AGENDA

PUBLIC HEALTH ADVISORY BOARD

October 10, 2024, 3:00-5:30 pm

Join ZoomGov Meeting

https://www.zoomgov.com/j/1603086166?pwd=aGgvUIFENXdadzZvLzZZZStWKz R6QT09

Meeting ID: 160 308 6166

Passcode: 955876 One tap mobile

+16692545252,,1603086166#

Meeting objectives:

- Approve September minutes
- Discuss strategies to address climate impacts on health and future PHAB approaches
- Discuss alignment of PHAB priorities in the OHA Strategic Plan
- Hear updates from the Public Health System Workforce Workgroup
- Planning update for November in-person retreat

3:00-3:15 Welcome, board updates, shared agreements, agenda review

- Welcome, board member introductions and icebreaker
- Share group agreements and the Health Equity Policy and Procedure
- OHA staff updates
- ACTION: Approve September meeting minutes

Veronica Irvin, PHAB Chair

3:15-4:15 Climate and health in Oregon

pm

 Learn about work happening across the state to address PHAB's priority for building community resilience for climate Gabriela Goldfarb, OHA Climate and Health program

	 impacts on health (extreme heat and wildfire smoke-related air quality) Discuss how the information presented can inform PHAB's future work. 	Sarah Worthington, Deschutes County Health Services Aver Yakubu, Nurturely (CBO)
4:15-4:25 pm	BREAK	
4:25-4:50 pm	 Alignment with OHA Strategic Plan Learn about how PHAB priorities for public health modernization and accountability metrics are included in the OHA Strategic Plan Discuss actions and opportunities in the plan to advance PHAB priorities. 	Kirsten Aird, OHA staff
4:50-5:00 pm	Public Health System Workforce Workgroup Update • Hear updates and provide feedback on how to organize/synthesize workgroup recommendations for the Public Health System Workforce Assessment and Plan	Veronica Irvin, PHAB Chair
5:00-5:10 pm	 PHAB retreat Update on retreat agenda and logistics 	Nhu To- Haynes, Retreat facilitator
5:10-5:20 pm	Public comment	Veronica Irvin, PHAB Chair

5:20 pm Next meeting agenda items and adjourn

- November: Annual retreat!
- December:
 - Member-identified topics
 - State Health Assessment
 - Public health accountability metrics
 - Subcommittee and workgroup updates
 - Planning for 2025

Veronica Irvin, PHAB Chair

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

Attendance

Board members present: Naomi Adeline-Biggs Mike Baker, Marie Boman-Davis, Bob Dannenhoffer, Veronica Irvin, Jackie Leung, Kelle Little, Sarah Present, Tameka Brazile Miles, Mary Engrav, Ana Luse, Dianna Hansen, Jenny Withycombe

Board members excused: Brenda Johnson, Dean Sidelinger, Ryan Petteway, Meghan Chancey, Heather Kaisner, Nic Powers, 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

- Welcome, board member introductions and icebreaker.
- Share group agreements and the Health Equity Policy and Procedure
- Welcome OHA's State Public Health Director
 - Welcome Naomi Adeline-Biggs
- PHAB member update
 - Meghan Chancey has resigned her position.
- Meeting with OHPB Health Equity Committee (Veronica Irvin & Mike Baker)
 - Very receptive to discussion
 - Some discussion about adding to OHA's definition, around geography/rurality and the subcommittee is looking at the process to revise. There are others interested in revisiting the Health Equity definition, HEC will follow up.

 Want to ensure the same definition is used across all subcommittees for more consistency to make the definition something everyone could use as we work as a system together.

OHA staff updates (Kirsten Aird)

- Oregon Health Authority strategic plan highlights five strategy areas. The
 "Fostering healthy families and environments" strategy lines up with public
 health modernization accountability metrics are some of the key metrics
 for this strategy area and will be used to demonstrate we're making
 movement in this strategy area.
 - This sets PHAB and the public health system up to be contributors to achieving the goal to eliminate health inequities by 2030. Call to work through the Oregon health policy board and its subcommittees, for which the PHAB is one, to provide guidance and direction to the Oregon Health Authority and Public Health Division, in particular. Community is stating CCOs and LPHAs should be more closely knit. Opportunities to leverage Community Health Assessments & Community Health Improvement Plans; opportunity for board's roles to be more proactive in bringing guidance to LPHAs and CCOs and other partners.
- August 30 agency budget was released includes additional \$5 million for public health modernization. Governor's budget is released in December.
 - Opportunity for PHAB members to support work in the legislature –
 we will have cost and capacity analysis results and other info, for you
 to use.
 - Will need conversations among yourselves and community partners around public health modernization and how we showcase & highlight the work happening across the state.
 - Additional funds would be distributed using current ratio and framework for modernization funding.

July meeting minutes vote

- Mike Baker made a motion to approve meeting minutes. Diana Hansen seconded the motion.
- Minutes approved.

PHAB retreat – November 14

Presented by Nhu To-Haynes, Director NTH Consulting, and Sara Beaudrault

- Develop goals and agenda for the retreat.
- Still looking for the right space
- Sara and Tamby will help coordinate airfare and reimburse other travel related costs.
- Looking to meet needs of group what would a successful day look like?
 - Remember everyone's names & faces and have understanding why we are all here.
 - Lots of interaction, getting to know each other, healthy snacks.
 - Overview of how pieces fit together overarching view how PHAB integrates into other organizations.
 - Prioritize funding, guest speakers, or what to advocate.
- Suggested a more movement type focus to refresh. Then focus on work that's ahead of you.
- Volunteers to help with agenda please contact Sara Beaudrault

Tribal public health modernization

Presented by Julie Johnson, OHA Tribal Affairs; Kelle Little (PHAB member) and Jessica Hamner, Coquille Indian Tribe; Michael Erickson and Chelsea Hallam, Yellowhawk Tribal Health Center

OHA Tribal Affairs Presentation

- Learn about health issues, assets and challenges in rural areas of Oregon and complexities of providing public health services.
 - People always come first and foremost.
 - Federal Government Federal Indian Trust Responsibility
 - State of Oregon OHA Tribal Affairs
 - Tribal consultation
 - OHA Tribal liaisons
 - 13 Dedicated
 - 6 Full-time
 - Federally Recognized Tribes
 - Individual Sovereign Nations

- Political and legal relationship, not based on race.
- 574 federally recognized tribes access the nation that work with the Bureau of Indian Affairs
- Tribal Governments
 - Protect the health, safety and welfare of members and govern their lands.
 - Predates the U.S. government.
 - Determines own citizenship (tribal enrollment)
- Tribal Sovereignty
 - Inherent authority of indigenous tribes to govern themselves within the borders of the United States of America
- State of Oregon
 - Recognizes the right of Indian tribes to self-determination and self-governance.
- Nine Federally Recognized Tribes of Oregon
- Oregon Tribal Governments
 - Confederated tribes bring together multiple tribes.
 - Band is a smaller group of a tribe.
- Note on Service Areas
 - Area of interest may extend beyond tribal government center or reservation location.
 - Federal government allows tribes to provide governmental programs in specified service areas.
- Indian Health Care Delivery System
 - Indian Health Service (IHS) Directly Operated
 - Tribally Operated
 - Urban Indian Health Care Program
- Native American Rehabilitation Association (NARA) Urban Indian Health Program
 - OHA confers with them on program/policy changes.
- Northwest Portland Area Indian Health Board (NPAIHB) Tribal Advisory Organization

- OHA contracts with them for specific projects to serve the OR Tribes
- Community based-organizations (CBOs)
 - OHA supports these programs for providing services they are not Tribal Organizations

Coquille Indian Tribe Presentation

- 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.
- Contemporary Public Health Systems have long under-represented and overlooked tribes.
- Investment in tribal public health services has been slow an often failed to reflect differences and needs.
- Culture, language and community have long been components of public health practice within tribal nations and need to be implemented to intersect traditional tribal public health practices and public health science.
- Indigenous public health content and approaches must be informed by an understanding of indigenous epistemologies and pedagogies -- how knowledge is known and taught within tribes, which can vary by Nation.
- Tribal best practices from time immemorial should reflect that understanding within the development of the interventions, programs and services, rather than an additional component to implementation, as we have seen historically.
- Coquille Tribal Public Health: Modernized not Colonized.
- Coquille Tribal Public Health: Contemporary History
 - Additional funding they have today, through the advocacy and work of PHAB and others, allows development of the infrastructure and workforce.
 - Public Health Modernization fostered collaboration among Tribal Government agencies and local public health authorities in a collaborative way and is getting them more towards an equitable position.

- Coquille Tribal Public Health: Social Identity Approach for Improving Public Health Outcomes
 - Social Identity Theory is used as an approach to improve public health.
 Explores how individuals define themselves based on their group membership. Has some significant implications for public health.
 - Tailored health messages to resonate with the Tribal Community to improve engagement and outcomes.
- Coquille Tribal Public Health: Current Strategies
 - Working on tribal health assessment and improvement plan. Will be looking at tribal responses in the beginning and look at place as an afterthought for the THA/THIP, which is flipped from the standard CHA/CHIP process. Engaging community to be part of the process from the beginning to the end.
- Coquille Tribal Public Health: Future Directions

Mission of the Health and Wellness division is to foster and promote a whole person approach to wellness and health through self-sufficiency and a commitment to traditional and culturally meaningful environment. Ensure the legacy of the Coquille Tribal people the funding that has been provided and the modernization movement to support that mission and continue to grow that work and vision.

Yellowhawk Tribal Health Center Presentation

- 2023 2025 Public Health Modernization Priority Areas & Goals
 - Communicable Disease Control & Outbreak Management
 - Assessment, Epidemiology & Policy Planning
 - Emergency Preparedness & Response
- Coming out of the pandemic lost a lot of staff and a lot of programming had been disrupted had trouble rebuilding the capacity and expertise. Needed to create a public health program that could last beyond staff and was informed by the community.
- Implement consistent communicable disease data collection, analysis, and reporting systems and procedures.
- Implement systems and policies that contribute to the PH Department's long-term sustainability, efficacy, and accreditation plans.

- Emergency preparedness & response
 - Community preparedness project distributed and supplemented emergency preparedness kits for community members at annual community picnic and throughout community.

Public health modernization (PHM) capacity and cost assessment Presented by Steven Fiala

- 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.
 - Setting up ad-hoc meetings to discuss results in November.
 - Local public Health Authorities will have two sessions mid-October.

Public Comment

• No public comment

Meeting adjourned at 5:00PM



Presentation to the OHA Public Health Advisory Board October 10, 2024 Gabriela Goldfarb, Environmental Public Health Section Manager







OHA's Climate Change and Public Health Work Over Time

Evidence Base

- 2013-2019
- Interagency policy
- Plans
- on priority





- 2020-2022
- Undeniable impacts
- Governor's 2020 Climate Executive Order

Wake-Up

Calls

- Legislative Action
- Multiagency Framework



- 2023-now
- Roll-outs: OHP, housing, Modernization (CBOs +LPHAs +Tribes)
- Internal infrastructure, planning, and policy





Public Health Modernization Funding and Support

Local Public Health Authorities

- Funding for climate and environmental health personnel
- Climate Adaptation
 Plans required by June
 2025

Community-Based Organizations

Public Health Equity
 Grants to do culturally specific climate and
 health adaptation work

Tribal Partners

- Community

 Environmental Health
 Assessments and
 Improvement Plans;
 Traditional and
 Ecological Knowledge,
 and Tribal
 Environmental Health
 Data System Planning
- Northwest Portland
 Area Indian Health
 Board technical
 assistance

OHA Partnership Support

- Communities of practice
- Partner technical assistance
- Climate reports and impact compendium
- Climate adaptation toolkits and guidance
- LPHA planning support
- Interagency workgroups and partnerships







Community-Led Climate & Environmental Health Work

Increased capacity:

- engagement and leadership development with communities disproportionately impacted by climate change
- distribution of air filtration devices and air conditioners
- advocacy for community priorities and needs in decision-making processes
- response to emerging issues in their communities, such as wildfires

Focus Areas



Heat, wildfire, community disaster resilience (16)



Green infrastructure and community gardens (13)



Climate change and mental health (7)



Water insecurity (6)



Healthy homes (5)



Gabriela Goldfarb, Manager Environmental Public Health Section OHA Public Health Division

Gabriela.Goldfarb@oha.oregon.gov ~ 971-347-6147



by AQI Category Number of Days Hazardous Very Unhealthy Unhealthy USG

Bend Wildfire Smoke

Figure 5. Bend ≥ USG AQI wildfire smoke trends.



West Bend Prescribed Burn Pilot

Prescribed Fire & Smoke Collaborative Management



This regional joint collaboration for managing prescribed fire and smoke is an effort to:

- Communicate with the public and interested stakeholders about the agencies' efforts to increase the pace and scale of prescribed fire implementation while
 minimizing impacts to air quality and public health.
- Engage other tribal, federal, state, and local agencies/departments with land management and public health roles to increase awareness and cooperation.
- Ensure timely and equitable community engagement, transparent health risk communication, and information on the actions communities can take to protect their health from smoke.









What to know about smoke during prescribed fire season





Prescribed burning can bring smoky air to Central Oregon. The good news is, we know when these burns are happening so we can be prepared. This is the best time to prepare for wildfire season, when the smoke can show up without warning, and stick around for longer.



Why do we care about smoke?

Wildfire smoke affects everyone's health. It is important for all of us to limit our exposure to smoke! Some people may have worse symptoms, including people with health conditions or over age 65.

How to protect your health from smoke during prescribed burns:

- may be worse overnight
- Talk to your health care team and make a plan if you have health conditions
- · Keep indoor air as clean as possible

- Close your windows! Smoke
 Locate cleaner air spaces by calling 211
 - The Air Quality Index (AQI) tells us when it is safe to be outdoors. Find the AQI for your area at www.fire.airnow.gov
- Be willing to change your plans to avoid smoke
- Wear an N95 mask for extreme smoke or long periods of time outside

Have questions? Need more info? Learn more at https://centraloregonfire.org/protect-your-health/ or scan here:



the library Corner Issue 58 | 5 Apr 2024

April Flower Lore: Sweet Pea

Learn more about April's official flower, the sweet pea





Bend-La Pine Schools



Indoor Air Quality (IAQ)

The Deschutes County Environmental Health Department's Indoor Air Quality Program was developed to improve the health of Deschutes County's citizens by reducing exposure to indoor air contaminants. The primary function of this program is to provide advice and technical assistance for existing or potential indoor air hazards and help people access indoor air quality testing, prevention and mitigation resources. The IAQ program can assist businesses, organizations, day cares, schools, health care settings and other public facilities with a focus on vulnerable populations.

Ensuring proper ventilation can help reduce indoor airborne contaminants including viruses, such as SARS-CoV-2 that causes COVID-19. Studies have shown that the transmission of Covid-19 increases in spaces with inadequate ventilation and airflow. A few simple actions can reduce the risk of viral transmission, improve the air quality inside your home or building and lessen your exposure to a variety of indoor air hazards including wildfire smoke.



ASPIRE Children's Environmental Health Center

Oregon State University's Advancing Science, Practice, Programming and Policy in Research Translation for Children's Environmental Health Center



EnviroNatal Equity Week:

Shifting the Culture toward Black Maternal Health and Climate Action

Aver Yakubu, PhD, MHA, MPH - Nurturely Emily Little, PhD - Nurturely -(Executive Director and Founder)



Presentation Overview

- Overview of Nurturely
- Background on environmental and reproductive intersection
- Overview of EnviroNatal Equity Week
 - Founding Partners
 - Communications Toolkit
 - o 2024 Impact
 - Next steps/recommendations
 - Plans for 2025
- Get Involved!





Our programs aim to tackle the root causes of inequities in pregnancy, postpartum, and infant health



systemic racism in perinatal care



disproportionate climate impacts



perinatal workforce development barriers

We do this through: education, research and community advocacy



equity in perinatal wellness





But the U.S. is in a perinatal health crisis.

- High rates of pregnancy loss and stillbirth
- Preterm birth and birth defects.
- Intergenerational stress and rampant postpartum depression
- Healthcare systems rooted in racism





Disasters & Perinatal Health





- stressors experienced by pregnant parent associated with genome-wide impacts on DNA methylation levels
- Disasters can compromise lactation when not optimally supported
- Intergenerational effects of stress during pregnancy
 - Morbidities for birthing person and infant
 - Negative implications on the life course

Radtke et al., 2011; Cao-Lei et al., 2014; Painter et al., 2008; Serpeloni et al., 2017

To achieve health equity, we must bridge sectors to address racism in climate and perinatal care

climate resilience & mitigation



infant & perinatal health





How has Nurturely taken Action?

Education

- Development of a Climate Education Course and Wildfires Toolkit
- flyers, images and multimedia
- Advocacy: state and local level
 - Sharing findings of our research and program evaluation findings to develop recommendations
- Research
 - Resiliency during Environmental Disasters
- Diversifying the doula workforce in OR
 - and providing training on climate disaster mitigation
- EnviroNatal Equity Week



https://nurturely.org/perinatal-equity-advocates/



EnviroNatal Equity

bridging perinatal equity and climate action.

EnviroNatal Equity Week included events to educate participants on climate change and perinatal health:

 Instagram Live Sessions: Experts discussed topics like extreme heat's impact on pregnancy and environmental justice in maternal health, allowing for real-time engagement and insights.

Feedback highlighted the invaluable variety of

content and community solutions.

 Equity Symposium: Featured six sessions with leading researchers on issues like sustainable maternity practices and pollution effects on neonatal outcomes.

 100% of participants noted improved understanding of climate change's impact on perinatal health.

- Preparedness Workshop: Focused on emergency skills for pregnant individuals, covering alternative feeding methods and water sanitization.
 - 67% of participants reported moderate improvement in understanding emergency feeding, with 33% indicating significant improvement.

Overall, participants gained valuable knowledge and strategies regarding climate change and its effects on perinatal health.







equity in perinatal wellness

EnviroNatal Equity

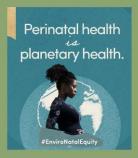
bridging perinatal equity and climate action.

Communicating about EnviroNatal Equity

During EnviroNatal Equity Week, Nurturely's Instagram saw a 162% increase in impressions, totaling 2,139. The reach extended to 855 accounts, with 46% being new, and 147 new accounts engaged with related content.

61

new social media
followers during
EnviroNatal Equity Week





Environmental justice is crucial for ending the maternal and child health crisis.

EnviroNatal Equity

bridging perinatal equity and climate action.

Available
Now

communications toolkit

S nurturely

Party or present a velicus

413
Communications Toolkit
Downloads
as of May 2024

"[Because of the toolkit] we have more resources to engage reproductive-justice oriented students in environmental discussions and will share facts on environmental equity on social media as they discover them."



Impact of Environatal Equity Week

equity in perinatal wellness

Environmental Equity Week significantly impacted communities and stakeholde fostering advocacy and educational outreach:

- Increased Awareness: The event increased awareness and dialogues among people working in different often siloed spaces, leading to continued conversation and engagement.
- Educational Outreach: Reproductive justice-oriented students gained new insights into parents' and children's health.
- Enhanced Knowledge: Participants reported significant improvements in understanding the impact of climate change on perinatal health and how racism contributes to environmental injustice. The symposium's evidence-based content and the practical insights from the emergency workshop were particularly impactful.

"The symposium and emergency workshop provided new insights into feeding during emergencies and the importance of chest feeding during environmental disasters."

"There was increased awareness in the conversation and dialogues from people working in other spaces. There was also a cross-sector opportunity to think on how spaces/issues intercept. It also led to continued conversation and engagement with people."



EnviroNatal Equity

bridging perinatal equity and climate action.

Get Involved

Join the Perinatal Equity Advocates Program!

 Get access to climate education resources plus more!

EnviroNatal Equity Week

- Sign up for the email list
- Sign up to be a presenter for 2025!
- Sign up to facilitate a Nature Walk!



https://nurturely.org/planet/





equity in perinatal wellness

THANK YOU!

Aver Yakubu, PhD, MHA, MPH
Program Director
aver@nurturely.org



OHA Strategic Plan Eliminating Health Inequities



Public Health Advisory Board October 3, 2024



Strategic Goal

Eliminate health inequities in Oregon by 2030

Transforming behavioral health

Strengthening access to affordable care for all Fostering healthy families and environments

Achieving healthy Tribal communities

Building OHA's internal capacity and commitment to eliminate health inequities

Goal Pillar Three: Fostering Healthy Families and Environments

Under this pillar, we will:

- Provide trauma-informed and culturally and linguistically responsive public communications.
- Implement policies and programs that facilitate equitable access to quality housing, climate adaptation resources, nutrition supports, and preventative services.
- Facilitate capacity building and workforce development to address population health inequities.
- o Build a modern public health system.
- Expand access to health and social services resources and supports for children, parents and families.

Strategy One: Provide trauma-informed and culturally and linguistically responsive public communications

- Ensure trauma-informed, plain language is used across OHA communications and that communications are available in multiple formats.
- Improve and standardize timeliness and accuracy of translated prevention and public health emergency preparedness communications.
- Provide OHP and Marketplace members culturally and linguistically appropriate health information that meets their needs.

Strategy Two: Implement policies/programs for equitable access to quality housing, climate adaptation resources, nutrition supports and preventive services

- Implement Medicaid waiver HRSN services, health- related services (HRS), in lieu of services (ILOS), and CCO quality metrics within the framework of the Healthier Together Oregon State Health Improvement Plan.
- Leverage all available contractual mechanisms and OHA funding to ensure local partners and contractors are working meaningfully to eliminate health inequities and ensure compliance with these provisions.
- Increase identification and response to climate health risks and improve the health of home environments.

Strategy Three: Facilitate capacity building and workforce development to address population health inequities

- Increase Traditional Health Worker (THW) certified and qualified Health Care Interpreter (HCI) workforce and utilization in Oregon.
- Assess current workforce status and needs; implement training and technical assistance for local public health authorities, Tribes, community-based organizations, CCOs, providers, Regional Health Equity Coalitions (RHECs) and other partners to increase immunization rates, reduce immunization disparities, and address other inequities.
- Leverage innovative partnerships to recruit, retain and promote a diverse workforce to better meet the needs of communities most harmed by health inequities.



Strategy Four: Build a modern public health system

- Increase the statewide public health workforce and ensure it is reflective of the community served.
- Implement public health policies and programs designed to eliminate health inequities.
- Implement climate adaptation plans.

Strategy Five: Expand access to health and social services resources and supports for children, parents and families

- Create a robust system of care for expanded access to culturally and linguistically responsive prenatal and postnatal care through increased OHP reimbursement rates for doulas, streamlined OHP reimbursement pathways and expanded CCO participation.
- Expand access to vaccines, WIC Nutrition and Health Screening Program, and lead testing for children, parents and families.



Strategic Goal

Eliminate health inequities in Oregon by 2030

Transforming behavioral health

Strengthening access to affordable care for all

Fostering healthy families and environments

Achieving healthy Tribal communities Building OHA's internal capacity and commitment to eliminate health inequities

Source: https://www.oregon.gov/oha/pages/strategic-plan.aspx



Questions or comments

Question for consideration



Given the strategies in the Goal Area, what areas can PHAB and/or our partners support?

Feel free to jot down your ideas or capture in the shared document **here**.

We can revisit these questions/ideas at the upcoming retreat and future meetings.