

# AGENDA

## PUBLIC HEALTH ADVISORY BOARD

February 9, 2023, 3:00-5:30 pm

Join ZoomGov Meeting

<https://www.zoomgov.com/j/1614044266?pwd=ekpYekxaMm92SHN0dngzTW9ZeldsUT09>

Meeting ID: 161 404 4266

Passcode: 938425

One tap mobile

+16692545252,,1614044266#

Meeting objectives:

- Approve January meeting minutes
- Discuss PHAB subcommittees and workgroups
- Hear updates on 2023 Legislative Session
- Discuss next steps for developing a public health system vision
- Hear from local health administrators on their priorities, challenges and accomplishments with current public health modernization investments

---

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

- Welcome, board member introductions and icebreaker – share the best piece of advice you have ever been given
- Share group agreements and the Health Equity Review Policy and Procedure
- **ACTION:** Approve January meeting minutes

Veronica Irvin,  
PHAB Chair

---

**3:15-3:25 pm**     **Subcommittee updates**

- Hear updates from the Strategic Data Plan subcommittee

TBD,  
Strategic Data  
Plan  
Subcommittee

---

---

		TBD, PHAB Health Equity Workgroup
<b>3:25-4:00 pm</b>	<b>Legislative updates</b> <ul style="list-style-type: none"> <li>Hear update on public health funding included in Governor’s Recommended Budget</li> <li>Discuss public health priority bills</li> </ul>	Charina Walker and Cynthia Branger Muñoz, OHA
<b>4:00-4:15 pm</b>	<b>Next steps for developing public health vision</b> <ul style="list-style-type: none"> <li>Discuss logistics for how PHAB would like to proceed with developing a public health system vision and funding strategy</li> </ul>	Veronica Irvin, PHAB Chair  Cara Biddlecom, OHA
<b>4:15-4:25 pm</b>	<b>Break</b>	
<b>4:25-5:10 pm</b>	<b>Public health modernization investments and improvements, 2021-23</b> <ul style="list-style-type: none"> <li>Hear from local public health administrators about priorities, challenges and accomplishments with current funding</li> </ul>	Sara Beaudrault and Andrew Epstein, OHA  Katie Plumb, Crook County Public Health  Jennifer Little, Klamath County Public Health
<b>5:10-5:20 pm</b>	<b>Public comment</b>	Veronica Irvin, PHAB Chair

---

---

---

**5:20-5:30 pm      Next meeting agenda items and adjourn**

- Draft calendar of agenda topics included in meeting packet
- March meeting will include presentations by CBOs receiving public health modernization funds

Veronica Irvin,  
PHAB Chair

---

---

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

- Sign language and spoken language interpreters.
- Written materials in other languages.
- Braille.
- Large print.
- Audio and other formats.

If you need help or have questions, please contact Cara Biddlecom: at 971-673-2284, 711 TTY, or [publichealth.policy@dhsoha.state.or.us](mailto:publichealth.policy@dhsoha.state.or.us), at least 48 hours before the meeting.



**Public Health Advisory Board meeting minutes  
January 12, 2023, 3:00-5:30 pm**

**Attendance**

Board members present: Rachael Banks, Mike Baker, Bob Dannenhoffer, Veronica Irvin, Jackie Leung, Kelle Little, Meghan Chancey, Sarah Present, Erica Sandoval, Jeanne Savage, Dean Sidelinger, Ryan Petteway, Jawad Khan, Marie Boman Davis, Jocelyn Warren

Board members absent: Nic Powers

PHAB subcommittee members and workgroup members present: Kat Mastrangelo, Rosemarie Hemmings, Kim La Croix, Jameela Norton

OHA Staff for PHAB: Sara Beaudrault, Tamby Moore, Cara Biddlecom, Victoria Demchak

**Welcome and introductions**

- PHAB members, subcommittee and workgroup members and staff introduced themselves and welcomed PHAB's newest member, Marie Boman Davis.
- Cara Biddlecom and Rachael Banks provided OHA updates.
  - Governor Kotek was inaugurated on Jan 9.
  - James Schroeder is serving as the Interim OHA Director
  - Ebony Clark has been appointed as the OHA Behavioral Health Director
  - Governor Kotek will release her recommended budget by early February.
  - Legislative session starts Jan 17. More than 1,800 presession bills have been filed.

- PHAB members voted to approve the December meeting minutes. Two abstentions.

### **Subcommittee updates**

- Strategic Data Plan Subcommittee
  - At the last meeting the subcommittee heard a presentation on the Behavioral Risk Factor Surveillance System (BRFSS) survey, including its role in gathering data on the health of people in the state. The survey has lower response rates, is lengthy and is only available in English and Spanish.
  - The subcommittee discussed improvements through survey modernization and is interested in continued discussions on improved data, improving trust in public health data and behavioral health data.
- Accountability Metrics subcommittee
  - Purpose for January meeting was to continue to discuss environmental health metrics for summer heat-related morbidity and mortality and air quality morbidity. The group talked about data sources and ways in which communities have provided input to show that these are community priorities.
  - Subcommittee members raised questions about how OHA funding to CBOs is being captured in these metrics.
  - The subcommittee discussed policy-related metrics for environmental health.
  - At the next meeting, the subcommittee will continue to discuss environmental health metrics and move toward a set of environmental health metrics to recommend to PHAB. The subcommittee will then shift its attention to communicable disease metrics.

### **Public health modernization investment prioritization**

- Marie provided an update on the PHAB public health modernization funding workgroup and reviewed workgroup materials included in the PHAB meeting packet.

- The workgroup reviewed a table of system-wide priorities at four different funding levels.
  - Some members recommended that chronic disease prevention be included at lower levels of funding. The group discussed how investments in developing a statewide public health equity plan as well as other investments in foundational capabilities such as community partnership development with other sectors build capacity for chronic disease prevention.
  - The group recommended that chronic disease prevention and other foundational programs be directed toward upstream interventions to address social and structural determinants of health.
  - Some members recommended that in future years, PHAB reconsider how foundational programs are phased in over time with funding, including how chronic disease prevention is prioritized.
- The workgroup reviewed information on current public health modernization funding across organization types, the amount of funding that was included at the full POP request of \$286 million, and what proportional investments would look like across organization types at lower levels of new investments.
  - The workgroup was asked to consider two options: using proportional allocations to determine how new investments are distributed in 2023-25, or modifying proportional allocations.
  - Some members noted that proportional reductions are a fair approach but are not equitable. Other members noted that a proportional reduction is based solely on what was initially proposed and does not take into account what work will be done. Others discussed that funding to CBOs is inequitable by region.
- The majority of workgroup members, but not all, supported sharing this proposal for proportional reductions with PHAB. The workgroup recommended that PHAB continue discussions about funding and allocation of funding. There was not time to have these conversations fully.
- Bob noted that there were no proposals brought forward other than proportional reductions.

- Jeanne asked who PHAB's recommendations are provided to, and whether community-based organizations have been included in previous budgets. Cara responded that OHA was asked to provide this to the Legislature in November. This is a customary part of the legislative budget process. CBOs were included in the 2021-23 budget.
- Jocelyn spoke about the Public Health Modernization Manual and 2016 public health modernization assessment. The assessment provided an understanding of the work of state and local public health authorities and the associated costs. There is not similar clarity on the work of CBOs, what they're responsible for, and how much it costs. She does not feel confident that the funding proposal before PHAB is reasonable, especially since LPHAs are chronically underfunded.
- Rachael said that the workgroup developed detailed tables on the work of LPHAs, CBOs, Tribes and OHA. Rachael noted that the 2016 assessment did not include the totality of the funding that is needed for the public health system because Tribes and CBOs were not a part of that process. Public health has a much better understanding now of what is needed to respond to emergencies like the COVID pandemic and the costs to do it.
- Rachael noted that the work of governmental public health is different than the work of community-based organizations, and moving forward our work is to bring these together in a complementary way to best serve communities.
- Bob said that in this proposal, CBOs will be a major part of the delivery system. He asked that PHAB receive an in-depth presentation on the work of CBOs and the vision for the future.
- Jackie said that her CBO has been asked to be present in public health without compensation for years, until the COVID pandemic. Jackie spoke about her organization's role to connect community members to services, including when there was lack of trust in governmental organizations or language and cultural barriers. Jackie said that this conversation should not be about LPHAs vs CBOs. CBOs need to be funded too and they've consistently been asked to work on behalf of public health for free in the past.
- Jawad spoke about prevention and education, screening, health promotion and access to care provided by his organization. They address issues related to poverty and unemployment, which are critical to health. They build trust, especially through language access.

- Jeanne asked whether the vision for the accountability metrics subcommittee is to establish metrics for all parts of the public health system.
- Erica acknowledged that time is needed for these important conversations and recognized the opportunity to bring groups together, also acknowledging the differences across areas of the state.
- Ryan asked about investments for community-led data systems. Cara said we will bring this information to a future PHAB discussion. Ryan stated that that community-led data should be centered, and not compartmentalized. There need to be comparable investments in community-led data systems in order to abide by the equity principles that PHAB has prioritized.
- Mike said that his understanding is that public health modernization is intended to support state and local public health, and funding should follow the Public Health Modernization Manual. Are we blending multiple concepts in one funding stream? If they are different, should we use other funding streams for partnership work?
- Rachael said the biggest gap in the 2016 assessment across the public health system was in health equity and cultural responsiveness, and public health data continue to show this. The value and progress in working with CBOs supports us all to achieve this competency.
- Cara said that all parts of the system have critical roles to achieve health equity. This is about how to work together to identify and leverage strengths and roles.
- Jocelyn said that relationships have not been developed between LPHAs and CBOs funded by OHA, and in some cases this has set up a contentious relationship. There needs to be collaboration and power-sharing. She wished we could have started there, and now we're trying to bring siloed systems together.
- Rachael noted that the funding priorities includes shared planning for health equity and work force this will bring groups together through a strengths-based approach. She acknowledged this didn't happen initially.
- Jeanne clarified that the overarching strategy is that LPHAs, CBOs, Tribes and OHA would work together for the provision of public health. How can we support this overall vision if we don't fund community-led data piece adequately? This may require additional discussion.



## **Public comment**

- Beth Barker Hidalgo from the Curry County Homeless Coalition provided public comment on the value of looking for opportunities for more collaboration to reach underserved community members, especially during the period of after-action planning following the COVID pandemic.
- Olivia Quiroz with the Oregon Latino Health Coalition and a member of Governor Brown’s Racial Justice Council provided comment on the ongoing role CBOs play during public health emergencies. During the pandemic, her organization was on the forefront to serve their community and advocate for resources. The public health infrastructure to address the needs of communities was not there. It has been an ongoing partnership to develop this infrastructure, including community health workers. Partnerships and funding is critical. Her community has reached the COVID-19 vaccination benchmarks, but two years behind. Now they can focus on a proactive prevention approach on behalf of communities of color.

## **1115 Medicaid waiver, 2022-2027**

- Lori Coyner provided a presentation on the goals, authorities and funding for the 1115 Medicaid waiver.
- Bob noted he was glad to see the focus on people in the carceral system. He asked whether the waiver envisions connections between CCOs and LPHAs. Lori said she expects connections around housing and nutrition services.

## **February meeting agenda items and 2023 work plan**

- OHA staff anticipate legislative updates at upcoming meetings, and presentations from groups receiving modernization to learn about current investments.
- OHA staff are drafting a 2023 work plan for PHAB.
- Members shared other topics they would like on upcoming agendas and the work plan.
  - Developing a public health system vision and the roles of all parts of the system to achieve this vision.
  - Developing an equitable funding approach for the public health system
  - Discussion on investments in community-led data initiatives.

- Discussion with OHA Tribal Affairs Director, Julie Johnson, on the Tribal health care delivery system

### **Adjourn**

- Meeting adjourned at 5:05 pm.
- The next Public Health Advisory Board meeting will be held on February 9, 2023 from 3:00-5:30 pm.

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 Cara Biddlecom: at 971-673-2284, 711 TTY, or [publichealth.policy@dhsosha.state.or.us](mailto:publichealth.policy@dhsosha.state.or.us), at least 48 hours before the meeting.

# PHAB Accountability Metrics

## Group agreements

- 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

# 2023 Legislative Updates

# Public Health in the Governor's Recommended Budget

	<b>GF</b>	<b>TF</b>	<b>Positions</b>
Public Health modernization (POP 406)	\$50.0	\$50.0	30
Regional Resource Hospitals for Disaster Response (POP 422)	\$-	\$0.2	1
Universally offered home visiting (POP 425)	\$5.9	\$5.9	5
PPE & Medical Supply Management (POP 428)	\$1.0	\$1.0	2
Domestic well safety in lower Umatilla Basin (POP 432)	\$3.0	\$3.0	1
Psilocybin services regulatory framework (POP 449)	\$-	\$6.6	22
Emergent Public Health Issues	\$1.0		

POP = Policy Option Package

GF = State General Funds

TF = Total Funds

# Public Health Priority Bills

HB 2278 Pharmacist Flu Vaccination for all

HB 2279 Death with Dignity Fix

Bill number TBD:

- Newborn Bloodspot Screening updates
- Public Health Housekeeping

HB 2773 CLHO workforce bill – Provides incentives to increase recruitment and retention of local public health professionals.

# Developing a public health system vision and funding strategies – proposed approach

In January, PHAB members identified a need to develop a vision for the public health system to inform future priorities and funding.

Proposed approach	
February - May	Ground PHAB members in current public health modernization investments. Hear from LPHAs, CBOs, Tribes and investments in community-led data initiatives
Summer	PHAB retreat or other facilitated opportunities to begin planning discussions
Throughout 2023	Ongoing development of public health system vision with partners, and planning for future funding

# Developing a public health system vision and funding strategies

- What input, concerns or suggestions do members have about this timeline and process?
- In what ways can PHAB prepare for visioning and planning this year?
- In what ways can PHAB's other work, including the work of its subcommittees, be incorporated into or inform public health system visioning?
- Who should participate in the public health system visioning process?



---

# Local public health authority priorities and accomplishments

February 2023



PUBLIC HEALTH DIVISION  
Office of the State Public Health Director

---

# 2021-23 funding to LPHAs: \$33.4 million

County population size band	Funding range	Average award amount	Total funding to size band
Extra small <20,000 n=7	\$102,484-216,378	\$157,811	\$946,867
Small 20,000-75,000 n=12	\$283,044-597,333	\$413,585	\$4,963,021
Medium 75,000-150,000 n=7	\$611,017-909,989	\$770,207	\$5,391,448
Large/Extra-large >150,000 n=7	\$1,085,770-4,772,878	\$2,539,102	\$17,773,712

PUBLIC HEALTH DIVISION

Office of the State Public Health Director



# Fiscal Year 2023 budgets

- More than **300 positions** being funded through local public health modernization funds

Positions/roles	# funded (preliminary)
Communicable disease	> 75
Environmental health	> 30
Foundational capabilities	> 55
Health equity/community outreach	> 25

# Examples of communicable disease prevention strategies implemented by LPHAs

Working with LTCFs to prevent COVID, influenza and other infectious diseases

Expanding outreach and partnerships to reach underserved populations

Educating health care providers on screening and treatment guidance

Performing deeper data analyses to identify priority populations and system level gaps in care

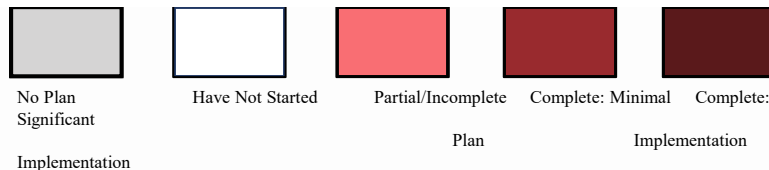
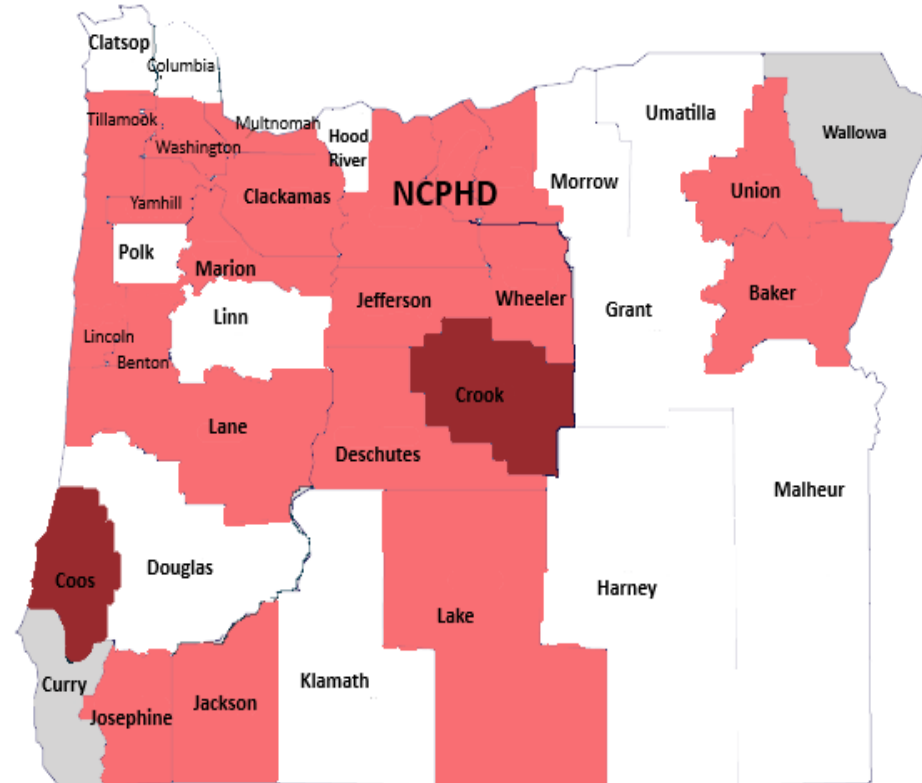
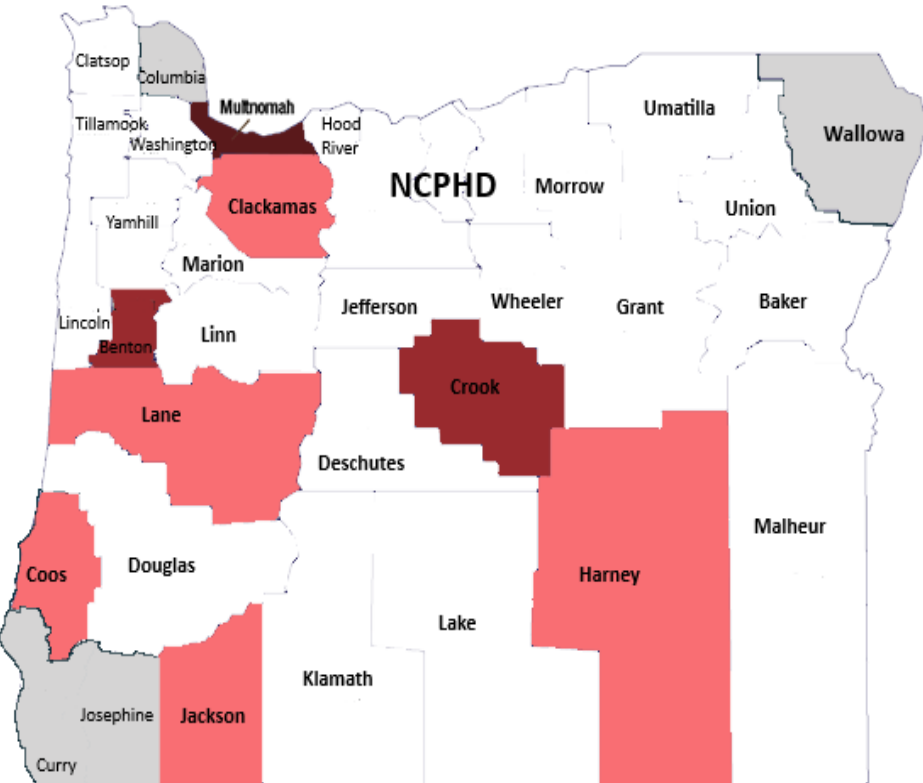
Creating communicable disease data dashboards

Partnering with schools and universities on prevention initiatives

# Local or Regional Climate and Health Plans

2021

2022



# Community Partnership Development

*Which mechanisms does your LPHA use to establish and/or provide ongoing support for partnerships with community-based organizations*

My LPHA regularly meets with CBOs to discuss joint efforts, opportunities to leverage resources and coordination across common goals.	26
My LPHA holds Memoranda of understanding, contracts or other formal agreements with CBOs.	21
My LPHA provides technical assistance and other supports to CBOs.	20
My LPHA provides training to CBOs.	13
My LPHA directly funds CBOs.	12
My LPHA has expanded collaborations with community partners to collect and provide public health data.	32

# Types of organizational changes LPHAs are making as a result of modernization investments and priorities

---

Creating new staff positions for foundational capabilities that span program areas	23
Restructuring teams to align with modernization priorities	16
Increasing management positions to support teams and progress toward priorities	15
Implementing a performance management system for the agency	15
Aligning plans, such as agency strategic plans, business plans, workforce development plans or CHIPs, to achieve strategic goals	12
Other	2
None	2

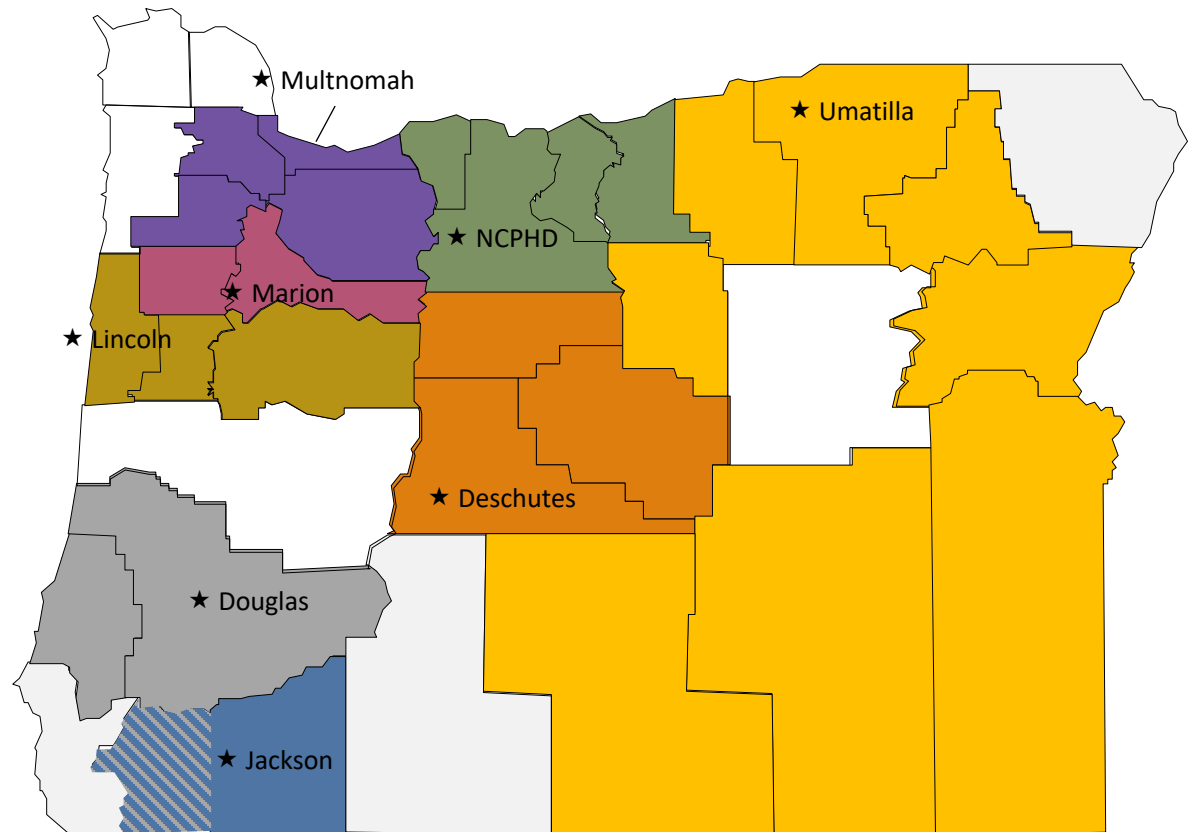
---

# 2021-23 public health modernization regional partnerships

Supporting communicable disease prevention and investigation, regional climate and health strategies, and community health improvement plans

“Ultimately, we have better communication and a better understanding of our region when we undertake joint projects”

*LPHA Administrator*



★ Fiscal agent for regional partnership



# Examples of regional partnership strategies

Building equity and community engagement into all aspects of the data cycle

Regional data mart

Shared positions

Regional health equity plans and climate adaptation plans

Develop a sustainable infrastructure for regional health improvement plan

Leadership development

# Regional partnerships: Benefits of participation

Stronger connections  
across LPHAs

Stronger, more  
relevant supports for  
rural counties

Infrastructure for  
more cross  
jurisdictional sharing

Shared and reduced  
costs efforts for  
regional efforts such  
as community health  
assessment and  
improvement plan

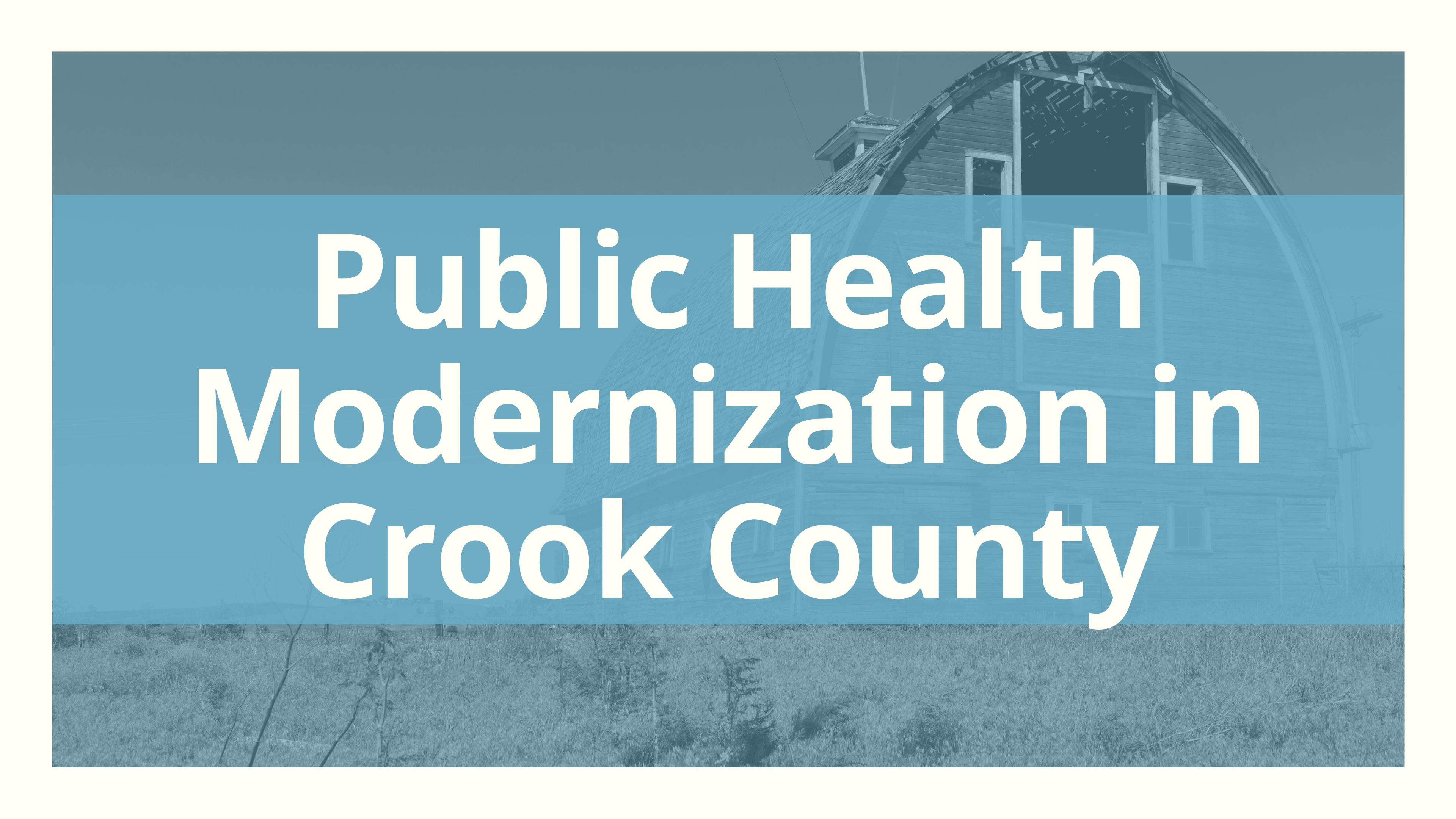
Increased recruitment  
pool

Partnership with  
regional health equity  
coalition strengthens  
community  
engagement and  
collaboration

# Barriers to participation in regional partnerships

*Eight LPHAs reported not participating*

Regional focus detracts from local priorities	3
Lack of local capacity or funding to participate in regional efforts	2
Lack of support from commissioners or agency leadership	1
No natural partnerships with other counties	1
Other: <ul style="list-style-type: none"><li>• Lack of support and capacity due to constraints from COVID-19</li><li>• Past regional efforts have become concentrated in urban centers</li><li>• Lack of county leadership support for climate adaptation planning</li><li>• Physical size of county and distance between county seats</li></ul>	



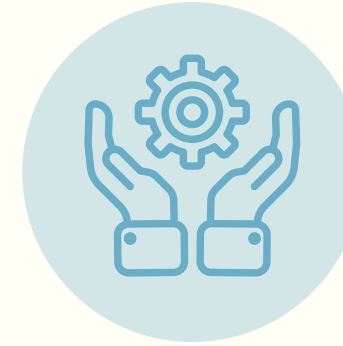
# Public Health Modernization in Crook County

# Crook County Public Health

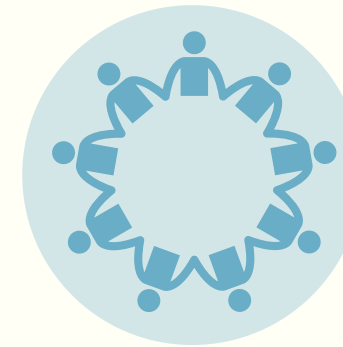
## TOPICS TO DISCUSS

1. Priorities
2. Climate & health
3. Communicable disease
4. Partnerships
5. Accomplishments & challenges

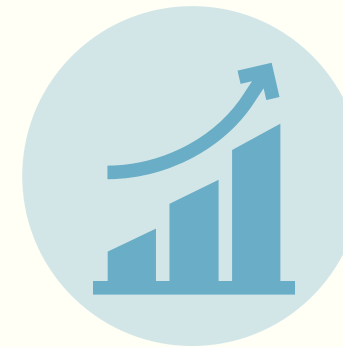
# Priorities



Leadership &  
Organizational  
Competencies



Community Partnership



Assessment &  
Epidemiology



Communications



Health Equity & Cultural  
Responsivity



**Infrastructure:** compliance, quality improvement, performance management



**Staffing:** recruitment & retention, onboarding, training, growth pathways



**Trauma Informed Care & Trauma Stewardship**

# Leadership & Organizational Competencies



## Importance of local epidemiology

- Trust
- Access/Timeliness



## Areas of focus

- Regional Health Assessment
- Communicable disease - STIs
- Overdose
- Injury

# Assessment & Epi





**Need vs. capacity**  
**Lessons learned**  
**Progress made**



**Partnerships**  
**Internal & external education**  
**Capacity building**

# **Communications**

# **Health Equity & Cultural Responsivity**

# Climate & Health

CENTRAL OREGON PUBLIC HEALTH PARTNERSHIP





# Communicable Disease

Lessons learned from COVID and how they are shaping current communicable disease program



# PARTNERSHIPS

Tried & true

Exciting & new

On the horizon



# Successes & Challenges

## CHALLENGES

Staffing

## WINS

Subcontracting  
Partner relationships  
Growth in key areas

# Katie Plumb, MS

Health & Human Services Director  
kplumb@crookpublichealthor.gov

541-447-5165

Crook County Health Department  
Prineville, Oregon 97754

<https://co.crook.or.us/health>

# PUBLIC HEALTH MODERNIZATION IN KLAMATH COUNTY

PHAB

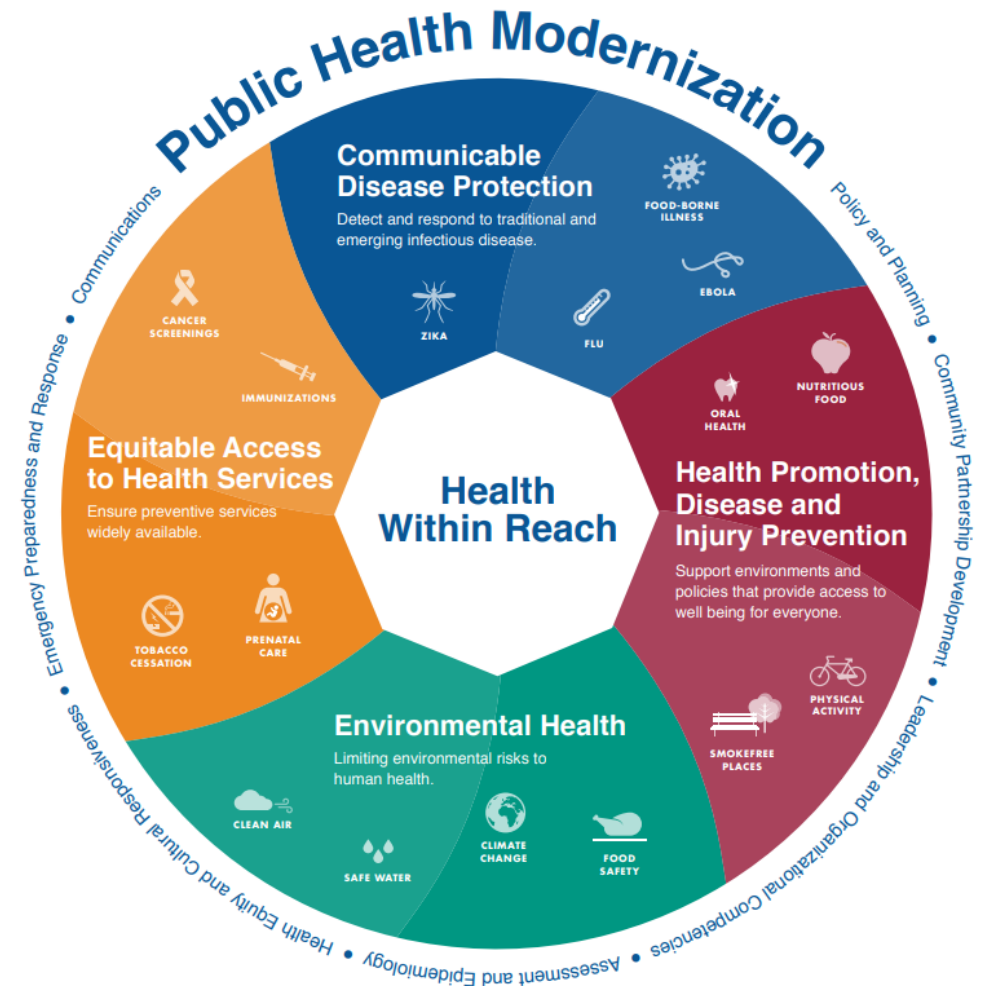
February 9, 2023

Presented by Jennifer Little, MPH  
Director  
Klamath County Public Health



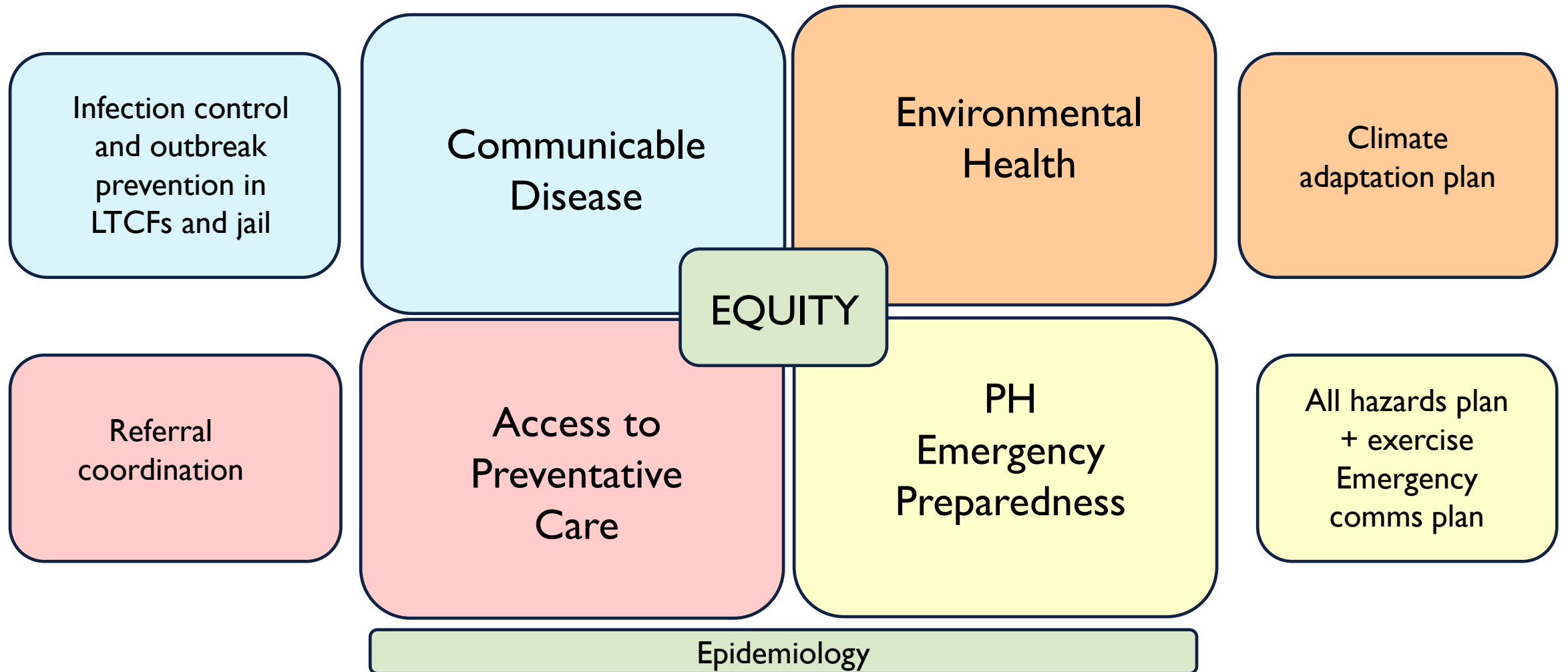
# PUBLIC HEALTH MODERNIZATION-THE CONCEPT

- Framework that ensures all communities in Oregon have the same level of services (foundational programs and capabilities) from our public health system
- When you've seen one health department you've seen one health department!!





# CURRENT PRIORITIES + INTERDISCIPLINARY TEAMS



# CLIMATE AND HEALTH



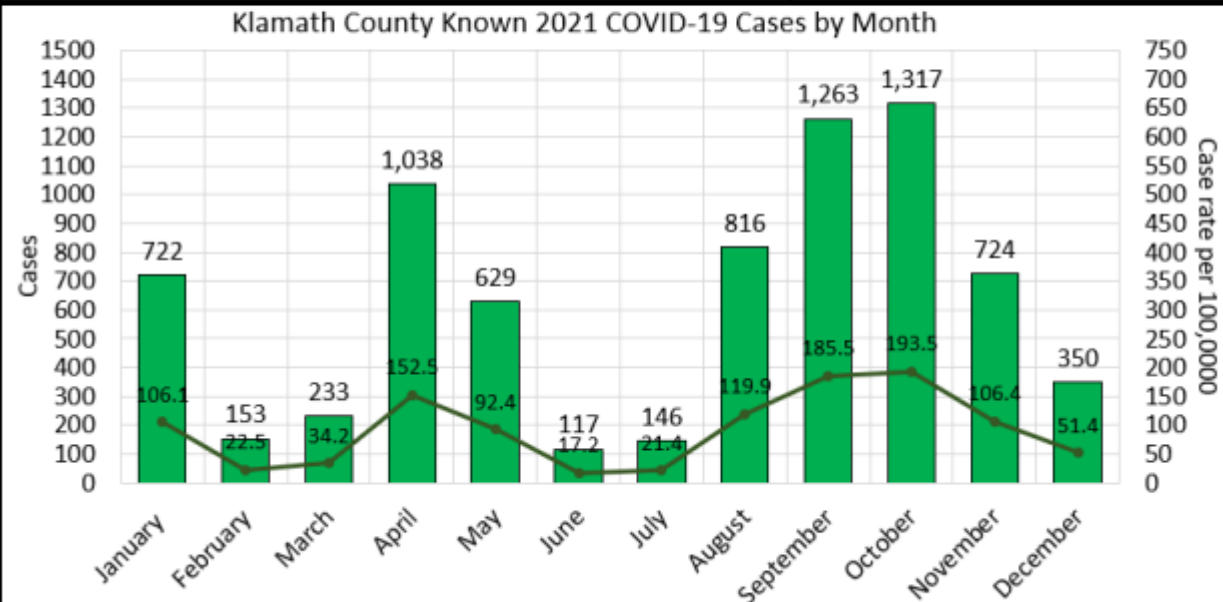
Priority populations + priority issues + resources and partnerships = climate adaptation plan 2024

# LESSONS FROM COVID-19

## 2021 Klamath County COVID-19 Epidemiology Summary

### Klamath County Case Summary

Total known cases of COVID-19	7,508
Cases per 100,000 population	11,029 cases per 10K
COVID-19 Deaths in 2021	158



This graph shows the number of cases reported into OPERA by month, based on the date a case was first identified as a case. Cases rates are calculated using 2020 Portland State University population total estimates.

- Regional epidemiologist
- New regional, school-specific CD tracking and coordination system
- Power of the media
- Combining events

# EXAMPLES OF PARTNERSHIPS NEW OR STRENGTHENED

- Central Oregon Disability Support Services + Emergency Preparedness
- Wynne Broadcasting Radio station
- Stronger relationship with jail and community action teams
- Hispanic Health Committee



# ACCOMPLISHMENTS AND CHALLENGES

## Accomplishments

- Epidemiologist + PHEP and health equity coordinators
- Yearlong workforce development and leadership program for all staff
- Monthly PH newsletter (also part of accreditation)
- Translation

## Challenges

- Climate adaptation- new area of work

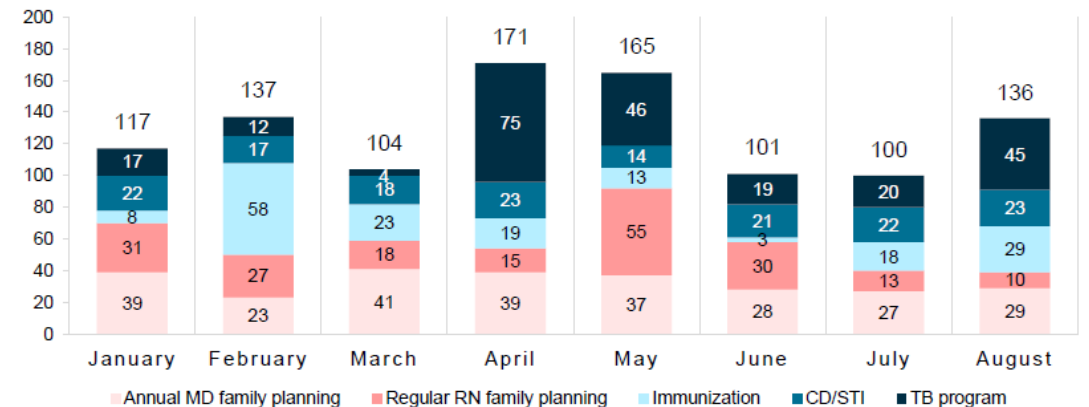


## Clinical Services

August 2022 Performance

136 Appointments	✓ Annual family planning appointments with a medical doctor	29
	✓ Regular family planning appointments with a registered nurse	10
	✓ Immunization appointments	29
	✓ Communicable disease / sexually transmitted infection appointments	23
	✓ Tuberculosis program appointments	45

### Clinical Services Appointments In 2022



# QUESTIONS?



Jennifer Little, MPH

Director

Klamath County Public Health

[jlittle@klamathcounty.org](mailto:jlittle@klamathcounty.org)

541-882-8846



# Public Health Advisory Board 2023 **draft** Workplan Calendar

This document provides a framework for PHAB priorities and meeting agendas in 2023. Agenda items for its monthly meetings are categorized and color-coordinated (■ ■ ■ ■) to indicate linkages between PHAB’s priorities and roles. Additional information about PHAB’s priorities are included at the end of this document.

### 2023 PHAB Priorities:

- Public health system commitment to equity
- Public health system improvements and funding
- Statewide population health priorities and policies
- PHAB structure, business and member support

- \* Indicates decision request
- ◇ Statutory requirement

**Watch List**

*Topics related to the Board’s priorities to stay informed on:*

- 1115 Medicaid Waiver
- Healthier Together Oregon and state health assessment
- CCO incentive metrics

Meeting date	Priority linkage	Agenda items	Action	Notable events
Jan. 12	■ ■	Public health modernization funding for 2023-25	Board support; no formal action	<ul style="list-style-type: none"> <li>• Governor-Elect Kotek takes office 1/9/23</li> <li>• OHA Interim Director James Schroeder begins 1/10/23</li> <li>• 2023 Legislative Session begins 1/17/23</li> </ul>
	■ ■	1115 Medicaid Waiver	Discussion	
	■ ■	Subcommittee updates and discussion: accountability metrics and strategic data plan	Discussion and input	
Feb. 9	■	Legislative session update and discussion	Discussion and input	<ul style="list-style-type: none"> <li>• Governor Kotek’s 2023-25 proposed budget released 1/31/23</li> </ul>
	■ ■ ■	Process and timeline for developing public health system vision	Discussion and input	
	■	Subcommittee updates and discussion: strategic data plan	Discussion and input	

	■ ■	LPHA presentations on public health modernization successes, challenges and accomplishments	Discussion	
March 9	■	Subcommittee updates and discussion: accountability metrics and strategic data plan	Discussion and input	
	■ ■	Presentations on public health modernization funding to CBOs	Discussion	
	■ ■	Progress update on PHAB Health Equity Review Policy and Procedure	Discussion and input	
April 13	■ ■ ■	Subcommittee updates and discussion: accountability metrics and strategic data plan	Discussion and input	
	■ ■	Presentations on Tribal health services and Tribal public health modernization	Discussion	
	■ ■	Adopt updated PHAB Health Equity Review Policy and Procedure	Decision	
May 11	■ ■ ■	Subcommittee updates and discussion: strategic data plan	Discussion and input	
	■ ■ ■	Adopt public health accountability metrics, indicators	Decision, statutory requirement	
	■	Public health modernization LPHA funding formula: base funding to support FTE, incentives and matching funds, and regional funding	Decision	
	■ ■ ■	Discuss community-led data initiatives	Discussion and input	
June 8	■ ■ ■	Subcommittee updates and discussion: strategic data plan	Discussion and input	<ul style="list-style-type: none"> <li>• 2023 Legislative session ends at end of month</li> </ul>
	■	Public health modernization evaluation 2021-23	Discussion and input	
	■ ■ ■	Public health accountability metrics, 2023 report	Discussion and input	
	■ ■	Public health modernization funding allocations and priorities, 2023	Discussion and input	
	■ ■ ■ ■			