

November 8, 2022

**ATTENDING:** Sonja Ackman, Hemi Pariyani, Jennifer McElravey, Dick Stenson, Julie Scotland, Nicole Bowles, David Eppelsheimer, Andrea Lara, Commissioner Nafisa Fai, Larysa Thomas,

ABSENT: Rachel Arnold, Madhavi Bharadwaj, Robin Bousquet, Eileen Derr, Afam Okoye, Annie Paulsen.

COMMUNITY MEMBERS: Juliette Bauer, Lucia Benavides, Michelle Williams, Ainsley Fancher

STAFF: Dr. Marie Boman-Davis, Alex Coleman, Lainie Clem, Erin Jolly

#### WELCOME

Jennifer McElravey started the meeting with a welcome and introductions to those attending in-person at the Brookwood Library and virtually, followed by a review of the agenda.

### **APPROVAL OF MEETING MINUTES**

The October 2022 minutes were reviewed. Jennifer McElravey motioned to approve the minutes and Hemi Pariyani seconded the motion. All were in favor, and none opposed. The motion was passed.

### TEAM BUILDING ACTIVITY

Members had the opportunity to participate in a small group activity to share what appealed to them about joining the PHAC.

#### COMMUNITY HEALTH NEEDS ASSESSMENT AND COMMUNITY HEALTH IMPROVEMENT UPDATE

PHAC members learned about the <u>2022 Healthy Columbia Willamette Collaborative Community Health Needs</u> <u>Assessment</u> and how it will be used to inform our <u>Community Health Improvement Plan (CHIP)</u>. Members also learned about opportunities to engage in the process of updating the County's CHIP.

The Community Health Needs Assessment for 2022 is "a community-informed equity-centered health assessment of Clackamas, Multnomah, and Washington counties, Oregon, and Clark County, Washington." On page two of the report, a *Reader' Guide* summarizes the report's contents and outlines the contributors:

"This report presents the results of the 2022 Community Health Needs Assessment (CHNA) for the quad-county region of Clark County in Washington and Clackamas, Multnomah, and Washington counties in Oregon.

A Community Action Team (CAT), composed of community leaders representing the diverse communities in the region, led the development of the CHNA, with support from Healthy Columbia Willamette Collaborative (HCWC) partners and subcontractors Health Management Associates and Oregon Health Equity Alliance. The partnership's approach was informed by a peer review group of data professionals of color, with expertise in engaging in decolonized, community-centered, data approaches and/or deeply connected to an anti-racist, Indigenous practice of performing health equity work."

#### The report is divided into eight sections:

- 1. Executive Summary
- 2. Overview and Approach to the CHNA
- 3. The HCWC Regional Profile
- 4. The Four Priority Areas in Creating a Healthier Community
- 5. Linking Health
- 6. Recommendations
- 7. About the CAT
- 8. Appendix
- PHAC member Dick Stenson stated that one of the ideas behind establishing a regional Community Health Needs Assessment (CHNA) was that each of these organizations (health systems, hospitals, Local Public

Health Authorities (LPHAs) etc.) needed to go through the accreditation process. If efforts were consolidated, we could determine the needs of the community (along with subsets) as a group.

- The CHNA is designed to function as a community-informed process that:
  - Deepens community partnerships
  - o Centers and emphasizes community wisdom
  - Tells a story reflective of lived experiences
  - $\circ$   $\;$  Informs and influences critical decision-making on behalf of communities
- This is our 4<sup>th</sup> cycle with the Healthy Columbia Willamette Collaborative (HCWC). They go through a process to review the content and make changes and improvements. Assessments are performed every three years.
- Why a three-year cycle? Hospitals are required to conduct an assessment every 3 years and LPHAs are on a 5year cycle of accreditation; LPHAs adopted a 3-year cycle to align with hospitals.

For 2022, the Community Action Team (CAT) identified and prioritized conditions and characteristics into the four following key areas:

A Neighborhood for All	Essential Community Services and Resources	Access to Culturally and Linguistically Responsive Health Care	Support for Family and Community Ways
All people should have access to safe and affordable neighborhoods and housing.	All people should have access to education, employment, nutritious food, and transportation.	All people should have access to health care that aligns with their cultural, behavioral, and communication needs.	All people should have access to foods and healing medicines or practices specific to their communities of origin.

- How do we use the CHNA? We rely on the assessment to inform our Community Health Improvement Plan (CHIP) as a data source during our strategic planning process and as a tool to help prioritize projects and funding within the division. It allows us a way to align our work with our partners'.
- A CHIP is a long-term, systematic process. Washington County is in its 3<sup>rd</sup> CHIP cycle. Its foundational goals include:
  - Reduce health disparities.
  - Improve health equity.
  - Apply a racial equity lens and trauma-informed principles to the CHIP structure and work.
- For more details about CHIP's goals, please see the <u>2020-2023 Washington County Community Health</u> <u>Improvement Plan</u> dated March 2021.
- For more information on each of the CHIP committees, members can reach out directly to the committee cochairs

ACEs - <u>Cynara Blackwood</u> Healthy Communities/Food Access - <u>Rachel Miller</u> Access to Care - <u>Alicia Lee</u> Suicide Prevention Council - <u>Zev Braun</u> Youth Substance Youth Prevention (SUP) - <u>Gwyn Ashcom</u> Aging & Connection Committee - <u>Kera Magarill</u>

## QUESTIONS

Q: Is there a CHIP group that supports new parents/families?

A: No, but our Maternal, Child, and Families (MCF) Program may be working on that. As priorities and work arises, some committees get formed to address a specific area or project, but the big goals tend to stay the same. There are also opportunities to add new groups or subcommittees.

# **OVERVIEW OF WASHINGTON COUNTY PUBLIC HEALTH ORGANIZATIONAL STRUCTURE**

PHAC members received an overview of the organizational structure of the Public Health Division by Dr. Boman-Davis and reviewed how the Division aligns its work with Oregon Statutes, including Public Health Modernization, and voluntary National Accreditation standards. For an illustration of these details, please refer to the Washington County Public Health Division Organizational Assessment and Alignment Presentation.

- As a Local Public Health Authority, Washington County Public Health adheres to the following statutes and guidelines:
  - Oregon statutes (ORS 431.415).
  - o Oregon Public Health Modernization guidelines (click here to view Public Health Modernization Manual).
  - To achieve [and reapply for] National Public Health Accreditation, we must adhere to Standards & Measures set forth by PHAB, the Public Health Accreditation Board (please refer to <u>Reaccreditation</u> – <u>Domains, Standards and Measures 2022 for details</u>).
    - PHAB supports health departments to improve quality, accountability, and performance.
    - We are currently in a national reaccreditation cycle. The PHAB reviews our submittal to see if we passed.

# **REVIEW UPDATES TO PHAC APPLICATION**

2019 bylaws were updated to better represent the council. At the October PHAC meeting, questions related to age, language and household income level were added to represent PHAC in the Granicus application questionnaire; Alex sent the questions out to PHAC members to give everyone a chance to review and provide feedback.

Alex displayed the most recent iteration of the PHAC application in Granicus for the council's review.

- Questions displayed in blue are not currently on the Granicus application.
- The question about Household Income level is intended to support consideration of candidates from a wide range of income levels and backgrounds. An option of "Prefer not to say" has been added to this question.

**Q:** Will this questionnaire be public? Specifically, when someone fills out the application, will others be able to see their information? When we put candidates before to the Board, do we give a packet of information to them?

**A:** Yes, we must provide the Board with a packet of information about the candidates we propose. However, they receive a redacted version with no address, email, or demographics. Some details become public record, but only the minimum of what is needed to put a candidates' name forward.

## APPROVAL OF UPDATED PHAC APPLICATION

PHAC members agreed they were ready to take a vote on the updated member application (corrections can be made afterward, if necessary). Larysa motioned to approve the new application and David Eppelsheimer seconded the motion. All were in favor, and none opposed. The motion was passed.

Alex provided additional information following the meeting regarding what is included in the redacted application.

The following information does get redacted on the Granicus applications when they go into the Board packets.

- Address (City, State and Zip Code do not get redacted)
- Email Address and Alternate Email
- Phone and Alternate Phone Numbers
- Contact Information for references (Names of references do not get redacted)
- All of the information in the demographic section

Also note, that if someone uploads a resume with the application, the resume does get linked in the Board packet so any information on the resume becomes public record.

Since the information that gets redacted does align with the information provided to the PHAC, Alex will move forward with updating the application questions in Granicus and provide an update to the Council in January.

## UPDATES

### • FY23-24 Budget Guidance and PHAC Input

- The County's Finance department is reorganizing. Our new CFO is creating a Budget Office to centralize the county budget (historically, the position reported to Support Services).
- Regarding advocating for resources in the future, the CFO would like to move the county towards the Government Finance Officers Association (GFOA) best practices model (released in August 2022). There is a new budget equity tool to help support us, along with new guidance about how to monitor our progress to meet our goals. Dr. Boman-Davis believes it aligns well with what PHAC has been advocating for. The County will be navigating how to allocate the general fund (revenue vs. expenses), wherein everyone who receives general fund support will be receiving a *fixed budget amount*, rather than proposing a budget amount, which led to a balancing act. They will be setting dollar amounts for each division that we will have to work within.
- The budget will be submitted in January. Dr. Boman-Davis will provide PHAC with a copy of the budget as soon as she is able.

**Q:** Will these changes affect the access to budget funds that we were able to vie for previously? What happens in an emergency, like a pandemic?

**A:** The CFO is changing to a Base Budget, rather than the modified one we were doing, so yes, access to funds will change. How that will look has yet to be determined. The legislative session will start on January 17<sup>th</sup> 2023, so we hope that PHAC will continue to leverage their voice for the legislative budget to be increased, rather than focusing on the local budget.

## • COVID and Flu vaccines

OHA has a webpage for that tracks "Influenza Surveillance" for Acute and Communicable Diseases. Included on the page is:

- "Flu Bites," which displays the current number of ER visits, positive tests, outbreaks, and pediatric mortality rates.
- Flu Prevention information can be found on the OHA site as well, with links to a vaccine finder, (<u>Vaccines.gov</u>).
- The Washington County website also has a <u>Flu</u> page that lists local vaccine locations and provides information about <u>RSV</u>.
  - We do not administer a lot of direct shots in arms. Rather, we vaccinate specific populations when there is an unmet need, such as shots for those in the shelter system, or some of our homebound residents.
  - The County has taken a big step back from offering vaccination clinics, except for some populations with barriers to access.
  - Most counties have a state dashboard for where we are with vaccinated population.

## CLOSING

Jennifer McElravey closed out the meeting. The next meetings are scheduled for January 10<sup>th</sup> and February 14<sup>th</sup>, 2023 (weather permitting, this will be a hybrid meeting). Jennifer expressed a warm *thank you* to Alex for organizing all the meetings and setting up the hybrid arrangements tonight and throughout the year.