

# Public Health Advisory Council (PHAC) Meeting Minutes

November 14, 2023



Public Health  
Prevent. Promote. Protect.



**ATTENDING:** Madhavi Bharadwaj, David Eppelsheimer, Commissioner Nafisa Fai, Ansley Fancher, Afam Okoye, Larysa Thomas, Michelle Williams

**ABSENT:** Sonja Ackman, Rachel Arnold, Lucia Benavides, Eileen Derr, Andrea Lara, Hemi Pariyani, Annie Paulsen, Julie Scotland

**Community Members:** Annadiana Johnson

**STAFF PRESENTERS:** Alex Coleman and Erin Jolly, Strategy Program Supervisor

**STAFF ATTENDING:** Dr. Marie Boman-Davis, Bethany Perkins (meeting minutes)

## WELCOME

Larysa Thomas opened the meeting with a welcome and introductions to those attending and Alex Coleman followed with a review of the agenda.

## APPROVAL OF MEETING MINUTES

The Council reviewed the October meeting minutes, after which no comments or questions were raised. Larysa made a motion to approve the minutes with no changes, and Ansley seconded the motion. Michelle abstained, none opposed. The motion was passed.

## PRESENTATIONS

**PROPOSED MODERNIZATION WORK PLAN AND BUDGET PRIORITIES**, Presented by Erin Jolly, Strategy Program Supervisor and Alex Coleman

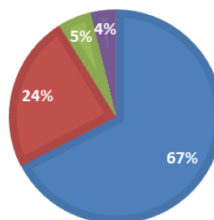
Erin Jolly serves as the Strategy Supervisor for the Public Health Division. Previously, Erin shared the Modernization Framework Public Health must work within, and the primary objectives for the next biennium. In this meeting, PHAC members learned about the goals of the proposed Modernization Work Plan and Budget Priorities for FYs 2023 – 2025. (Please refer to slide presentation entitled, “November 2023 PHAC Modernization Update” for detailed information.)

### 2023-2025 Budget

- Cross-Division Approach
- Supporting a variety of positions across the Division
  - Key staff supporting implementation
- Contracts, e.g.,
  - leadership coaching
  - Community engagement

#### 2023-2025 PE51 BUDGET BREAKDOWN

- Staff - key staff supporting PHM implementation
- Contracts (e.g., community engagement, facilitation, leadership coaching)
- Supplies (e.g., translation, graphic design, software)
- Professional Development (e.g., training registration, travel)



- The modernization budget was broken down into categories of staff, contracts, supplies, and professional development (slide 4).

- **Leadership + Organizational**
  - Professional development fund
  - Leadership coaching
  - Facilitation
- **Health Equity**
  - Community Engagement
- **Community Partnership**
  - CBO CPR training
  - Food access contracts
  - Accountability metrics placeholder
- **Assessment & Epidemiology**
  - Community data dashboard
  - Greenhouse Gas Inventory
- **Communications**
  - Culturally specific communications support

**2023-2025 PE51 BUDGET - PROPORTION OF COSTS TO IMPLEMENT PHM FOUNDATIONAL CAPABILITIES (NON-STAFF)**

Category	Proportion
Leadership & Organizational	29%
Health Equity & Cultural Responsiveness	21%
Community Partnership Development	23%
Assessment & Epidemiology	22%
Communications	5%

5

- The non-staff categories of the budget were further broken down by foundational capabilities (slide 5).

Work Plan Area	Color Key	State Vision
PH Modernization Goals		Protect communities from communicable diseases through prevention initiatives that address health inequities; Expand communicable disease and environmental health emergency preparedness and communities' and PH system's ability to respond; Protect communities from environmental health threats from climate change through equitable climate adaptation; Plan for full implementation of public health modernization
Leadership and Organizational		Provide team-based leadership within the state or local public health authority that defines the strategic direction needed to achieve public health goals. This leadership will guide stakeholders to accomplish those goals.
Assessment & Epidemiology		Apply the principles and skilled practice of epidemiology, laboratory investigation and program evaluation to support planning, policy and decision-making for Oregon's governmental public health system
Health Equity & Cultural Responsiveness		Ensure equal opportunity to achieve the highest attainable level of health for all populations through policies, programs and strategies that respond to the cultural factors that affect health. Correct historic injustices borne by certain populations. Prioritize development of strong cultural responsiveness by public health organizations.
Community Partnership		Relationships with diverse partners allow the governmental public health system to define and achieve collaborative public health goals
Communications		Governmental public health is a trusted source of clear, consistent, accurate and timely health information. Governmental public health consistently uses health communication strategies, interventions and tools to eliminate health disparities and achieve equity

- The goals of work plan by area (slide 7)
- Time was given for small group discussion on the work plan goals which yielded the following comments from the committee:

- Leadership and organizational competencies objective 1, activity 1 appear to have the same language. Revise activity 1 so it is aligned but not restating.
- Support for including disability in health equity.

## **QUESTIONS**

**Q:** Does the budget for staff vs. the budget for leadership involve staff already hired for this work, expanding current staff roles, and/or hiring new staff?

**A:** Last biennium we did significant hiring, we have been incrementally adding new permanent positions. This biennium we are sustaining current staff. We are allocating resources so current staff can be involved in PH modernization. The only potential new position might be LTD program specialist for modernization. Leadership & organizational capabilities on slide 5 does not represent personnel.

**Q:** Referring to slides 4 and 5, these are percentages, what are the actual figures (total budget)?

**A:** 3 million per year for next two years.

**Q:** How much does this 23-25 budget differ from the 21-23 budget? How do the plans differ?

**A:** We received an increase from state legislature for this biennium. Each biennium we have a new direction and metrics from the state. They don't easily compare.

**Q:** What does 5% Communications refer to (slide 5)? What kind of communications?

**A:** Communications refers to contracts with communications agencies. Ensuring that the communications necessary to achieve the objectives are possible & appropriate for community. Ex. Communicating to pregnant persons the importance of syphilis screening.

**Q:** How much of this (budget percentages) is set in stone? Is it use it or lose it?

**A:** There is flexibility.

**Q:** How does PHAC influence PH budget?

**A:** Marie, Erin, and Alex will consider opportunities to engage PHAC with BCC and budget committee. In the past it has been letters and testimonies at budget committees.

## **UPDATES AND REMINDERS:**

- Marie Boman-Davis provided FY 2024-2025 budget updates. With Public Health moving into special fund, this current budget process is a request and a proposal for transfer of general funds. PH has created a budget framework called activity-based budgeting so that when we request general fund, it is clear exactly what we are asking for and what it will be used for. PH Modernization is an example of a bucket of money that we use that does not use general fund. There will be opportunities for PHAC to engage and support this process.
- Cornelius Community Dinner, November 18
- It was shared with the group that we recently learned that former PHAC member and longtime community advocate Dick Stenson had recently passed away. Dick was one of the original members of the PHAC and his last term ended at the beginning of the year. Dick passed away peacefully surrounded by his family.

## **MEMBER UPDATES / COMMENTS:**

PHAC members had the opportunity to ask questions, or to provide comments on topic outside the agenda items.

**Q:** Are there any future workshops or classes for board members to learn about Washington County/Public Health?

**A:** Yes, we are still in the planning phase of that.

Marie also shared with the group that a new data subcommittee of the PHAC is in the works. It will begin in the new year and focus on data and community. More information will be brought to the group at a future meeting.

## **PUBLIC COMMENT:**

Community members had the opportunity to ask questions or provide comments on topics outside the agenda items. No questions or comments.

## **ADDITIONAL REMARKS**

None

## **CLOSING**

**The next PHAC meeting will be on Tuesday, January 9, 2024.** Larysa closed out the meeting – thank you!

As always, we welcome input from PHAC members via our [Feedback Survey](#).