

AGENDA

PUBLIC HEALTH ADVISORY BOARD

March 16, 2017

2:30-5:30 pm

Portland State Office Building, 800 NE Oregon St., Room 1A, Portland, OR 97232

Join by [livestream](#)

Conference line: (877) 873-8017

Access code: 767068

Meeting objectives

- Adopt the Public Health Advisory Board work plan and charter for 2017
- Adopt guiding principles for public health collaboration with the health care delivery system
- Discuss outcomes from local AIMHI public health modernization meetings
- Adopt PHAB health equity policy
- Provide input on the Oregon State Health Assessment Steering Committee and work plan
- Review the Preventive Health and Health Services Block Grant work plan

2:30-2:50 pm

Welcome and updates

- Approve February 16 meeting minutes
- Share legislative updates
- Accountability metrics update

Jeff Luck,
PHAB Chair

2:50-3:10 pm

2017 work plan and charter

- Provide feedback on work plan topics, activities and deliverables
- Review proposed changes to PHAB charter
- Adopt 2017 work plan and charter

Jeff Luck,
PHAB Chair

3:10-3:40 pm

Outcomes of the AIMHI regional public health modernization meetings

- Discuss themes from regional meetings across the state
- Identify next steps to continue work towards public health modernization in local communities

Kathleen Johnson,
Oregon Coalition of Local
Health Officials

3:40-3:55 pm

Health equity policy

- Review PHAB health equity policy
- Adopt policy

Jeff Luck,
PHAB Chair

3:55-4:10 pm

Break

4:10-4:35 pm	Guiding principles for public health and health care collaboration	<ul style="list-style-type: none"> • Review recommendations for guiding principles • Discuss opportunities for application • Adopt guiding principles 	Muriel DeLaVergne-Brown, PHAB member
4:35-4:55 pm	Review State Health Assessment Steering Committee and timeline	<ul style="list-style-type: none"> • Discuss roles and responsibilities related to the development of the 2017 State Health Assessment • Identify Public Health Advisory Board membership on the Steering Committee • Provide feedback on the State Health Assessment timeline 	Katrina Hedberg, Oregon Health Authority
4:55-5:10 pm	Preventive Health and Health Services Block Grant work plan	<ul style="list-style-type: none"> • Discuss outcome of public hearing • Review draft work plan for October 1, 2017-September 30, 2018 	Danna Drum, Oregon Health Authority
5:10-5:25 pm	Public comment		
5:25 pm	Adjourn		Jeff Luck, PHAB chair

Public Health Advisory Board (PHAB)
February 16, 2017
Draft Meeting Minutes

Attendance:

Board members present: Carrie Brogoitti, Muriel DeLaVergne-Brown, Katrina Hedberg, Safina Koreishi, Jeff Luck, Rebecca Pawlak, Alejandro Queral, Lillian Shirley, Teri Thalsofer, Tricia Tillman, and Jennifer Vines

Oregon Health Authority (OHA) staff: Cara Biddlecom, Tim Noe, Sara Beaudrault, Holly Heiberg, Christy Hudson, Britt Parrott, Angela Rowland

Members of the public: Kathleen Johnson, Coalition of Local Health Officials

Approval of Minutes

A quorum was present. The Board unanimously voted to approve the January 19, 2017 minutes.

Welcome and updates

-Jeff Luck, PHAB chair

Rebecca Pawlak was introduced as the new PHAB member representing health care organizations that are not coordinated care organizations (CCOs). She is the Director for Public Policy at the Oregon Association of Hospitals and Health Systems. Silas Halloran-Steiner has stepped down from the PHAB due to a reorganization in the Yamhill County Health Department which made him no longer fit the statutory requirements to serve on the PHAB. The Oregon Health Policy Board seat is also vacant.

Public Health modernization updates

-Jeff Luck, PHAB chair

The [Statewide Modernization Plan](#) is now available online.

Since the Public Health Division (PHD) completed its last State Health Assessment in 2012 as an accreditation requirement, the Division must begin a new assessment in 2017. Katrina Hedberg is the executive sponsor. The assessment will utilize the Mobilizing for Action through Planning and Partnerships (MAPP) framework and will help with the selection of priorities for the next Statewide Health Improvement Plan (SHIP), of which the PHAB is an advisory body for. Katrina will bring a proposal to the Board at the March PHAB meeting.

Cara provided an overview of federal grants awarded through the Affordable Care Act (ACA) to Oregon's Public Health System. In 2016, all grantees in Oregon received \$10.4M through these grants with \$1.5M passed through to local communities.

Muriel and Tricia are going to Washington D.C. for the National Association of County and City Health Officials (NACCHO) Big Cities Health Coalition, where they will speak with Oregon Representative Greg Walden and Senator Ron Wyden.

Lillian shared that Congressional leaders have inquired and received information on the potential impact to the public health system.

Tricia proposed that the PHAB could draft a letter that she can bring to their Big Cities meeting and inquired if there is a broader impact analysis available including Medicaid.

2017 work plan and charter

-Jeff Luck, PHAB chair

Staff will update the work plan to include specific deliverables. The Board agreed to continue meeting monthly through July 2017, but cancel the August meeting and reevaluate the meeting cadence in July for the September through December meetings.

The updated 2017 PHAB Charter was reviewed by the Board. It was recommended that the definition of the Board's purpose in section 1 needs to be broadened. This can include completion of documents and plans by public health administrators, as well as broadening the ability to look at the public health system with regards to funding and legislation statewide. It was suggested to work with Early Learning Council, Medicaid, and Health System Transformation partners in the future. Any changes to the charter will be reviewed by the Oregon Health Policy Board (OHPB).

PHAB subcommittee updates

-Jennifer Vines, Accountability Metrics Subcommittee member

The Statewide Modernization Plan requires the Board to create accountability metrics. This proposal outlines the steps needed to develop these metrics.

- Identify population health outcome metrics for each foundational program (February-April 2017)
- Conduct stakeholder survey on population health outcome metrics (March-May 2017)
- Identify local public health accountability metrics (May-July 2017)
- Identify and establish mechanism for data collection (July-September 2017)
- Collect baseline data (October-December 2017)
- Develop mechanism for awarding performance-based incentives to local public health authorities (timeline TBD)

-Jeff Luck, Incentives and Funding Subcommittee member

The Subcommittee's February discussion focused on other sources of funding to support modernization. Jeff will talk about the following proposals with Zeke Smith, Chair of the Oregon Health and Policy Board.

- Direct additional tobacco and marijuana taxes towards public health.
- Create new public health taxes on sugar sweetened beverages or plastic bottles.

Jeff requested that the Coalition of Local Health Officials (CLHO) share their funding proposal for public health modernization.

Legislative update

-Holly Heiberg, Oregon Health Authority Legislative Coordinator

Holly works as the Legislative Coordinator for the Public Health Division and the Office of Equity and Inclusion. She highlighted a few policies being discussed in Salem including:

- Tobacco retail licensure (2 hearings)
- SB 654 – increase minimum age of purchase for tobacco to age 21 (1 hearing)
- SB 307 to open up the indoor clean air act to allow marijuana at temporary events (Katrina Hedberg testified)
- OHA housekeeping bill (1 hearing - working on amendments)
- HB2 310 Modernization of Public Health
- OHA will be presenting in front of the Ways and Means on March 2.

Tricia inquired about HB 2122 and how to develop language for CCOs to coordinate closely with local health departments. Holly stated that these conversations are under way. The CLHO legislative committee might be a better vehicle for this discussion. Muriel would like to see this as a combined effort including the state, local health departments, and CCOs. Safina can bring messages forward at the Quality Health and Outcomes Committee (QHOC) meeting on March 13. Lillian stated that the PHAB: Accountability Metrics and the State Health Improvement Plan are working on aligning with the CCO metrics. Tricia proposes that the PHAB make a statement to increase collaboration with health care and CCOs in support of public health modernization. Rebecca recommends the Board could stay away from specific bills and look at concepts or guiding principles. Katrina commented that she works for OHA and supports the Governor's budget. Holly stated that guiding principles would be helpful.

Action Item: Tricia, Rebecca, Safina, and Muriel will convene prior to the March PHAB meeting to develop guiding principles for how public health and health care can collaborate. The PHAB will review draft guiding principles at the March meeting.

Cara provided an overview on [HB 2310](#), Public Health Modernization. It allows implementation of public health modernization by foundational capability versus by region, directs OHA to establish accountability metrics, clarifies the local public health funding formula is limited to moneys made available by the state, establishes criteria for relinquishment of public health authority, and allows OHA to establish fees for providing public health data to non-governmental public health entities.

Public health system approach for health equity

-Tim Noe and Kati Moseley

Kati provided an update on the PHD Health Equity committee progress since September 2016:

- Created a health equity definition.
- Working to finalize the committee charter.
- Added more team members including Steven Fiala from Program Design and Evaluation Services (PDES) to take inventory of all health equity actions within PHD and look at accreditation processes.
- Developing a work plan.
- Secured funding from the Office of Equity and Inclusion (OEI) for Kristen Rohde from Program Design and Evaluation Services to ensure accreditation compliance with Race, Ethnicity, Language, and Disability (REAL+D).
- In the process of hiring a health equity coordinator.

Tim proposed the creation of a statewide health equity committee to provide a broad system wide and state wide approach to health equity. The Joint Leadership Team of CLHO and CLHO are in support. The PHAB also provided support to this proposal.

Teri suggested to steer away from the word “neighborhood” and use “geography” instead.

Action Item: Tim to provide a draft copy of the REAL+D statute and policy to share with the Board.

Preventative Health and Health Services Block Grant

-Danna Drum, Oregon Health Authority

Danna provided an update on the Preventative Health & Health Services Block Grant since the PHAB serves as its advisory board. The Fiscal Year 2017 funds have already been appropriated by the Center for Disease Control (CDC). The funding is tied to the Healthy People 2020 objectives. States must set aside a predetermined amount of funding for sexual abuse prevention and victim services. \$1.1M awarded last year (\$85 thousand for prevention and victim services). Should be the same funding for 2017-2018.

Danna will provide a proposal for the October 2017– September 2018 Block Grant work plan at the March PHAB meeting.

Public Comment Period

No public testimony was provided in person or on the phone.

Closing

The meeting was adjourned.

The next Public Health Advisory Board meeting will be held on:

March 16, 2017
2:30pm – 5:30 p.m.
Portland State Office Building
800 NE Oregon St., Room 1A
Portland, OR 97232

If you would like these minutes in an alternate format or for copies of handouts referenced in these minutes please contact Angela Rowland at (971) 673-2296 or angela.d.rowland@state.or.us. For more information and meeting recordings please visit the website: healthoregon.gov/phab

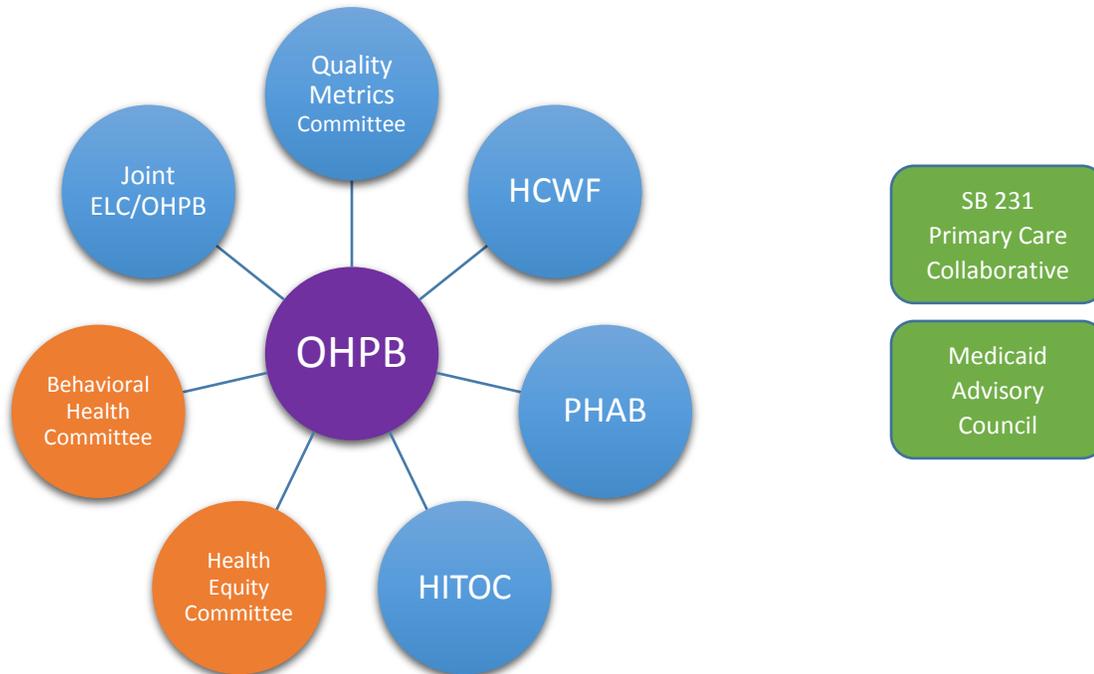
DRAFT

OHPB Committees – 2017

Blue = Standing Committees

Orange = Proposed

Green = Non-OHPB committees at OHA with opportunities for alignment and coordination



Committee	Statutory?	Duration	OHA Staffing Support	OHPB Liaison
Healthcare Workforce Committee (HCWF)	X	Standing committee	HPA – Health Policy	Carla McKelvey
Public Health Advisory Committee (PHAB)	X	Standing committee	Public Health	
Health Information Technology Oversight Council (HITOC)	X	Standing committee	HPA - OHIT	Karen Joplin
Health Plan Quality Metrics	X	Standing committee	HPA - Analytics	
Health Equity Committee		Newly proposed	OEI	
Behavioral Health Policy Committee		Newly proposed	HPA – Behavioral Health Policy team	
Joint ELC-OHPB Subcommittee		On hold during ELD Director transition	HPA/ELD	Zeke Smith

Role of Liaison:

- Attend (in-person or via phone) subcommittee meetings (most are bimonthly or quarterly); ensure strong connection to OHPB through regular updates to committee, participation in crafting charter, and ensuring committee is carrying out OHPB deliverables as envisioned
- Prior to subcommittee meetings, review agenda with OHA staff via email or phone
- Provide update to OHPB as needed regarding committee activities, membership, charter development, etc.

**Oregon Health Policy Board
Public Health Advisory Board
Charter
DRAFT, March 2017**

Approved by the Oregon Health Policy Board on April 5, 2016

I. Overview and Authority

The Public Health Advisory Board (PHAB) is established by ~~ORS 431.122~~ ~~House Bill 3100 (2015), Sections 5-7~~ as a body that reports to the Oregon Health Policy Board (OHPB).

The purpose of the PHAB is to be the accountable body for governmental public health in Oregon. The role of the PHAB includes:

- ~~Alignment of public health priorities with available resources.~~
- ~~Analysis and communication of what is at risk when there is a failure to invest resources in public health.~~
- Oversight for ~~Oregon Health Authority, Public Health Division strategic initiatives, including the implementation of Oregon's the State Health Assessment and~~ State Health Improvement Plan.
- Oversight for ~~governmental public health strategic initiatives, including~~ the implementation of public health modernization.
- ~~Support for state and local public health accreditation.~~
- ~~Development and implementation of accountability measures for state and local health departments.~~
- ~~Development of equitable fund distributions to support governmental public health modernization.~~

Commented [BCM1]: Suggest deleting these more specific roles in lieu of Section II below.

This charter defines the objectives, responsibilities, and scope of activities of the PHAB. This charter will be reviewed periodically to ensure that the work of the PHAB is aligned with the OHPB's strategic direction.

II. Duties, Objectives, Membership, Terms, Officers

The duties of the PHAB as established by ~~ORS 431.123~~ ~~House Bill 3100~~ and the PHAB's corresponding objectives include:

PHAB Duties per House Bill 3100 ORS 431.123	PHAB Objectives
a. Make recommendations to the OHPB on the development of statewide public health policies and goals.	<ul style="list-style-type: none"> • Participate in and provide oversight for Oregon's State Health Assessment. • Regularly review state health data such as the State Health Profile to identify ongoing and emerging health issues. • Use best practices and an equity lens to provide recommendations to OHPB on policies needed to address priority health issues, including the social determinants of health.

<p>b. Make recommendations to the OHPB on how other statewide priorities, such as the provision of early learning services and the delivery of health care services, affect and are affected by statewide public health policies and goals.</p>	<ul style="list-style-type: none"> • Regularly review early learning and health system transformation priorities. • Recommend how early learning goals, health system transformation priorities, and statewide public health goals can best be aligned. • Identify opportunities for public health to support early learning and health system transformation priorities. • Identify opportunities for early learning and health system transformation to support statewide public health goals.
<p>c. Make recommendations to the OHPB on the establishment of foundational capabilities and programs for governmental public health and other public health programs and activities.</p>	<ul style="list-style-type: none"> • Participate in the administrative rulemaking process which will adopt the Public Health Modernization Manual. • Verify that the Public Health Modernization Manual is still current at least every two years. Recommend updates to OHPB as needed. •
<p>d. Make recommendations to the OHPB on the adoption and updating of the statewide public health modernization assessment.</p>	<ul style="list-style-type: none"> • Review initial findings from the Public Health Modernization Assessment. (completed, 2016) • Review the final Public Health Modernization Assessment report and provide a recommendation to OHPB on the submission of the report to the legislature. (completed, 2016) • Make recommendations to the OHPB on processes/procedures for updating the statewide public health modernization assessment.
<p>e. Make recommendations to the OHPB on the development of and any modification to the statewide public health modernization plan.</p>	<ul style="list-style-type: none"> • Review the final Public Health Modernization Assessment report to assist in the development of the statewide public health modernization plan. (completed, 2016) • Using stakeholder feedback, draft timelines and processes to inform the statewide public health modernization plan. (completed, 2016) • Develop the public health modernization plan and provide a recommendation to the OHPB on the submission of the plan to the legislature. (completed, 2016) • Update the public health modernization plan as needed based on capacity.
<p>f. Make recommendations to the Oregon Health Authority (OHA) and the OHPB on the development of and any modification to plans developed for the distribution of funds to local public health authorities.</p>	<ul style="list-style-type: none"> • Identify effective mechanisms for funding the foundational capabilities and programs. • Develop recommendations for how the OHA shall distribute funds to local public health authorities.
<p>g. Make recommendations to the OHA and the OHPB on the total cost to</p>	<ul style="list-style-type: none"> • Review the Public Health Modernization Assessment report for estimates on the total cost for

local public health authorities of applying the foundational capabilities and implementing the foundational programs for governmental public health.	implementation of the foundational capabilities and programs. <u>(completed, 2016)</u> <ul style="list-style-type: none"> Support stakeholders in identifying opportunities to provide the foundational capabilities and programs in an effective and efficient manner.
h. Make recommendations to the OHPB on the use of incentives by the OHA to encourage the effective and equitable provision of public health services by local public health authorities.	<ul style="list-style-type: none"> Develop models to incentivize investment in and equitable provision of public health services across Oregon. Solicit stakeholder feedback on incentive models.
i. Provide support to local public health authorities in developing local plans to apply the foundational capabilities and implement the foundational programs for governmental public health.	<ul style="list-style-type: none"> Provide support and oversight for the development of local public health modernization plans. Provide oversight for Oregon's Robert Wood Johnson Foundation grant, which will support regional gatherings of health departments and their stakeholders to develop public health modernization plans.
j. Monitor the progress of local public health authorities in meeting statewide public health goals, including employing the foundational capabilities and implementing the foundational programs for governmental public health.	<ul style="list-style-type: none"> Provide oversight and accountability for Oregon's State Health Improvement Plan by receiving quarterly updates and providing feedback for improvement. Provide support and oversight for local public health authorities in the pursuit of statewide public health goals. Provide oversight and accountability for the statewide public health modernization plan. Develop outcome and accountability measures for state and local health departments.
k. Assist the OHA in seeking funding, including in the form of federal grants, for the implementation of public health modernization.	<ul style="list-style-type: none"> Provide letters of support and guidance on federal grant applications. Educate federal partners on public health modernization. Explore and recommend ways to expand sustainable funding for state and local public health and community health.
l. Assist the OHA in coordinating and collaborating with federal agencies.	<ul style="list-style-type: none"> Identify opportunities to coordinate and leverage federal opportunities. Provide guidance on work with federal agencies.

Additionally, the Public Health Advisory Board is responsible for the following duties which are not specified in House Bill 3100:

Duties	PHAB Objectives
a. Review and advise the Director of the OHA Public Health Division and the public health system as a whole on important	<ul style="list-style-type: none"> Provide guidance and recommendations on statewide public health issues and public health policy.

statewide public health issues or public health policy matters.	
b. Act as formal advisory committee for Oregon’s Preventive Health and Health Services Block Grant.	<ul style="list-style-type: none"> Review and provide feedback on the Preventive Health and Health Services Block Grant work plan priorities.
c. Provide oversight for progress toward implementing recommendations outlined in Public Health Division’s cultural competency assessment (once released) the implementation of health equity initiatives across the public health system.	<ul style="list-style-type: none"> Receive progress reports and provide feedback on implementation of cultural competency assessment recommendations to the Public Health Division Health Equity Committee. Participate in collaborative health equity efforts.

Membership Composition

Per House Bill 3100, Section 5, the PHAB shall consist of the following 13 members appointed by the Governor:

1. A state employee who has technical expertise in the field of public health;
2. A local public health administrator who supervises public health programs and public health activities in Benton, Clackamas, Deschutes, Jackson, Lane, Marion, Multnomah or Washington County;
3. A local public health administrator who supervises public health programs and public health activities in Coos, Douglas, Josephine, Klamath, Linn, Polk, Umatilla or Yamhill County;
4. A local public health administrator who supervises public health programs and public health activities in Clatsop, Columbia, Crook, Curry, Hood River, Jefferson, Lincoln, Tillamook, Union or Wasco County;
5. A local public health administrator who supervises public health programs and public health activities in Baker, Gilliam, Grant, Harney, Lake, Malheur, Morrow, Sherman, Wallowa or Wheeler County;
6. A local health officer who is not a local public health administrator;
7. An individual who represents the Conference of Local Health Officials created under ORS 431.330;
8. An individual who represents coordinated care organizations;
9. An individual who represents health care organizations that are not coordinated care organizations;
10. An individual who represents individuals who provide public health services directly to the public;
11. An expert in the field of public health who has a background in academia;
12. An expert in population health metrics;
13. An at large member.

PHAB shall also include the following nonvoting, ex-officio members:

1. The Oregon Public Health Director or the Public Health Director’s designee;
2. If the Public Health Director is not the State Health Officer, the State Health Officer or a physician licensed under ORS chapter 677 acting as the State Health Officer’s designee;

3. If the Public Health Director is the State Health Officer, a representative from the Oregon Health Authority who is familiar with public health programs and public health activities in this state; and
4. A designee of the Oregon Health Policy Board.

Membership Terms

The term of office for a board member appointed under this section is four years, but a member serves at the pleasure of the Governor. Before the expiration of the term of a member, the Governor shall appoint a successor whose term begins on January 1 next following. A member is eligible for reappointment. If there is a vacancy for any cause, the Governor shall make an appointment to become immediately effective for the unexpired term.

Of the PHAB members beginning their term in January 2016:

- Four shall serve for terms ending January 1, 2017.
- Three shall serve for terms ending January 1, 2018.
- Three shall serve for terms ending January 1, 2019.
- Three shall serve for terms ending January 1, 2020.

Officers

PHAB shall elect two of its voting members to serve as the chair and vice chair. Elections shall take place in January of each even-numbered year.

The chair and vice chair shall serve two year terms. If the chair were to vacate their position before their term is complete the vice chair shall become the new chair to complete the term. If a vice chair is unable to serve, or if the vice chair position becomes vacant, then a new election is held to complete the remainder of the vacant term(s).

The PHAB chair shall facilitate meetings and guide the PHAB in achieving its deliverables. The PHAB chair shall represent the PHAB at meetings of the Oregon Health Policy Board as directed by the Oregon Health Policy Board designee. The PHAB chair may represent the PHAB at meetings with other stakeholders and partners, or designate another member to represent the PHAB as necessary.

The PHAB vice chair shall facilitate meetings in the absence of the PHAB chair. The PHAB vice chair shall represent the PHAB at meetings of the Oregon Health Policy Board as directed by the Oregon Health Policy Board designee when the PHAB chair is unavailable. The PHAB vice chair may represent the PHAB at meetings with other stakeholders and partners when the PHAB chair is unavailable or under the guidance of the PHAB chair, or may designate another member to represent the PHAB as necessary.

Both the PHAB chair and vice chair shall work with OHA Public Health Division staff to develop agendas and materials for PHAB meetings.

III. Actions and Deliverables

Actions

The PHAB may take the following actions:

- Make formal recommendations, provide informal advice, and reports to the OHPB;
- Review and advise the Director of the OHA Public Health Division and the public health system as a whole on important statewide public health issues or public health policy matters;

- Identify priorities for Oregon’s governmental public health system;
- Charter committees (for ongoing work) and/or work groups (for short-term work) on various topics related to governmental public health;
- Request data and reports to assist in preparing recommendations to the OHPB;
- Provide a member to serve as a liaison to other committees or groups as requested.

Deliverables/Actions

The PHAB shall deliver the following:

Deliverable	Time Frame
• A work plan for the PHAB for 2016-2017	Spring 2016
• A proposal for reporting to the OHPB (e.g., frequency, format, etc.)	Spring 2016
• Report(s) to the OHPB (as agreed to with the OHPB)	At least annually
• Recommendations to the OHPB	As needed
• Public Health Modernization Assessment report	June 2016 <i>(complete)</i>
• Public Health Modernization Plan	December 2016 <i>(complete)</i>
• Report(s) to the legislature as requested	As needed

In addition to the deliverables listed above, the PHAB shall charter committees and work groups as needed and take direction from the OHPB.

IV. Staff Resources

The PHAB is staffed by the OHA, Public Health Division, as led by the Policy Officer. Support will be provided by staff of the Public Health Division Policy Team and other leaders, staff, and consultants as requested or needed.

V. Expectations for PHAB Meetings

The following expectations apply to all PHAB meetings:

- The PHAB will meet monthly ~~in 2016. In 2017 for the first six months of 2016. In July 2016, from January 2016 through July 2017. In July 2017,~~ the PHAB will determine if meetings should continue monthly or move to an alternate schedule, with meetings occurring at least quarterly. More frequent and ad hoc meetings may be called for by the chairperson.

- The PHAB shall meet at times and places specified by the call of the chairperson or of a majority of the voting members of the board.
- A standard meeting time will be established (with special exceptions).
- Meetings shall be conducted in accordance with Oregon’s Public Meetings Law (ORS 192.610 through 192.710) and Public Records Law (ORS 192.001 through 192.505) and documented on the PHAB website: www.healthoregon.org/phab.
- Official subcommittee meetings shall also be conducted in accordance with Oregon’s Public Meetings Law (ORS 192.610 through 192.710) and Public Records Law (ORS 192.001 through 192.505) and documented on the PHAB website: www.healthoregon.org/phab.
- A public notice will be provided to the public and media at least 10 days in advance of each regular meeting and at least five days in advance of any special meeting.
- A majority of the voting members of the PHAB constitutes a quorum for the transaction of business during PHAB meetings.
- PHAB members are expected to review materials ahead of the meeting and come prepared to discuss and participate.
- Written minutes will be taken at all regular and special meetings. Minutes will include: members present; all motions, proposals, resolutions, orders, ordinances and measures proposed and their disposition; the substance of discussion on any matter; and a reference to any document discussed or distributed at the meeting.

Conflicts of Interest

The purpose of this conflict of interest policy is to maintain the transparency and integrity of the PHAB and its individual members, understanding that many voting members have a direct tie to governmental public health or other stakeholders in Oregon.

PHAB members shall verbally disclose any actual or perceived conflicts of interest prior to voting on any motion that may present a conflict of interest. If a PHAB member has a potential conflict related to a particular motion, the member should state the conflict. PHAB will then make a decision as to whether the member shall participate in the vote or be recused.

If the PHAB has reasonable cause to believe a member has failed to disclose actual or possible conflicts of interest, it shall inform the member and afford an opportunity to explain the alleged failure to disclose. If the PHAB determines the member has failed to disclose an actual or possible conflict of interest, it shall take appropriate corrective action including potential removal from the body.

Lastly, PHAB members shall make disclosures of conflicts using a standard conflict of interest form at the time of appointment and at any time thereafter where there are material employment or other changes that would warrant updating the form.

VI. Amendments and Approval

This charter may be amended or repealed by the affirmative vote of two-thirds of the members present at any regular PHAB meeting. Notice of any proposal to change the charter shall be included in the notice of the meeting.

**Public Health Advisory Board
2017 work plan - March 2017 draft**



Key to workplan symbols

- ★ = The Board will receive an update and provide feedback
- ⊙ = The Board will make a decision or recommendation, including formal votes
- ◆ = The Board will complete a deliverable

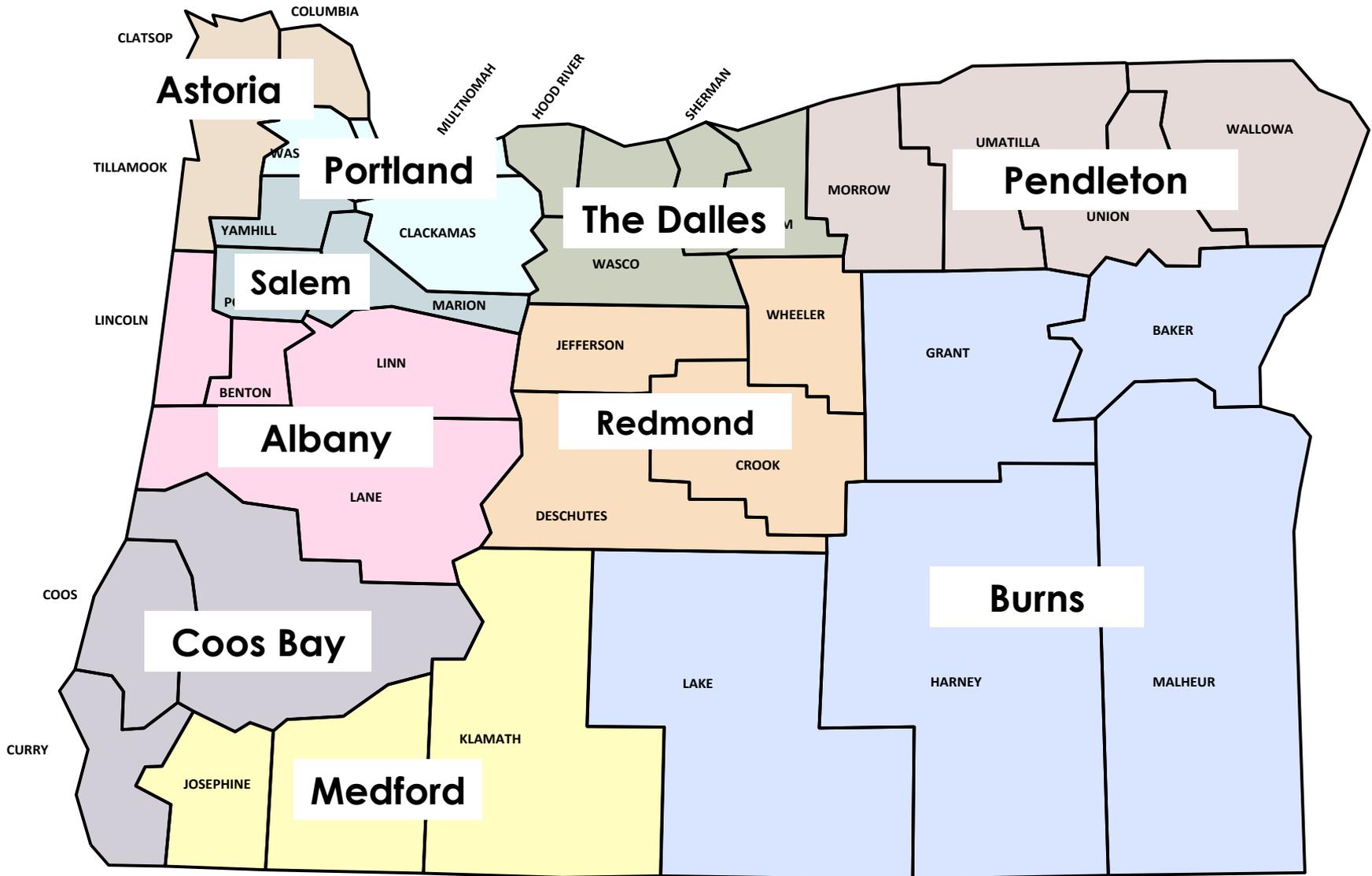
Topic		Month															
		January	February	March	April	May	June	July	August	September	October	November	December	January '18			
statewide public health policies and goals	PHAB 2017 work plan and charter	★	★	⊙				⊙	August meeting cancelled								
	Legislative session updates	★	★	★	★	★	★	★									
	Achieving health equity		★	◆	★		★					★			★		
	Partnership with the health care delivery system			★	★			★									
public health modernization	Modernization implementation updates	★	★	★	★	★	★	★		August meeting cancelled	★	★	★		★		
	Strategies for applying the public health modernization framework	★			★			★					★				
	Public health accountability metrics		⊙	★	★	⊙	★	⊙				◆	★	★		⊙	
	Local public health funding formula			★	★							⊙				⊙	
	Coalition of Local Health Officials AIMHI grant			★			★										
PHAB oversight	State Health Assessment		★	⊙		★		★			August meeting cancelled	★		★		⊙	
	State Health Improvement Plan	★			★			★						★			
	Preventive Health and Health Services Block Grant		★	★													
									December meeting cancelled								

	Topic	Purpose	Decisions, deliverables and agenda topics
statewide public health policies and goals	PHAB 2017 work plan and charter	Review and approve work plan and charter for 2017	July: review work plan; determine meeting frequency for the duration of 2017.
	Legislative update	Discuss legislation that impacts the public health system	
	Achieving health equity	Understand the Board's role to advance health equity; provide guidance for public health system approach to health equity	March: adopt PHAB health equity policy.
	Partnership with the health care delivery system	Implement statutory requirements to ensure public health is aligned with health care, early learning and other partners.	March: adopt guiding principles for health care and public health collaboration. April: discuss the Oregon Action Plan for Health.
public health modernization	Modernization implementation updates	Share information on public health modernization, including progress made on the modernization work plan.	
	Strategies for applying the public health modernization framework	Highlight examples of modern approaches to improving population health	January: Healthy Places Initiative. April: Oregon's Action Plan for Health. July: Department of Education partnership.
	Public health accountability metrics	Establish a set of accountability metrics to measure progress toward an efficient and modern public health system and improved health outcomes.	approve recommended health outcome measures. July: review and approve recommended local public health accountability metric. September: set of health outcome and local public health accountability metrics is complete.
	Local public health funding formula	Provide recommendations to OHA on the development of the local public health funding formula, including a mechanism for awarding matching funds and incentive payments.	changes are needed to the funding formula. December: review and approve recommended mechanisms for awarding incentive payments and matching funds through the funding formula.
	Coalition of Local Health Officials AIMHI grant	Review summary of findings from the CLHO AIMHI meetings. Receive updates on grant progress	
PHAB oversight	State Health Assessment	Provide oversight for OHA's state health assessment	March: make recommendations for state health assessment steering committee. December: approve state health assessment.
	SHIP deep dive	Receive update on progress toward achieving SHIP priorities. Provide guidance for overcoming barriers.	
	Preventive Health and Health Services block grant	Review and provide guidance on PHHS block grant work plan	February: receive an overview of the Block Grant. March: discuss the Block Grant work plan and findings from the Block Grant public hearing.

Aligning Innovative Models for Health Improvements (AIMHI)

- Funded by the Robert Wood Johnson Foundation (RWJF)
- Proposes to identify unknown barriers to implementing Public Health Modernization
- Work with state and local communities to develop a roadmap and tools to support moving forward with a new model for public health in Oregon





AIMHI Statewide Meetings

AIMHI Critical Questions

What is Public Health Modernization?

How will Oregon benefit from a modernized Public Health System?

How can we work together to achieve a modernized health system?

What are the main opportunities and challenges to achieving modernization?

What help does your community need to take the next steps forward with modernization?



AIMHI Meeting Attendance

- Total of 453 people attended the 10 statewide meetings.
- Attendees at the meetings included representatives from:
 - Local health departments
 - Local Boards of County Commissioners
 - Community Based Organizations
 - Coordinated Care Organizations
 - Hospitals
 - School districts
 - Tribal health centers
 - Emergency management
 - State universities and community colleges



AIMHI Next Steps

1. Interpret findings from all 10 meetings
2. Develop a conceptual roadmap to help facilitate modernization work
3. Review and disseminate resources and tools



Questions about the Project?

Kathleen Johnson, MPH

Program Manager

Coalition of Local Health Officials

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**Public Health Advisory Board
Health equity review policy and procedure
February 2017 DRAFT**



Background

The Public Health Advisory Board (PHAB), established by House Bill 3100 (2015), serves as the accountable body for governmental public health in Oregon. PHAB reports to the Oregon Health Policy Board (OHPB) and makes recommendations to OHPB on the development of statewide public health policies and goals. PHAB is committed to using best practices and an equity lens to inform its recommendations to OHPB on policies needed to address priority health issues in Oregon, including the social determinants of health.

Definition of health equity

The Public Health Division and the Public Health Advisory Board define health equity as the absence of unfair, avoidable, or remediable difference in health among social groups. It is important to define health equity in negative terms because it is necessary to focus on the elimination of avoidable structural determinants by which it is caused.

Health equity implies that health should not be compromised or disadvantaged because of racism, classism, sexual discrimination, religious discrimination, linguistic discrimination, nationalism, ableism, or by geography or other social condition. These groups are referred to as non-dominant groups throughout this document.

Achieving health equity requires the equitable distribution of resources and power resulting in the elimination of gaps in health outcomes between within and different social groups.

Health equity also requires that public health professionals look for solutions outside of the health care system, such as in the transportation or housing sectors and through the distribution of power and resources, to improve health with communities.

Policy

The Public Health Advisory Board demonstrates its commitment to advancing health equity by implementing an equity review process for all formally adopted work products, reports and deliverables. In addition, all presenters to the Board will be expected to specifically address how the topic being discussed is expected to affect health disparities or health equity. The purpose of this policy is to ensure all Board guidance and decision-making will advance health equity and reduce the potential for unintended consequences that may perpetuate disparities.

Procedure

Board work products, reports and deliverables

These questions have been adapted from the [Multnomah County Equity and Empowerment Lens](#).

The answers to the following questions will be submitted to PHAB for review with the meeting materials prior any official Board action involving a vote to adopt a work product, report or and deliverable. The subcommittee or Public Health Advisory Board member responsible for bringing the work product, report or deliverable forward for a motion will begin by walking through the responses to the equity review, prior to introducing the work product, report or deliverable for a motion.

1. Who does the policy or decision benefit? Community members? The public health system? Both?
 - If the answer is one or the other, how can the policy or decision be changed to incorporate the needs of both?
2. How does the policy or decision advance health equity?
3. How have diverse perspectives been integrated into this decision or policy?
4. How will data be used to monitor the impact on health equity resulting from this policy or decision?
5. How does the policy or decision explicitly acknowledge the value of equity and racial justice to the public health system?
6. How does the policy or decision anticipate and address influence or differential power within the public health system?

Presentations to the Board

OHA staff will work with presenters prior to Board meetings to ensure that presenters specifically address the following, as applicable:

- Which specific populations experience health disparities related to the topic being discussed?
- How will the work discussed during the presentation reduce disparities or improve health equity?
- How have affected communities been involved in the work being presented?
- How will the impacts of this work be monitored to know whether health disparities have been reduced?

Policy and procedure review

The PHAB health equity review policy and procedure will be reviewed annually by the Board. Board members will discuss whether the policy and procedure has had the intended effect of reducing disparities or improving health equity to determine whether changes are needed to the policy and procedure.

Resources

The City of Portland, Parks and Recreation. [Affirmation of Equity Statement](#).

Multnomah County Health Department (2012). [Equity and Empowerment Lens](#).

Oregon Health Authority, Office of Equity and Inclusion. Health Equity and Inclusion [Program Strategies](#).

Oregon Education Investment Board. [Equity Lens](#).

Oregon Health Authority, Office of Equity and Inclusion. [Health Equity Policy Committee Charter](#).

Jackson County Health Department and So Health-E. [Equity planning documents and reports](#).

DRAFT

Public Health Advisory Board
Ad hoc subcommittee meeting minutes -DRAFT
March 6, 2017

PHAB Members present: Muriel DeLa Vergne-Brown, Safina Koreishi, Rebecca Pawlak, and Tricia Tillman

OHA staff present: Sara Beaudrault, Cara Biddlecom, and Angela Rowland

Members of the public: Kathleen Johnson, Teresa Schmidt, and Jennifer Valley

Develop guiding principles

At the February 2017 Public Health Advisory Board (PHAB) meeting it was determined that a small group of PHAB members would draft guiding principles to be endorsed by the Board to articulate how health care and public health should collaborate. The goal is to use these principles as a tool to help align the health care delivery system with public health through a number of venues, like partnership development, contracts and legislation.

Tricia announced that the Coalition of Local Health Officials (CLHO) developed their own guiding principles and shared them with the group over email.

Purpose: The subcommittee decided that the purpose of this tool is to not only serve PHAB members but all public health and health care system professionals.

It was recommended to hone in on legislative mandates that require coordination with early learning hubs.

Background: The Statewide Public Health Modernization Plan has specific strategies outlined that emphasize collaboration with partners including CCOs, early learning hubs, and health care delivery systems.

The principles: Tricia recommended referencing the Center for Disease Control (CDC) 6|18 initiative, which calls out the public health role related to assuring that best practices are adopted by the health care system.

Safina recommended to add “access and quality barriers” to the fourth bullet.

Rebecca recommended the following addition: *Ensure public health and health care system collaborations are outcomes oriented, sustainable, and supportive of health system transformation.*

Strategies: Muriel commented with her support for the leadership and governance strategy, since she finds that public health representation on boards is very important.

Safina would like to review existing shared metrics rather than develop new ones. Tobacco is a concrete example of a shared CCO metric. Muriel stated that CCO metrics are often clinical based and a lot of public health work is not.

Tricia would like to make it explicit where public health is contributing to CCO metrics currently and how they can in the future.

Rebecca recommended that the community health improvement plans and community health assessments be called out as a separate strategy.

Muriel mentioned the need for a best practice regarding the accreditation process for community health improvement plans (e.g. using the MAPP process). She suggested being mindful to ensure the community health assessment and community health improvement plan process meets national and federal requirements.

Tricia brainstormed that as the system moves toward modernization, local public health departments may want to know explore how health care can provide clinical services that are currently provided.

Muriel commented that everything around modernization is based on the needs of the individual communities. It is good to evaluate your community and what essentially the health department needs to do, as it can be different in other communities.

Cara proposed to add these comments to *leadership and governance*, or to add another bullet around *access to care*. It was recommended to do the latter.

Additional Source documents

Add CDC 6 | 18 initiative
Coalition of Local Health Officials guiding principles
Public Health Accreditation Board
Next Generation of Community Health

Questions:

- The group would like more context on who will use these principles as a tool and when they could be used.

Next steps:

- OHA will provide edits in track changes.
- PHAB members can share with their constituents.
- Draft guiding principles will be reviewed at the March 16th PHAB meeting.
- Muriel will present today's guiding principles discussion at the March PHAB meeting.

Action Item: Safina's Venn diagram showing where CCOs and public health overlap will be included in the March 16th PHAB materials.

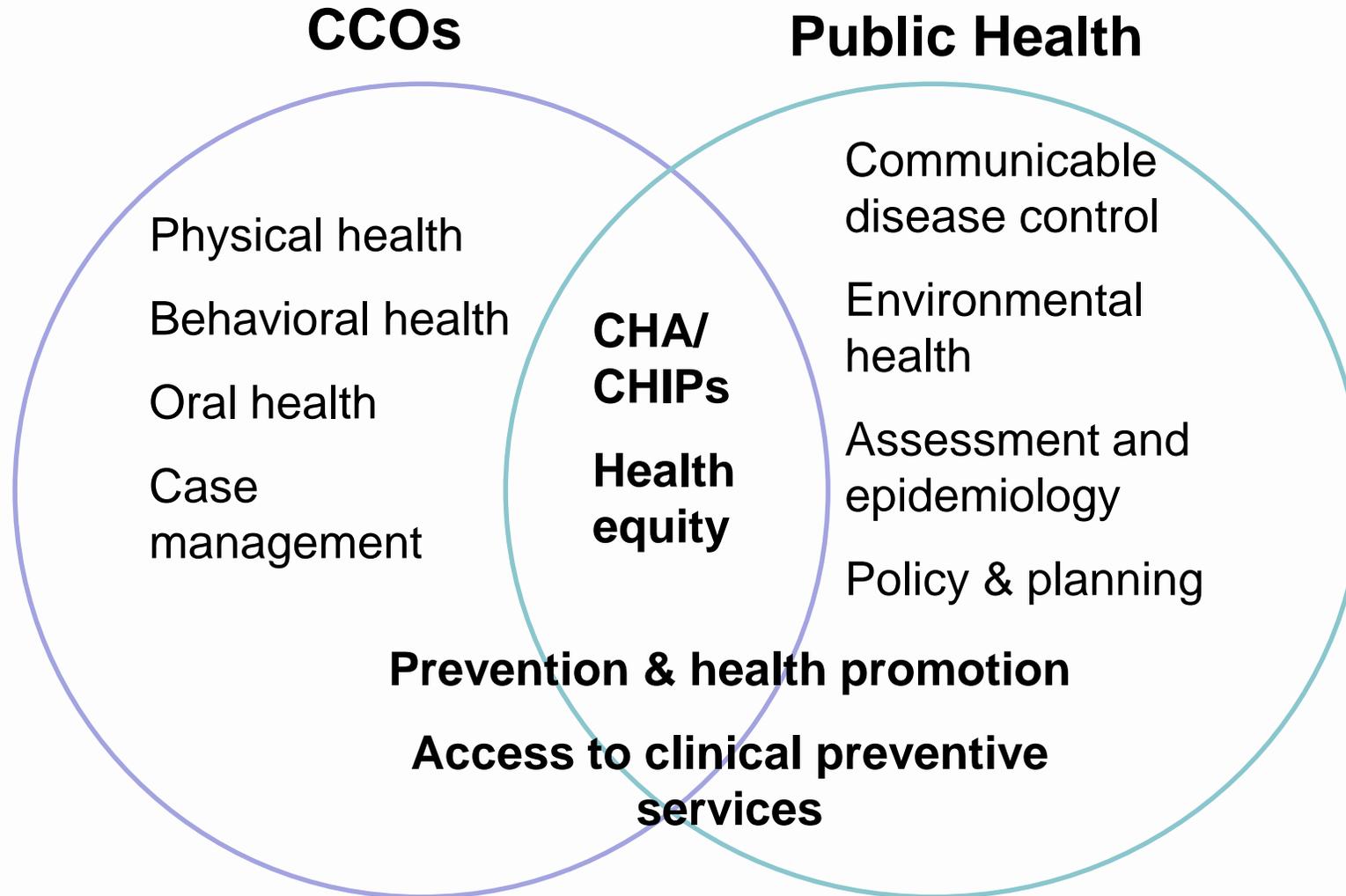
Public Comment:

Jenifer Valley

Jenifer commented that she uses public health services. Her doctor marked in her chart that she shows symptoms of “drug seeking disorders” rather than what she felt was her true symptoms. She uses 0.5 gram of cannabis per day for late stage cancer. The problem she faces is a barrier to care due to the “drug war” in her exam room. She feels that even though marijuana is legal in Oregon, she has difficulty getting access to care. Jennifer commented that the Oregon Medical Marijuana Program has helped her save money and improve her health. She stated that federal studies on marijuana for evidence-based guidelines are currently not adequate.

DRAFT

Opportunities for partnership



Public Health Advisory Board Ad Hoc Committee

Draft for discussion: Guiding principles for public health and health care collaboration

March 6, 2017

PHAB members: Tricia Tillman, Muriel DeLaVergne-Brown, Safina Koreishi, Rebecca Pawlak

1. Purpose

This set of guiding principles is a tool that professionals can use when faced with opportunities to build collaborations between public health and the health care sector.

2. Background

The Statewide Public Health Modernization Plan includes a *Roadmap for Modernizing Oregon's Public Health System*. The following priority and strategies for improving population health through cross-sector collaborations is included in the roadmap. State and local public health authorities identified these as essential steps for achieving a modern public health system that protects and improves the health of every person in Oregon.

Priority 2: Align and coordinate public health and early learning, CCOs, hospitals, and other health partners and stakeholders for collective impact on health improvements.

- Strategy 8: Establish new and innovative collaborative service delivery models with health care partners; scale and spread promising and best practices and effective models throughout the state.
- Strategy 9: Provide public health expertise and serve as the convener to support and promote evidence-based prevention interventions across health care and early learning sectors.
- Strategy 10: Align public health priorities with relevant statewide health priorities outlined in Oregon's Action Plan for Health.
- Strategy 11: Adopt shared metrics and incentives with the early learning and health care delivery systems for collective impact.

3. Principles

- Improving population health requires cross-sector collaboration between public health; CCOs, hospitals and other groups within the health care sector; early learning and education; and community-based organizations. We will not see meaningful improvement in population health without cross-sector collaboration. (Statewide Public Health Modernization Plan)
- Existing opportunities for cross sector collaboration should be leveraged to the extent possible (i.e., community health assessments/improvement plans). (Public Health Modernization Manual)
- Collaborations should ensure a comprehensive spectrum of strategies are in place for shared priorities. The expertise that the public health system holds in prevention; policy, systems and environmental change; and evidence-based strategies to improve population health supports direct services to individuals, including clinical interventions. (Statewide Public Health Modernization Plan, CDC 6|18 Initiative)
- Public health and health care must work together to ensure that every community member has access to high quality, culturally appropriate health care. This requires jointly developing and

implementing solutions to address access and quality barriers. (Public Health Modernization Manual)

- Ensure health care and public health collaborations are outcomes-oriented, sustainable, and allow for transformation and flexibility in implementation.

4. Strategies

- Leadership and governance: Ensure that health care and public health are represented on one another's governing boards. Leverage health care and public health funding to improve population health outcomes. (Public Health 3.0)
- Shared metrics and data: Identify common metrics that move health care and public health towards improvement in health outcomes and elimination of health disparities (e.g., tobacco use prevalence). Identify what health care and public health contribute to individual measures and what could be done in the future. Develop systems to share data in order to develop community health assessments, identify emerging health issues, and evaluate the effectiveness of new policies designed to improve health. (Public Health 3.0)
- Evidence-based practices: Collect and disseminate information on evidence-based clinical and population health strategies. Ensure that resources are invested in practices that are grounded in scientific evidence. (Public Health Modernization Manual)
- Community health assessments and community health improvement plans: Continue to partner across health care and public health to develop shared community health assessments and community health improvement plans; ensure assessments and plans meet all state, local and federal requirements. Utilize evidence-based practices in the development of community health improvement plans. (Public Health Modernization Manual, Next Generation of Community Health)
- Access to care: Convene health care and public health to collect data on access to care, review data to identify barriers to care, and develop solutions to improve access to care that are grounded in community needs. (Public Health Modernization Manual)

5. Source documents

[Oregon's Action Plan for Health](#)

[Public health modernization assessment](#)

[Statewide public health modernization plan](#)

[Public Health Modernization Manual](#)

[Public Health 3.0](#)

[CDC 6|18 Initiative](#)

[Next Generation of Community Health](#)

[Public Health Accreditation Board Standards and Measures](#)

[Coalition of Local Health Officials](#)

March 16, 2017

Topic: State Health Assessment

- The State Health Assessment (SHA) is one of three prerequisites for public health accreditation.
- Health departments are required to participate in or lead an assessment process at least once every 5 years. This assessment will inform the next iteration of the State Health Improvement Plan (SHIP).
- The PHD will use the Mobilizing for Action through Planning and Partnerships (MAPP) framework, widely used by CCOs and local health departments. The MAPP framework uses six phases. The SHA is developed over the first three phases, while the SHIP is implemented over the second three phases.
- The work will be carried out by three circles of involvement.
 - Core Group - Public Health Division staff who will provide support for the work
 - Steering committee and subcommittees – 12 to 15 person group that provides direction and guidance throughout the entire process.
 - Community at large – Broad community input should be sought at each phase. The format for community input will be decided upon by the steering committee, but might include in person listening sessions, focus groups, key informant interviews, and/or surveys.

Stakeholder Engagement & Steering Committee Representation

MAPP guidance recommends identifying individuals from a wide range of sectors and experience delivering the foundational capabilities and programs for governmental public health. While all identified individuals should be invited to participate in the assessment process (through subcommittees or as the community at large), the steering committee should be comprised of persons who are committed to the process, have complementary experience in assessment, and are representative of the entire public health system.

Time Commitment for Steering Committee

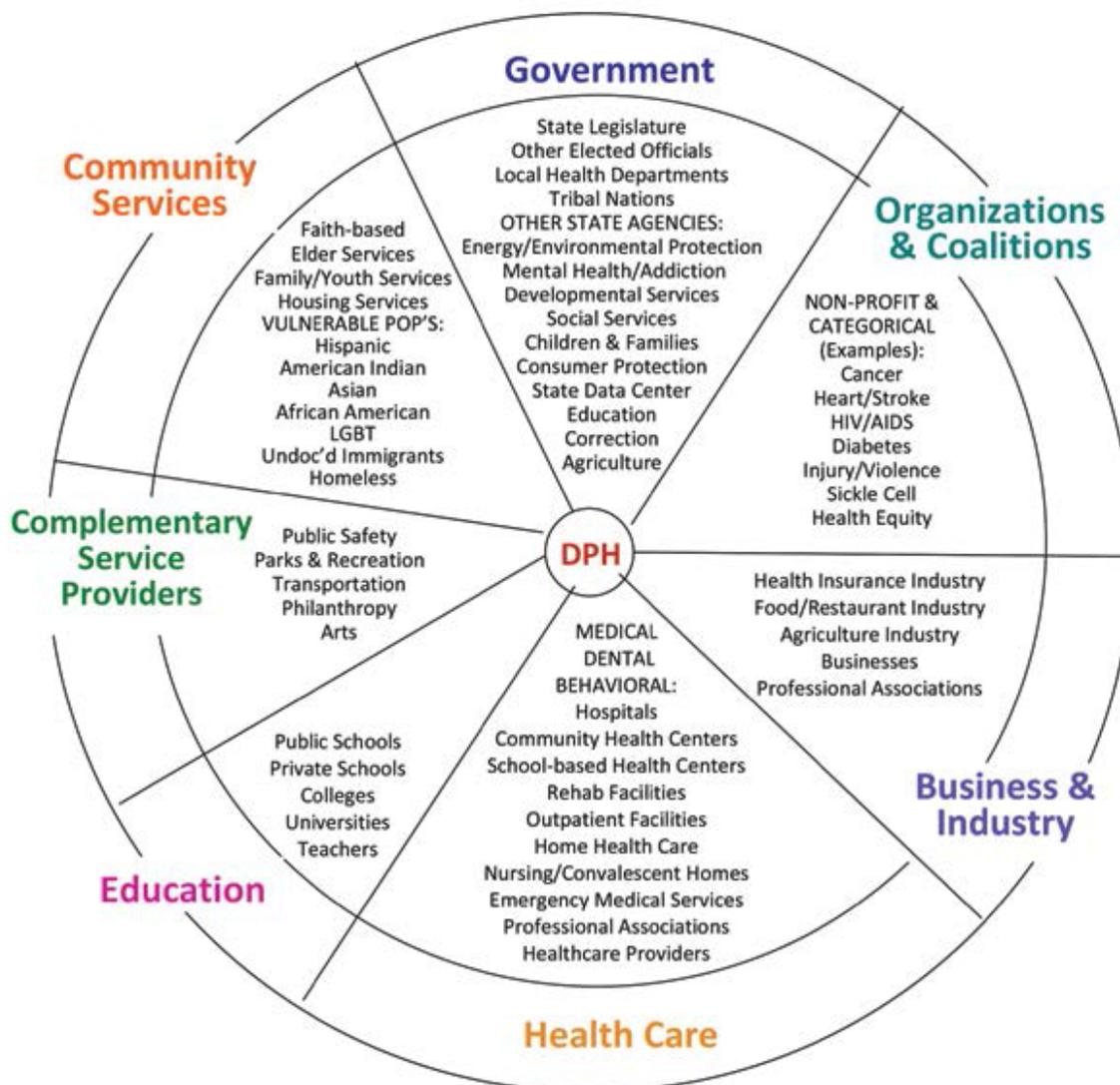
- Three to four in person meetings (Skype meeting will also be available) to be held May, June and November with ongoing work as necessary (phone calls, documentation review etc.) through March, 2018.
- Sub-committee work June – October. Could include in person meetings, online meetings/phone calls, and documentation review.
- Option for Steering Committee members to continue participation in the development of the next State Health Improvement Plan.

Role of the Public Health Advisory Board

As the advisory body for Oregon's governmental health system and the entity to which the Public Health Division is responsible for the SHA and the SHIP, the Public Health Advisory Board shall:

- Provide representation on the SHA Steering Committee;
- Provide input on SHA data collection;
- Receive regular updates on the SHA process; and
- Ensure the data produced in the SHA process is useful to public health stakeholders across Oregon, including local public health authorities, coordinated care organizations and hospitals.

SECTOR & STAKEHOLDER WHEEL



Proposed Steering Committee Representatives*

- (1) State Health Officer
- (1) Public Health Advisory Board – local public health representative
- (1) Public Health Advisory Board – non-local public health representative
- (1) Federally-recognized tribe representative
- (3) Culturally-specific organization representative
- (1) Regional Health Equity Coalition representative
- (1) Community Advisory Council representative*
- (1) Coordinated care organization representative*
- (1) Hospital representative*
- (1) School of Public Health representative

*At least one representative should be from rural/frontier area.

MAPP phase	What	When	Who	Deliverables
State Health Assessment				
Phase 1: Organizing for Success & Partnership Development	PHAB feedback	March 16	Katrina	Collect input on proposal and formation of steering committee
	Send final partner plan to OHA External Relations	March 17	Danna	Share any changes to partner plan as result of PHAB feedback.
	Final SHA process plan	March 20	Core Group	Includes feedback from PH exec, PHAB, external relations division, and others. Potential stakeholder committee members and recruitment plan in place.
	Recruit steering committee members	March - April 2017	PHAB members, Core Group	While PHAB members and PHD leadership will lead recruitment efforts, the Core Group will provide guidance and coordination during this time, using tools such as the engagement matrix to ensure broad and diverse representation.
	Kick off meeting for steering committee	May 2017	Steering Committee & Core Group	In person meeting for all steering committee members to complete readiness assessment and orientation to the MAPP process, develop rules of engagement and charter, review the planning process & timeline, review history of SHA/SHIP processes in state, local CHA/CHIPs and examples from other jurisdictions, form three subcommittees to complete assessment phase, identify process for community involvement for each assessment, and evaluate phase 1.
Phase 2: Visioning	Visioning & Public Health System Assessment <ul style="list-style-type: none"> What are the activities, competencies, and capacities of the public health system? 	June 2017	Steering Committee & Core Group	Determine focus, purpose and direction for MAPP process. Review results from 2016 Public Health Modernization Assessment, AIMHI meeting summaries, and Modernization Plan. Identify challenges and opportunities.

	<ul style="list-style-type: none"> How are the 10 essential Public Health Services being provided across the state? 			
Phase 3: Four MAPP Assessments	Community Health Status Assessment (CHSA): <ul style="list-style-type: none"> How healthy is Oregon? What does the health status of Oregon look like? 	June	Subcommittee & community	Review existing State Health Profile Indicators, with particular attention to health disparities. Identify need for additional indicators. Create a list of challenges and opportunities.
		July	Subcommittee	Summarize & compile assessment results
	Community Themes & Strengths Assessment (CTSA): <ul style="list-style-type: none"> What is important to Oregonians? How is quality of life perceived across the state? What assets does Oregon have that can be used to improve community health? 	July	Subcommittee & community	Choose method for data collection, with particular attention to health disparities.
		August	Subcommittee & community	Share data from CHSA and collect input from community.
		September	Subcommittee	Summarize & compile assessment results
		October	Subcommittee	Share results with community via email/web
	Forces of Changes Assessment <ul style="list-style-type: none"> What is occurring or might occur that affects the health of the state? What specific threats or opportunities are generated by these occurrences? 	July	Subcommittee & community	Review existing work that is similar to the FoC assessment, determine method for completing assessment and community engagement
		August	Steering committee & community	Complete assessment
		September	Subcommittee	Summarize & compile assessment results
		October	Subcommittee	Share results with community via email/web
	Steering Committee meeting	November, 2017	Steering committee & Core Group	Review and discuss results from assessments, evaluate phase 3.

	SHA Drafted	January 2018	Steering committee & Core Group	
	Public Comment	February 2018	Steering committee & Core Group	
	SHA Completed	March 2018	Steering committee & Core Group	
State Health Improvement Plan				
Phase 4: Identify Strategic Issues	Identify Strategic Issues	April 2018- Dec 2018		Determine method for completing this phase, present summary of the SHA, brainstorm & prioritize strategic issues, disseminate results, evaluate phase 4.
Phase 5: Formulate Goals & Strategies	Formulate Goals & Strategies	Jan 2019 – Dec 2019		Determine process for completing this phase, develop goals, generate strategies & adopt strategies, including implementation details, develop objectives, establish accountability, develop work plans, evaluate phase 5
	SHIP completed	By January 2020		
Phase 6: Action Cycle	Action Cycle	Jan 2020 – Dec 2024		Review plans for opportunities to coordinate, monitor progress, evaluate phase 6.

1. Confirm PHAB representation on the SHA Steering Committee

Staff recommendation: one local public health representative and one non-local public health representative

2. Feedback overall on proposed non-PHAB SHA Steering Committee members

March 2017

Preventive Health & Health Services Block Grant Work Plan Proposal for October 2017 through September 2018

Background

- Non-competitive grant issued to all states and territories to address state determined public health priorities.
- Public Health Advisory Board (PHAB) is designated as the Block Grant Advisory Committee.
- Work plan must be tied to Healthy People 2020 objectives.

Funding

- For October 2017 – September 2018 work plan, \$1,117,102 is available (\$85,660 for rape prevention and victim services as designated by federal government).

Healthy People 2020 Objectives Addressed

- Accredited public health agencies (*PHI-17. Increase the proportion of Tribal, State and local public health agencies that are accredited.*)
- Public health agency quality improvement program (*PHI-16. Increase the proportion of Tribal, State and local public health agencies that have implemented an agency-wide quality improvement process.*)
- Public health workforce continuing education and training (*PHI-2. Increase the proportion of Tribal, State and local public health personnel who receive continuing education consistent with the Core Competencies for Public Health Professionals*)
- State health improvement planning (*PHI-15. Increase the proportion of Tribal, state and local public health agencies that have developed a health improvement plan and increase the proportion of local health jurisdictions that have a health improvement plan linked with their State plan*)
- Sexual Violence (*IVP-40. Reduce sexual violence.*)

Oregon's overall goal is to support ongoing implementation of [Public Health Modernization](#) foundational capabilities so all Oregonians have access to the public health foundational capabilities and programs to prevent disease, injury and death.

Proposed Work Plan and Activities

- Public health accreditation (Leadership and organizational competencies)
 - Tentative budget: \$378,608 (Includes 2.05 FTE)
 - Oregon Health Authority-Public Health Division
 - Continued implementation of [statewide modernization plan](#), including but not limited to:
 - Development and collection of baseline accountability metrics
 - Oregon Administrative Rules revisions to align with statutory changes
 - Alignment of OHA-PHD processes and structures with foundational capabilities and programs
 - Maintain national accreditation status
 - Local health departments
 - Continued implementation of [statewide modernization plan](#), including but not limited to:
 - Development and collection of baseline accountability metrics
 - Collection and analysis of FY16 actual revenue and expenditures
 - Oregon Administrative Rules revisions to align with statutory changes
 - Partner with Conference of Local Health Officials on provision of OHA-PHD funded public health services
 - Co-facilitate (with Conference of Local Health Officials) community of practice for local and tribal health department accreditation coordinators
 - Support local accreditation documentation requests
 - Nine federally-recognized tribes in Oregon
 - Continued implementation of [statewide modernization plan](#), including but not limited to:
 - Completion of tribal programmatic public health modernization assessment with interested tribes
 - Partner with federally-recognized tribes in Oregon on provision of public health services in tribal communities
 - Co-facilitate (with Conference of Local Health Officials) community of practice for local and tribal health department accreditation coordinators
 - Support tribal accreditation documentation requests
- Quality improvement (Leadership and organizational competencies, community partnership development)
 - Tentative Budget: \$416,357 (Includes 2.75 FTE)
 - Oregon Health Authority-Public Health Division (OHA-PHD)
 - Maintain performance management system through monthly dashboards to increase efficiency and effectiveness of business processes and public health interventions

- Local health departments
 - Coordinate and conduct triennial reviews for all Oregon local public health departments to identify strengths and areas for improvement in implementation of public health services
 - Coordinate individual and system-wide technical assistance to improve delivery of public health services and health outcomes
- Nine federally-recognized tribes in Oregon
 - Coordinate OHA-PHD's public health work with tribes
 - Provide technical assistance to support tribal jurisdictions in delivery of public health services in their communities
- Public health workforce continuing education and training (Leadership and organizational competencies)
 - Tentative Budget: \$154,831 (Includes 1.0 FTE)
 - Oregon Health Authority – Public Health Division
 - Continue implementation of OHA-PHD Workforce Development Plan
 - Expand required and elective curriculum for OHA-PHD public health personnel to support changing workforce needs
 - Local health departments
 - As funding is available, fund workforce development opportunities that strengthen prioritized core competencies for Oregon's public health system (examples: Oregon Public Health Association annual conference, Oregon Epidemiologists annual conference, project management training, new public health administrators training, etc.)
 - Tribal health departments
 - As funding is available, fund workforce development opportunities that strengthen prioritized core competencies for Oregon's public health system (examples: Oregon Public Health Association annual conference, Oregon Epidemiologists annual conference, project management training, new public health administrators training, etc.)
- State health improvement planning (Policy and planning)
 - Tentative Budget: \$81,646 (Includes 0.5 FTE)
 - Oregon Health Authority – Public Health Division
 - Revise state health assessment using Mobilizing for Action through Planning and Partnerships (MAPP) framework in preparation for next state health improvement plan
 - Meaningfully engage statewide, cross-sector partners in state health assessment process
 - Local health departments

- Meaningfully engage local partners in revision of state health assessment through MAPP process
 - Provide technical assistance and tools so revised state health assessment may inform local community health assessments and plans as appropriate
- Tribal health departments
 - Meaningfully engage local partners in revision of state health assessment through MAPP process
 - Provide technical assistance and tools so revised state health assessment may inform tribal community health assessments and plans as appropriate
- Sexual Violence Prevention (Prevention and health promotion)
 - Federally allocated budget: \$85,660
 - Fund domestic and sexual violence agencies and/or tribes in Oregon to conduct community-wide sexual violence prevention based on impact of Adverse Childhood Experiences (ACEs), trauma, toxic stress, and safe and nurturing environments using a strengths-based approach.