

AGENDA

PUBLIC HEALTH ADVISORY BOARD

December 11, 2025, 3:00-5:30 pm

Join ZoomGov Meeting

<https://www.zoomgov.com/j/1601913715?pwd=1siA6QoRpBFNGIyuwRXnunpP4mzlq3.1>

Meeting ID: 160 191 3715

Passcode: 625385

One tap mobile

+16692545252,,1601913715#

Meeting objectives:

- Approve October & November minutes
- Retreat Follow up: 2026 Priorities
- Strategic Data Plan update
- Prioritization Workgroup update
- Public comment

3:00-3:30 pm Welcome, board updates, shared agreements, agenda review

- Welcome & check in
- Member Updates/ Transitions
- Partnership Alignment Updates
- OHA staff updates
- OHA federal policy change monitoring
- **ACTION:** Approve October and November meeting minutes

Sarah Present,
PHAB Chair

3:30-4:30pm Retreat Takeaways & 2026 Priorities

- Review takeaways from the retreat
- Review themes and requirements
- Discuss proposed priorities for 2026

4:30-4:40pm	BREAK	
4:40-5:00pm	Strategic Data Plan Updates • Summary of progress in SDP Domains • Lessons learned and opportunities for continued work in 2026	Victoria Demchak and Rose Harding, OHA
5:00-5:10pm	Prioritization Workgroup Update • Updates and recommendations from 10/30 meeting	Bob Dannenhoffer, PHAB
5:10-5:15pm	Public comment	Sarah Present, PHAB Chair
5:15 pm	Next meeting agenda items and adjourn • 2026 Priorities and Workplan • Overview of legislative session • Update from workgroups • Member updates	Sarah Present, PHAB Chair

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- 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

Agenda

- Retreat Follow up: 2026 Priorities
- Strategic Data Plan update
- Prioritization Workgroup update



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OHA Staff Updates

Member	Position	Organization	Biography
Naomi Adeline-Biggs	State Public Health Director (ex-officio, non-voting)	OHA Public Health Division	12+ years in international health, policy, and emergency preparedness Experience as physician in Seychelles & WHO officer Former Public Health Administrator, Polk County
Dean Sidelinger	State Health Officer (ex-officio, non-voting)	OHA Public Health Division	Expertise in child health, epidemiology, and public health systems Leadership experience in behavioral health, child welfare, early childhood, and community partnerships Background in pediatrics; MD and Master’s in Education
Brenda Johnson	OHPB Member (ex-officio, non-voting)	La Clinica	OHPB Member (ex-officio, non-voting)
Tameka Brazile Miles	State employee with public health expertise	OHA Public Health Division	Public health strategist committed to advancing racial equity, chronic disease prevention and community-driven solutions. She has led large multidisciplinary teams at the Oregon Health Authority and Multnomah County Health Department, guiding statewide and countywide initiatives that integrate community engagement, policy change and data-informed decision-making. With extensive experience building coalitions, partnering with diverse communities and mentoring emerging leaders, she works to strengthen trusted relationships and align systems that support healthier, more equitable outcomes for all Oregonians.
Heather Kaisner	Local Public Health Administrator - Benton, Clackamas, Deschutes, Jackson, Lane, Marion, Multnomah or Washington County	Deschutes County Health Services	25+ years in communicable disease, epidemiology, immunizations, and emergency preparedness Former statewide COVID surge capacity leader MS in Health Communications; expertise in crisis communication
Robert Dannenhoffer	Local Public Health Administrator - Coos, Douglas, Josephine, Klamath, Linn, Polk, Umatilla or Yamhill County	Douglas County Health Department	Pediatrician in Roseburg since 1989 Former Navy physician Experienced in Oregon health transformation and CCO leadership Former Chair, Metrics & Scoring Committee
Florence Pourtal	Local Public Health Administrator - Clatsop, Columbia, Crook, Curry, Hood River, Jefferson, Lincoln, Tillamook, Union or Wasco County	Lincoln County Health and Human Services, Public Health	10+ years in global health (Africa, Southeast Asia) including humanitarian NGOs Expertise in cross-system collaboration and rural public health Graduate of London School of Hygiene & Tropical Medicine Interests: public health modernization, family time, outdoor activities
Robin Canaday	Local Public Health Administrator - Baker, Gilliam, Grant, Harney, Lake, Malheur, Morrow, Sherman, Wallowa or Wheeler County	Morrow County Health Department	Public Health Director, Morrow County Nursing background: long-term care, women’s health, corrections Experience in behavioral health and equine-assisted programs Strong collaborator across healthcare systems Advocate for rural health access and policy development
Sarah Present	Local Public Health Officer	Clackamas County Health, Housing and Human Services, Public Health Division	Clackamas County Health Officer & Tri-County Deputy Health Officer Experience across multiple Oregon and Washington counties Background in Family Medicine & Preventive Medicine Expertise in environmental health policy and primary care Active clinician at Clackamas County Health Centers

Marie Boman-Davis	Conference of Local Health Officials Representative	Washington County Department of Health and Human Services, Public Health	Public Health Division Manager & Local Public Health Administrator, Washington County Background in chronic disease prevention, behavioral epidemiology, and public health informatics Leadership roles in academia and health accreditation
Kelle Adamek Little	Tribal Representative	Coquille Indian Tribe Community Health Center	Health & Human Services Administrator, Coquille Indian Tribe Oversee primary care, pharmacy, oral health, community health, and social services Registered Dietitian & Nutritionist Serves on multiple tribal and state health advisory boards BS in Community Nutrition; VA dietetic internship graduate
Mary Engrav	CCO Representative	CareOregon	Senior Medical Director, CareOregon 27 years as Emergency Physician; expertise in sexual assault investigations Former Sexual Assault Medical Director for Oregon Strong focus on behavioral health and substance use Active in emergency response (SERV-OR)
Nicolas Powers	Health Care Representative that is not a CCO	Winding Waters Clinic	CEO, Winding Waters Clinic (FQHC) Leads integrated medical, dental, mental health, and public health services Key leader in clinic's transition to nonprofit CHC Background in engineering & MBA; rural health advocate Serves on multiple statewide healthcare boards
Jacqueline Leung	Representative of individuals who provide public health services directly to the public	Micronesian Islander Community	Community leader and public health advocate Experience in COVID-19 outreach, health insurance enrollment, food & housing access Law degree used to support communities facing citizenship-related barriers Advocate for AAPI and Micronesian community representation
Veronica Irvin	Academia Representative	Oregon State University, College of Health	Assistant Professor, Oregon State University Expertise in community-engaged research and public health program evaluation 15+ years experience across diverse health promotion topics Faculty for Health Promotion & Health Behavior and Public Health Practice
Ryan Petteway	Population Health Metrics Expert	OHSU-PSU School of Public Health	Social epidemiologist & Assistant Professor, OHSU-PSU School of Public Health Expertise in CBPR, decolonizing methods, social determinants, and place-based health Focus on justice in public health data, discourse, and methods Award-winning poet integrating art with public health practice Former Epidemiologist, Baltimore City Health Department
Kelly Gonzales	Health Equity Expert	OHSU-PSU School of Public Health and Indigenous Health Equity Institute	Cherokee Nation citizen; founder, Indigenous Health Equity Institute Tenured associate professor, OHSU-PSU School of Public Health Expertise in decolonizing public health, health equity, and Indigenous health Nationally recognized researcher on racism and Native American health inequities Advisor on racial justice, Indigenous food sovereignty, and public health policy

Dianna Hansen	Community-based Organization Representative (Rural)	Central Oregon Disability Services Network	Executive Director & Co-Founder, Central Oregon Disability Support Network (CODSN) Specialist in rural health equity, disability services, and family support systems Certified Person-Centered Plan Facilitator; Youth Mental Health First Aid Trainer Background in business management and marketing Lived experience as a parent advocate in disability communities
Ana Luse	Community-based Organization Representative (Urban)	Centro Cultural of Washington County	Director of Community Health & Wellness, Centro Cultural of Washington County Expertise in bilingual, culturally specific health access and education Experience in elder wellness, health navigation, and Latino community outreach Former ODHS case manager; 6 years at Consulate of Mexico in Portland
Jenny Withycombe	Education System Representative (early learning through high school)	Portland Public Schools	Assistant Director of Health & Adapted/Physical Education, Portland Public Schools Focus on equitable, inclusive health and PE education Expertise in intersecting identities, youth development, and academic leadership Licensed PK-12 Administrator and Health Educator
Jawad Khan	At-large Member	Muslim Educational Trust	At-large Member



Public Health Advisory Board meeting minutes - draft October 9, 2025

Attendance

Board members present: Veronica Irvin, Sarah Present, Dianna Hansen, Kelly Gonzales, Kelle Adamek-Little, Ana Luse, Jenny Withycombe, Naomi Adeline-Biggs, Robin Canaday, Bob Dannenhoffer, Florence Pourtal, Mary Engrav, Ana Luse, Tameka Brazile Miles, Dean Sidelinger, Nic Powers, Jackie Leung

Board members excused: Brenda Johnson, Jawad Khan, Marie Boman-Davis, Heather Kaisner, Ryan Petteway

OHA staff for PHAB: Veronica Herrera, Valori Fleisher, Sara Beaudrault, Liz Hunt, Steven Fiala

Meeting objectives:

- Approve September minutes
- Federal Funding to LPHA
- State Health Improvement Plan Updates
- Modernization Visioning Workshop
- Public comment

Welcome & agenda review

Sarah Present, OHA

Welcome & check in

Sarah opened the meeting with a review of the day's agenda.

Topics included:

- Discussion on federal funding to Local Public Health Authorities (LPHAs) to inform future budget discussions

- State Health Improvement Plan (SHIP) updates and discussion on ongoing PHAB engagement
- A modernization visioning workshop facilitated by Met group representatives

Rural Health Transformation Program

- Email with slides and details was sent to members.
- The program supports Oregon's rural health system strengthening; proposed focus areas include:
 - Healthy communities & prevention
 - Regional partnerships & system coordination
 - Workforce capacity & resilience
 - Technology & data modernization
- Focus areas were shaped by public comments from September, partner engagement feedback, and CMS guidance.
- A new public survey is open until October 15 for feedback on proposed initiatives and any "ready-to-launch" projects.
- A public forum is scheduled for today from 6:30–8:00 pm. The slides to be presented were shared in the member email.
- Veronica will share the survey and website links in the chat for distribution to partners.

Staffing

- Jon Snowden will begin as the Public Health Division Equity Director on Monday, October 13. A PHAB introduction session will be scheduled.
- Collette Young, Administrator for the Center for Public Health Practice, is retiring.
- The job posting for the Administrator role is open and closes October 19. Members are encouraged to share widely.

Federal Updates

- The federal government is currently in shutdown. Duration is unknown.
- At this time, programs and services remain uninterrupted.
- No anticipated changes to access, staffing, or funding at present.
- OHA is monitoring the situation and coordinating with state partners.
- WIC Program:
 - Local agencies will receive full funding for October.
 - Food benefits are secured through October 31.
 - November funding is uncertain but may be supported by potential additional federal allocations for FY 2026.
 - OHA will update partners as information becomes available.

Approval of September Meeting Minutes

- Motion: Jackie moved to approve the September minutes.
- Second: Bob Dan Huff seconded and commended the note taker.
- Vote:
 - All in favor: Yes

- Opposed: None
- Abstentions: None
- **Result:** September meeting minutes approved.

Federal Funding Effects on Local Public Health Authorities (LPHAs)

Liz Hunt, OHA

Liz Hunt shared the updated federal funding tracking spreadsheet (also shared with LPHAs through CLHO meetings).

Key points included:

Receipt of Federal NOAs

- OHA has now received all expected federal Notices of Award for the start of the new federal fiscal year—a positive sign given earlier uncertainty.
- Public Health Emergency Preparedness (PHEP / PE12): Full funding received; no reductions.
- Safe Drinking Water, Suicide Prevention/Intervention, and Postvention awards have all been received as expected.
- One behavioral health–related award will move off the LPHA tracking sheet because it is now managed by Behavioral Health.

WIC Funding

- WIC is affected differently because its funding timeline ties directly to federal budget negotiations.
- Current status:
 - Full local agency funding is secured for October.
 - Food benefits available through October 31.
- While November remains uncertain, indicators suggest bipartisan support for maintaining WIC funding once the federal shutdown resolves.

Funding Timelines and Complexity

- Federal funding periods vary significantly by program element. Many operate on different award cycles, with multi-year braided funding streams.
- OHA often receives NOAs just before, at, or sometimes after the start of the federal fiscal year, making alignment with state and local fiscal calendars challenging.
- The spreadsheet highlights (in yellow/red) reflect updates made since the September CLO retreat.

Overall Takeaway

At this time, no unexpected losses of federal funds to LPHAs have occurred.

1. Timing of Federal NOAs and Contract Alignment

Members asked how OHA uses NOA information to fund LPHAs given the mismatch between:

- **Federal fiscal year**
- **State fiscal year**

- **LPHA contract cycles**

Liz explained:

- Funding is awarded based on confirmed NOA amounts, reflected in the spreadsheet's funding-source budget periods.
- Because NOAs arrive at varied times, OHA can only award funds once federal dollars are confirmed.
- This has always been a challenge, but this year's volatile federal environment adds additional uncertainty.
- Annual renewals of multi-year federal grants are standard practice, not a new phenomenon.

2. Clarification of Spreadsheet Highlights

- Yellow highlights indicate updates made since the previous CLO meeting.
- All historical versions of the spreadsheet are publicly available via CLO materials.

3. Implications for the \$5 Million Set-Aside

Questions from members centered on whether the set-aside could be released since federal awards appear stable.

Nami responded:

- Current information shows federal funding stability through December, but uncertainty persists due to the federal shutdown and political environment.
- OHA recommends holding the \$5 million a bit longer to ensure the state public health system remains protected against late-breaking federal cuts.
- If stability continues, the \$5 million will likely be returned to the CBO funding pool.

4. Impacts on CBO Grant Process

Veronica and others raised questions about:

- Whether holding the \$5 million affects current CBO grant scoring and award recommendations.
- How additional funds (if released) would be distributed later.

Nami clarified:

- The current CBO RFGA is proceeding without the \$5 million.
- If the funds are restored, they may be used to:
 - Fund additional CBOs, or
 - Increase awards for some CBOs based on scoring and need.
- OHA aims to restore funds by early next year if possible, to give CBOs meaningful time to spend them.

5. CBO Capacity Concerns

CBO representatives (Anna, Jackie) emphasized:

- The difficulty of managing last-minute funding changes, especially when staffing and deliverables must be aligned with grant amounts.
- The challenge of unpredictable award timelines for organizations whose fiscal years differ (e.g., starting in February).

- The need for clear communication to minimize administrative burden and funding instability.

6. Systemwide Funding Gaps

Members noted:

- Even with full federal funding, LPHA funding remains insufficient to support Oregon's modern public health system.
- Inflation and increasing operational costs outpace current federal awards.
- These realities underscore the continued need for Public Health Modernization.

7. Overall Reflections

Members expressed appreciation for OHA's steady, cautious approach, noting that:

- Uncertainty remains high,
- Sudden federal changes have occurred this year, and
- The goal is to minimize harm to the system while navigating unprecedented volatility.

State Health Improvement Plan Updates

Cintia Vimieiro, OHA

2025–2029 SHIP Priorities

- 1. Healthy Environment**
(Clean air and water; social, physical, and built environments that enable wellbeing.)
- 2. Individual, Family, and Community Wellbeing**
(Social and emotional wellbeing across community contexts.)
- 3. Health Promotion & Disease Prevention**
- 4. Emergency Preparedness & Response**
(Including public health emergencies and events like wildfire.)

There are 63 strategies across public health division sections.

Implementation Timeline & Next Steps

- The SHIP draft is being finalized and reviewed by OHA leadership.
- Public materials and the full plan will be shared with PHAB once finalized.

SHIP Collaborative Recruitment

- A new SHIP Collaborative will replace the redevelopment steering committee.
- Cena is recruiting 15 core members, prioritizing:
 - Community members with no prior government committee experience
 - Diverse lived experiences
 - Representation from all regions of Oregon (including rural and frontier communities)
- Meetings will be open to the public; PHAB members are encouraged to share invitations with partners.

Dean provided historical context:

- The previous SHIP represented a major shift toward social determinants but was released during the pandemic, limiting engagement and alignment with public health staff.

- The new SHIP aims to balance structural determinants with public-health-specific work, giving staff a clearer sense of connection and ownership.
- While SHIP objectives do not capture everything public health does, they provide representative systemwide focus areas.

Funding Concerns Raised

Bob raised concerns about:

- Lack of funding for core priorities (lead poisoning prevention).
- Diminished support for vaccine access programs despite SHIP priorities emphasizing vaccination and preparedness.
- Cintia: The SHIP establishes priorities and can help leverage support and advocacy for funding, even when funds are currently insufficient.
- Dean:
 - Public health must stay focused on areas where it is the primary responsible entity, even when funding is limited.
 - Vaccine financing reform discussions continue (e.g., vaccine access program, long-term financing).
 - Federal turmoil around vaccines complicates planning; public health must prepare for potential future gaps in VFC availability.
- Funding priorities are supported by SHIP, Public Health Modernization metrics, and OHA's strategic plan. Naming priorities remains essential even before funding becomes available.

Modernization Visioning: Notes on separate document

Maria Elena Campisteguy- MetGroup

Public Comment

Veronica Herrera, OHA

- No public comment, written or verbal.

Next meeting agenda items and adjourn

Sarah Present, PHAB Chair

- Retreat: Member updates
- Reviewing goals and progress
- Roles and Connections Activity
- Modernization Visioning Project

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DRAFT



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Public Health Advisory Board meeting minutes - draft
November 13, 2025

Attendance

Board members present: Veronica Irvin, Sarah Present, Dianna Hansen, Kelly Gonzales, Marie Boman-Davis, Kelle Adamek-Little, Ana Luse, Jenny Withycombe, Dean Sidelinger, Heather Kaisner, Naomi Adeline-Biggs, Robin Canaday, Bob Dannenhoffer, Ryan Petteway

Board members excused: Brenda Johnson, Jackie Leung, Jawad Khan, Nic Powers, Florence Pourtal, Mary Engrav, Tameka Brazile Miles

OHA staff for PHAB: Veronica Herrera, Valori Fleisher, Danna Drum, Sara Beaudrault, Liz Hunt, Charina Walker, Tamby Moore

Meeting objectives:

- Welcome and Framing
- Reviewing 2025 Goals and Progress
- Roles & Connection Points Activity
- Member updates
- Public comment
- Modernization Visioning Refresh Project

Welcome & agenda review

Naomi Adeline-Biggs, PHAB/OHA

Welcome & check in

- Acknowledgement of 2025 challenges and opportunities and set framing for reflections and collaborative interactions.

Reviewing 2025 Goals and Progress

Review the 2025 focus areas in small group discussions

1. Identity & Purpose of PHAB

Need for clarity on:

- What decisions PHAB influences.
- How PHAB's work fits into modernization, funding decisions, and community priorities.
- Recognition that partners and communities do not understand PHAB . Few/no public comments signal limited visibility and engagement.

2. Public Health Modernization: Need for Clarity

Board members still lack a shared understanding of:

- Goals of modernization.
- Funding sources (multiple funding "buckets"; unclear distinctions).
- Expectations for PHAB's role in modernization.
- Modernization work is happening but feels opaque to many members.

3. From Assessment to Action

- The CCA did not provide the insight expected. Members feel they have not seen enough of the deep-dive
- One county's re-do of the assessment produced dramatically different results
- They want concrete interpretation of results
- There is frustration that PHAB's work has not consistently moved from reviewing data to making decisions to tracking progress.

4. Storytelling, Qualitative Data & Communicating Impact

- Using storytelling as a legitimate evaluation and communication tool.
- Connecting public health shifts since 2020 to current consequences and successes.
- Showing impact for communities, programs, and services in more accessible, tangible ways.

5. Strengthening Partnerships and Shared Language

- Increase partner engagement and maintain relationships with CBOs.
- Documenting the roles and contributions of CBOs and Tribes more clearly.
- More structured invitations to partners.
- Adopt shared language (equity, community governance).

6. Need for More Resources, Support, and Stability

- Limited capacity to support modernization and workforce needs.
- Limited resources to sustain partnerships and support community-based organizations.

Additional Emerging Areas of Progress

Increased Engagement With the OHPB

- Members reported early progress toward establishing consistent communication.
- OHPB is providing more clarity about PHAB's place in governance.
- There is momentum toward making this a long-term structured relationship.

Relational Accountability & Anti-Extractive Practices

- Members began applying more advanced equity concepts, including:
- Asking how PHAB can show evidence of benefit to communities
- Recognizing storytelling as relational, not extractive

Roles and Connection Points Activity

Members were asked to think about:

- The systems, sectors, and communities they personally connect to
- Where they hold influence
- Where they experience barriers
- How their role contributes to statewide public health

Members then shared in small groups and discussed:

- How PHAB can strengthen cross-sector coordination
- Where alignment with major partners (CCOs, Tribes, early learning, Medicaid, OHPB, CHLO) is needed
- What concrete actions PHAB could take to activate these connections

1. Local Public Health Connections (Counties & Health Officers)

What they bring to PHAB:

- Real-time insight into local health needs
- Operational challenges (workforce, funding, capacity)
- Local implementation perspective on modernization
- Understanding of disease surveillance gaps and rural barriers

Relevance to PHAB scope:

PHAB is statutorily required to advise OHA on local public health needs and modernization implementation.

What they said about leveraging their role:

- They want clearer expectations for “what to bring back” to counties and HO Caucus.
- They want PHAB updates structured enough that local systems can digest and use them.
- They want intentional time on agendas to share updates from their sectors.

2. Tribal Public Health Systems & Sovereignty (Tribal Representative + NPAIHB)

What they bring to PHAB:

- Tribal sovereignty and policy perspective
- Tribal data sovereignty expectations
- Understanding of Tribal health priorities
- Lived knowledge of Tribal government/public health structures
- Insight into Tribal workforce constraints and evaluation needs

Relevance to PHAB scope:

PHAB must advise OHA on modernization including Tribal impacts and support equitable statewide approaches.

What they said about leveraging their role:

- PHAB needs better foundational understanding of Tribal systems.
- Tribal engagement must be relational, not extractive.
- PHAB should proactively show up in Tribal spaces, not only invite Tribes into PHAB meetings.
- NPAIHB can support evaluation redesign and storytelling.

3. Safety-Net Clinical Systems (FQHCs, RHCs, CCOs)

What they bring to PHAB:

- Knowledge of Medicaid population needs
- Clinical access barriers
- Population health insights
- The interface between clinical systems and public health

Relevance to PHAB scope:

PHAB is charged with advising OHA and OHPB on public health alignment with Medicaid innovation and community health.

What they said about leveraging their role:

- Want PHAB to work more closely with CCOs
- See opportunities to align public health modernization with CCO metrics
- Need a clearer system for sharing PHAB insights with these systems

4. Academia & Workforce Development

What they bring to PHAB:

- Public health education expertise
- Applied research and evaluation skills
- Understanding of barriers to training
- Student and workforce pipeline connections

Relevance to PHAB scope:

PHAB is responsible for advising on system-level workforce needs tied to modernization.

What they said about leveraging their role:

- PHAB could build an academic partnership network
- Universities should be partners in evaluation, not just workforce
- Tribal pathways and community-rooted workforce development should be emphasized
- Systemic barriers like universities blocking new nursing programs, impact modernization capacity

5. Community-Based Organizations (CBOs) & Community Voice

- CBO engagement is inconsistent or reactive
- Many CBOs do not know what PHAB is
- Public comment is not functioning as intended
- PHAB needs to meet CBOs where they are

Relevance to PHAB scope:

PHAB must ensure modernization reflects community needs and CBO capacity.

What they said about leveraging CBO connections:

- Attend CBO meetings
- Bring community feedback into PHAB through stories
- Build relationships outside legislative session
- Co-create evaluation tools with CBOs

6. OHA + Oregon Health Policy Board (OHPB)

What they bring to PHAB:

- Policy and strategic alignment
- Statutory authority
- Statewide health system view
- Influence over modernization funding structure

Relevance to PHAB scope:

OHPB is PHAB's statutory partner.

Aligned priorities ensure modernization, SHIP goals, and policy strategies are unified.

What members said about this relationship:

- Engagement is too irregular
- PHAB must be a consistent presence, not an occasional update
- Need early, not late, involvement in policy
- Want a bidirectional relationship (not one-way updates)

Member Updates

Sarah Present, PHAB chair

- Acknowledge outgoing members and incoming members
- The chairs have proposed to maintain their current positions for an additional term.
- Motion to approve: Bob, seconded by Marie.

Marie yes

Jenny yes

Kelly yes

Ana yes

Dianna yes

Ryan yes

Heather yes

Sarah yes

Veronica yes

Bob yes

Robin yes

- Passed and approved

Public Comment

Veronica Herrera, OHA

- No public comment, written or verbal.

Modernization Visioning: Put it Together

Maria Elena Campisteguy- MetGroup

Notes in separate packet

Next meeting agenda items and adjourn

Sarah Present, PHAB Chair

- Hear updates from the Strategic Data Plan
- Hear updates from the accountability metrics subcommittee
- Continue priorities conversation

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Retreat Takeaways

Purpose

- Provide an overview of themes that emerged from the PHAB retreat
- Reflect on key areas for 2026
- Prepare for workplan development

Retreat Overview

Activity 1: Review of 2025 Goals

- Reflected on last year's goals
- Identified progress, gaps, and shifts in the environment
- Explored what is realistic for PHAB to take on in 2026

Activity 2: Roles & Connections

- Reflected on individual roles and networks
- Identified gaps in PHAB's visibility, influence, and partnerships
- Considered how PHAB can better connect with communities, CBOs, tribes, OHPB, and state partners

Activity 3: Modernization Refresh: Putting it Together

- Reviewing the values, voice, and core messages



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Review & Refine 2026 Priorities

Goals PHAB set for 2025

- Members discussed ideas for PHAB topics or priorities for 2025:
 1. Recommendations for future priorities and funding
 2. Building understanding of governmental public health funding
 3. 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?”
 4. Building understanding for the goals of public health modernization.
 5. 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.
 6. Soliciting input from partners on what they think PHAB should be focusing on.
 7. Reviewing and narrowing scope of roles in charter. Reflecting on spaces that PHAB is not currently addressing, like accreditation or local governments.
 8. Telling the story of public health in Oregon.

What We Heard: Cross-Cutting Themes

Across both activities, several strong themes emerged:

- Need for clarity on PHAB's identity, role, authority, and scope
- Gaps in shared understanding of modernization, funding, and evaluation
- Desire for more structured and intentional partnerships with communities, CBOs, tribes, and OHPB
- Need to improve PHAB's visibility and communication
- Desire for greater alignment and shared language across members



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Proposed Priorities

Identity, Governance & Shared Language

This priority focuses on:

- Clarifying PHAB's identity, purpose, and influence
- Establishing shared understanding of core concepts (equity, modernization, evaluation)
- Improving communication internally and externally
- Strengthening PHAB's visibility and credibility

Partner, Community, Tribal & Sector Engagement

This priority focuses on:

- Shifting from transactional to relational engagement
- Establishing structured pathways for consistent partnership
- Strengthening PHAB's relationship with OHPB
- Increasing alignment with community and CBO partners
- Ensuring partners understand PHAB's role and decisions

Modernization, Funding, Evaluation & Storytelling

This priority focuses on:

- Building foundational understanding of modernization and funding flows
- Developing shared evaluation and accountability language
- Connecting modernization (& SHIP) to real-world health topics
- Using storytelling to communicate impact
- Building confidence in PHAB's recommendations

Required and other known topics

- LPHA funding formula biennial updates (through Incentives & Funding Subcommittee)
- Public health modernization visioning
- Funding and related prioritization discussions
- Accountability metrics
- State health improvement plan

Reflection

To ensure these priorities truly reflect PHAB's needs:

- What resonates most with you?
- What feels missing or underemphasized?
- Do these priorities reflect what you shared at the retreat?

Next Steps

January meeting will focus on:

- Mapping out the 2026 PHAB Work Plan
- Key conversations and decision points
- Needed foundational trainings
- Partner roles and engagement pathways
- Measures of progress

Proposed Work Plan Workgroup

- Purpose: To support development of PHAB's 2026 Work Plan by organizing priorities, mapping decision points, and shaping meeting flow.
- Tasks:
 - Review the priorities
 - Help outline the year's timeline and topic sequencing
 - Identify key partners and needed grounding sessions
 - Support staff in shaping a draft work plan for full PHAB review
- Time commitment:
 - 2–3 short meetings between now and February (virtual)



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Strategic Data Plan Updates

Victoria Demchak and Rose Harding

Background

- PHAB approved the [Strategic Data Plan](#) in 2023
- The SDP has three domains with short and long-term goals:
 - Data justice
 - Data equity
 - Community engagement
- Our 2023 commitments: PHD will
 - Provide annual updates
 - Review ways to invest time and resources in community participatory research, qualitative research or community engagement
 - Review existing and develop additional opportunities for collaboration with statewide and regional data collection and analysis.
 - Identify process measures for accountability on activities and progress
- Happy to come back with experts on any topics you're interested in.

Data justice updates

PH Modernization Evaluation

This evaluation had clear and consistent findings around lack of access to rural data.

DRIVE: Data representation for inclusion, visibility and equity

This is a small grant program for four organizations to build infrastructure and community knowledge about data collection and interpretation.

The four organizations represent four of the groups that the program was developed to elevate: Asian, Pacific Islander, Black/ African American and Native American.



Data equity updates

Behavioral Risk Factor Surveillance Survey (BRFSS)

Completing the 2025 Oregon BRFSS State Supplemental ABS (Address-based Sampling) Push to Web survey as an alternative to the CDC Core BRFSS Random Digit Dialing (RDD) methodology. The 2025 ABS is piloting Tribal SDOH questions developed by the Northwest Portland Area Indian Health Board.

The Youth Data Council (YDC)

This is now a subcommittee of the OPHD Youth Advisory Council to create systems and codify youth engagement across the Public Health Division. The YDC continues to strengthen the SHS by engaging youth in the SHS content, data interpretation, and data use.

The Student Health Survey (SHS)

The SHS provides Oregon's most comprehensive youth health surveillance data for 6th, 8th, and 11th graders, examining critical areas like mental health, substance use, school climate, and social determinants of health. Response rates have nearly doubled compared to last year.

156 districts are registered (with 12 refusals, 11 of which have insufficient students) and OHA is engaging 37 unregistered districts. Our partnership approach is working —we've successfully leveraged ADPEP and TPEP grantees for outreach, resulting in 10 new district registrations.

Community engagement updates

SHA

- Our state population health indicators incorporate equity and drivers of health. We've been sharing a critical pathways framework to communicate how different social and structural factors affect health which helps .
- Each SHA state population health indicator includes outcomes across different groups, including groups of counties by region type as well as race and ethnicity.

Community engagement updates:

- PHD's equity office performed rural data equity trainings that spread information on data collection and analysis for both LPHAs and CBOs. (2024-early 2025)
- The respiratory virus immunization dashboard is in the process of updating race/ethnicity disaggregation methods to reporting by race alone or in combination. Community pushed for this change for the better to make the data more actionable. This builds on changes made to improve data communication in response to COVID-19

SDP update to the PHAB, December 2025

Data justice updates

Short term goals	Activities	2024-25 Progress
Define and commit to data rights and governance	- Describe governance for data quality, visualization, technology, and other methods that make data usable. - Develop community governance model for how data are collected, used, reported and how governance should be conducted.	Staff started developing an MOU template internally. However, data governance is now an agency-wide conversation and we will update PHAB on progress.
Elevate community-identified issues	Work to leverage existing resources that address the health needs raised in this work.	- DRIVE builds on leveraging existing resources to build data capacity and data infrastructure; in the process, this grant program should build more community-developed data. - Equity funding is building in more data training to develop community-identified issues.
Long Term Goals	Activities	2024-25 Progress
Support data sovereignty and governance	- Protect Tribal data and sovereignty with data access requirements, tracking posting and publishing of data analyses and reports, ensure transparency and oversight by Tribal and native communities. - Have the Oregon Health Authority's Public Health Division and Pacific Islander leaders enter a project evaluation period to assess the effectiveness of the community-led research model, including Data Sovereignty Agreements and design the next phase of this critical body of work. - Support ongoing community governance models for data collection, use, and reporting.	This work hasn't started.

Data equity updates

Short term goals	Activities	2024-25 Progress
1. Provide accessible data that's community or culturally specific. Data should be sortable, as far as possible, by race, ethnicity, disability, language, sexual orientation, gender identity, geography, and proxies for faith and other statuses/ experiences.	• Large-scale public health data, such as behavioral risk factor surveillance system (BRFSS) data. • Provide navigable behavioral and mental health data, including indicators and geographically specific work. • Youth health • Disaggregated by ○ Race, ethnicity, language, disability and cultural communities, existing or new categories. ○ Sexual orientation and gender identity ○ Geography • Research available methods to gather data on faith-based communities and others that are not clearly identified through existing data categories. • Transparency and communication on the data collected and published, including its limitations, how data is used, collected, analyzed, and its presentation and context. • Develop online and other tools that help data users navigate data systems and develop data requests.	• Completing the 2025 Oregon BRFSS State Supplemental ABS (Address-based Sampling) push to web survey as an alternative to the CDC Core BRFSS Random Digit Dialing (RDD) methodology. The 2025 ABS is piloting Tribal SDOH questions developed by the Northwest Portland Area Indian Health Board. • Youth Data Council: This is now a subcommittee of the OPHD Youth Advisory Council to create systems and codify youth engagement across the Public Health Division. The YDC continues to strengthen the SHS by engaging youth in the SHS content, data interpretation, and data use. • SHS Priority Population Data Tables: Produced comprehensive data tables disaggregated by major race/ethnicity groups, LGBTQ2SIA+, language other than English spoken at home, and education service districts (ESDs). Initiated three-month review period with ODE School Success Partners (SSPs) for feedback prior to March 2025 public release.
2. Develop working definitions of "actionable data" to direct community engagement	• Identify partners and convene discussions to understand data priorities/ needs, then share actionable data at appropriate levels (Tribal, cultural community, geographic, etc.)	• This work has not started

Long Term Goals	Activities	2024-25
3. Develop toolkits for data work at all levels of use	• Develop a toolkit of best practices for governmental public health to support access to data, analysis, and framing, including being critical of dominant ways of working with data, questioning existing assumptions, questioning objectivity, incorporating qualitative data, and assuming that data does not communicate for itself. • Develop a parallel toolkit for community-based organizations and community researchers. • In both, incorporate data limitations: representation, methods, who is excluded and demographic definitions. Incorporate how context and qualitative data can add nuance. • Demonstrate how is presently used with the public, including in state and community health assessments.	• This work has not started.* *This activity requires partnership with E&I Division, which did not have capacity for new collaborative projects until a permanent director was hired.
4. Invest in different data collection strategies, including Census-style methods	• Engage and defer to community-based organizations and /or regional health equity coalitions in survey administration, including Tribal and Native American organizations	• Review the BRFSS update above regarding piloting Tribal SDOH questions developed by the Northwest Portland Area Indian Health board.
5. Identify different paradigms of data collection and advocate for future data efforts.	• Investigate county health rankings and BIPOC data hubs as possible conceptual frameworks for data collection. • Conduct a minimal BRFSS – explore lessons from the CA Health Interview Survey (CHIS). • Continue long-term sustained, compensated community-led data collection. • Call upon OHA as a grant recipient to advocate for changes in the national framework for BRFSS and	• This work has not started

	other national health survey administration to achieve greater flexibility from federal requirements. • Develop possibilities for changes in data practices from federal funders to alter the BRFSS questions and/or methods to respond to community needs.	
6. Improve survey translations	• Establish a survey translation advisory committee.	• This work has not started
7. Improve communication on survey activities	• Demonstrate transparency in how BRFSS and OHT data is used by OHA and by others.	• This work has not started
8. Add community-responsive questions to existing surveys	• Incorporate non-western questions about health and health care in surveys. • Include questions on protective factors, particularly involvement in tribal and community activities.	• This work has not started
9. Develop data collection oversight	• Continue data project teams and ensure team members are made up of folks who share experiences of those being “researched.” Let those teams shape the next steps of survey modernization work. • Build in time and resources necessary for relationship development between governmental public health and community partners in data. • Integrate community leadership in survey development, administration, analysis and use. • Re-engage the health equity researchers of Oregon (HERO) group.	• This work has not started

Community engagement update

Short term goals	Activities	2024-25 Progress
1. Develop a framework to incorporate community-developed data	Crosswalk community-identified community health factors to state public health plans.	The SHIP and SHA incorporated priorities and considerations from its public steering committee. We do not yet have community-developed data.
2. Provide ongoing engagement	Invite community feedback regarding the data modernization assessment and inventory.	- Engaged the Youth Data Council to identify a meaningful Belonging indicator on the Student Health Survey (SHS). State Program Office met with YDC Dec 2024 and March 2025. YDC held two independent work sessions, identifying 2 proxy items and the need to develop a youth-specific Belonging indicator on the SHS. - Updates to the SHA and SHIP dashboard and state population health indicators from community feedback. State population health indicators now incorporate equity and drivers of health. Staff developed a critical pathways framework to communicate how different social and structural factors affect health. - Each SHA state population health indicator includes outcomes across different groups, including groups of counties by population density, race and ethnicity.
Long term goals	Activities	2024-25 Progress
3. Support workforce and data engagement	Enhance investments in community-based organizations and governmental public health to increase capacity for data engagement, analysis and collection.	PHD's community partnerships for health team provided data trainings for community-based organizations and LPHAs in 2024-25. It's considering performing more of these.

	• Strengthen the workforce within existing organizations • Build a workforce that represents the communities who are most impacted by this work by celebrating and uplifting the knowledge in community.	
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Prioritization Workgroup Update

Summary

- The workgroup does not recommend discussing additional or new priorities at this point, but the workgroup can come back together at any point when this discussion would be warranted.
- Any current prioritization discussions should focus on shoring up statutory requirements, while recognizing that requirements cannot be met without partners and collaboration.
- Consider opportunities to think across the system, rather than singling out individual programs to focus on. Gaps in one county may not be gaps in other counties; funding should support flexibility and de-siloed approaches across programs.
- New members to PHAB should be intentionally onboarded to these conversations so they are able to engage and bring their perspectives.



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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.





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Thank you!