

AGENDA

PUBLIC HEALTH ADVISORY BOARD

April 13, 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

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Meeting objectives:

- Approve March meeting minutes
- Elect PHAB Chair
- Hear from Tribal Health Directors about priorities, challenges and accomplishments with current funding
- Discuss Preventive Health and Health Services Block Grant
- Discuss PHAB subcommittees and workgroups

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

- Welcome, board member introductions and icebreaker in the chat
- Meet Interim OHA Director, Dave Baden
- Share group agreements and the Health Equity Review Policy and Procedure
- Discuss member compensation
- Hear update on SB 965 and OHA Public Health Division budget presentation
- **ACTION:** Approve March meeting minutes

Veronica Irvin,
PHAB Chair

3:15-3:25 pm **Review 2023 PHAB work plan and deliverables**

- Review and discuss PHAB work plan and deliverables

Veronica Irvin,
PHAB Chair

Cara Biddlecom, OHA

3:25-3:30 pm **Elect PHAB Chair**

- Hear from members who are interested in being elected as Chair
- **ACTION:** Elect Chair to two-year term

Cara Biddlecom, OHA

3:30-4:25 pm **Public health modernization investments and improvements, 2021-23**

Hear from OHA Tribal Affairs Director and Tribal Health staff about priorities, challenges and accomplishments with current funding

Julie Johnson,
OHA

Twila Teeman,
Burns Paiute
Tribe

Diann Weaver
and Dennita
Antonellis-John,
Confederated
Tribes of Coos,
Lower Umpqua,
and Siuslaw
Indians

Jessica Hamner,
Coquille Indian
Tribe

Katie Morioka,
Yellowhawk
Tribal Health
Center

4:25-4:35 pm	Break	
4:35-4:45 pm	Preventive Health and Health Services Block Grant	Sara Beaudrault and Danna Drum, OHA
	<ul style="list-style-type: none"> • Discuss current year's funding and priorities 	
4:45-5:10 pm	Subcommittee updates	TBD, Accountability Metrics Subcommittee
	<ul style="list-style-type: none"> • Hear update from the Accountability Metrics Subcommittee • Hear update from the Strategic Data Plan subcommittee • Hear update from Health Equity Review Policy and Procedure Workgroup • Hear update on the scheduling of the Public Health Modernization Funding Workgroup 	TBD, Strategic Data Plan subcommittee TBD, Health Equity Review Policy and Procedure Workgroup
5:10-5:20 pm	Public comment	Veronica Irvin, PHAB Chair
5:20-5:25 pm	Next meeting agenda items and adjourn	
	<ul style="list-style-type: none"> • May agenda items: discuss and adopt indicators for public health accountability metrics, discuss public health modernization funding formula for local public health authorities, discuss community-led data initiatives 	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@odhsoha.oregon.gov 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



Public Health Advisory Board meeting minutes

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

Attendance

Board members present: Dean Sidelinger, Erica Sandoval, Kelle Adamek-Little, Marie Boman-Davis, Meghan Chancey, Michael Baker, Rachael Banks, Robert Dannenhoffer, Ryan Petteway, Veronica Irvin, Jackie Leung, Jeanne Savage, Jocelyn Warren, Nicolas Powers, Sarah Present, Veronica Irvin

Board members absent: Jawad Khan

PHAB subcommittee members and workgroup members present: Kat Mastrangelo

OHA Staff for PHAB: Sara Beaudrault, Cara Biddlecom, Joyleen Mabika, Charina Walker, Tamby Moore

Welcome and introductions

- PHAB members, subcommittee and workgroup members and staff introduced themselves.
- PHAB members voted to approve the February meeting minutes. All in agreement, with Meghan abstaining. February minutes were approved.
- Announcements from Cara:
 - Veronica's 2-year term is ending, so there will be another election of the Chair role. Veronica is not yet termed out, and happy to stay on as Chair for 2 more years but wants other people to have the opportunity to take that position if interested.
 - OHA is in the reaccreditation process and planning to start the next State Health Assessment (SHA). Cara will bring updates to PHAB members about the process and see what types of roles PHAB members would like to have in that process.

Oregon Health Policy Board Updates

Presentation by Steph Jarem: History of Oregon Health Policy Board (OHPB) and PHAB Partnership

- PHAB & OHPB presentation by Steph Jarem
 - History of OHPB and PHAB Partnership*
 - OHPB
 - Policymaking and oversight body of OHA
 - 2021-23 OHPB Priorities
 - 9 members

Public Health Advisory Board
Meeting minutes – March 9, 2023

- PHAB
 - Launch & oversee public health modernization
 - Providing recommendations on public health related topics that serve to further state goals
 - 19 members
 - OHPB Committee experiences*
 - Appointments/membership*
 - OHPB Liaisons*
 - Their role is to partner with committees to increase representation at OHPB meetings. There are currently 5 active OHPB liaisons
 - Considerations for communication with OHPB and PHAB
 - Until OHPB assigns a liaison to PHAB, an OHA staff could come to PHAB meetings or PHAB members can OHPB meetings to build connections.
 - Information can be shared through board staff who might attend both meetings and report back. A quarterly committee digest could be shared to members of both committees
- Questions:
 - Jocelyn – OHA’s decision to fund CBOs – was there a role for the OHPB for that? Or PHAB?
 - Cara – History of PHAB’s health equity review policy and procedure and adoption of OHPB’s health equity definition.
 - Steph – HE is a deep focus area for OHPB, trying to navigate the space because they value it but are not all experts themselves
 - Public health funding of CBOs is nothing OHPB had a decision-making role in
 - OHPB has held listening sessions to engage communities -> Medicaid waiver and other topics and there is alignment between PH funding and other areas.
 - Jeanne Savage – Can OHA clarify why CBO funding was included as part of modernization vs as a separate funding stream itself.
 - Cara – OHA puts forward budget requests for public health modernization. After OHA-PHD worked with PHAB, LPHAs and Tribes to develop the 2021 policy option package, OHA leadership added additional funds to the initial funding request for CBOs.
 - When agreeing to support the COVID-19 response, CBOs were clear in that they needed a sustainable way to receive funding
 - The role of CBOs is distinct from the roles of governmental public health.
 - Jocelyn – This group needs to have a clear understanding of what modernization is.

PHAB planning for 2023

Sara Beaudrault & Cara Biddlecom presented

- Short term: planning for allocating public health modernization funds to CBOs for 23-25 biennium
 - Prioritizing communities that are currently underserved
 - Long term: planning to guide future strategies
 - At what level would PHAB like to engage with these discussions?
 - OHA's values related to funding the system:
 - Equity, Partnership, Transparency, Inclusion, Accountability
 - How does PHAB want to be kept involved & aware of operational planning between OHA, LPHAs and CBOs for 23-25
 - Bob - we need a workgroup with good PHAB representation as well as CBOs and LPHAs and OHA to get through short-term questions related to funding
 - Should OHA convene PHAB's Incentives & Funding subcommittee this spring to advice on funding strategies for CBOs?
 - Bob – The Incentives and Funding subcommittee has a full scope of work and this is outside of that scope. Bob recommends a separate group.
 - PHAB Retreat Objectives
 - Goal of retreat is to develop strategic vision for health equity for the public health system and/or develop strategies that PHAB will commit to in order to advance equity in the next 1-3 years
 - Erica – opportunity to look at national initiatives for what's currently happening and what changes PHAB can consider
 - Ryan – Regarding workforce development – we can't do this if the folks who are being paid are not the folks experiencing health inequities
 - Community data systems (connected to workforce development)
 - Focused discussion of incorporating legal epidemiology within and across

Subcommittee updates

Accountability Metrics Plan Subcommittee

Sarah Present presented

- Has meet twice since last PHAB meeting
- Discuss timeline & process for updated set of metrics
 - Bringing forward updated metrics for environmental health & communicable disease to PHAB in May to vote on
 - Public Health System metrics
 - The framework includes indicators of collective responsibility across sectors to address urgent health issues, and accountability metrics for individual LPHAs and OHA.

Legislative update

Charina Walker presented

- SB 965 (PHD housekeeping bill)
- Ways & Means presentation on March 20th, Hearing on March 23rd(8am) and maybe March 27

Public health modernization investments and improvements, 2021 – 23

Dolly England, Liberty & Teresa from NEON, Jessalyn from Nurturely presented on CBO investments

- Dolly – CBO Highlights presentation
- Liberty and Teresa – NEON (NE Oregon Network) presentation
 - Removing barriers by having staff be members of the communities they serve
- Jessalyn Bellerano – Nurturely (equity in perinatal wellness) presentation
 - Preventing perinatal health disparities through root causes
 - Climate exposure + racial equity + perinatal health root causes and the intersections of these things extends generationally
 - Pre/posttest around their events/Nurturely developed curriculum
 - They are developing a toolkit
 - Climate impact + early child health root causes
 - Environmental HE Symposium 4.19.23 event (9-1pm)
 - Nurturely.org/planet

Public comment

- No comment provided

April meeting agenda items

- Tribal health directors presenting in April meeting
- Reaccreditation process & Planning
- Retreat survey, dates, and location

Adjourn

- Meeting adjourned at 5:30 pm.
- The next Public Health Advisory Board meeting will be held on April 13, 2023, from 3:00-5:30 pm.

PHAB's work plan:

Core work for 2023

- Public health accountability metrics
- Strategic Data Plan values and recommendations
- Health Equity Review Policy and Procedures
- Public health modernization funding for 2023-25
 - Learn about current investments from partners (LPHAs, CBOs and Tribes)
 - Discuss 2023-25 funding formula for LPHAs
 - Make recommendations on improvements for funding CBOs
- PHAB Retreat: Developing a vision for health equity

PHAB's work plan:

Additional topics for population health priorities

- 2023 state health assessment
- Preventive Health and Health Services Block Grant work plan
- Health system transformation and CCOs

PHAB's work plan: 2023 decisions and deliverables

Adopt public health accountability metrics (priorities and indicators)	Spring
Adopt updated Health Equity Review Policy and Procedure	Spring/Summer
Make recommendations on operational improvements to public health modernization funding to CBOs for 2023-25	Summer
Adopt Strategic Data Plan values and recommendations	Summer
Develop a strategic vision for health equity and corresponding PHAB strategies	Summer/Fall
Adopt public health accountability metrics (policy and process measures)	Late fall

Public Health Advisory Board 2023 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"> • Governor-Elect Kotek takes office 1/9/23 • OHA Interim Director James Schroeder begins 1/10/23 • 2023 Legislative Session begins 1/17/23
	■ ■	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"> • Governor Kotek’s 2023-25 proposed budget released 1/31/23
	■ ■ ■	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	<ul style="list-style-type: none"> • OHA 2023-25 budget presentation to Legislative Ways and Means committee scheduled for March 20. Public hearings to be held March 23 • Dave Baden appointed as Interim OHA Director as of March 20
	■ ■	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, strategic data plan, health equity review policy and procedure workgroup	Discussion and input	
	■ ■ ■	Preventive Health and Health Services Block Grant	Discussion and input	
	■ ■	Presentations on Tribal health services and Tribal public health modernization	Discussion	
	■	Elect PHAB Chair	Decision * ◇	
May 11	■ ■ ■	Subcommittee updates and discussion: strategic data plan, health equity review policy and procedure workgroup, public health modernization funding workgroup	Discussion and input	
	■ ■ ■	Adopt public health accountability metrics, indicators	Decision * ◇	
	■	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"> • 2023 Legislative session ends at end of month
	■ ■	Adopt updated PHAB Health Equity Review Policy and Procedure	Decision *	
	■	Public health modernization evaluation 2021-23	Discussion and input	

	■ ■ ■	Public health accountability metrics, 2023 report	Discussion and input	
	■ ■ ■	Preventive Health and Health Services Block Grant proposed work plan	Discussion and decision *	
	■ ■	Public health modernization funding allocations and priorities, 2023	Discussion and input	
July	■ ■ ■	PHAB retreat: Developing a public health system vision for health equity	Discussion and decision *	
August - December	■ ■ ■	Adopt PHAB Strategic Data Plan values and recommendations	Discussion and decision *	
	■ ■ ■	Adopt public health accountability metrics, policy and process measures	Discussion and decision * ◇	
	■ ■	Approve PHAB public health modernization 2023-25 funding workgroup recommendations	Discussion and decision *	
	■ ■	Discuss 2023 state health assessment	Discussion and input	
	■ ■ ■ ■			



Health
Oregon
Authority
Tribal Affairs

OHA Tribal Affairs

Tribal Affairs is housed in the OHA Director's Office. They work with staff across the agency to uphold the government-to-government relationship with the Nine Federally Recognized Tribes of Oregon by:

- Implementing the Tribal Consultation Policy.
- Identifying individuals at OHA who are responsible for developing and implementing programs that affect tribes.
- Utilizes a process to identify the programs that affect tribes.
- Coordinates communication between OHA and tribes.
- Promotes positive government-to-government relations between OHA and tribes.
- Provides training to staff on the policy, process and ongoing relationship.

SB770-2001 (ORS 182.162 to 182.168)

Tribal Liaisons works regularly with elected tribal officials, tribal health staff and representatives from tribes, Indian Health Services, the Urban Indian Health Program, the Northwest Portland Area Indian Health Board, as well as other agencies focusing on tribal health priorities.

Tribal Affairs needs you to help OHA do our best work with tribes!

Federally Recognized Tribes

Federally Recognized Tribes are individual Sovereign Nations. The United States Government has a unique legal relationship with American Indian tribal governments as set forth in the Constitution of the United States, numerous treaties, statutes, federal court decisions and executive orders.

This relationship is derived from the political and legal relationship that Indian Tribes have with the federal government and is not based on race.

Federally recognized tribes are those Native American tribes recognized by the United States Bureau of Indian Affairs for certain federal government purposes. There are currently 574 Federally Recognized Tribes.

Tribal Governments

Tribal governments are separate sovereign nations with powers to protect the **health, safety and welfare** of their members and to govern their lands. **Tribal Public Health Authorities are guided by Tribal Leadership priorities.**

This tribal sovereignty predates the existence of the U.S. government and the state of Oregon. The members residing in Oregon are citizens of their tribes, of Oregon and, since 1924, of the United States of America.

All Oregon tribal governments have reservation or trust lands created by treaties or federal acts. Each tribe determines their own citizenship (tribal enrollment).

Tribal Sovereignty

Tribal sovereignty in the United States is the inherent authority of indigenous tribes to govern themselves within the borders of the United States of America. The U.S. federal government recognizes tribal nations as "domestic dependent nations" and has established a number of laws attempting to clarify the relationship between the federal, state, and tribal governments.



Federal Indian Trust Responsibility

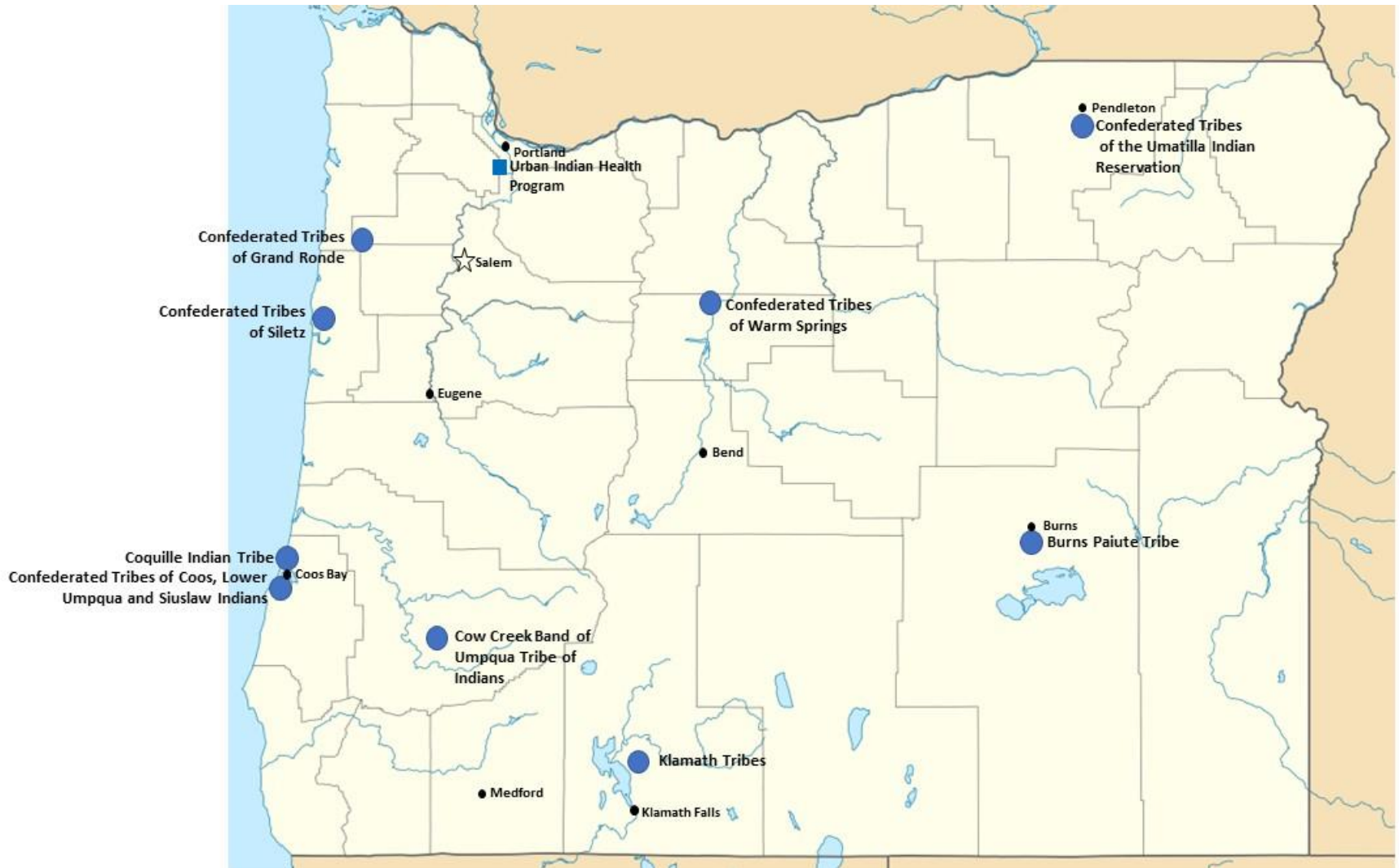
The Federal Indian Trust Responsibility is a legal obligation under which the United States “has charged itself with moral obligations of the highest responsibility and trust” toward Indian tribes. It is also a legally enforceable fiduciary obligation on the part of the United States to protect tribal treaty rights, lands, assets, and resources, as well as a duty to carry out the mandates of federal law with respect to Federally Recognized Tribes.



State of Oregon

The state of Oregon also honors tribal sovereignty and recognizes the right of Indian tribes to self-determination and self-governance.





Nine Federally Recognized Tribes of Oregon

Oregon Tribal Governments

- Burns Paiute Tribe
- Confederated Tribes of Coos, Lower Umpqua and Siuslaw Indians
- Confederated Tribes of Grand Ronde
- Confederated Tribes of Siletz Indians
- Confederated Tribes of the Umatilla Indian Reservation
- Confederated Tribes of Warm Springs
- Coquille Indian Tribe
- Cow Creek Band of Umpqua Tribe of Indians
- Klamath Tribes

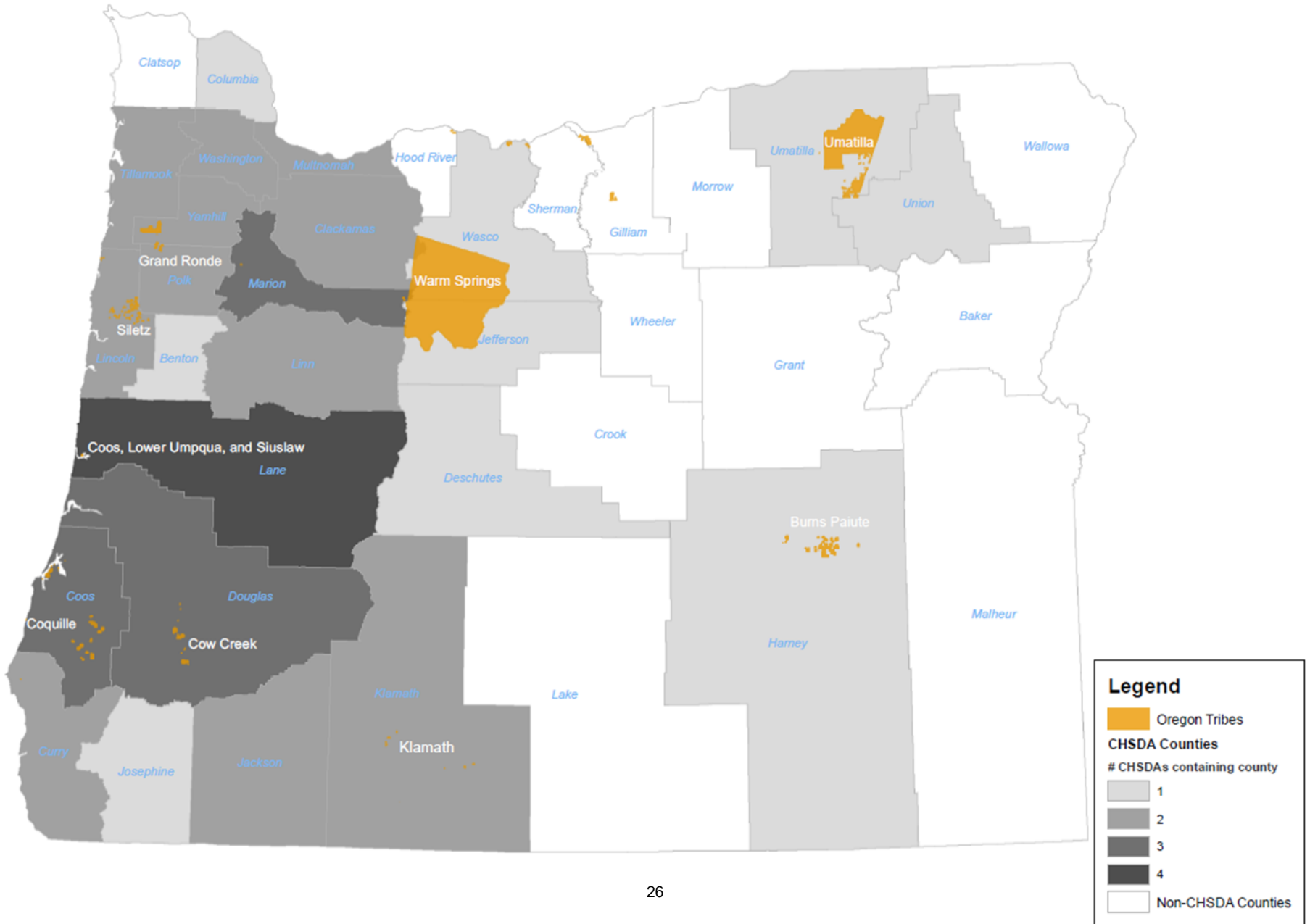


A note on Service Areas

Each tribe's area of interest may extend far beyond its tribal governmental center or reservation location. The federal government acknowledges that many tribal members do not live on tribal lands and, therefore, allows for tribes to provide governmental programs in specified service areas.

For example, the Confederated Tribes of Siletz service area includes 11 Oregon counties: Benton, Clackamas, Lane, Lincoln, Linn, Marion, Multnomah, Polk, Tillamook, Washington and Yamhill.

Oregon Tribes and Tribal CHSDA Counties



County	Tribe										# of CHSDAs containing County
	Burns-Paiute	Coos, Lower Umpqua, Siuslaw	Coquille	Cow Creek Band of Umpqua	Cowlitz (WA Tribe)	Grand Ronde	Klamath	Siletz	Umatilla	Warm Springs	
Benton								X			1
Clackamas								X		X	2
Columbia					X						1
Coos		X	X	X							3
Curry		X	X								2
Deschutes				X							1
Douglas		X	X	X							3
Harney	X										1
Jackson			X	X							2
Jefferson										X	1
Josephine				X							1
Klamath				X			X				2
Lane		X	X	X				X			4
Lincoln		X						X			2
Linn								X		X	2
Marion						X		X		X	3
Multnomah						X		X			2
Polk						X		X			2
Tillamook						X		X			2
Umatilla									X		1
Union									X		1
Wasco										X	1
Washington						X		X			2
Yamhill						X		X			2
# of Counties in CHSDA	1	5	5	7	1	6	1	11	2	5	

Oregon Indian Population

177,769 AI/AN (alone or in combination, ACS 2021)

58,951 AI/AN in Portland Metro area (tri-county) (alone or in combination, ACS 2021)

AI/AN Enrolled in OHP - Heritage Native American (HNA)

Fee for Service-Open Card	23,356
Managed Care	39,146
Total	62,502

(Jan. HNA 2023 Fast Facts)

Indian Health Care Delivery System

Indian Health Programs can be grouped into 3 categories:

- Indian Health Service (IHS) Directly Operated - Warm Springs, Western Oregon Service Unit – Chemawa Indian School
- Tribally Operated (P.L. 93-638 Indian Self-Determination Act) 8 Oregon Tribes
- Urban Indian Health Program – Native American Rehabilitation Association of the Northwest

Types of Health Services that may be provided

- Ambulatory Primary Care (outpatient care)
- Inpatient care - Hospitals
- Traditional healing practices
- Dental and Vision Care
- Behavioral Health Services
- Specialty Care Services (CHS)
- Public Health



Government to Government

Oregon maintains a government-to-government relationship with the tribal governments:

1975 - Legislative Commission on Indian Services (LCIS)

1996 - Executive Order EO-96-30

2001 - SB 770

2009 - American Recovery and Reinvestment Act Section 5006

2010 - OHA Tribal Consultation Policy

2017 – Attachment I - 1115 Waiver - Tribal Engagement Protocol

2018 - OHA Tribal Consultation and Urban Indian Health Program Confer Policy

Tribes are NOT stakeholders!

SB 770 (ORS 182.162 to 182.168)

Oregon 1st state to adopt formal legal government-to-government relations through legislation. Directs state agencies in government-to-government relationships with Oregon tribes

- State agencies to develop and implement policy on relationship with tribes; cooperation with tribes.
- Training of state agency managers and employees who communicate with tribes; annual meetings of representative of agencies and tribes; annual reports by state agencies.

“State agency” definition includes all officers, employees, agencies, **boards, committees and commissions** of the legislative, executive, administrative and judicial branches of state government

NARA-Urban Indian Health Program

NARA-Native American Rehabilitation Association

Mission Driven, Spirit Led

Providing education, physical and mental health services and substance abuse treatment to American Indians, Alaska Natives, since 1970. NARA is the Urban Indian Health Program that OHA confers with on program/policy changes.



NPAIHB- Tribal advisory organization

The Northwest Portland Area Indian Health Board is a non-profit tribal advisory organization serving 43 federally recognized tribes of OR, WA & ID.

NPAIHB houses a tribal epidemiology center (EpiCenter), several health promotion disease prevention projects, and is active in Indian health policy.

What they do:

- Health promotion and disease prevention
- Legislative and policy analysis
- Training and technical assistance
- Surveillance and research



OHA appreciates the relationship with the NPAIHB and contracts with them for specific projects to serve the OR Tribes including Public Health Modernization work.

Community based-organizations serving the AI/AN population and/or providing culturally based services

Native American Youth and Family Center

Future Generations Collaborative

One Community Health

Next Door Inc.

Painted Horse Recovery

Medicine Wheel Recovery Services

Tayas Yawks

Phoenix Wellness Center

OHA supports these programs for providing services to the community.

Note: they are not Tribal Organizations as defined in 25 USC.

Resources

- Legislative Commission on Indian Services-Government to Government annual reports, links of interest, approach to state tribal relations, tribal government websites and more. <https://www.oregonlegislature.gov/cis>
- Broken Treaties, An Oregon Experience <https://www.youtube.com/watch?v=iHq6ncJJ35w>
- We Shall Remain, video on historical trauma and healing <https://www.youtube.com/watch?v=GsoiwY6YjSk>
- How the US stole thousands of Native American children <https://www.youtube.com/watch?v=UGqWRyBCHhw>





Create a good day!

Julie Johnson
Tribal Affairs Director
julie.a.johnson@state.or.us
503-945-9703

Preventive Health & Health Services Block Grant

Oregon Public Health Advisory Board

April 13, 2023



OFFICE OF THE STATE PUBLIC HEALTH DIRECTOR
Public Health Division

Background

- Non-competitive grant through Centers for Disease Control and Prevention
- Issued to all states and territories to address state determined public health priorities
- Work plan tied to Healthy People 2030 Objectives
 - Oregon has typically used for infrastructure and in the current year tied to
 - PHI-R04: Increase the proportion of states that have developed a health improvement plan, and
 - PHI-R08: Explore financing of public health infrastructure, including the core/foundational capabilities in health departments.
- Portion of funding allocation for rape prevention and victim services
 - Oregon Coalition Against Domestic Violence and Sexual Violence
 - PHI-40: Rape Prevention

Funding

Available funding for work plan implementation:

- October 2019 – September 2020: \$1,033,083 available for work plan implementation
- October 2020 – September 2021: \$1,046,084 available for work plan implementation
- October 2021 – September 2022: \$1,016,267 available for work
- October 2022 – September 30, 2023: \$1,111,737
 - \$88,458 of allocation for rape prevention and victim services

Funding Supports

- Implementation of Healthier Together Oregon (State Health Improvement Plan)
- Training, consultation and technical assistance for LPHAs and Tribes
- Partnership development and support
- Workforce development for public health system
- Primary sexual violence prevention

Role of Public Health Advisory Board

- Acts as block grant advisory board as required by federal code
- Must meet at least two times/year to exercise its duties as the block grant advisory board
- Provide input into the work plan prior to submission to CDC

Next Steps

- May or June – Public hearing
- June PHAB meeting – Overview of draft work plan, provide input
- June – Submit work plan to CDC

Questions or Comments

Sara Beaudrault, Strategic Initiatives Manager
Office of the State Public Health Director
sara.beaudrault@oha.Oregon.gov

Danna Drum, Local and Tribal Public Health Manager
Office of the State Public Health Director
danna.k.drum@oha.Oregon.gov

PUBLIC HEALTH ADVISORY BOARD

Accountability Metrics Subcommittee

March 14, 2023

9:00-10:00 am

Subcommittee members present: Jeanne Savage, Sarah Present, Kat Mastrangelo, Cristy Muñoz

Subcommittee members absent: Ryan Petteway, Jocelyn Warren

OHA staff: Sara Beaudrault, Kusuma Madamala, Elliot Moon, Carol Trenga , Amanda Spencer, Victoria Demchak, Cara Biddlecom, Rex Larsen, Vivian Larson, Kelly McDonald, Ann Thomas, Tim Menza, Zintars Beldavs, June Bancroft

Guest presenters: Kathleen Rees, Brian Leon

Welcome and introductions

Sara B

- Sara reviewed agenda and plan for discussing communicable disease priority areas and indicators
- Introductions
- Minutes from the 3/3 meeting will be reviewed at the April meeting

Group agreements and a person-centered approach to public health metrics

Sara B

- After the last meeting, concerns were raised about the discussion on the metric for summer heat-related deaths, and the potential for similar conversations to harm community members represented in those deaths. Sara acknowledged her role as facilitator during that conversation. She let the group know that Victoria Demchak and Cara Biddlecom are present today to support the conversation and individual members.
 - Sara B said one way to address this might be to revisit the group agreements and asked what other ways subcommittee members may wish to proceed.
 - Jeanne said that she appreciates having group agreements and it may also be helpful for people to have an open and private line to someone during the meeting to pause the conversation.
 - Sarah P said she has been thinking about how to approach data conversations from a perspective of data ethics. She talked about small numbers reporting and how to report on small numbers so that people are not identifiable but attention is still brought to the issue.
 - Cara made connections to PHAB's Strategic Data Plan subcommittee regarding values and responsibilities when working with public health data. This may include providing context,
-
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being person-centered and providing actionable data. Cara suggested connecting these conversations in the future.

- Kat said she thinks the group agreements are good and the group could recommit to using them. Kat appreciated the person who shared feedback.
- Cristy asked whether the subcommittee can only make recommendations if a specific number of deaths occur.
- Sara B said there are no such restrictions. Sara felt the discussion got conflated with a conversation about accountability and whether an individual organization should be accountable for metrics related to preventable deaths that may fluctuate based on external factors.
- Kathleen proposed that data could be presented in regions so denominators are larger and people may not be as easily identifiable.
- Sara B noted that the issue around small numbers is that people, families and communities may be able to be identified. It is not that the small numbers are not significant or important. Public health needs to be clear about this when speaking about small numbers and data suppression.
- Sara B summarized some of the recommendations made to ensure person-centered discussions moving forward, which include having a person at every meeting to pay attention to group agreements and be a direct contact for people who would like support during meetings, continue to use group agreements, continue to talk about data ethics and make connections with Strategic Data Plan subcommittee.
- Victoria shared that it may be useful to have further discussion about identifying the right unit that allows us to share data. It is not the same for all questions we're trying to answer.
- June talked about existing standards for sharing data with small numbers, data sharing agreements, and the opportunity to use stories when numbers can't be used.
- Sarah P talked about ensuring that people are not identifiable. She said one way that public health sometimes addresses this is by using "<10" or other categories. With this method, overall trends can still be seen.
- Rex noted that with smaller numbers there are issues with generating rates that are accurate. The OHA immunization program does not publicly report data with less than 50 in the numerator.
- Sarah P noted that public health needs to make improvements to how we communicate about data, and this was seen clearly throughout the COVID-19 pandemic.
- Jeanne said that these same conversations are also happening within CCO metrics committee. All of these discussions are under the umbrella of OHA. We need an overall understanding that we are trying to get to the same place and be working in alignment for data collection and reporting that is grounded in the OHA health equity definition.
- Cristy suggested that a metric for community engagement could be reporting and communicating data in a trauma informed and community-centered way. This could include training for public health leads to have this lens when connecting with community.

Communicable disease priorities and indicators

Tim Menza

- Tim reviewed slides on sexually transmitted infections.
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- Early syphilis diagnoses are higher than ever and are rapidly increasing.
 - Among 50% of people assigned female at birth with syphilis in Oregon do not have an identifiable risk factor. Oregon recommends universal screening for people during pregnancy.
 - Tim discussed congenital syphilis. There were no congenital syphilis cases in 2013 and 37 cases in 2022. The goal needs to be zero.
 - Syphilis disproportionately affects people of color. Housing instability, criminal justice involvement and history of drug use are very common for people with syphilis during pregnancy. Tim discussed the systemic issues that factor into these risk factors.
- Sara said that OHA is recommending a bundle of indicators that provide a comprehensive view of the impacts of syphilis: rate of congenital syphilis, rate of any stage syphilis among people who can become pregnant, and rate of primary and secondary syphilis.
 - Jeanne echoed the urgency around addressing syphilis.
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Subcommittee business

Sara B

- Sara would like the subcommittee to hold an additional meeting in April. Please watch for an email to schedule it.
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Meeting was adjourned

Proposed communicable disease priority areas and indicators

The following priority areas and indicators have been developed by state and local public health authority staff. The goal is for the PHAB subcommittee to eventually narrow recommendations to 1-2 priority areas and one or more related indicators.

Priority areas	Indicators
Seasonal and emerging respiratory pathogens	<ul style="list-style-type: none"> • All respiratory outbreaks (influenza-like illness, RSV, COVID and others) in long-term care facilities • Influenza hospitalizations and mortality rates • Influenza vaccination rates
Sexually transmitted infections	<ul style="list-style-type: none"> • Rate of congenital syphilis • Rate of any stage syphilis among people who can become pregnant • Rate of primary and secondary syphilis • Rate of gonorrhea
HIV	<ul style="list-style-type: none"> • Rate of new HIV infections • Proportion of people living with HIV with an undetectable viral load within three months of diagnosis • Proportion of people living with HIV with an undetectable viral load in the prior year
Vaccine preventable diseases	<ul style="list-style-type: none"> • Rates of high impact vaccine preventable diseases (i.e. pertussis, measles), including by race, ethnicity, gender, sexual orientation, housing status (includes carceral settings), injection drug use • Adolescent vaccination rates • Adult vaccination rates • Two-year old vaccination rates

	<ul style="list-style-type: none"> • School vaccination rates and non-medical exemption rates
Viral hepatitis	<ul style="list-style-type: none"> • Rates of acute hepatitis, including by race and ethnicity, gender, sexual orientation, housing status (includes carceral settings), injection drug use
Foodborne diseases	<ul style="list-style-type: none"> • Rates of foodborne diseases, including by race, ethnicity, gender, sexual orientation, housing status (includes carceral settings), injection drug use
Tuberculosis	<ul style="list-style-type: none"> • Rate of active TB infection

PHAB Accountability Metrics subcommittee

Proposed environmental health priority areas and indicators

March 14, 2023

The following priority areas and indicators have been developed by state and local public health authority staff. The goal is for the PHAB subcommittee to eventually narrow recommendations to 1-2 priority areas and one or more related indicators.

Priority areas	Indicators
Summer heat-related morbidity and mortality	<ul style="list-style-type: none">• Emergency department and urgent care visits due to heat• Hospitalizations due to heat• Heat deaths
Air quality-related morbidity	<ul style="list-style-type: none">• Respiratory (non-infectious) emergency department and urgent care visits• Asthma and allergic disease-related hospital admissions
Water security	<ul style="list-style-type: none">• Number of weeks in drought annually, % of population affected• Health-based violations• Number of/type of advisories, #/% of population affected
Built environment	<ul style="list-style-type: none">• Active transportation: Percent of commuters who walk, bike or use public transportation to get to work• Walkability index• Land use, for example % tree canopy, % green spaces, impervious surfaces, parks, natural areas
Developmental: Mental health effects of climate change	

MINUTES

PUBLIC HEALTH ADVISORY BOARD Strategic Data Plan Subcommittee

**March 21, 2023
1:00 - 2:00 PM**

Subcommittee members: Hongcheng Zhao, Dr. Rosemarie Hemmings, Veronica Irvin, Kelle Little, Jawad Khan, Dean Sidelinger, Marie Boman-Davis

Subcommittee members excused: Kelle Little

OHA staff: Victoria Demchak, Virginia Luka, Rose Harding, Cara Biddlecom

Welcome and Introductions

Subcommittee members and staff introduced themselves.

Jawad moved to approve the February subcommittee minutes and Veronica seconded. The subcommittee voted to approve the February 2023 meeting minutes.

Values related to public health data modernization

Rose introduced the PHAB handout called “Defining Values and Working Definitions for Strategic Data Plan Discussion”.

Rose asked the subcommittee to focus on defining values for:

- Data justice
- Data equity
- Community engagement and community roles in data creation and interpretation

Cara shared that values and principles will be able to be applied to priorities and resources that are needed to modernize public health data. The work ahead will be long and values and principles will guide what the subcommittee helps OHA to prioritize over time.

Hongcheng reflected on the principles in the document and how powerful they are.

Rose shared where the definitions came from through consultation between the Coalition of Communities of Color and the OHA Equity and Inclusion Division. Other definitions are from the book *Data Feminism*.

Dr. Hemmings reflected on a prior discussion about how “community” is defined and asked if the group had agreed on a definition for “community”. Dr. Hemmings also brought forward Meaningful Use for Health IT and the need to allow community to define needs for the purpose of data collection.

Rose responded in summary that public health needs to center data collection around what communities want to know and would find useful.

Jawad reflected that related to community engagement – is there already a sense of what perspectives public health does collect already?

Cara shared that there is lesser direct involvement by communities in data collection and this is an opportunity for public health as a whole to receive direction from PHAB.

Veronica added that OHA has done a good job in partnering with communities related to the State Health Improvement Plan, and this could be a starting place.

Cara asked the subcommittee if they had other thoughts on a community engagement value for public health data. Jawad asked, “How can public health leaders actively involve and engage with marginalized communities in the data analysis and storytelling process? What specific strategies can be used to ensure that these communities feel heard and that their perspectives are valued? What steps can PHAB take to overcome the challenges and biases that can arise in data science methods and processes? How can we ensure that data science methods are used in a way that is inclusive, pluralistic, and values multiple perspectives and voices, particularly those of marginalized communities?”

Dean reflected that Jawad’s comments focus on each step of the process and improving over time – data collection, data analysis and reporting were all reflected in Jawad’s critical questions.

Jawad raised that community-based participatory research summarizes exactly what we are trying to accomplish related to community engagement in data and can be a tool for achieving our vision. <https://www.nimhd.nih.gov/programs/extramural/community-based-participatory.html>

Hongcheng reflected on his work in a community-based organization and the importance of community-specific data.

Rose reviewed the data justice definition and value, with the link going to comprehensive and actionable items.

Dr. Hemmings affirmed the data justice summary and its alignment with the work being discussed.

Rose encouraged the subcommittee to share feedback ongoing as other thoughts come to mind between meetings. Rose reviewed the data equity definition and value.

Dr. Hemmings asked whose responsibility it is to take the values and definition and operationalize it? Who takes the values and definitions and operationalizes them with data collection, use and analysis? Dr. Hemmings said this document should be a living document.

Public comment

No members of the public commented.

Meeting adjourned at 2:01 pm.