



Public Health Advisory Board meeting minutes
October 10, 2024, 3:00-5:30 pm

Attendance

Board members present: 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, Tameka Brazile Miles, Kelle Little, Naomi Adeline-Biggs

Board members excused: Brenda Johnson, Ryan Petteway, Meghan Chancey, Kelly Gonzales, Jawad Khan

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

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

Welcome, board updates, shared agreements, agenda review

Veronica Irvin, PHAB Chair

- Welcome, board member introductions and icebreaker
- OHA staff updates
 - Convening a special, optional, PHAB meeting November 4, to share results of the modernization capacity and cost assessment and to take any questions before it is more broadly shared.
 - Finally ready to reconvene the accountability metrics subcommittee, always space for more members. Will be looking at current accountability metrics and

how we use them to push our system to make the changes we want to see, how to connect the CCO metrics and scoring committee and the Oregon Health Policy board around metrics alignment.

- Keep your eyes out for the survey regarding November retreat. Still gathering travel information for reimbursements and any food allergies/restrictions.
- Tamby Moore will be stepping aside from her PHAB role after the retreat in November. Thank you, Tamby, for all your amazing work. Kendall Reese will be assisting moving forward.
- ACTION: Approve September meeting minutes
 - Bob Dannenhoffer approved, Sarah Present seconded. September minutes approved.
- This is Mike Baker's last meeting, as he is resigning from his position as the Public Health Administrator for Jefferson County. Thank you for all of your contributions towards rural health.

Climate and health in Oregon

Gabriela Goldfarb, OHA Climate and Health program, Sarah Worthington, Deschutes County Health Services, Aver Yakubu, Nurturely (CBO)

- Learn about work happening across the state to address PHAB's priority for building community resilience for climate impacts on health (extreme heat and wildfire smoke-related air quality)

OHA's Climate Change and Public Health Work Over Time - Gabriela Goldfarb

- Climate health and discussions started 2013, focus was to develop evidence and the public relations to present evidence.
- 2020 ushered in the second wave of weather-related health concerns, starting in the fall with the Labor Day fires blanketing the entire state past hazardous levels of smoke, this was followed by the 2021 big winter ice storm, then the June 2021 heat dome; all of which brought climate and health risks to everybody's consciousness.
- In 2020 Governor Brown issued her climate executive order. OHA now prepares an annual climate and health in Oregon report. Work has been completed with multiple agencies to create a climate change adaptation framework featuring public health, where OHA led a subgroup working on equity blueprint for guidance to agencies. OHA also created evidence-based studies for legislature, testifying over multiple sessions, helping support direct funding for action.
- 2023 Public Health Modernization funding for prioritizing climate and health, enabling LPHAs, CBOs and Tribes to do work with the prior developed toolkits and supports. Also, funding was provided for portable cooling devices and policies to

protect renters. In addition, Medicaid 1115 Waiver supports groundbreaking climate support, including healthy home grants. Funding is set for \$30 million, with a straight allocation going to the nine federally recognized tribes. Part of the funding is going to staffing the state level sections, supporting grant process and technical assistance.

- Remaining slides explain public health modernization funding support – how we’re helping the community and programs.

EnviroNatal Equity Week: Shifting the Culture toward Black Maternal Health and Climate Action – Dr. Aver Yakubu, Nurturely (CBO)

- Nurturely is a statewide community-based organization who believes wellness, especially during the perinatal period, is a right and not a privilege. A major program relates to the environmental intersectionality related to health equity. They address the root causes of inequities, especially in terms of systemic racism and perinatal care, impact of climate and addressing diversity of the perinatal workforce, through education, research and community advocacy.
- Presentation slides cover how environmental can contribute to infant health and the actions Nurturely has taken to advocate Perinatal Equity, along with education and research.
- EnviroNatal Equity Week: 18 April – 21 April, with the inaugural in 2024. Details and impact are presented thoroughly in the presentation slides.

Central Oregon Wildfire Smoke – Sarah Worthington, Deschutes County Health Services

- LPHAs focus on local community impacts and in Central Oregon, wildfire smoke is at the top of their hazards of concerns list. It has become a common occurrence during the summer and is a fairly new hazard and they’re learning how to live with it.
- West Bend Prescribed Burn Pilot came to fruition October 2023, with many state and local partners working to advance prescribed fire in wildland urban interface, overcoming policy barriers to implement larger scale burns in West Bend area, with a significant effort to protect public health. A multitude of targeted communications and coordination with partners ensured public health safety. Spring prescribed burn season is the best time to get smoke ready, before wildfire season. Presentation slides highlight the communications outreach. This program has sparked national/international recognition and hopes of future implementation.
- Indoor Air Quality Program was developed, along with a grant proposal which was awarded, to purchase 40 indoor air quality monitors for childcares. Along with the monitors, educational materials were shared with daycare operators and box fan filters were provided. This has provided an opportunity to form relationships and stay in communication, especially when the outdoor air quality is questionable, to check in on the indoor air quality, keeping the children safe.

Discuss how the information presented can inform PHAB's future work.

- These programs would not have been as feasible without Public Health Modernization funding.
- Environmental health has been identified as a priority for public health in Oregon and OHA has arranged these presentations to keep you informed, along with data you'll be able to monitor through the accountability metrics. How would you like to continue these thoughts and conversations about how you want to track the work that you have prioritized for public health in Oregon? (no immediate comments)
- Comment from Gabriela – recognition of Deschutes, Crook and Jefferson counties for developing regional climate strategies and investments, which also make sense in other areas of the state. It takes a high degree of coordination and communication s for prescribed burns.
- Comment from Kirsten – In regard to opportunities to work across program areas, from a local and PHAB perspective, how can we leverage our health promotion, chronic disease prevention, self-management programs, and tobacco prevention education dollars because this is all about lung health.
- Comment from Veronica – Oregon State University is re-releasing pilot funding from National Institutes of Health which is, in turn, being put to pilot projects to some of our community partners. They are opening for some more pilot grants next year – link was added in chat.

Alignment with OHA Strategic Plan

Kirsten Aird, OHA staff

- Learn about how PHAB priorities for public health modernization and accountability metrics are included in the OHA Strategic Plan

OHA Strategic Plan Eliminating Health Inequities

- This is an information-rich presentation - participants are encouraged to drop comments into the chat and take your own personal notes, this will be really important for the strategic planning that will be happening in November, and how you see connection to the public health system.
- Five areas of focus to eliminate health inequities in Oregon by 2030
 1. Transforming behavioral health
 2. Strengthening access to affordable care for all
 3. Fostering health families and environments
 4. Achieving health Tribal communities
 5. Building OHA's internal capacity and commitment to eliminate health inequities.

- Focusing on goal pillar three: fostering healthy families and environments. Naomi Adeline-Biggs, Public Health Director, is the sponsor of this goal and it speaks to public health in its most natural form. It presents quite a bit of upstream prevention and OHA was very successful pulling in the accountability metrics and public health modernization into elements of this goal area. Presentation slides thoroughly cover the strategies to implement.

Discuss actions and opportunities in the plan to advance PHAB priorities.

- Drop them into the Google doc (link on slide), add to chat, or verbally discuss.
- Ana Luz – community health worker (CHW) trainings are needed as mentioned, however resources for aging community is also needed. Not all minority communities qualify for certification as caregivers. There is a burden for unpaid caregivers - they are given tools and support groups, but we should start this conversation for communities that could be CHWs but focusing more on taking care of elders - not having certification or recognition from the state. At least understand what is mandatory to report, what is elder abuse and promoting better practices to care for our elders.
- Consider for the upcoming retreat – what does it look like, what does it mean, and how do we wrestle with moving towards eliminating health inequities.

Public Health System Workforce Workgroup Update

Veronica Irvin, PHAB Chair

Hear updates and provide feedback on how to organize/synthesize workgroup recommendations for the Public Health System Workforce Assessment and Plan

- Over last summer, a needs assessment was put together by a consultant group about the needs and the state it is available on the PHAB website, and it's been discussed previously.
- Met monthly for the past several months, along with specific focus groups and surveys with different partners, to get a sense of the workforce and where to prioritize. Draft recommendations will be presented in December for feedback, leading to putting in a funding request. In January, partners from workgroup will come and co-present these recommendations, for your vote.
- What is the best way to present these recommendations to PHAB? Currently they are bucketed around foundational capabilities, along with putting each recommendation into a low/high feasibility & impact. How would you like to see the recommendations on public health workforce – any suggestions on how you'd like to see it organized – foundational capability, sector, topic? Should they be focused on foundational capabilities – currently focused on communication around surveillance,

assessment epidemiology priorities, leadership – with those top recommendations we could do sooner and more long-term.

- Comment from Dr. Marie Boman-Davis – Disclosure, she does sit in on the workgroup – sharing the understanding of the priorities were from the workgroup, then there was a three-month long pause, then communications across all of the sectors, and now the workgroup is putting them into a matrix. She feels there will be an opportunity to make revisions and vote. The challenges about separating the foundational capabilities, into different compartments, is it assumes they're mutually exclusive, which is not how organization engage in Public Health Modernization are applying the foundational capabilities. She would not look at them siloed in the capabilities.
- Question from Dr. Petteway – Are you considering any of the SA or ASP PH guidelines?
 - We are not discussing that, we are thinking about public health workforce education, not bringing in the accreditation guidelines, looking at shortages in our state – do they need to come from standard university, discussions with current staffing, it's really broad what we're looking at. There are multiple pathways – academic partners, K-12 partners, and non-academic partners.
- Comment from Marie Boman-Davis – Can OHA remind us where the recommendations will go after PHAB votes on them and how they might be of value to the ongoing advocacy and conversations and programs within the OHA Public Health Division?
 - We do need to submit to legislature that this is completed, as it was a deliverable, and make it publicly available. PHAB is one of the main recipients of this work. Thinking about Public Health Modernization moving forward across the entire system and how we can start using these recommendations, hopefully it is a tool all partners can use.
- Comment from Dr. Present – Not too sure exactly what the recommendations will be, so it's difficult to suggest how to present it. Workforce development is under the capability of Public Health leadership, and as leaders we should have workforce development and retention as part of our overall goal across the capabilities & programs. May not make as much sense to silo as to where we are getting the workforce as retention is one of our biggest challenges, along with workforce development. There's no funding to encourage ongoing education for the workforce.
- Comment from Jackie Leung – Her students are getting bachelor's degrees and two have jobs lined up. Many are being told they do not have adequate experience, even if they had internships or volunteer work. What are the ways to break down those

barriers, increasing the number of public health representation, especially from students who are first generation of underserved communities?

- Unfortunately, no answers currently – will share with workgroup.
- Comment from Marie Boman- Davis – it appears abstract at the moment, since there's no visual or sample. There's examples of increasing epidemiologists and data analyst capacity in rural areas through the expansion of remote and telecommute job opportunities, which is complex due to different policies from agencies, and we're trying to figure it out. This recommendation would be high impact; however, is it high feasibility or something we're already on the path to implement. Another example is related to community health workers and tribal health workers having access to online trainings and certifications, which is in the works and is happening. Where would this go in the matrix? This boils down the recommendations, a bit of wordsmithing and voting on where the prioritization is to present to OHA.
- Comments from Dr. Petteway – Excited about this with teaching undergraduate and graduate students, doing community work, and engaging high school students in public health in the workforce. Looking for the distinction being made between the work as we see it and we're doing it versus the workforce. Feels like the trap that public health does.
 - There's a mixture of both. Focusing on specific jobs, there's also skills missing across the board to expand what we're doing.

PHAB retreat

Nhu To-Haynes, Retreat facilitator

Update on retreat agenda and logistics

- Retreat will be held 11/14 at Kiln in Portland
- Connect with each other as a group. Deep introductions, what excites you about the work.
- How to explain the work of PHAB? Elevator pitches.
- Prioritize and look at work for 2025.
- Time for rejuvenation.
- Bring walking shoes.

Public comment

Veronica Irvin, PHAB Chair

- No public comment

Next meeting agenda items and adjourn

Veronica Irvin, PHAB Chair

- November:

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

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.