AGENDA

PUBLIC HEALTH ADVISORY BOARD

December 12, 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 October and November minutes
- Hear update and highlights from members who attended the PHAB Retreat
- Review and vote to approve changes to Bylaws
- Elect new Chair and Incoming Chair, based on Bylaws decision
- Provide input for Coordinated Care Organization (CCO) procurement

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 new member • OHA staff updates • ACTION: Approve October and November meeting minutes	Veronica Irvin, PHAB Chair
3:20-3:30 pm	**PHAB retreat debrief** • Hear highlights and themes from members who attended the retreat • Discuss next steps for 2025 planning	PHAB members

3:30-3:45 pm	**PHAB bylaws** • Discuss draft changes to PHAB Leadership structure • ACTION: Vote on proposed changes • Identify members for short-term workgroup to update charter and bylaws	Veronica Irvin
3:45-4:00 pm	**Chair and Incoming Chair elections** • Hear from members who are interested in serving as Chair or Incoming Chair • ACTION: Elect Chair and Incoming Chair to one-year terms	Sara Beaudrault, OHA
4:00-4:10 pm	**BREAK**	
4:10-5:00 pm	**2027 CCO Procurement** • Provide input that will inform the design of the next contract between OHA and CCOs. • Share experiences, successes, challenges and perspectives on what's needed to improve health outcomes. • Discuss whether members would like to develop a summary of recommendations to submit to OHPB, separate from today's feedback.	Brenda Johnson
5:00-5:15 pm	**Public comment** The public comment period will be extended to 5:30 if members from the public are present who would like to provide comment.	Veronica Irvin, PHAB Chair
5:15 pm	**Next meeting agenda items and adjourn**	Veronica Irvin, PHAB Chair

- CCO procurement summary of recommendations
- OHA 2025 Legislative priorities
- Bylaws and charter
- Public Health System Workforce Assessment
- LPHA modernization plan reviews
- Themes from new reports: accountability metrics, evaluation, CCA, LFO report
- 2025 planning

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.

Today’s welcome and icebreaker

Please share your name, organization and your role on PHAB.

Briefly describe the location from which you’re joining today’s 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
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

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Public Health Advisory Board meeting minutes - DRAFT
November 14, 2024, 9:00-4:00
This meeting was not recorded.

Board members present: Naomi Adeline-Biggs, Heather Kaisner, Dean Sidelinger, Marie Boman-Davis, Veronica Irvin, Dianna Hansen, Sarah Present, Kelle Little, Tameka Brazile-Miles.

Board members absent: Ana Gonzalez, Brenda Johnson, Jackie Leung, Jawad Khan, Jenny Withycombe, Kelly Gonzales, Mary Engrav, Nic Powers, Bob Dannenhoffer, Ryan Petteway.

OHA Staff for PHAB: Sara Beaudrault, Kirsten Aird, Steven Fiala, Heather Redman, Danna Drum, Tamby Moore.

Facilitator: Nhu To-Haynes

Welcome and Connections

Nhu To-Haynes, Facilitator

- Nhu welcomed everyone and provided an overview of the day.
- Nhu led the group through three activities to get to know and build relationships among members and the OHA team. These included an "I like" activity, an activity to design your own self-care spoon, and small group connections on identity and positionality.

Role of PHAB and PHAB's Charter

Nhu To-Haynes, Facilitator

- The group reviewed the Role statements in PHAB's charter and discussed, What from the charter is tangible? And, What does this mean for my community?
- Notes from the discussion include:
    - A commitment to leading intentionally with racial equity to facilitate public health outcomes.
        - *PHAB is committed to this.*
        - *Examples include strategic data plan, modernization funding formula, Public Health Equity grants to CBOs.*
        - *PHAB's health equity policy and procedure lays out that proposals brought to PHAB outline health equity impacts.*
    - A commitment to health equity for all people as defined in OHPB's health equity definition.
        - *PHAB is committed to this.*
        - *PHAB added rurality and geography to its health equity policy and procedure.*
        - *PHAB has taken steps to engage other bodies, like the OHPB Health Equity Committee in updating the health equity definition to included geography or rurality.*
    - Alignment of public health priorities with available resources.
        - *Statute alignment.*
        - *Is it bigger than state health assessment and state health improvement plan?*
        - *Alignment of OHA Strategic Plan.*
        - *Can we align modernization cost and capacity assessment findings with future priorities?*
        - *Due to limited resources, this is one we need to focus on more; structure of governmental system.*
        - *Is this role too broad? Which resources? Which priorities?*

        - *More discussions regarding funding, maintaining, how are we prioritizing as a system, think about possibilities of shrinking funding.*
    - Analysis and communication of what is at risk when there is a failure to invest resources in public health.
        - *Not done well. Compassion fatigue.*
        - *PHAB Chair and member testimony.*
        - *Where does PHAB communicate? OHPB? OHA? OHPB does not seem ready to align.*
        - *Did PHAB participate in COVID response or contribute to COVID public health study?*
        - *How does CLHO work with PHAB?*
    - Guidance for Oregon Health Authority, Public Health Division strategic initiatives, including the State Health Assessment and State Health Improvement Plan.
        - *Very cursory work on this.*
    - Support and alignment for local governmental strategic initiatives.
        - *Does not feel like we do this.*
    - Connect, convene and align LPHAs, Tribes, CBOs and other partners to maximize strengths across the public health system and serve community-identified needs.
        - *Expanded membership through Legislation. What has PHAB done to support extended membership?*
        - *Subcommittee membership included people in addition to PHAB members.*
        - *Room for improvement when aligning with health care delivery partners including Oregon Medicaid.*
        - *Where does this intersect with equity stickies?*
    - Support for state and local public health accreditation and public health modernization.
        - *Does accreditation add value or contribute to systems change work?*

        - *How has PHAB had an opportunity to support modernization outside of legislative deliverables?*
        - *PHAB statute supports modernization.*
        - *Accreditation can equal power and influence. Accreditation has/creates barriers.*
        - *These things can be used as tools in the process.*
        - *Where IS PHAB in this?*
- *Some members expressed interest in continuing to discuss PHAB's charter and possible changes to roles in 2025.*

Public Health Elevator Pitches

- The group participated in an activity to develop elevator pitches based on a set of different scenarios.

Public Comment

Sara Beaudrault

- Sara opened a public comment period through Zoom from 11:45-12:00.
- No public comment

PHAB's Bylaws and Leadership Structure

Sara Beaudrault

- Sara shared that Veronica's term as Chair ends in December. Veronica will continue to serve as a PHAB member.
- Based on recent discussions, OHA is proposing that PHAB consider changing its leadership structure from a one-person Chair model to a three-person Incoming Chair/Chair/Past-Chair model. OHA has drafted these changes in the Bylaws.
- OHA is making this proposal to share the load of leading PHAB among members, develop leadership in newer members, and to shift responsibility for things like agenda planning from OHA to PHAB members.
- Members who attended supported this proposal and bringing these changes to the December meeting for discussion and a vote.

Planning for 2025

Nhu To-Haynes

- Members discussed ideas for PHAB topics or priorities for 2025. These included:
    - Recommendations for future priorities and funding
    - Building understanding of governmental public health funding
    - Doing a reset to answer the questions "Over the past decade, have we done what we said we would do? And where are we going now?"
    - Building understanding for the goals of public health modernization.
    - Doing a deep dive into results from the modernization cost and capacity assessment, evaluation and accountability metrics to understand themes and make decisions. Moving from assessment to action.
    - Soliciting input from partners on what they think PHAB should be focusing on.
    - Reviewing and narrowing scope of roles in charter. Reflecting on spaces that PHAB is not currently addressing, like accreditation or local governments.
    - Telling the story of public health in Oregon.

Meeting adjourned at 4:00 PM

PHAB retreat recap

Retreat recap

1. **What is the role of PHAB?** Using roles listed in PHAB's charter, members discussed tangible examples of PHAB's work, what the work means for communities, and roles in the charter that may need to be updated or deleted.

2. **PHAB elevator pitch.** Members practiced talking about PHAB's important role and specific ways PHAB contributes to health in Oregon.

3. **PHAB leadership structure.** Members discussed changing PHAB's leadership structure from a one-person Chair model to a three-person Chair/Past Chair/Incoming Chair model.

4. **PHAB priorities for 2025.** Some of the topics discussed included:
    a. Recommendations for future priorities and funding
    b. Building understanding of governmental public health funding
    c. Doing a reset to answer the questions "Over the past decade, have we done what we said we would do? And where are we going now?"
    d. Telling the story of public health in Oregon.

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Bylaws and Chair elections

Proposed changes to bylaws

- Move from a one-person leadership structure to a three-person structure.
  - Chair
  - Past Chair
  - Incoming Chair
- Elected positions will serve one year in each position.
- Elected positions will be jointly responsible for working with OHA for Board planning and agenda development.

Rationale for proposed bylaws changes

- Share the burden of leadership and shorten duration of leadership responsibilities.
- Provide mentoring for incoming leaders.
- Shift decision-making and guidance to PHAB leadership, with OHA in a supporting role.

PUBLIC HEALTH ADVISORY BOARD BYLAWS
~~April~~ November 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 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;
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 have the following elected positions.

Incoming chair
Chair
Past chair

[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

Elections for the incoming chair shall take place within the fourth quarter of each 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. Only voting members are eligible to hold elected positions.
~~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.~~~~PHAB shall elect one of its voting members to serve as the chair. Elections shall take place within the first quarter of each 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.~~

~~The chair~~Elected positions shall serve a ~~two~~one-year term in each position, beginning Jan 1st of each year. After one year, the incoming chair shall become the chair, the chair shall become the past chair, and the past chair shall no loner hold an elected position.

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~~The chair is eligible for one additional two-year reappointment.~~Elected positions may remain in current positions for one additional year if approved by the three elected positions and a majority of voting members.

If the chair were to vacate their position before their term is complete, the incoming chair will ~~a chair election will take place to~~ complete the term, prior to beginning their one-year term.

Elected positions shall jointly be responsible for developing agendas, work plans and other planning for the Board, with OHA staff to the Board.

The PHAB chair shall facilitate meetings or delegate that responsibility to guide the PHAB in achieving its deliverables. Delegates may be other elected positions, 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 three elected positions ~~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.

Health Equity Policy and Procedure review

- This change to bylaws will not have a direct effect on communities, nor does it redirect resources to groups experiencing inequities.
- This change may create leadership opportunities for more members and diversify leadership perspectives that guide the Board.

PHAB vote

- Do members approve propose changes to the bylaws?

Who wants to join a short-term workgroup for Charter and Bylaws?

- Bylaws, Part II:
  - Member responsibilities
  - Subcommittees and workgroups
- Charter:
  - Review and update roles

Incoming Chair and Chair elections – PHAB vote

- Hear from members who are interested in serving as Chair or Incoming Chair
- Elect positions

OREGON HEALTH AUTHORITY

2027 CCO procurement

CCO procurement discussion questions

- Share your experience (successes and challenges)
- What factors do you think made the experience you described above possible?
- From your perspective with CCOs, are there aspects that have helped improve care, communication or health outcomes?
- Where have you seen success in CCOs and specifically what is making that success possible?
- Share some examples of successful models that might be replicated across the state?
- **Would PHAB like to develop a summary of feedback and recommendations at your January meeting?**

Oregon Health Policy Board and Committees:

Sharing Experiences with Coordinated Care Organizations (CCOs)

Today's Agenda & Purpose

- 2027 Procurement Overview
- Time for discussion and sharing experiences

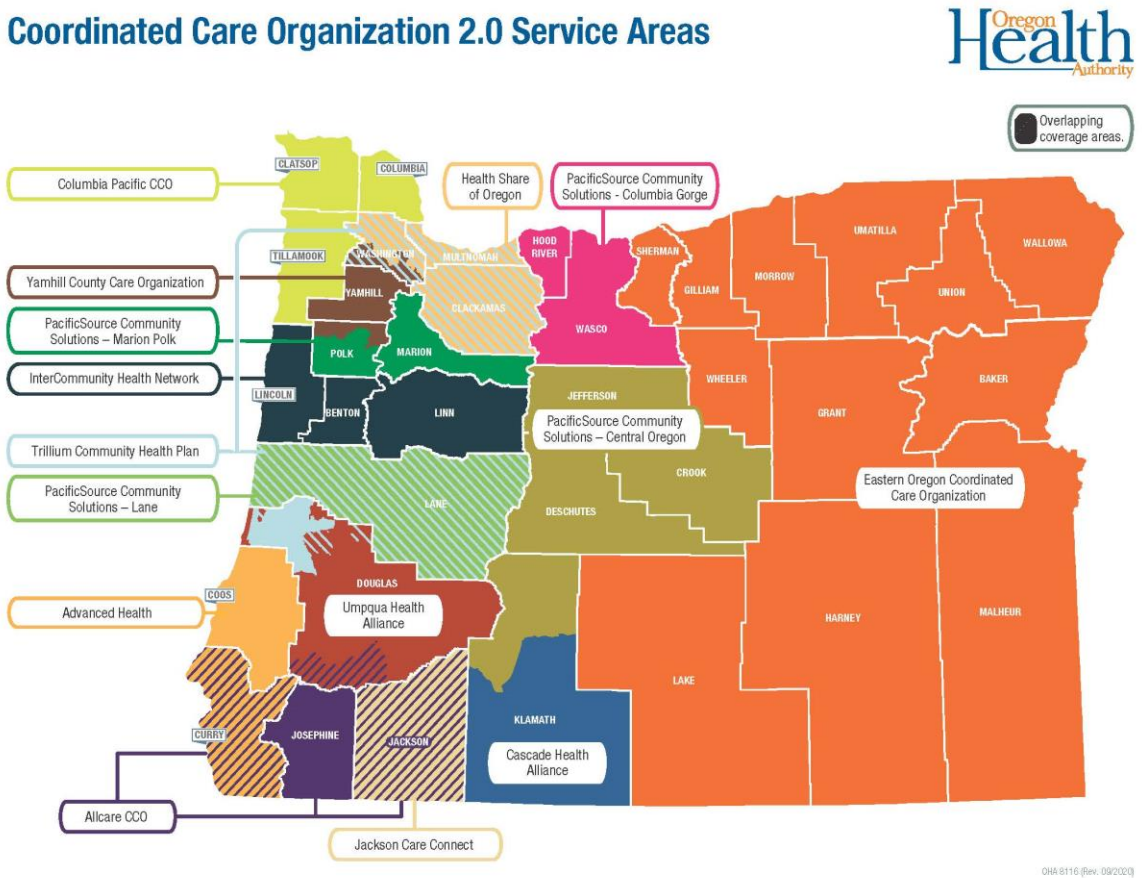
Purpose:

To gather input that will inform the design of the next contract between the Oregon Health Authority (OHA) and CCOs.

Your feedback will help us better understand what drives CCO successes and help develop a model that we can use across the state in the next CCO contract.

Current CCO Structure

- 16 CCOs cover Oregon
- 1.4 million Oregonians served
- CCOs vary:
  - Membership (18,000 to 456,000)
  - Service area (1 – 12 counties)
  - Number of locations
  - Same contracts; payment rates vary geographically
- Current contract: 1/1/2020 to 12/31/2026



CCO 2027 Procurement

OHA is publicly launching the plan for the next CCO procurement. The 2027 CCO procurement will:

Set clear expectations for potential CCO applicants through a formal procurement

Evaluate applicants in alignment with those expectations

Award CCO applicants with new contracts starting January 1, 2027

Why does CCO Procurement Matter?

- Largest contracts for State of Oregon
- Health care coverage for 25% of Oregonians (90%+ Medicaid)
- Align Oregon goals for Medicaid
- New OHA 1115 Medicaid Waiver begins 2027
- Leverage CCO performance & reset expectations
- Enhance community engagement & collaborative decision-making
- Make the 2030 Health Equity goal **real**

OHPB Approach for Input

- ***Committee Feedback** – through January 17, 2025 } **We are here**
- Public Town Hall – December 3, 2024 (January 7, 2024 is an additional opportunity)
- Online Public Survey – through January 17, 2025
- CCO Success Conversation – by February 21, 2025
- CCO 2027 Launch – January 2027

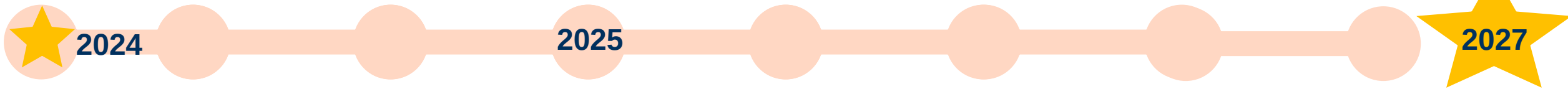
OHPB & Committee Input- Gathering Timeline

OHA presents OHPB and committee CCO procurement role; Kick off meeting with committees

OHPB and **Committees** solicit input

OHPB: Compile input from committees to inform CCO procurement

OHPB will be a central space for public updates and communication around CCO Procurement.
CCO Procurement Team will share back how Committee Feedback was used.



OHA: Review past program performance & develop a Pre-procurement snapshot of CCO level performance and program overall

OHPB: Dec 3 OHPB Town Hall
Jan 7 OHPB continues to hear feedback

OHPB: March 2025 OHPB Meeting- Provide Summary Report to synthesize input received to help affirm the direction of CCO procurement; provide a space for ongoing public discussion

Sharing experiences

All input is welcome, some areas of interest include:

Supporting the Success of Children

Promote early childhood health and stability throughout childhood into early adulthood

Behavioral Health (BH) Referrals and Partnerships

Ensure members have appropriate and timely BH services across requirements and delivery systems

Social and Environmental Drivers of Health

Care beyond medical appointments for social and environmental support for members (such as information or access to air conditioning, housing programs, food assistance)

Discussion:

- Share your experience (successes and challenges)
- What factors do you think made the experience you described above possible?
- From your perspective with CCOs, are there aspects that have helped improve care, communication or health outcomes?
- Where have you seen success in CCOs and specifically what is making that success possible?
- Share some examples of successful models that might be replicated across the state?

OREGON HEALTH AUTHORITY

Public Comment

Welcome!

- Let us know you'd like to provide comment through chat, raising your virtual hand, or unmuting.
- Share your name and organization, if you are representing an organization.
- Please limit your comments to 2-3 minutes.

From: Kris Sherman
To: Public Health Policy
Subject: Advisory board public comment
Date: Saturday, November 23, 2024 2:31:40 PM

Hi there!

Please share with your Public Health Advisory Board

Trees: boost on Oregon planting for trees that hurt those with allergies? Does the Health communicate and advocate for those with allergies that can resort to respitory issues during pollinating season. (Cottonwood as an example)

Housing: low income govt subsidized housing with aesbestos where no inspection tests for aesbestos breakdown or acknowledges such toxins onsite period! Is Health Dept advocating for asthmatics and mesothelioma. Copd patients put in such toxic housing.

Prescribed fires: Does Health Dept advocate for lung disease in a neighborhood located by wetlands fire managed every year creating smoke in area. Especially while wildfires are having an impact on respitory issues of pm2.5 that effect not only an unborn child but an elderly senior grandma and mother who fights to breath every summer. Does the Health Dept work with the Lung Assoc stats to help this vulnerable population have a right to clean air from less pm2.5 smoke resulting from land mgmt in Oregon.

I think insurance co.s change
The first appt: does the patient have dental and vision? Is this important to a general physician for overall health? Can thesecrecords help indicate health problems? What are the patients concerns at the 1st new patient meeting and can they be written down and addressed within the year at least? Why so hard to look at ones own xrays? Do we not have a right to understand our own health? Why not get permission papers at first appt for all xrays, bloodwork so not have to repeat everything.

Can Oregon Health have more public information on Oesteoporosis? Test at an early age. If ones height record decreases can this be a sign to order a dexa scan? Or had the birth control now known to cause a decreased bone loss? Who tracks their patients background to help them? Please look at Facebook groups on oesteo...you can read about frustration in womens Health and no explanation of treatments from general physicians. May I request a bone or oesteo specialist be accessible to a patient of a newly found diagnosis of Oesteopenia or Oesteoporosis? Lives are changed with this condition.

Mental health and anorexia. Please educate high schoolers about food. Anorexia can be from controlling food....both eating too much and the less acknowledged of sports kids..eating less as a false as making you better and stronger. I wish this notion of eating less and controlling

food could be reviewed in every sports 1st meeting in high schools every year.

Please share and consider my requests of consideration to the Health Advisory Board.

Thank you,
Kris Sherman

Welcome!

- Let us know you'd like to provide comment through chat, raising your virtual hand, or unmuting.
- Share your name and organization, if you are representing an organization.
- Please limit your comments to 2-3 minutes.