Multnomah County Public Health Advisory Board
Public Health Approaches Minutes
April 2025

Date: Tuesday, April 29th, 2025
Time: 3:30pm – 5:30pm
Video call link: https://meet.google.com/uqz-xkrv-bbm
Purpose: To advise the Public Health Division on several areas of work with a strong focus on ethics in public health practice and developing long-term public health approaches to address the leading causes of death and disability in Multnomah County.
Board members present: Courtney Wood, Jennifer Piacentini, Keara Rodela, Aileen Duldulao, Jackie Semallie, Isaac Gomez, Su Liu
Multco staff present: Desha Reed-Holden, Eric Richardson, Kirsten Aird, Amie Zawadzki

Item/Action	Process	Lead	Time
Welcome, Introductions & Agenda Review	• Board members and staff introduced themselves • Eric reviewed the agenda	Eric Richardson	15 min 3:30 – 3:45
Public Comment & Board Sharing	• No public comment or updates from board members	Eric Richardson	5 min 3:45 – 3:50

MCPHAB	• MCPHAB structure, support, and recruitment
	  ○ We will be recruiting for at least 4 board members
	  ○ Eric will be emailing folks who are nearing the end of their first term and are eligible for another 1, 2, or 3 year term
	  ○ Shifting the structure of MCPHAB
	  ■ Due to staffing changes/reductions, we're not able to continue staffing the board at the current level
	  ■ The original intention of MCPHAB was for the board to be community driven and to inform the division with shared facilitation in a meaningful way
	  ■ This summer, once we have the advisory board
		Eric Richardson	20 min
			3:50 – 4:10

	fully filled, we'll be revisiting the bylaws which includes Chair/Co-Chair structure language and finding a balance to structure and power sharing ■ Eric and Amie have been in conversations with the staff that support the advisory committee in behavioral health and have learned there is a team of co-chairs so it doesn't fall on any specific person ● Power sharing but also adds some structure ○ Input / feedback about the proposed restructuring ■ Jackie didn't get to see when the members were taking the lead, will be interesting to lead ● Jackie's capacity is limited just this month; there are times in the season that she is able to take that lead ■ Eric proposed a shared facilitation / shared Chair model ■ Aileen agreed that it sounds like a good move for the board to be more community centered. Aileen was part of another advisory board where the committee chair facilitated and staff were there to support and ask questions ● Chair or regular facilitation from the members is a good move ■ Courtney asked what facilitation would look like, whether that would entail helping to facilitate		

	meetings or also curating agendas? ● Our part as staff would be for technical support, to acquire resources, bring subject matter experts (SMEs) to present at meetings and let the board know where we want input/feedback ● Staff will provide limited assistance with meeting prep however, we want the board to be driving the meeting and content. ○ MCPHAB recruitment will likely open in May in scoring done at the end of June ■ Looking for (at least) 3 volunteers to help score applicants in the Spring/early Summer ■ Eric sending out an email to solicit interest in the Ad-hoc membership committee ● Keara and Aileen expressed interest ○ Eric wants to coordinate targeted outreach for the recruitment ○ Questions/feedback ■ Keara has done it before and enjoys seeing folks stories, their “why’s”, and then scoring based on criteria before then convening as a group to discuss applications ■ How many applications are we scoring/reviewing? On average, how much time is spent reviewing applications? ● Last year there		

	were roughly 30 applicants and 4 questions were scored ● Demographics aren't scored although they are looked at to ensure diversity on the board ● Keara suggested 2-3 hours to review applicants before convening an hour ad-hoc membership committee; no more than 6-7 hours over the whole process ■ Jackie asked how MCPHAB recruitment is going to be advertised? ● Similar to last year: on the website and a QR code on the flyer ● New: going out into the community and talk about it a bit ● Adding MCPHAB recruitment advertising strategies and talking points to the next meeting ■ Jackie added that the native community likes the relational component of someone from the community and agrees it would be good to have both versions ■ Jackie shared there is always stuff happening in the community ● Ex. May 1st tobacco barbeque at Barbie's Village		
Legislative Session Corner	● Legislative session update (link to presentation) ○ Record breaking year for bills	Desha Reed-Holden	10 min 4:10 - 4:20

	introduced in a session ○ Over half way through the session; important dates coming up (ex. May 9th: 2nd Post Work Session Deadline) ○ High Priority bills by area ■ Bills marked at a “priority 5” are the highest priority for us as a division ■ Bills sitting in ways and means committee; legislators are debating whether they are feasible to fund ○ Flavored tobacco ban changed to Flavored Tobacco Consolidation (SB 702) ■ Flavored tobacco only able to be sold through liquor stores through the OLCC ■ Didn’t have the votes to pass the way we wanted ● Questions/feedback ○ Keara asked if SB 702 is out of ways and means yet? ■ SB702 is in the senate committee on revenue and finance. This committee oversees tax laws, financial resources, and how state revenue is collected and distributed. Oregon's tobacco taxes fund K-12 education.		
5 minute wellness / stretch break			5 min
Budget updates & level setting	● Budget updates (link to presentation) ○ High level overview of Chair’s budget ○ Kirsten thanked Courtney for being the MCPHAB rep on CBAC ○ The HD makes a budget proposal through a transmittal letter that gets posted in March (end of Feb.) and then the Chair takes info and releases her budget (released her budget last Thursday, April 24th) ○ Second week of June, the board presents final budget ■ Budget worksessions,	Kirsten Aird	15 min 4:25 - 4:40

	public hearings, etc. between now and then ○ PH = ¼ of HD budget (GF) ○ Understanding of where we spend our money in PH (not all GF) ○ *All funding sources* ■ Statutory responsibilities, unique role as government, health equity and addressing health inequities, population approach to address significant health inequities, and also looked at (when thinking of cuts) we looked at whole programs rather than parts of programs ● Cutting parts of programs ● Doing less with less ● This was exceptionally hard to do, part of the thinking around whole programs ■ WIC is one of our largest populations, federal requirement in support of parents and families ■ CD - hones in on statutory responsibilities ● Organizational shifts ● Responsibility to investigate CD infections ● Building capacity and infrastructure to support each other ● We were getting less resources from the state so we have to do things differently ● Disease intervention specialists and moving away from Community		

	Health Nurse model ○ Not statutory responsible for care and treatment; responsible for Disease Investigation and then refer for care and treatment ■ Babies first, Community health nurse ■ EHS - climate justice work, vector control work, lead investigation work ● Big piece of this: food, lodging, pools, ● Vital records ■ HIV/STD ● Ryan white resources in here ● Harm reduction in here ■ PHP ● Tobacco prevention, REACH, access to healthy foods, tobacco sussation, work we do in schools, multi and intergenerational work ● Policy and strategies ■ Blend PH admin and ops into one office ○ PH Services Ending ■ Clinical side of Immunization program being cut due to federal cuts ● Working with FQHC - exclusion		

	days in February to do some makeup days for vaccine clinics (makeup days) ■ NFP for first time parents won't be available through multco anymore - there is some work happening in Salem that hasn't lined up (don't know what's happening with MATCH) ● Looking at programs that aren't creating ● State no longer going to provide the match for us - unclear whether that's going to happen through the legislator; decision making didn't line up ■ PHP - Working with NFP and Adolescent health work ● How we support parents ● Looking to MCPHAB: how do we leverage what is going to be happening? Getting out of siloing - HD as a whole is bringing forward messaging collectively. From partners, resources ● What does it look like for the payers- hospitals, health care ayers - to come together to look at pregnant people, families, - whose role is what and stop duplicating		

	efforts to show up for families in a meaningful and important way ○ PH service Changes ■ STI clinic ● Someone will have to make an appointment if asymptomatic (someone just wants to know) ● Serving 1300 fewer clients in FY26 than FY25 ■ Restaurant Inspection Fee Increase ● What fees have to cost ● Didn't increase fees since the COVID pandemic (ARPA funds and GF were invested in it to not ● Calculated - 33% fee increase ○ Decision of the board ○ We calculated what it would cost ○ PH organization changes ■ CPCB moving to the HDDO ● Internal and external supports ■ CD - building capacity around disease investigation specialists as we don't do treatment and care (and haven't) ○ Public Budget hearings ■ Keys dates we want you to be familiar with and how you can give feedback ● Feedback/Questions ● Aileen: Impact of putting CPCB in Health Department Director's Office? ○ Kirsten: uplift its importance and		

	value ○ For community to hear how input is being used (bi-directional conversation going) ○ Another reason - in building the external bi directional process, at the department, there is the intent of building the internal capacity of understanding, appreciation, for working with community so that when programs work through community that more people hold relationship with community (not just 10 people) ■ Expanding who works with community in a way that is responsive to the way the community wants it (building capacity within the division) ■ Anchoring it so that BH, PH, Corrections, has that capacity ● Keara: Is there something you can share as to why money couldn't be moved from the law enforcement budget to fund some of these? NFP was extremely impactful (for me on a personal level); very disappointing that it is being cut. Any explanation for why funding couldn't be cut from ○ Kirsten: can't speak to why or reasoning ○ In HD - Corrections health was asked to be held harmless so that support and infrastructure and maintain some of that work in transition would maintain ○ Aileen: I agree - nurse visiting programs are so effective, both in improving health and in terms of long term costs. ■ They are so effective, so much research ○ Kirsten: I think the sheriff department was also held harmless, can't speak to that ○ Eric: many staff share the same disappointment with that decision ● Aileen: Value in bringing up at budget		

hearings? (NFP)
    - Kirsten: Certainly what this time is for. If this is something your organizations want to do, that is why we want to tell you what the steps are for testifying (what that process is for)
    - The chair is in an exceptionally challenging situation
    - One thing we are looking into: Healthy birth initiative (home visiting program, greatest health inequities and demonstrated fabulous health outcomes) - this program uses the NFP curriculum
    - The curriculum vs. the model which the curriculum is applied
    - Owned by big companies that make it difficult for them to work in a nimble and flexible way
        - Flexibility so critical
    - One thing the program is looking into - the model of HBI uses two different curriculum
        - In order to keep NFP curriculum to date, certain amount of nurses required on that certificate
        - We can't afford this, becomes cost prohibited
        - Expected match for provider (us) to match that (we don't have GF)
    - Kirsten's brainstorm: if we can find an exception to finding the curriculum accessible for this model we know that works - if the state can match us, if healthcare plans find a way to reimburse this that doesn't put the county in a deficit. Then we still have an easy access point to potentially re-engage
- The Coalition of Communities of Colors are co-hosting a series of **County Budget Training on Saturday, May 3rd, 10AM-12PM at Midland Library!** Please register here to attend and share with your community.
    - Please find more information about the public hearings from the **Multnomah County Budget Office.**

	○ Link to register, share with community members.		
Budget impacts	● Reflections and questions the community may have around budget impacts ● Feel free to send questions via email ● How can we support PH? - let Eric know if you would like support drafting talking points ○ Finance folks, change management team working through nuances of those changes Kristen stated ■ Natural ramp down, a lot to consider ■ We dont.. ● Aileen (in chat): “I'm concerned with anything that is impacting access to services for immigrant and refugee folks. Out in community we are seeing folks going "underground" because of what is happening.” ○ Keara 2nds Dr. Duldulao’s comment (above) ○ Eric working on talking points: stuff we’re doing already (see what we can tap y'all into)	All	20 min 4:40 - 5:00
Wrap-up, Meeting Evaluation & Connection	● Review next steps and key takeaways ○ Eric sending out an email to solicit interest in the Ad-hoc membership committee ○ Sharing presentations presented today (legislative session update and budget slides) ○ Meeting evaluation poll ○ Desha followed up in the chat (Originally suggested she would follow up with Keara after the meeting) (re: SB 702) Flavored Tobacco Consolidation - ■ SB702 is in the senate committee on revenue and finance. This committee oversees tax laws, financial resources, and how state revenue is collected and distributed. Oregon's tobacco taxes fund K-12 education. ○ Agenda items for future meetings:	Amie Zawadzki	15 min 5:00 - 5:15

	■ Advertising MCPHAB recruitment ■ Llet Eric know about additional community events ● Eric following up with Jackie re; May 1st event ■ PHM presentation ● What worked well? What could have been improved? ● Please fill out the meeting poll evaluation		

Multnomah County Public Health Advisory Board Full Board Meeting
Video call link: https://meet.google.com/uqz-xkrv-bbm
Or dial: (US) +1 530-882-2441 PIN: 890 620 052#
More phone numbers: https://tel.meet/uqz-xkrv-bbm?pin=1506580145878

MCPHAB Group Agreements

- Listen to understand, not to react
- "Land the plane" (attempt to bring the point home to something actionable) and have the permission to come in raggedy
- Acknowledge the perspective you're speaking from
- Ensure balance of everybody expressing perspectives
- Have fun and bring your whole self • Be creative, flexible, and solution-oriented • Engage fair processes and balance toward fair outcomes
- Focus on the quality of the journey and not just the destination
- Engage and be fully present
- Identify goals to guide our work
- Be mindful of how much space you take up – step up, step back
- Brave and supportive space
- Understand one's privilege and platform
- Give time for internal and external processing
- Check in with everyone after each agenda item
- One Diva, one mic
- Make sure to take time for yourself and prioritize self care

MCPHAB Consensus Building Process

Five Stages of Consensus-Building

1. Convening
   - Getting the right people to the table with the right expectations.
2. Assigning Roles & Responsibilities
   - The "signing on" phase. Everyone at the table agrees upon the ground rules that will govern decision-making and defines the kinds of responsibilities they are each willing to accept.
3. Facilitating Group Problem-Solving
   - Step 1: "Venting." This happens when members state any concerns they have about a proposal or a process.
   - Step 2: Round of statements describing interests or priority concerns by members.
   - Step 3: "Inventing." This happens when members take what they've heard about

each other's interests and try to come up with proposals that meet everyone's needs.
    - The point of these 3 steps is to keep multiple options alive so that a full range of combinations can be "tried on for size."
4. Reaching Agreement
    - Does not mean voting, but "agreeing to agree."
    - Facilitator asks: "Can everybody live with this proposal?"
    - If a member says "no," he or she is asked to explain his or her position clearly, including any changes to the proposal he or she would like to suggest.
5. Holding People to Their Commitments
    - This is the implementation phase.
    - What actions do subcommittees, the Board as a whole, or individual members need to take?
    - What actions are MCHD staff and executives responsible for?