

AGENDA

PUBLIC HEALTH ADVISORY BOARD

October 8, 2026, 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

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Meeting objectives:

- Welcome & Updates
- Meeting Structure Poll
- Strategic Data Plan
- Tribal Public Health Modernization Presentation
- Legislative Roadshow
- Public comment

Time	Agenda Item	Presenter(s)	Purpose	Materials
3:00pm-3:20pm	Welcome, board updates, shared agreements, agenda review • Welcome & check in • Retreat Planning Updates • OHA staff updates • RHTP Updates • Respiratory Virus Season Updates • OHA federal policy change monitoring • ACTION: Approve meeting minutes	Sarah Present, PHAB Chair	Information	

3:20-3:30pm	Meeting Structure • What we heard • Poll • Discuss any time constraints and scheduling needs and if a change can improve participation for everyone.	PHAB Chairs	Discussion	Poll question: To support member availability, PHAB is considering adjusting the monthly meeting time while continuing to meet on the 2nd Thursday. Please rank the time block that best aligns with your schedule (top= best time, bottom= not a good time: • 9:00am-11:30am • 10am-12:30pm • 12:00 pm - 2:30 pm • 1:00 pm-3:30 pm • 1:30 pm-4:00 pm
3:30pm-3:45pm	Strategic Data Plan • Goals and proposed work • Alignment with other public health work	Victoria Demchak, OHA	Information	Presentation materials: • Pages 17-26 Optional additional detail: • Pages 14-17
3:45pm – 4:40 pm	Tribal Public Health Modernization • Brief introduction & Background • Lessons learned through implementing and evaluating modernization • PHAB Questions for presentation • Panelist Sharing • PHAB Questions for panelists	Barbara Gladue, NPAIHB Jeanne Davidson, NPAIHB	Information /Discussion	Presentation materials: • Pages 27-40
4:40pm-4:45pm	Pause and reflection			

4:45pm-4:55pm	BREAK			
4:55-5:20pm	Legislative Roadshow Highlights	Megan Sanders, OHA Robert Lee, OHA	Information	Presentation materials: • Pages 41-64
5:20pm-5:25pm	Pause and reflection			
5:25pm	Public comment			
5:25 pm	Next meeting agenda items and adjourn • Retreat! • December: • Vote on Chairs • SHIP: Emergency Preparedness and Response • Climate and Health Updates • Modernization Improvement Workgroup Recommendations • Public Health Workforce Plan 2026 Progress and Upcoming Work • Strategic Data Plan Updates	Sarah Present, PHAB Chair		

Everyone has a right to know about and use Oregon Health Authority (OHA) programs and services. OHA provides free help. Some examples of the free help OHA can provide are:

- Sign language and spoken language interpreters.
- Written materials in other languages.
- Braille.

- Large print.
- Audio and other formats.

If you need help or have questions, please contact Sara Beaudrault: at 971-645-5766, 711 TTY, or publichealth.policy@odhsoha.oregon.gov at least 48 hours before the meeting.

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
	OHPB Member (ex-officio, non-voting)		
Sarah Wylie	State employee with public health expertise	OHA Public Health Division	Serves as Manager for Oregon's Tobacco Compliance and National Prevention Programs. In her current role, Sarah led development and implementation of Oregon's new tobacco retail licensing program and also provides oversight for Oregon's National Tobacco Control Program.
	Local Public Health Administrator - Benton, Clackamas, Deschutes, Jackson, Lane, Marion, Multnomah or Washington County		
Todd Noble	Local Public Health Administrator - Coos, Douglas, Josephine, Klamath, Linn, Polk, Umatilla or Yamhill County	Linn County Health Department	Joined Linn County as a therapist and rose within the department to manage Crisis services, then Mental Health Program Manager, now Mental Health and Public Health Director. Serves on the legislative committee for CLHO and AOCMHP, and is on the Board of Directors of IHN CCO.
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

Miranda Williams	Tribal Representative	Siletz Community Health Clinic Confederated Tribes of Siletz Indians	Executive Health Director. Over 18 years of supervisory experience, 18 years of experience in public health, 22 years of experience with program development, implementation and evaluation within American Indian communities. Areas of skill and knowledge include program management, planning and development, training, education, supervision, and resource management and analysis.
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
Health Equity Expert			

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
Community-based Organization Representative (Urban)			
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
Delina Biniam	At-large Member	For All Families Oregon	At-large Member



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Public Health Advisory Board (PHAB) meeting minutes - DRAFT

Board members present

Florence Pourtal, Marie Boman-Davis, Todd Noble, Veronica Irvin, Jackie Leung, Miranda Williams, Ryan Petteway, Sarah Present, Sarah Wylie, Mary Engrav, Nic Powers, Robin Canaday, Naomi Adeline-Biggs, Dean Sidelinger

OHA staff present

Brad Cronk, Veronica Herrera, Sara Beaudrault, Liz Hunt, Valori Fleisher

Welcome and Agenda Overview

The meeting began with a welcome and review of the day's agenda. Items included:

- Roll call and attendance
- Updates from OHA, Oregon Health Policy Board (OHPB), and other regular updates
- Discussion and possible vote on the PHAB Purpose document (pages 23–26 in materials)
- Small-group brainstorming regarding member attendance and engagement
- Updates on rural health transformation plans/projects
- Accountability metrics report

Attendance & Roll Call

A full roll call was conducted. A quorum was confirmed.
OHA staff also introduced themselves.

Announcements & Board Leadership Updates

- Annual leadership transition occurs in January: the incoming chair (Jackie) will take over; Sarah will move to past chair; Veronica rotates out of the chair role after six years.
- Members were invited to consider taking on the “incoming chair” role in the future.

Retreat Logistics

Details on location, RSVP, lodging, and reimbursements will be emailed.

Updates

Oregon Health Policy Board & Rural Health Transformation Program – Brad Cronk

- Two major submissions to CMS were completed:

- Non-competing continuation application for RHTP
 - Oregon's annual RHTP report
- CMS award announcements expected October 15; budgets due October 30.
- RHTP narrative and annual report components will be published online.
- OHPB retreat scheduled for October 6 (full-day, hybrid).
- Retreat includes high-level policy discussions and annual priority setting.

OHA Updates – Naomi & Dean

Respiratory Virus Season – Dean

- Flu and COVID vaccines are available; professional associations issued updated guidelines.
- RSV immunoglobulin recommended more broadly for children entering their second year.
- New mRNA flu vaccine approved for adults 50+; stronger immune response and more side effects than traditional flu vaccines.
- COVID vaccine standing order issued for pharmacists due to late CDC guidance.
- Emphasis on ensuring vaccine availability statewide.
- MMR vaccination strongly encouraged due to current measles activity in Oregon.
 - “Zero dose” (MMR at 6–12 months) recommended during outbreaks.
 - Teachers urged to check records or receive an additional MMR dose if uncertain.

OHA Agency & Recruitment Updates – Naomi

- Agency Request Budget submitted for 2027–29 biennium; legislative roadshows forthcoming.
- Recruitment updates:
 - Center for Public Health Practice: Heather Kaisner selected as Director (begins Oct 20).
 - Center for Health Protection: recruitment in process.
 - Center for Prevention & Health Promotion: recruitment delayed to early next year due to Naomi's upcoming parental leave.
- Naomi will be out beginning early November; Deputy Director Andre Uso will attend PHAB meetings during her leave.

Approval of Minutes

PHAB unanimously approved **July and August meeting minutes**.

PHAB Planning Work Group – Role of PHAB Document

Review of the draft document “Understanding the Role of the Public Health Advisory Board.”

Key feedback:

- Clarify PHAB's advisory relationship specifically with the **Public Health Division**, not all of OHA.
- Members strongly supported the document's clarity and structure.

Vote:

PHAB approved the document with revisions.

Next steps:

- Use the document for onboarding.
- Post on PHAB website.

- Suggested distribution: LPHAs, Tribal partners, relevant listservs, CBO networks, Northwest Portland Area Indian Health Board.

Member Engagement Discussion & Breakout Groups

Breakout groups discussed what supports better PHAB participation. Themes included:

- Value of **virtual meetings** combined with occasional in-person sessions for relationship building.
- Preference for **clear agendas**, actionable information, and sufficient time for discussion.
- Interest in **earlier meeting times** to accommodate family schedules.
- Desire for **small-group conversations** to increase comfort and engagement.
- Awareness that large meeting packets can be overwhelming; members encouraged to focus on agenda areas most relevant to them.
- Need for flexibility due to caregiving responsibilities and unpredictable work schedules.

Further discussion will take place, especially at the PHAB retreat.

Rural Health Transformation Plan – LPHA Carve-Out Update (Veronica & Liz)

Overview of LPHA-specific immediate impact awards:

- \$10M carve-out distributed to all 33 LPHAs using modernization formula principles and rurality weighting (minimum \$100K each).
- Projects must align with Initiative 1 (Healthy Communities & Prevention) and Outcome 4 (new access points).

Themes from LPHA projects included:

- Mobile and outreach care
- Home visiting
- Maternal/child health
- Behavioral health and harm reduction
- Chronic disease management
- Social service navigation

Members shared local experiences, including expanded dental/optometry access, technology upgrades, doula services, chronic disease services, and rural mental health outreach.

PHAB requested clearer, high-level visuals showing **funding buckets**, **total allocations**, and a **statewide map** of investments.

Accountability Metrics Report – Sara Beaudrault

Update on implementation of PHAB's metrics framework:

- Indicators cover STIs, vaccine-preventable diseases, extreme heat, and wildfire smoke.
- Some encouraging STI trends; immunization rates largely flat (considered a success given pandemic disruptions).
- Environmental health indicators undergoing methodology refinement.
- Local and state process measures show strong performance—most LPHAs met 5–6 of 6 measures.
- Incentive payments distributed based on process measures met.
- Future work will focus on:
 - Incorporating **policy measures**
 - Interpreting gap between strong process performance and slow-moving health outcomes
 - Using narrative data effectively
 - Transitioning from PDF reports to **dashboards**

Subcommittee will reconvene soon; members encouraged to join.

Public Comment

No public comments submitted.

Next Meeting (October)

Tentative agenda includes:

- Retreat planning
- Tribal public health modernization presentation
- Emergency preparedness update
- Strategic data plan update
- Modernization improvement workgroup recommendations
- Legislative roadshow recap (if applicable)

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



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Poll

Recommended changes to the Strategic Data Plan

Public Health Division's Public Health Advisory Board (PHAB) has expressed concerns about data privacy, data security and community access to public health data in recent meetings. Further, PHD has updates on data funding and assumptions for sharing data on individuals, resulting in changes to policy and practice.

PHAB members expressed that they wanted to revise the plan support collecting existing aligned activities across PHD and would also be interested in adding work that is shared between LPHAs and PHD.

After discussing this with staff across the Public Health Division, we have the following recommended strategies for the updated Strategic Data Plan. We anticipate some possible additions and will continue crafting milestones to submit to the PHAB. These recommendations would replace the [original 2023 SDP plan](#); staff reported progress on that work at the end of 2025.

Data justice

Activity	Milestones	Responsible staff/ unit
DUA project with Tribal epi center	In development	Andey/ data team
The YAC Data Subcommittee (formerly the Youth Data Council /YDC) was formed to embed youth in the Student Health Survey (SHS) process to make the survey content more reflective of and relevant to their lives.	- Helping refine an open-ended question to collect qualitative data in the 2027 SHS. (2027 milestone) Interpreting results and providing input on development of racism questions to pilot in the 2028 SHS and collaborate on analysis and interpretation of results. (2028 milestone)	EEPR (Epidemiology, Evaluation and Policy Research)
Developing division-wide guidance on analysis, reporting and dissemination of survey results for subpopulations of interest. Spans PHD-developed and	Under discussion. Anticipated plans by June 2027.	EEPR

maintained surveys including BRFSS, SHS and other survey data.		
Collaborative development with NPAIHB to develop SDOH items that are more relevant to tribal communities. 12 questions were piloted in 2025 ABS (address-based sampling).	Will finish coding and analyzing qualitative data on piloted questions. Results from pilot will be used to refine questions, which will be available to tribes for use in their work.	EEPR
Data justice training for public health staff as part of the PH System Workforce Plan	Developing milestones for 11 training needs identified in the workforce plan before funding expires in November of 2027.	PPS (People and professional supports)

Data equity

Activity	Milestones	Responsible staff/ unit
Collect lessons from OHA's community-developed data projects to review lessons learned	Complete review of DRIVE and BRFSS projects for lessons; compare findings across other similar projects internally	P&P (Policy and partnerships), Science and evaluation
Provide data equity trainings to LPHAs and CBO staff to better use OHA data	Timeframe TBD	PCH (Partnerships in community health) with support from PPS and P&P
Provide accessible data that's community or culturally specific	1. Build capacity/skills to advance HPCDP Health Equity Action Plan goals (e.g., community-based participatory research and evaluation, culturally appropriate and accessible data visualizations and reporting, data decolonization) (HPCDP) 2. Continue to track Public Health Division Data Modernization and Survey Modernization initiatives to better understand community reporting preferences. (HPCDP) 3. Analyze program outcomes of interest by multiple demographic groupings (e.g., gender by race/ethnicity) and social determinants of	HPCDP (Health promotion and chronic disease prevention section)

	health, where feasible given the limitations of the data systems (HPCDP)	
Locally and community specific equity data - Partnering with staff from several rural/ non I-5 corridor LPHAs to understand how they use data, health equity work in their LPHA and how OHA can support their work. - Partnering with tri-county data equity workgroup to understand data equity in the Portland area	- Meet with one rural LPHA on site, embed with several PH functions to work toward productive partnership with OHA/PHD - February 2027: Incorporate feedback from prior visit. Meet with another rural LPHA (in person or hybrid), discuss local operations, obtain feedback - June 2027: devise plan to meet with other rural LPHAs who are interested, and urban/non-rural LPHAs, over time. Discuss the plan with CLHO members and committees.	PCH
Increase reach of population groups that are historically underserved in both the BRSS and SHS, move from deficit based to strengths-based questions	Explore probability and non-probability panel surveys (2007) - CDC transition from RDD survey to a RDD recruitment for web-survey potentially in 2028 - Testing branded caller ID as OHA - Explore methods to improve reporting BRSS results at county and state level by race and ethnicity	EEPR
Launch data portal to improve access to BRFSS and SHS data	Will start with BRFSS data and incorporate SHS after. Launch anticipated in Q2 2027	EEPR

Community engagement

Activity	Milestones	Responsible staff/ unit
Develop a framework to incorporate community developed data	1. Track and provide input on Public Health Division efforts to develop social determinants of health survey measures with community input (e.g., housing, social cohesion, food insecurity, disability). 2. Identify at least one population-specific alternative data collection project (quantitative	HPCDP

	and/or qualitative), including opportunities to collect social determinants of health data, particularly items that measure experiences of racism and colonialism	
Provide ongoing engagement	1. Share evaluation plans and lessons learned with leadership and grantees/external stakeholders (HPCDP) 2. Share surveillance methods, results and lessons learned with leadership and grantees/external stakeholders (HPCDP)	HPCDP
Support workforce and data engagement	1. Share surveillance methods, results and lessons learned with leadership and grantees/external stakeholders 2. Explore opportunities to collaborate on Public Health Division data projects (e.g., within SCoPe, Science and Epi Council) and document lessons learned (HPCDP)	HPCDP
Data collection and evaluation of PH equity grant, cohort 3	Building on previous cohorts supported by the health equity grant, will again collect data to support evaluation of this program and impacts on local communities. Particular emphasis will be placed on evaluating impacts using the community-prioritized metrics, reflecting the program's emphasis on community-identified and -led public health efforts.	PCH
Community engagement trainings for public health staff as part of the PH System Workforce Plan	Developing milestones for 11 training needs identified in the workforce plan before funding expires in November of 2027.	PPS



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PHAB Strategic Data Plan

2026 update

Strategic Data Plan – 2023

- Developed to provide guidance for PHD data modernization activities, building on 2018-2020 data modernization projects
- 3 areas of work:
 - Data justice
 - Data equity
 - Community engagement
- [Link to Plan](#)

SDP introduction:

This document identifies a set of practices for data collection, use and analysis and advocate for future public health data efforts within Oregon. This builds on and should be used along with the PHAB health equity policies and procedures. While this is not exhaustive, these recommendations require Public Health Division to stay apprised of different methodologies and technologies with potential to be used for misinformation, mischaracterization and bias, including artificial intelligence.

Important context for current efforts

- Changes in federal funding
- OHA REALD/ SOGI pause for collecting disaggregated data
- No additional modernization funding
- PHAB's ongoing interest in community-led data
- Additional data equity activities identified from SHIP
- More recent build-out of DMI staffing and activities

All these lead to a staff commitment to redeveloping this plan

Goals for this plan

- Responds to community feedback on how data is collected, interpreted, used and shared
- Describes what PHD can perform and our funding, primarily attached to activities funded by GF/ modernization.
- Increases transparency in OHA-PHD data investments and support PHAB and governmental public health decisions

Opportunity

- Using the SDP to identify planned data activities, particularly those related to modernization/ modernization data.
- Clearly reflect current and planned work, from workforce development to DUA development.
- Prepare for future funding and/or collaborative activities with LPHAs and CBOs
- Survey of staff work – may add more as we learn

Proposed work: Data justice

- DUA project with Tribal Epi Center (EEPR)
- Supporting Tribal Epi Center's efforts to increase access to public health data focusing on current data sharing practices and aspirations for future data sharing. (**Led by the Tribal Epi Center**, PHD is providing representatives to their process.)
- YAC data subcommittee embedding youth in SHS (EEPR)
- Developing guidance on PHD surveys for analysis, reporting and dissemination of results on sub-populations (EEPR)
- Developing SDOH questions more relevant to tribal communities with Northwest Portland Area Indian Health Board (EEPR)
- Data justice trainings for PH staff in the PH system (PCH)

Proposed work: Data equity

- Reviewing OHA's community developed data projects for lessons (EEPR and OSPHD: SI)
- Data equity trainings to LPHAs and CBO staff (PCH, PPS and SI)
- Accessible community and culturally specific data (HPCDP)
- Local and community specific equity data (PCH)
- BRFSS and SHS outreach to specific groups that are under-represented in statewide surveys – steps beyond address-based sampling (EEPR)
- Data portal to increase accessibility of BRFSS and SHS data (EEPR)

Proposed work: Community engagement

- Develop framework to incorporate community developed data (HPCDP)
 - SDOH survey measures with community input
 - Identify one or more pop specific alternative data collection project
- Data collection and evaluation of public health equity grant work, cohort 3 (PCH)
- Community engagement trainings for statewide public health workforce (PPS)

State Health Improvement Plan alignment with SDP

Section	Strategy	Activities
Acute and Communicable Disease Prevention	Disease tracking	Maintain and use the Oregon ESSENCE syndromic surveillance system to track emergency room and urgent care visits across Oregon to spot and respond to community problems including bad air quality, exposure to harmful chemicals, disease outbreaks, natural disasters, injuries, overdoses or violence.
Acute and Communicable Disease Prevention	Communicable disease prevention	Improve communicable disease prevention by making timely, complete and useful data available through modern data systems and strong partnerships across sectors.
Center for Health Statistics	Timely and accurate statistics on births and deaths	Provide timely and accurate statistics and information on births and deaths for public health programs, partners and communities.
Center for Health Statistics	Timely registration of vital records	Provide timely registration of vital events through collaboration with partners in health care, medical examiners, midwives, funeral homes and other state agencies.
Center for Health Statistics	Timely access to vital records	Make sure people and families can get certified copies of vital records quickly like birth, death, marriage and divorce certificates.
Immunization	Data to view disease outbreak risks	Develop and utilize statewide and local data dashboards to identify key populations at risk for vaccine preventable disease outbreaks and make data available to partners and communities.
Health Promotion and Chronic Disease Prevention	Data collection capacity with community-based organizations	Elevate novel methods for building data collection capacity with our community based organizations and Local Public Health partners.
Oregon State Public Health Laboratory	Efficiency and reporting speed of laboratory systems	Modernize and automate laboratory systems to streamline data and increase efficiency in reporting results and metrics.
Adolescent Health, Screenwise, & Reproductive Health	Understanding and communicating data on youth	Increase participation and utilization of population data through the Student Health Survey and surveys of school health systems.
Environmental Public Health	Climate hazard information for improved planning	Provide data and information to local partners about health risks from climate hazards so they can prepare and carry out action plans to lessen these impacts.
OSPHD, Policy & Partnerships	Community data investments	Advance data equity, data justice and community-led data.



Oregon Tribal Public Health Modernization (OTPHM) 2020-2025 Report

NPAIHB TA/T provider overview of the 2020-2025 biennium's

Presented by:

Barbara Gladue (Turtle Mountain Band of Chippewa Indians), She/Her, OTPHM Manager, NPAIHB

Jeanne Davidson, (Choctaw Nation of Oklahoma) She/Her, OTPHM Project Coordinator, NPAIHB



OTPHM is heart-centered work.
Focused on building community health and wellness.

High-level Report – three biennia between 2020-2025 :

- Oregon Tribes and NARA NW
- Technical Assistance/Training (TA/T) provided by NPAIHB, OHA, consultants, and partners



(Number) of Tribal Grantee/s working in each of the Priority areas during 2020-2025

Foundational Programs

Environmental Health (5)

Health Promotion, Disease and Injury Prevention (5)

Additional Priority: Communicable Disease Protection (1)

Foundational Capabilities

Assessment and Epidemiology (8)

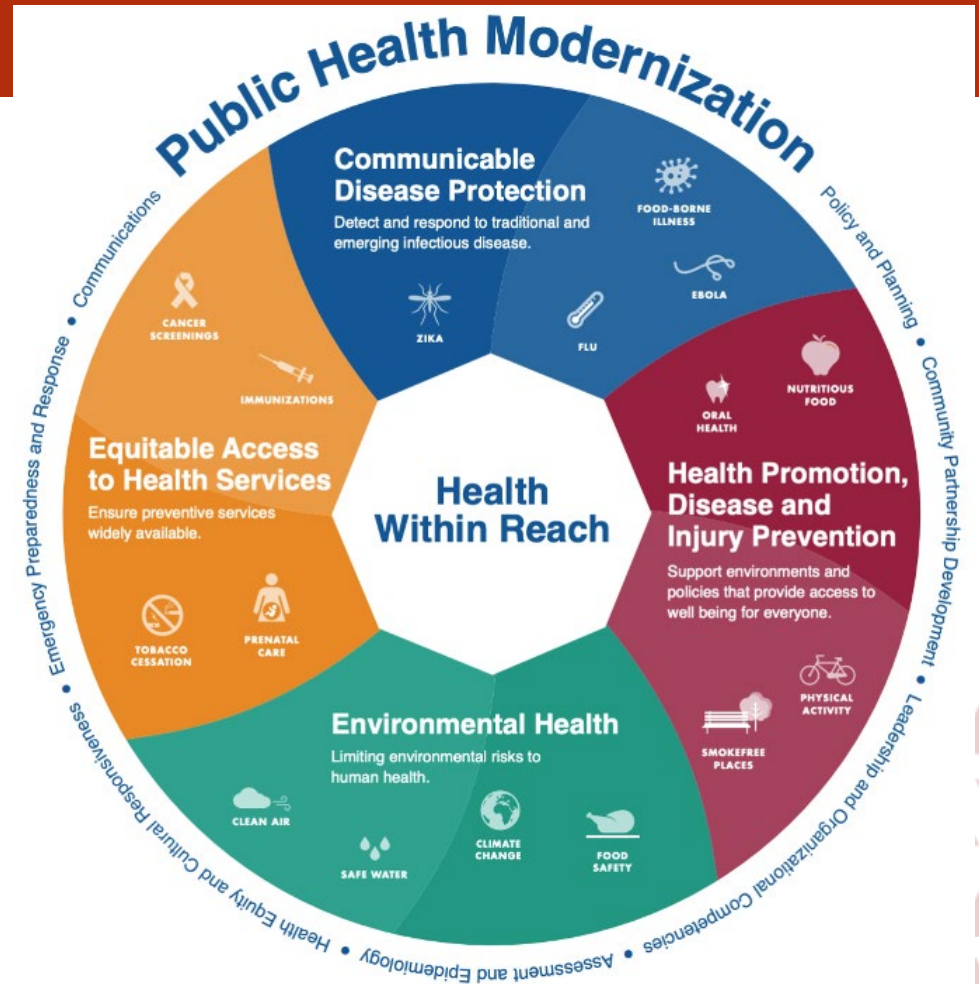
Emergency Preparedness and Response (7)

Policy and Planning (7)

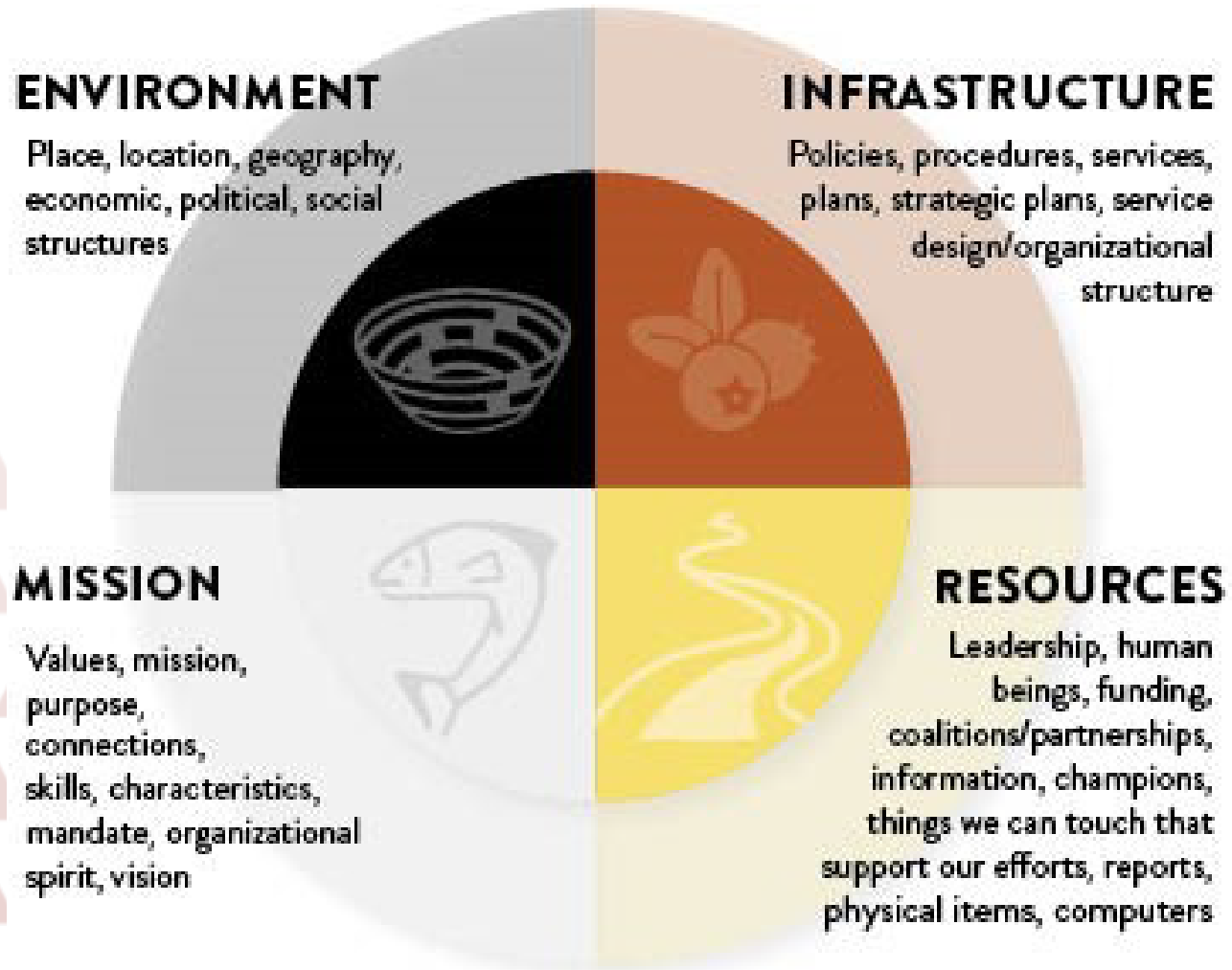
Additional Priority: Communications (1)

Health Equity and Cultural Responsiveness (2)

❖ Important to note that the identified goals often intersect with more than one Foundational Program or Capability area.



Each biennium, Tribes and NARA NW reported their progress



The reporting includes:

- High-level goals, activities, successes, challenges, and limitations
- Three distinct reporting documents were developed in response to Tribal requests to support clarity and ease of reporting.

2020–2021: Establishing Relationships

- Covid-19 context
- Listening-first engagement
- 3 types of regular scheduled meetings: individual, All Grantee Monthly held virtually, and Community of Practice (CoP) Gatherings

Cow Creek Band of Umpqua Tribe of Indians CoP Gathering 2022



Key Priorities 2020-2021

- Communication structures
- Assessment planning
- Workforce and data needs
- Emergency preparedness

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DATA

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2021-2023: Active Implementation

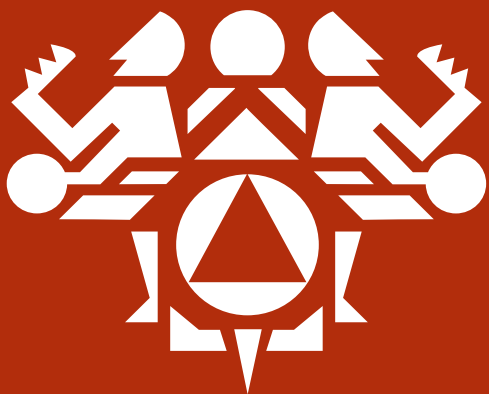


- Assessments completed
- Action plans developed
- Regular TA meeting
- CoP Gatherings resumed

Community of Practice Model

- Meet 3 times per year
- Virtual and in-person formats
- Peer learning and relationship-building
- Training and consultation
- Exposure to NPAIHB/OHA staff and programs





Ongoing Challenges Identified

These issues affect sustainability and should inform future modernization planning.

Workforce recruitment, retention, and turnover

Funding stability for sustaining modernization gains

Different levels of data capacity and readiness

Navigating Tribal, state, federal, and local public health systems

Maintaining momentum during competing priorities





2023-2025: Systems Strengthening

- Sustainability focus
 - TA/T coordination
 - Evaluation tools
 - Digital storytelling with IHS
- 

Ongoing Challenges Identified

- Workforce retention
- Funding stability
- Data readiness
- System complexity



OTPHM Storytelling Evaluations

The Board OTPHM staff recently complete all the tribal evaluation site visits.

Next steps: Design individual Evaluation Report for distribution to each Tribal/NARA NW Grantee



What PHAB Can Carry Forward

Sustaining Tribal public health modernization requires:

Stable investments

Protects progress across workforce, planning, data and emergency readiness.

Sovereignty and consultation

Supports better public health practice and stronger partnerships.

Flexibility

Allows modernization to align with local priorities and capacity

Storytelling evaluation

Captures impact beyond activity counts.

Questions and Comments for PHAB

Discussion questions

- What should PHAB better understand about Tribal Public Health Modernization?
- How can state modernization efforts continue to respect sovereignty and Tribal priorities?
- Where are the strongest opportunities for state-tribal alignment?
- What question or reflections do you have for the OTPHM partners?

Thank you for your time, partnership, and continued commitment to Oregon's public health system.





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October 8, 2026

2027 Oregon Health Authority Legislative Requests

Presented by the OHA Government Relations Team

GR Team Members

Megan Sanders (she/her)



Public Health
(Center for
Prevention and
Health
Promotion)
Community
Engagement

Robert Lee (he/him)



Public Health
(Center for Health
Promotion, Center
for Public Health
Practice)
Tribal Affairs
Veteran Services

2027 Legislative Calendar (Predicted)

- | | |
|---------------------|--|
| • December 1-3 | Legislative Committee Days presentations |
| • Early January | Bills released |
| • January 19 | First day of session |
| • March 19 | First chamber posting deadline* |
| • April 6 | First chamber work session deadline** |
| • May 7 | Second chamber posting deadline* |
| • May 21 | Second chamber work session deadline** |
| • June 27 | Constitutional Sine Die |

* Bills must be scheduled for a vote in committee by this date.

** Bills must be voted on and passed by a committee by this date.

Bills in budget and rules committees are exempt from these deadlines.

Legislative Terminology

- **LC** = Legislative Concept, a request to change state law
- **POP** = Policy Option Package, a budget request
- **Placeholder** = An LC that does not yet have final language
- **Policy committees**
 - Most OHA bills go to the health care or behavioral health care committees, but some go to environmental, judiciary, or other committees
- **Budget committees**
 - OHA budget requests normally go to the Joint Human Services Subcommittee, before they go to the full Joint Ways & Means Committee

2027-2029 Agency Budget Request Highlights

- **OHA's 2027-2029 budget request for the biennium is \$42.3 billion in total funds (\$7.4 billion in state general funds)**
 - Aligns with Governor Kotek's priorities to continue the expansion of behavioral health treatment capacity, maintain the sustainability of OHA's core services, and best position Oregon's health care system for the coming impacts from federal funding cuts
- **Policy Option Packages:** Focused investments that support OHA's mission to eliminate health inequities in Oregon by 2030
 - Advancing Health System Priorities and State Commitments
 - Improving Stewardship of Public Resources
 - Maintaining Safe, Reliable State Facilities
 - Modernizing Oregon's Health Infrastructure
 - Preserving Core Public Health and Regulatory Services
 - Strengthening Government-to-Government Partnership with Tribes



Medicaid

Medicaid

- LC 618 Medicaid Financial Stability Placeholder
- LC 634 Medicaid Behavioral Health Financial Stability Placeholder



How to Stay Informed

Web page: Oregon Health Plan Changes Coming Soon

OHP.Oregon.gov/HR1

Newsletter: Oregon Health News

www.oregon.gov/oha/erd/pages/oregon-health-news.aspx

Social Media

- Instagram: [@oregonhealthauthority](https://www.instagram.com/oregonhealthauthority)
- Facebook (English): [facebook.com/OregonHealthAuthority](https://www.facebook.com/OregonHealthAuthority)
- Facebook (Spanish): <https://www.facebook.com/OHAespanol/>
- LinkedIn: [linkedin.com/company/oregon-health-authority](https://www.linkedin.com/company/oregon-health-authority)



Behavioral Health

Behavioral Health

LC 227	Peer Respite Services
LC 390	Governor's Behavioral Health Talent Council Placeholder
POP 412	Medicaid Match for Crisis Stabilization
LC 228	Strengthening Behavioral Health Resource Networks
LC 229	Safe Use and Redistribution of Expired Naloxone





Oregon State Hospital & Involuntary Commitment

Oregon State Hospital and Involuntary Commitment

LC 455	Oregon State Hospital Operational Efficiency
LC 456	Continuing Psychiatric Medication
LC 632	Oregon State Hospital Governance Placeholder
POP 425	Forensic Behavioral Health Capacity





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Public Health

Public Health

LC 220 and POP 406 Enhancing Vaccine Access and Financing

POP 402 ALERT Immunization System Replacement



Public Health Investments

LC 215 and POP 421

Environmental Health Fees

- Radiation Protection Services
- Restaurant, Pool, Lodging and Recreation

LC 216 and POP 408

Health Care Regulation Fees

- Ambulatory Surgery Centers
- Outpatient Renal Dialysis Facilities
- Caregiver Registries
- In-Home Care Agencies
- Non-Transplant Anatomical Research and Recovery Organizations

POP 422

Public Health Data Fees

- Newborn Bloodspot Screening
- Oregon Environmental Lab Accreditation Program
- Vital Records

Additional Public Health Concepts

LC 222 and POP 423

Public Health Technical Fixes

- Oregon State Public Health Lab
- School Nursing Consultant
- Denture Technology Licensure
- Environmental Health Specialist
- Tribal Public Health Modernization
- Public Health Modernization Report
- In-Home Care Licensing Requirements

POP 407

Gender Affirming Care





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Equity & Inclusion

Equity & Inclusion

POP 405 Digital Accessibility Initiative

POP 426 Tribal Traditional Health
Workers





Health Policy & Analytics

Health Policy & Analytics

LC 386 Protecting Health Data Privacy

LC 225 Health Policy & Analytics Technical Fixes and Streamlining

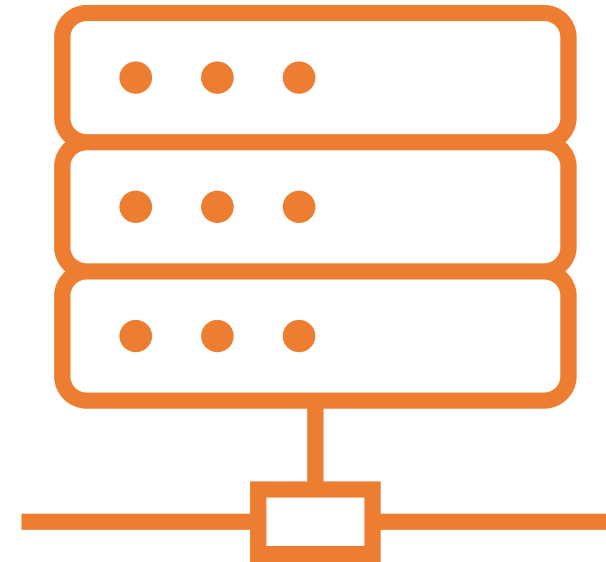
- Palliative Care and Interdisciplinary Quality of Life Council
- Cost Growth Target program
- Health Care Market Oversight Program
- Health Plan Quality Metrics Committee
- Health Care Provider Incentive Program
- Health Insurance Marketplace Advisory Committee
- PEBB/OEBB

LC 389 Public Employee Benefit Board/ Oregon Educator's Benefit Board Placeholder

Health Policy & Analytics

POP 409 Health Care Market
Oversight Program
Restoration

POP 424 PEBB & OEGB Benefit
Management System
Modernization



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Questions?

Thank you

You can get this document in other languages, large print, braille or a format you prefer free of charge. Contact Sarah Herb at sarah.herb@oha.oregon.gov or 971-3729887 (voice/text). We accept all relay calls.

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www.oregon.gov/oha/ERD/Pages/Government-Relations.aspx





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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!