

# AGENDA

## PUBLIC HEALTH ADVISORY BOARD

**October 12, 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 September meeting minutes
- Finalize PHAB member participation on workgroups for 2023-25 statewide deliverables for public health modernization
- Discuss updates related to PHAB Health Equity Review Policy and Procedure
- Hear subcommittee and workgroup updates, and finalize member participation in the State Health Assessment Steering Committee
- Discuss PHAB's role to support development of local public health modernization implementation plans by 2025

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**3:00- 3:20 pm Welcome, board updates, shared agreements, agenda review**

- Welcome, board member introductions and icebreaker
- Share group agreements and the Health Equity Review Policy and Procedure
- PHAB member transitions and recruitment for new members
- Future discussion with Governor Kotek
- **ACTION:** Approve September meeting minutes

Veronica Irvin,  
PHAB Chair

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**3:20-3:40 pm**     **Planning for 2023-25 statewide public health modernization deliverables**

- Hear update on planning for a health equity framework and public health workforce plan
- Discuss PHAB’s role to support two required public health modernization deliverables
- **ACTION:** Finalize PHAB member participation in workgroups

Erica Sandoval,  
Oregon Health Authority

Wendy Polulech,  
Oregon Health Authority

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**3:40-4:00 pm**     **Health Equity Policy and Procedure**

- Discuss changes made by the PHAB workgroup
- Discuss next steps for PHAB approval

Bob Dannenhoffer,  
Health Equity Policy and Procedure Workgroup

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**4:00-4:10 pm**     **Break**

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**4:10-4:35 pm**     **Subcommittee and Workgroup Updates**

- Review current subcommittee and workgroup assignments
- Hear update on Public Health Modernization Funding Workgroup Recommendations
- Hear update on process and timing for public health accountability metrics
- **ACTION:** Identify member to participate in State Health Assessment Steering Committee

Public Health Modernization Funding Workgroup member

Accountability Metrics Workgroup member

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**4:35-5:05 pm**     **Local public health modernization implementation plans**

- Hear about local modernization implementation plans that are required to be submitted in 2025

Jessica Dale,  
Klamath County Public Health

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- Discuss PHAB’s role to support local planning
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**5:05-  
5:15 pm**      **Public comment**

Veronica Irvin,  
PHAB Chair

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**5:15-  
5:25 pm**      **Next meeting agenda items and adjourn**

- PHAB Strategic Data Plan
- PHAB Health Equity Policy and Procedure
- Public health accountability metrics
- New member recruitment and onboarding

Veronica Irvin,  
PHAB Chair

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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](mailto: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 Retreat meeting minutes  
September 14, 2023, 3:00 – 5:30 pm**

**Attendance**

Board members present: Rachael Banks, Mike Baker, Bob Dannenhoffer, Veronica Irvin, Meghan Chancey, Sarah Present, Erica Sandoval, Nic Powers, Kelle Little, Jeanne Savage, Marie Boman-Davis, Jackie Leung, Jawad Khan

Board members excused: Ryan Petteway, Jocelyn Warren, Dean Sidelinger

OHA Staff for PHAB: Tamby Moore, Sara Beaudrault, Heather Redman, Victoria Demchak, Andrew Epstein

**Welcome and introductions**

- PHAB members and staff introduced themselves
- July 2023 PHAB retreat meeting minutes unanimously approved.
- Updates – Jocelyn Warren stepping down in her role in PHAB. Will stay until position is filled.

**PHAB retreat highlights**

- Discussion of how to be a better PHAB member, more time to discuss topics during PHAB meetings and less topics to allow more time for discussion
  - On agenda Veronica's time is slated for 15 minutes, hoping to only talk 5 min to allow 10 min for questions and discussion. Hope to continue the trend for future meetings.
- PHAB members ask for OHA staff perspective as well
- Interim reports to allow time for discussion and how often do PHAB want to receive the reports

- Two new priority areas that came out of the modernization legislative deliverables
  - Statewide equity framework
  - Public Health workforce plan
- Discussion for another retreat – should we do a retreat once a year and if there is a better time of year to have retreat
  - Need to plan way in advance
  - All agreed once a year retreat is good and maybe in different locations every year

### **2023 – 25 Public Health modernization investments**

- PHAB accountability metrics committee
  - Review of group agreements
  - Recap of legislative investments in Public Health Modernization, 2017 – 2025
    - 2017 – 19 – Total = \$5mil
      - OHA - \$1.1mil
      - LPHAs - \$3.9mil
    - 2019 – 21 – Total = \$10.6mil
      - OHA - \$3.1mil
      - LPHAs - \$6.4mil
      - Tribes - \$1.1mil
    - 2021 – 23 – Total = \$45mil
      - OHA - \$8.7mil
      - LPHAs - \$23.1mil
      - Tribes – \$3.3mil
      - CBOs - \$10mil
    - 2023 – 25 – Total = \$50mil
      - OHA - \$7.4mil
      - LPHA - \$16.95mil
      - Tribes - \$5.3mil
      - CBOs - \$16.95mil
      - Reproductive Health providers - \$3.4mil
  - Total investments 2017 – 25

- OHA - \$20.3mil
- LPHAs - \$50.35mil
- Tribes - \$9.7mil
- CBOs - \$26.95mil
- RH providers - \$3.4mil
- 2023 – 25 system wide priorities
  - \*As determined through the PHAB workgroup that met 12/23/22 – 1/24/23
  - Regionally focused and culturally specific public health responses that save lives, prevent severe health outcomes and inequities, and save health care costs
  - Statewide planning to achieve health equity in Oregon
  - Statewide planning for a sustainable public health workforce
  - Local communicable disease initiatives that protect community members at higher risk of communicable diseases
  - Sustained local and emerging communicable disease expertise through cross-sector partnership, specifically in HIV and other sexually transmitted infections
  - Strengthened cross-cultural relationships and partnerships among state and local governments and community-based organizations, collectively sharing power to meet individual community needs
- 2023 – 25 priorities not funded at the \$50mil level
  - \*As determined through the PHAB workgroup that met 12/23/22 – 1/24/23
  - Chronic disease prevention
  - Built environment
  - Additional resources for community-led data
  - Health systems partnership
- OHA focus work at-a-glance
  - Primary work
    - Fund the public health system and administer CBO, LPHA, Tribal and reproductive health provider

agreements (LPHA-CBO partnership development, work plans, budgets, expense reports, etc.)

- Timeline – 7/1/23 – 6/30/25
- Recruit, hire and train new positions
  - Timeline – 7/1/23 - ?
- Develop equity framework and provide support to develop/implement culturally-specific strategies for public health
  - Timeline – 7/1/23 – 6/30/25
- Facilitate training and workforce development opportunities for the public health system
  - Timeline – 7/1/23 – 6/30/25
- Conduct public health workforce assessment and develop statewide public health workforce plan
  - Timeline – 7/17/23 – 4/30/24
- Evaluate public health modernization investments
  - Timeline – 8/1/23 – 6/30/25
- Conduct State Health Assessment and develop 2025-29 State Health Improvement Plan
  - Timeline – 7/1/23 – 6/30/25
- Provide regional epidemiology supports
  - Timeline – TBD
- Provide environmental health/climate program and technical supports
  - Timeline – 7/1/23 – 6/30/25
- Reproductive Health sustainability and infrastructure investments
  - Timeline – TBD
- Implement public health investments
  - Bridge funding for LPHAs, Tribes and 2022-23 public health modernization-funded CBOs (done)
  - Increased PHM funds for LPHAs and Tribes (in process)
  - New CBO Request for Grant Applications (in process)



- Implement incentive and matching fund components of LPHA public health modernization funding formula, with funds to be awarded in 2025
  - Grant process for reproductive health providers
  - Work plan, budget, revenue and expenditure reporting, partnership development between CBOs and LPHAs
  - Work toward enhanced collaboration between OHA, LPHAs, Tribes and CBOs
  - Report quarterly progress and financials to Legislative Fiscal Office and DAS Chief Financial Office
- New OHA positions
  - All OHA positions require classification review before they can be established and hired.
  - There is no current timeframe for classification and establishment given other impacts to the state HR system.
  - Positions include:
    - Finance/contracts
    - IT (Office of Information Services)
    - Accounting (Office of Financial Services)
    - Equity
    - LPHA/Tribes
    - CBO support
    - Regional Epidemiologists
- Develop Equity Framework and support culturally-specific strategies for health
  - Discuss plan for Equity Framework development with PHAB (done)
  - Build capacity for collaborative planning and engagement in the development of the framework (in process)
  - Develop Equity Framework with partners
  - Support ongoing culturally-specific approaches to health and engagement with the public health system on community-identified needs

- Erica will be leading this work discussing what work entails, how to report out and will be asking for help
  - Possible workgroup to be created to help lead these efforts with a few PHAB members and other external partners/OHA staff, etc
- Conduct public health workforce assessment and develop statewide public health workforce plan
  - Discuss plan for Statewide Public Health Workforce Plan development with PHAB (done)
  - Collect and synthesize source data about Oregon's public health workforce (in process)
  - Identify contractor to facilitate plan development
  - Form workgroup to inform Workforce Plan
  - Develop Statewide Public Health Workforce Plan with partners
  - Identify resources needed to implement the plan in 2025-27
- Evaluate public health modernization investments
  - Identify LPHA and CBO evaluation goals (in process)
  - Integrate Tribal PH Modernization components into the evaluation in partnership with Northwest Portland Area Indian Health Board
  - Convene Public Health Modernization Evaluation Technical Panel and Advisory Group
  - Collect and report evaluation data
- Reproductive health infrastructure and sustainability investments
  - Reproductive health services reimbursement rate true-up project
    - Cross-division study of current reproductive health reimbursement rates across OHA payers
    - Development of plan to create updated and consistent reimbursement schedule across multiple OHA payer programs
  - Infrastructure development grant program
    - Grants directly to reproductive health clinical service agencies for infrastructure support and development

- Infrastructure projects could include:
  - Workforce development, retention efforts, support
  - Physical infrastructure and safety/security upgrades
  - Piloting a new service
  - Training, TA, professional development
- LPHA priorities
  - Expand LPHA work related to communicable disease prevention, climate adaptation and emergency preparedness and response.
  - Collaborate with community organizations including OHA-funded CBOs.
  - Increase LPHA capacity for leadership and organizational competencies, health equity and cultural responsiveness, assessment and epidemiology, community partnership development and communications.
  - Plan for full implementation of public health modernization and submission of local modernization plans by 2025.
- Tribal priorities
  - Based on each Tribe's previously-completed Tribal Public Health Modernization Action Plan, implement selected strategies to improve tribal infrastructure related to:
    - Communicable disease control and outbreak management
    - Environmental health
    - Emergency preparedness and response
    - Prevention and health promotion
    - Assessment, epidemiology, and policy and planning capabilities
    - Other strategies identified by the Tribe to develop or maintain sustainable capacity for public health foundational capabilities and programs.
- CBO priorities

- Continue Public Health Equity “Cohort 1” CBO work plans related to communicable disease prevention, climate adaptation and emergency preparedness and response
- Fall 2023 solicit additional CBOs in Public Health Equity “Cohort 2” to fill geographic and population service gaps across the state based on recommendations from the PHAB Public Health Modernization Funding Workgroup.
- Scope of work for new CBOs will remain the same with regard to eligible activity areas

### **Subcommittee and Workgroup Updates**

- Modernization Funding Workgroup
  - Has been meeting since May
  - RFGA pieces added about what locally and regionally mean
  - Spoke about work plan template for CBOs and what it would look like
  - Briefly spoke about LPHA work plan and how they are already pretty aligned
  - PHAB PH Modernization Funding Workgroup: Summary of CBO/LPHA program changes made to date:
    - Updated LPHA and CBO contract boilerplate to better describe CBO and LPHA partnership (complete – language drafted by CBO/LPHA Workgroup)
    - Agreement on equitable funding strategies and benchmarks for CBO funding
    - Exploring pilot CBO funding passed through LPHAs, where CBO indicated this to be a preference and the LPHA agrees to take on the work
    - After this meeting: incorporate feedback into CBO work plan, budget template and RFGA
      - New work plan and budget template will also apply to continuing CBOs, in addition to any new CBOs

- PHAB PH Modernization Funding Workgroup:  
Recommendations for equitable distribution of new funds to CBOs
  - The Public Health Advisory Board (PHAB) Public Health Modernization Funding Workgroup agrees to the following approaches to ensure equitable distribution of public health modernization funds for CBOs through the new 2023-25 Request for Grant Applications:
    - Use LPHA PHM funding formula as a guide to inform equitable distribution of CBO regional and county funding.
    - Suggest a minimum biennial base funding level for CBOs so that CBOs can build staffing and infrastructure. Also establish a cap on CBO award amounts.
    - Expand the list of underserved priority counties for the 2023 CBO RFGA, considering both number of CBOs operating in the county and per capita investments. Ensure CBOs are funded to provide services in every county, excluding statewide CBOs.
    - Begin with prioritizing CBOs that are serving locally for selection, based on the definition of local included in the RFGA. This does not preclude funding for regional or statewide CBOs overall.
- Strategic Data plan subcommittee
  - Data justice, data equity, community engagement areas of focus
  - List of recommendations:
    - Data justice - community or culturally specific accessible data
    - Data equity – data rights and governance, data sovereignty and governance

- Community engagement – develop a framework for community led data
  - Equity policy and procedure workgroup
    - To end and start the public health equity framework workgroup
    - Will present to PHAB in October
    - Will wait until October to form the group in October to discuss how often to meet and what is needed to be done
  - Public Health workforce workgroup
    - Discussion that there is a need for this workgroup
    - Look in emails if need to add any notes

## **2023-24 State Health Assessment**

- What is the state health assessment?
  - A process we perform every five years as part of being an accredited public health department.
  - The assessment does two things:
    - Identifies the strengths and lessons of our current health improvement plan (Healthier Together Oregon)
    - Evaluates the current state of health in Oregon.
  - This leads to an updated state health improvement plan.
  - We're guided by a framework that prioritizes health equity and invites broad leadership across sectors, called Mobilizing for Action through Planning and Partnerships (MAPP)
- How we will involve community members
  - Steering committee is a 20-25 person group of staff and partners who develop values, vision, and goals, then provide guidance through the process.
  - Infrastructure workgroup, which works throughout the process to build and evaluate critical public health infrastructure, such as data capacity, health equity, funding and resources
  - Assessment workgroup, provides guidance over the qualitative and quantitative assessments in the second phase of the work.

- Stages for SHA and SHIP
  - State Health Assessment
    - Build the health improvement foundation
      - Create a cross-sector external workgroup
      - Initial assessment: Figure out our baseline
    - Tell the community story (and assess)
      - Community status assessment
      - Community partners assessment
      - Community context assessment
  - State health improvement plan
    - Continuously improve the community
      - Prioritize issues for the SHIP
      - Develop shared goals and long-term measures
      - Select strategies
      - Monitor and evaluate
- Where we are in the SHA/SHIP process
  - Healthier Together Oregon
    - 2020-2024 Healthier Together Oregon/ SHIP
      - Five priorities developed through community engagement
      - Provides funding for community health improvement to CBOs and others
  - SHA, develop new HTO
    - 2023-2024 SHA
      - Update priorities using continuous quality improvement
      - Assess public health system and outcomes with a focus on assets and opportunities
  - Future SHIP
    - 2025-2030 SHIP
      - New priorities that are focused on continuous quality improvement
      - Provide ongoing support and assessment for community health improvement as those arise.
- Hope to be completed by 6/2024 to move onto the improvement plan

- How does PHAB want to be engaged?
  - PHAB members could consider participation in the Steering Committee, other committee work, community outreach and engagement
- Will decide next meeting for steering committee

### **Public Comment**

- Dr. Jim Gaudino - Dear colleagues, my state Senator told me the reason public health modernization funding was not increased past the \$50 million in 2022 was that the legislature was told that there were NOT enough public health personnel to spend more than the \$50M addition. I took that to mean that that messenger must have forgotten that LPHAs had and needed more positions funded. Kindly.
  - This year, the new Leg Ways & Means Human Services subcommittee voted to CUT that \$50 to \$30 million —the first time in the PHM that a cut was recommended. After much outcry, the full Ways and Means restored the \$20 million—to flat funding. To me this is an ominous sign, especially given many initiatives funded that clearly involve the work of LHDs but which side-stepped funding for LHDs to be the most successful in communities: e.g. \$>~1 Billion in Community Violence Prevention grants given to the Dept of Justice and the funding of a new system— the climate resilience HUBs that I’m told that key bill leaders were not interested in working with PH leg liaisons and advocates.
  - I’ll add that at the Immunization Coalition meeting today, people wondered if Immunization goals should be part of the new benchmarks.

### **Next meeting agenda items and adjourn**

- Next meeting agenda:
  - New member recruitment and onboarding
  - Planning for 2025 local modernization implementation plans
  - PHAB accountability metrics process measures
  - Strategic Data Plan and PHAB Health Equity Policy
- Meeting adjourned at 5:00 pm.



- The next Public Health Advisory Board meeting will be held on October 12, 2023, from 3:00-5:30 pm.

DRAFT

**Public Health Advisory Board  
Subcommittees and Workgroups for 2023-24**

September, 2023

	Deliverables	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Apr-24	May-24	Jun-24
Accountability Metrics Subcommittee	Develop a metrics framework that centers health equity; make metrics recommendations, and advise on reporting and use of metrics.											
Incentives and Funding Subcommittee	Assess current application of public health modernization funding formula for LPHAs. Update the funding formula for LPHAs for 2025-27											
Strategic Data Plan Subcommittee	Provide strategic direction to support changes in data systems, processes and methods to make data accessible, reflective and useful for community members.											
Health Equity Review Policy and Procedure Workgroup	Update PHAB's Health Equity Review Policy and Procedure in support of PHAB's charter											
Public Health Equity Framework Workgroup	Provide an overarching structure and expectations for core public health system initiatives to ensure progress toward eliminating health inequities.											
Public Health Modernization Funding Workgroup	Make recommendations to strengthen the public health system through equitable funding to CBOs and strategies to enhance CBO and LPHA collaborations											
Public Health Workforce Workgroup	Support development of public health workforce assessment, plan and recommendations											
Public Health Modernization Evaluation Technical Panel*	Provide guidance for the 2023-25 evaluation of public health modernization investments											
State Health Assessment Steering Committee*	Provide guidance for conducting the 2023-24 state health assessment, in support of an updated state health assessment for 2025-29											

\*These committees include PHAB representation but are not PHAB committees

**Public Health Advisory Board**  
**Subcommittees and Workgroups for 2023-24**  
 September, 2023

	Accountability Metrics Subcommittee	Incentives and Funding Subcommittee	Strategic Data Plan Subcommittee	Health Equity Review Policy and Procedure Workgroup	Public Health Equity Framework Workgroup	Public Health Modernization Funding Workgroup	Public Health Workforce Workgroup	Public Health Modernization Evaluation Technical Panel*	State Health Assessment Steering Committee*
OHA Lead staff	Sara Beaudrault	Sara Beaudrault	Victoria Demchak	Cara Biddlecom	Erica Sandoval	Cara Biddlecom	Kirsten Aird	Kusuma Madamala	Victoria Demchak
Marie Boman Davis									
Dean Sidelinger									
Erica Sandoval									
Jackie Leung									
Jawad Khan									
Jeanne Savage									
Jocelyn Warren									
Kelle Adamek-Little									
Meghan Chancey									
Michael Baker									
Nicolas Powers									
Rachael Banks									
Robert Dannenhoffer									
Ryan Petteway									
Sarah Present									
Veronica Irvin									
Rosemarie Hemmings									
Kat Mastrangelo									
Cristy Muñoz									
Hongcheng Zhao									

\*These committees include PHAB member representation but these are not PHAB committees.

## **Purpose**

The purpose of the Public Health Advisory Board (PHAB) Health Equity Policy and Procedure is to ensure PHAB is making decisions that facilitate elimination of health inequities and uphold a commitment on behalf of the public health system to lead with racial equity.

The public health system leads with race because communities of color and tribal communities have been intentionally excluded from power and decision-making.

## **Definition of health equity<sup>1</sup>**

Oregon will have established a health system that creates health equity when all people can reach their full health potential and well-being and are not disadvantaged by their race, ethnicity, language, disability, gender, gender identity, sexual orientation, social class, intersections among these communities or identities, or other socially determined circumstances.

Achieving health equity requires the ongoing collaboration of all regions and sectors of the state, including tribal governments to address:

- The equitable distribution or redistribution of resources and power; and
- Recognizing, reconciling and rectifying historical and contemporary injustices.

PHAB also adopts the following definitions:

Racism as defined by Dr. Camara Jones is *“a system of structuring opportunity and assigning value based on the social interpretation of how one looks (which is what we call “race”), that unfairly disadvantages some individuals and communities,*

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<sup>1</sup> Oregon Health Policy Board, Health Equity Committee. (2019). Available at <https://www.oregon.gov/oha/EI/Pages/Health-Equity-Committee.aspx>.

*unfairly advantages other individuals and communities, and saps the strength of the whole society through the waste of human resources.”<sup>2</sup> Racism “refers not only to social attitudes towards non-dominant ethnic and racial groups but also to social structures and actions that oppress, exclude, limit and discriminate against such individuals and groups. Such social attitudes originate in and rationalize discriminatory treatment”.<sup>3</sup>*

*Structural racism “refers to the totality of ways in which societies foster racial discrimination through mutually reinforcing systems of housing, education, employment, earnings, benefits, credit, media, health care, and criminal justice. These patterns and practices in turn reinforce discriminatory beliefs, values, and distribution of resources.”<sup>4</sup>*

Social determinants of health are *“the conditions in the environments where people are born, live, learn, work, play, worship, and age that affect a wide range of health, functioning, and quality-of-life outcomes and risks.”<sup>5</sup>* Social determinants of health include access to quality education, employment, housing, health care, all of which have a direct impact on health.

## **Leading with racial equity**

Health inequities exist and persist on historical, structural, cultural and interpersonal levels. PHAB acknowledges historic and contemporary racial injustice and commits to eradicating racial injustice through systemic and structural approaches. PHAB acknowledges the pervasive racist and white supremacist history of Oregon, including in its constitution; in the theft of land from Indigenous communities; the use of stolen labor and the laws that have perpetuated unjust outcomes among communities of color and tribal communities.

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<sup>2</sup>Jones, C. (n.d.) Racism and health. American Public Health Association. Available at [www.apha.org/racism](http://www.apha.org/racism).

<sup>3</sup>Calgary Anti-Racism Education Collective. (2021). Available at <https://www.aclrc.com/racism>.

<sup>4</sup>Bailey, Z., Krieger, N., Agénor, M., Graves, J. Linos, N. & Bassett. M. (2017). Structural racism and health inequities in the USA: Evidence and interventions. *Lancet*, 389(10077), 1453-1463. [https://doi.org/10.1016/S0140-6736\(17\)30569-X](https://doi.org/10.1016/S0140-6736(17)30569-X)

<sup>5</sup>Healthy People 2030, U.S. Department of Health and Human Services, Office of Disease Prevention and Health Promotion. Retrieved [date graphic was accessed], from <https://health.gov/healthypeople/objectives-and-data/social-determinants-health>

As a partner to the Oregon Health Policy Board Health Equity Committee, PHAB uplifts the Health Equity Committee’s statement that historical and current institutional and individualized acts of racism and colonization have created disadvantages for communities that are real, unjust and unacceptable. Until populations and communities most harmed by long standing social injustice and inequities share decision-making authority in our state, systems will favor the dominant culture, reinforcing institutional bias and contributing to health inequities and unjust, unfair and avoidable inequities in health outcomes.

Because of Oregon’s history of racism, the public health system, as described in the Health Equity Guide, chooses to “lead explicitly — though not exclusively — with race because racial inequities persist in every system [across Oregon], including health, education, criminal justice and employment. Racism is embedded in the creation and ongoing policies of our government and institutions, and unless otherwise countered, racism operates at individual, institutional, and structural levels and is present in every system we examine.”<sup>6</sup>

The public health system leads with race as described by the Government Alliance on Race and Equity: “Within other identities — income, gender, sexuality, education, ability, age, citizenship and geography — there are inequities based on race. Knowing this helps the [public health system] take an intersectional approach, while always naming the role that race plays in people’s experiences and outcomes.”<sup>7</sup>

To have maximum impact, focus and specificity are necessary. Strategies to achieve racial equity differ from those to achieve equity in other areas. “One-size-fits all” strategies are rarely successful.

A racial equity framework that is clear about the differences between individual, institutional and structural racism, as well as the history and current reality of inequities, has applications for other marginalized groups.

Leading with racial equity recognizes the inter-connected ways in which systems of oppression operate and facilitates greater unity across communities.

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<sup>6</sup> Human Impact Partners. (2023). Why lead with race. Available at <https://theequityguide.org/about/why-lead-with-race/>.

<sup>7</sup> Local and Regional Government Alliance on Race and Equity. (2023). Why lead with race? Available at <https://www.racialequityalliance.org/about/our-approach/race/>.

PHAB also acknowledges that geography has a significant impact on individual and community health outcomes; often exacerbating other health injustices, including racism.<sup>8</sup>

“Almost all rural residents are disadvantaged by place, because of geographic barriers to resources, services, and opportunities that reflect long-standing systematic lack of investment in rural areas. But within rural populations, many people are profoundly disadvantaged both by place and by race—more precisely, by racism—and/or by economic disadvantage, which is often the result of racism.”<sup>9</sup>

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Achieving health equity requires meaningful, intersectional representation within the field of public health at all levels and authentic engagement leading to co-creation of policies, programs and decisions with the community in order to ensure the equitable distribution of resources and power. At the foundation, attaining health equity requires trust. This level of community engagement results in the elimination of gaps in health outcomes between and within different social groups.

Identifying and implementing effective solutions to advance health equity demands:

- Recognition of the role of historical and contemporary oppression and structural barriers facing Oregon communities due to racism.
- Engagement of a wide range of partners representing diverse constituencies and points of view.
- Direct involvement of affected communities as partners and leaders in change efforts.

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<sup>8</sup> Singh, G, Daus, K, Allender, A, Ramey, C, Martin, E. et al. (2017). Social determinants of health in the United States: Addressing major health inequality trends for the nation, 1935-2016. *Int J MCH AIDS*; 6(2): 139–164.

<sup>9</sup> Braveman P, Acker J, Arkin E, Badger K, Holm N. (2022). Advancing health equity in rural America. *Robert Wood Johnson Foundation*. Available at <https://www.rwjf.org/en/insights/our-research/2022/06/advancing-health-equity-in-rural-america.html>.

Health equity also requires that individuals who work in public health look for solutions for the social<sup>18</sup> and structural<sup>19</sup> determinants of health outside of the health system. This may include working with transportation, justice or housing sectors and through the distribution of power and resources, to improve health with communities. By redirecting resources that further the damage caused by white supremacy and oppression into services and programs that uplift communities and repair past harms, equity can be achieved.

## **Policy**

PHAB demonstrates its commitment leading with race and to advancing health equity by implementing an equity review process for all formally adopted work products, reports and deliverables. Board members will participate in an equity analysis prior to making any motions. In addition, all presenters to PHAB will be expected to specifically address how the topic being discussed is expected to affect health equity. The purpose of this policy is to ensure all PHAB guidance and decision-making will advance health equity and reduce the potential for unintended consequences that may perpetuate inequities.

## **Procedure**

### *Board practices to facilitate equity, diversity, inclusion, justice and belonging*

As adapted from the Oregon Health Policy Board Health Equity Committee and the Othering and Belonging institute, PHAB practices equity, diversity, inclusion, justice and belonging by committing to:<sup>20, 21</sup>

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<sup>18</sup> World Health Organization. (n.d.). Social determinants of health. Available at [https://www.who.int/health-topics/social-determinants-of-health#tab=tab\\_1](https://www.who.int/health-topics/social-determinants-of-health#tab=tab_1).

<sup>19</sup> The Praxis Project. (n.d.). Social determinants of health. Available at <https://www.thepraxisproject.org/social-determinants-of-health>.

<sup>20</sup> Oregon Health Policy Board, Health Equity Committee. (April 2023). Health Equity Committee charter. Available at <https://www.oregon.gov/oha/EI/HECMeetingDocs/HEC%20Charter%20APPROVED%204.17.2023.pdf>.

<sup>21</sup> Othering and Belonging Institute. (August 2023). Belonging design principles. Available at: <https://belonging.berkeley.edu/belongingdesignprinciples?emci=07bfaa71-753c-ee11-a3f1-00224832eb73&emdi=dff58124-0f3d-ee11-a3f1-00224832eb73&ceid=13607753#6>.



- Developing or using a tool that advances honest, direct and inclusive dialogue, such as group agreements.
- Sharing responsibility for helping each other to learn and grow together.
- Supporting one another through connectedness, mutual respect and relationship.
- Fostering agency and inclusive co-creation.
- Intentionally focusing on health for all people in Oregon, elevating needs of those we represent and using tools to co-create equitable policies.
- Creating and maintaining a safe(r) environment for open and honest conversation.
- Recognizing, celebrating and valuing our group's diversity, wisdom, and expertise. PHAB recognizes that we may need to facilitate different kinds of support to create an equitable place of belonging.

### Board work products, reports and deliverables

The questions in the tool below are designed to ensure that decisions made by PHAB advance health equity. The questions below may not be able to be answered for every policy or decision brought before PHAB but serve as a platform for further discussion throughout the development of PHAB work products and prior to the adoption of any motion.

Subcommittees and board members will consistently consider the questions in the health equity assessment tool while developing work products and deliverables to bring to the full board, and upon any formal board action.

Upon review of a subcommittee deliverable, PHAB members may return the deliverable to the subcommittee if the product does not have the ability to address health equity through further discussion about the equity assessment questions.

### *Health Equity Assessment Tool*

1. Which health inequit(ies) does the work product, report or deliverable aim to eliminate, and for which groups?
2. What data sources have been used to identify health inequities?

3. How was the community engaged in the work product, report or deliverable policy or decision?
4. How does the work product, report or deliverable advance health equity, lead with race and impact the community?
5. Will any groups or communities benefit from the direction or redirection of resources with this decision? Are they the people who are facing inequities?
6. What are short and long-term strategies tied to this work product, report or deliverable that will impact racial equity?  
What data will be used to monitor the impact of this work product, report or deliverable over time?

### *Presentations to the Board*

OHA staff will work with presenters prior to PHAB meetings to ensure that presenters specifically address health inequities and strategies to promote equity in their presentations to the board, following on PHAB's commitment to equity.

### *Policy and procedure review*

The PHAB health equity policy and procedure will be reviewed and updated biennially by a workgroup of the Board. This workgroup will also propose changes to the PHAB charter and bylaws in order to center the charter and bylaws in equity. Board members will discuss whether the policy and procedure has had the intended effect of mitigating injustice, reducing inequities or improving health equity to determine whether changes are needed to the policy and procedure.

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# Public Health Division

## Statewide Public Health Workforce Plan



OFFICE OF THE STATE PUBLIC HEALTH DIRECTOR  
Public Health Division

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# 2023-2025 Policy Option Package

Co-create with public health system partners a statewide public health workforce plan

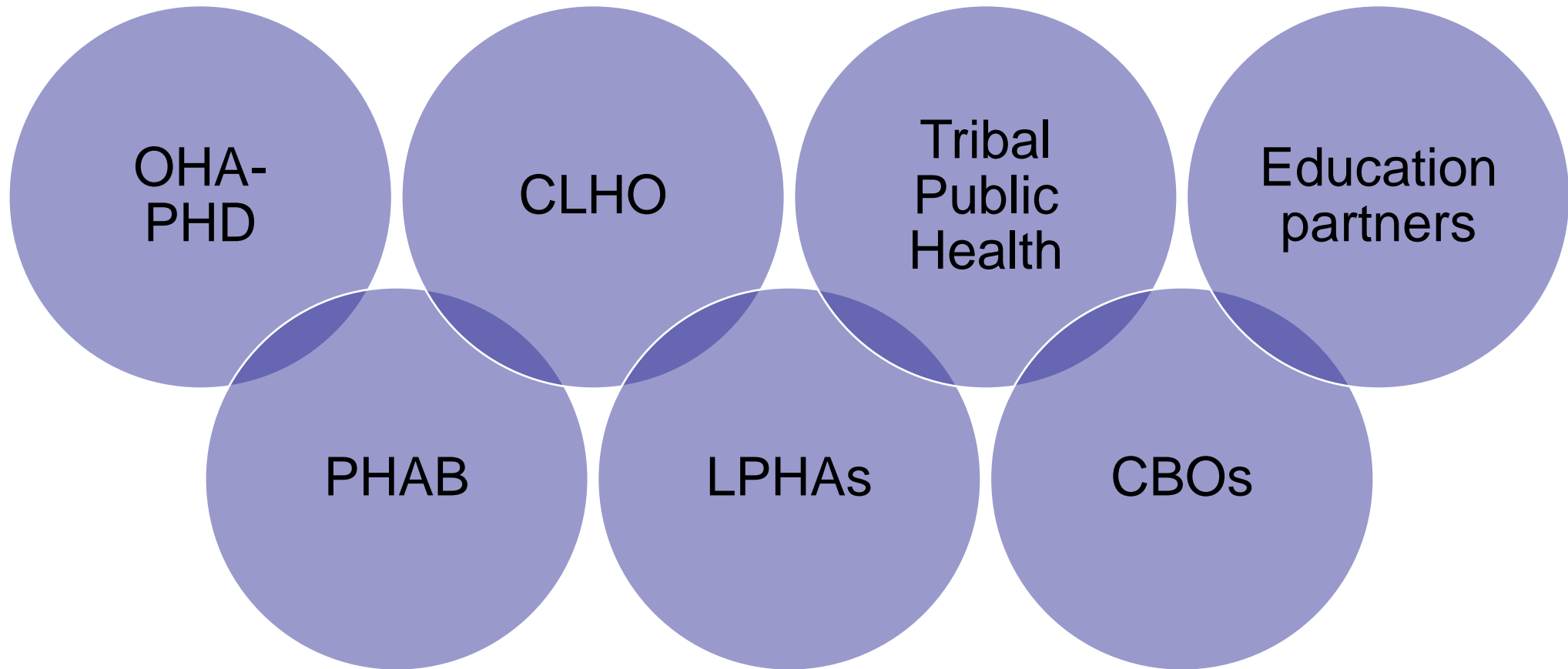
- OHA
- LPHAs
- CBOs

Oregon Public Health System  
Governmental Public Health – OHA & LPHAs  
Tribal Public Health Authorities  
Community-based Organizations

# Timeline



# Proposed subcommittee structure



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# Public Health Division

## Health Equity Framework Project



EQUITY OFFICE | OFFICE OF THE STATE PUBLIC HEALTH DIRECTOR  
Public Health Division

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# Project Introduction

- Project name: “PHD Health Equity Framework”
- Timeline: Sep, 2023 – May, 2024
- OHA deliverable for Public Health Modernization
- Legislature understands this deliverable as a Health Equity Framework rather than an Equity Framework





# Project Team & Roles

**Erica Sandoval**  
(Project Sponsor)

**Katelyn Niel**  
(Project Lead)

**Nandini Deo**  
(Project Lead)

**Nettie Tiso**  
(Project Manager)

**TishaSweety  
Rupelly John**  
(PM Support)

**Sara  
Beaudrault**  
(SME)

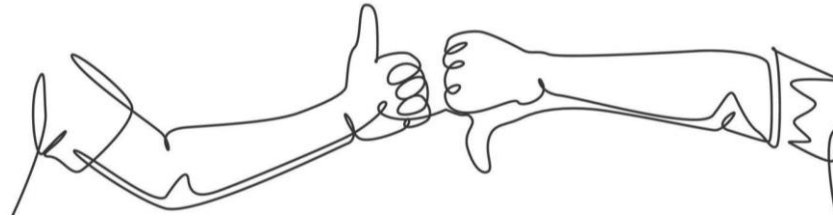


# Anticipated Scope of Work

Here is our current thinking of the direction we will go...

## Within Scope

- Deliverables
  - Environmental Scan
  - Guiding Principles
  - Health Equity Framework
- Project Workgroup
- Collaboration with internal & external partners



## Outside of Scope

- Equity plan
- Workforce plan
- Subcommittee

# Existing Frameworks & Resources

**Public Health  
Modernization  
Manual**

**PHAB Data Equity  
Strategic Plan**

**Resources from  
the Oregon Health  
Policy Board**

**Oregon Youth  
Authority Equity  
Lens Guide**

**Racial Equity Toolkit, Local  
and Regional Government  
Alliance on Race and Equity**

**State/Local Frameworks:  
Massachusetts Health  
Policy Commission**

**WHO operational  
framework, Social  
Determinants of Health**

**STRETCH framework-  
CDC foundation, ASTHO,  
MPHI, RWJ Foundation**

**Strategies to Guide Racial  
Equity Organizational Change,  
Center for Urban and Racial Equity**

**State/Local Frameworks:  
San Diego Health Equity  
Framework**

**Anything you'd like to add?:**

Nandini Deo (Lead) [nandini.deo@oha.oregon.gov](mailto:nandini.deo@oha.oregon.gov), Nettie Tiso (PM) [nettie.L.tiso@oha.oregon.gov](mailto:nettie.L.tiso@oha.oregon.gov)

# Workgroup Structure

## OHA

- Subject Matter Experts
- Support Staff

## PHAB

- 2 - 4 Members

## Partners

- LPHAs
  - Tribes
  - CBOs
- \*Rural representation



# Project Status

- Project charter is in review
- Project plan is in progress
- Workgroup structure is in progress
- Environmental scan has begun
- Conversations with collaborators have begun





# Questions

**Contact:**

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Nettie Tiso (PM)

[nettie.L.tiso@oha.oregon.gov](mailto:nettie.L.tiso@oha.oregon.gov)

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# PHAB Public Health Modernization Funding Workgroup Update

Public Health Advisory Board

October 12, 2023



# OHA Values – AOC, CLHO, OHA Agreements

OHA's values related to funding the public health system are:

- **Equity:** ensuring that financial resources are directed to communities that are most disproportionately impacted by health inequities, including communities at the intersections of multiple identities.
- **Partnership:** to meaningfully engage LPHAs, CBOs and community partners in all aspects of the funding process.
- **Transparency:** sharing information clearly, frequently and transparently.
- **Inclusion:** individuals, local communities and local partners that are most impacted are a part of developing ideas and solutions and making decisions.
- **Accountability:** quickly identifying issues, communicating in a timely fashion, achieving health equity objectives, and working to ensure local public health modernization efforts are complimenting each other.



# AOC, CLHO, OHA Agreements – Progress as of 9/26/23

Activity	Progress
Establish workgroup following consultation with Public Health Advisory Board, CLHO, CBO Advisory Board	Workgroup began meeting twice monthly in May 2023
Identify benchmarks for equitable distribution of CBO funds	Benchmark recommendations complete in August 2023 – use LPHA funding formula as a guide
Consult LPHAs on decision-making process for awarding new CBO grantees	Role of LPHAs determined at 9/26 meeting – two LPHA reviewers per application
Share LPHA and CBO modernization work plans	Will occur this Fall/Winter once work plans have been submitted to OHA
Provide ongoing training and technical assistance	Continuous, in process
Work to ensure all jurisdictions benefit from CBOs	Will begin with new Request for Grant Applications with funds held aside to address needs for individual areas
Pilot project for pass-through funding	Pilot LPHA-CBO pairs and grant agreement changes underway
Ongoing communications	Updates provided at monthly CLHO, AOC, PHAB and CBO Advisory Board meetings

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# PUBLIC HEALTH MODERNIZATION

CLHO RETREAT 2023



# LPHAS : LOCAL MODERNIZATION IMPLEMENTATION PLAN

## (ORS 431.413)

- Subject to the availability of funds... ORS 431.380 (Distribution of funds), each local public health authority shall [...]:
  - (1) In consideration of the local public health modernization assessment, adopt, implement, monitor, evaluate and modify as necessary a local public health modernization plan that includes:
    - (A) A plan for applying the foundational capabilities established under ORS 431.131 (...) and implementing the foundational programs established under ORS 431.141 (...) as required by ORS 431.417 (...); and
    - (B) Any other local public health program or activity that the local public health authority considers necessary to protect the public health and safety [...];
  - (3) (...) apply foundational capabilities and implement foundational programs over a period of time, provided that all LPHAs submit local plans (...) no later than December 31, 2025.

# OHA : MODERNIZATION IMPLEMENTATION PLAN

## (ORS 431.115)

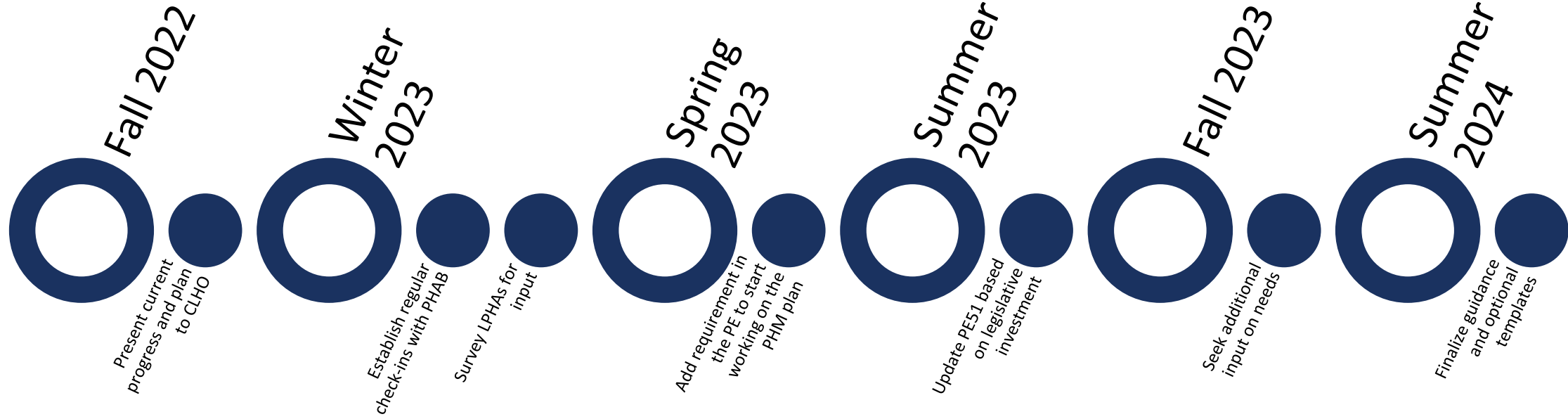
- Administrative duties of OHA related to local modernization implementation plans
  - (g) approval local plans
  - (h) monitor the progress of local plans
  - (i) for the purpose of distributing funds, consult with and consider the recommendations of LPHAs on the cost of full implementation

# PHAB : MODERNIZATION IMPLEMENTATION PLAN

## (ORS 431.123)

- **(3)** Make recommendations to the Oregon Health Policy Board on the establishment of the foundational capabilities under ORS 431.131 (Foundational capabilities), the foundational programs under ORS 431.141 (Foundational programs);
- **(4)** Make recommendations to the Oregon Health Policy Board on the adoption and updating of the statewide public health modernization assessment under ORS 431.115 (Administrative duties of Oregon Health Authority);
- **(7)** Make recommendations to the Oregon Health Authority and the Oregon Health Policy Board on:
  - **(a)** The development of, and any modification to, plans developed under ORS 431.115;
  - **(b)** The total cost to local public health authorities of applying the foundational capabilities established under ORS 431.131 (Foundational capabilities) and implementing the foundational programs established under ORS 431.141 (Foundational programs);

# CLHO S&I TIMELINE



# THE WORK OF CLHO SYSTEMS AND INNOVATION (S&I)

- CLHO S&I will provide by end of June 2024
  - Recommendations for tools/resources to complete an updated assessment of LPHAs implementation status
  - Guidance for what is to be included in the local modernization implementation plans.
- Additional, CLHO S&I will provide (though possible not by June 2024)
  - An optional template for the local MIP
  - Resource library for LHPAs

# KEY CONSIDERATIONS FOR MOVING FORWARD

- Where are we now
- How do we measure progress
- What do we need to move forward
- How does modernization align with other areas of work



# NEXT STEPS FOR CLHO S&I

- Workgroups
  - Assessment / workforce tool: This group will focus on what an updated assessment could be to help LPHAs gauge where they are currently with implementation vs. what they need to fully implement foundational capabilities and programs
  - Plan requirements: This group will help create an outline of what must be included in local PH modernization plans. This will be done in collaboration with OHA to also be used in the review and approval of plans.

## PHABS ROLE

- How would PHAB like to be kept updated on the development of local MIP ?
- What roles could PHAB play in supporting LPHAs to develop plans ?





Thank you