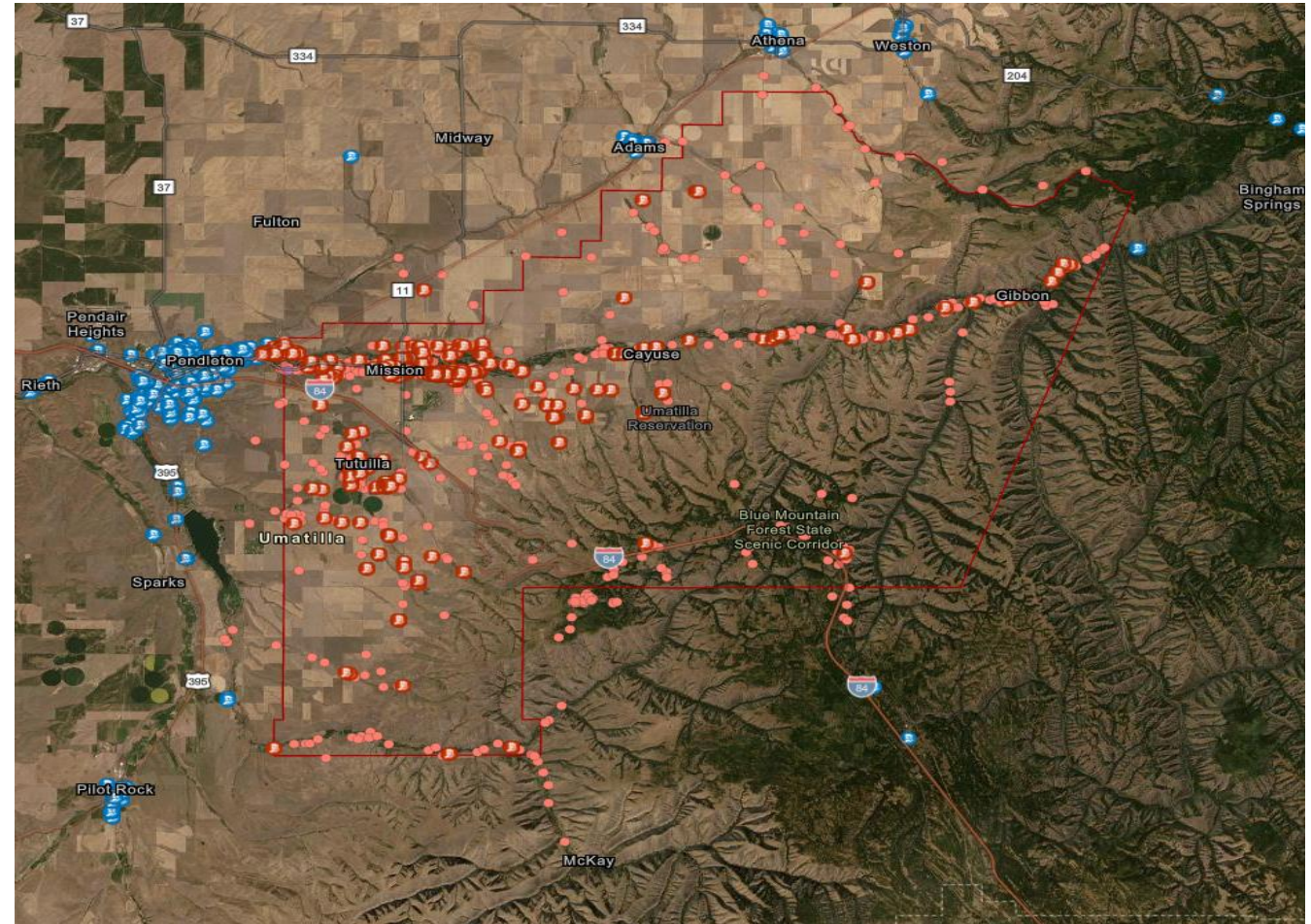
CTUIR Community Map inserted into Emergency Plan Books. Book distribution started in August of 2024.

Community Preparedness Project



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We partnered with the CTUIR GIS Program to track the locations of emergency backpacks and 1st Aid Kits. This image is backpacks located on the CTUIR (red).





Thank You



PHM Capacity & Cost Assessment

September 12, 2024 | PHAB





STATE OF OREGON Public Health Modernization Assessment Report

JUNE 2016

Detailed

| |
|---|
| 1 |
| 2 |
| 3 |
| 4 |
| 5 |

Capacity

Not currently provided



Able to provide the basics at
a lower level of service



Fully meets requirements

Expertise

Not currently provided



There is a meaningful gap in
skills or knowledge



Fully meets requirements

Rollup

| |
|----|
| 1 |
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| 7 |
| 8 |
| 9 |
| 10 |

Assessment outputs



Self-Assessment



Workforce gaps and strengths across FP/FC



Current Spending



Distribution of gov't PH funding across FP/FC



Full Implementation



Costs of needed FTE, contracts to implement PHM

Modernized framework for governmental public health services



Assessment components



PHD



LPHAs



Self-Assessment



Current Spending



Full Implementation

Assessment Timeline

