AGENDA

Public Health Equity Framework Workgroup

February 13, 2024, 11:00 am-12:30 pm

Join ZoomGov Meeting

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One tap mobile
+16692545252,,1613593980# US (San Jose)
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Join by H.323
• 161.199.138.10 (US West)
• 161.199.136.10 (US East)

Review of 1/30 Meeting:

- Group reviewed PHAB Policy and Procedure document
- Discussion about adopting PHAB P&P definition of Health Equity
  - Group decided to continue this conversation and take time to think about what they might add
- Group discussed proposed meeting structure
  - Keep 90 minute meetings
  - Include review of prior meeting and 'key items' on future agendas to get grounded
  - Discuss decision making model for the group before making decisions about the proposed meeting structure
  - Reduce agenda items for meetings to feel less rushed

Meeting objectives:

- Review role guidance co-creation process
- Discuss and determine decision-making process for the workgroup
- Review and personalize group norms
- Decide on meeting logistics
  - Hours per week outside of meetings
  - Meeting dates and time
  - Facilitation structure

Workgroup members:

Name	Role	Agency	Email
Meka Webb	Screenwise	OHA	Meka.Webb@oha.oregon.gov>
Dr. Marie Boman-Davis	LPHA , PHAB	Washington County	Marie_Boman-Davis@washingtoncountyor.gov
Dr. Bob Dannenhoffer	LPHA , PHAB	Douglas County	rldannen@co.douglas.or.us
Kyle Sorensen	LPHA	Malheur County	Kyle.Sorensen@malheurco.org
Krizia Polanco	LPHA	Umatilla County	krizia.polanco@umatillacounty.gov
Jackie Leung	CBO , PHAB	Micronesian Islander Community	jleung@micoregon.org
Misha Marie	CBO	Arc of Benton County	mmarie@arcbenton.org
Jennine Smart	CBO	ORCHWA	jennine@orchwa.org
Faron Scissons	CBO	Inter-tribal Fish Commission	scif@critfc.org

Natalie Carlberg	CBO	Boys & Girls Clubs of PDX	ncarlberg@bgcportland.org
Taylor Silvey	CBO	Ecumenical Ministries of Oregon	tsilvey@emoregon.org
Christine Sanders	CBO	Neighborhood House	csanders@nhpdx.org
Miranda Williams	Tribe	Confederated Tribes of Siletz Indians	MirandaW@ctsi.nsn.us
Beck Fox	Health Equity Committee Member, CCO	Samaritan Health Plans/InterCommunity Health Network	Bfox@samhealth.org

OHA Public Health Division staff: Nandini Deo, William Blackford, Cessa Karson, Sara Beaudrault, Nettie Tiso, Adriane Ceglie

Time	Item	Lead
11:00-11:05am	**Introduction** • Review 1/30 meeting and minutes • Check in about review of meeting materials (ask to add to chat or raise hand) • Key discussion and decision items • Review agenda • Warm up question	Cessa Karson-Whitehorn, OHA Public Health Systems Consultant
11:05-11:10am	**Process overview** • Walk through role guidance co-creation process	Nandini Deo, Equity Liaison
11:10-11:35am	**Group decision making** • Discuss and determine decision-making process for the workgroup	William Blackford, OHA Performance System Coordinator
11:35-11:40am	**Break**	Workgroup

11:40 –11:55am	**Proposed Meeting Structure**
	• Decide on the following items:
	    ○ Hours per week outside of meetings
	    ○ Meeting dates and time
	    ○ Facilitation structure
		William Blackford, OHA Performance System Coordinator

11:55 –12:15pm	**Group Agreements** • Review and personalize	William Blackford, OHA Performance System Coordinator
12:15-12:20pm	**Review next steps** • Determine actions, decisions, discussions, and next agenda	Nandini Deo, OHA Equity Liaison
12:20-12:30pm	**Public comment**	William Blackford, OHA Performance System Coordinator

Everyone has a right to know about and use Oregon Health Authority (OHA) programs and services. OHA provides free help. Some examples of the free help OHA can provide are:

- Sign language and spoken language interpreters.
- Written materials in other languages.
- Braille.
- Large print.
- Audio and other formats.

If you need help or have questions, please contact Nandini Deo at 971-284-5367 or publichealth.policy@odhsoha.oregon.gov at least 48 hours before the meeting.

PHAB Workgroup Meeting
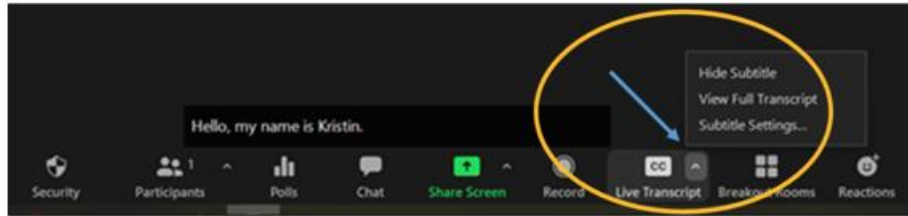
February 13, 2024

Health Equity Framework

# Real-time captioning and transcription service

Enabling Closed Captions

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Cómo habilitar los subtítulos en Zoom

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- Puede esconder los subtítulos—'Hide Subtitle', o mirar la transcripción completa de los subtítulos—'View Full Transcript'.
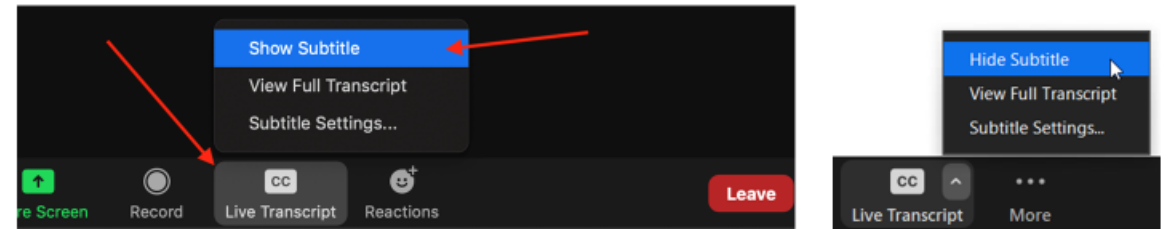
Send a direct message to Nandini Deo for support with accommodation related questions during this meeting.

Review of Last Meeting

- Review of the PHAB Policy & Procedure document

- Discussion about adopting PHAB P&P definition of Health Equity

- Proposed meeting structure

  - Keep 1.5 hour meetings

  - Include review of prior meeting and 'key items' on future agendas to get grounded

  - Discuss decision-making model for the group

  - Reduce agenda items for meetings to feel less rushed

Key discussion and decision items

- Review role guidance co-creation process

- Discuss and determine decision-making process for the workgroup

- Review and personalize group norms

- Decide on the following items:

  - Hours per week outside of meetings

  - Meeting dates and time

  - Facilitation structure

Follow-up items from last meeting

- Any additional thoughts about the PHAB Policy and Procedure document?
- Sharing information about compensation

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Workgroup Agenda

Topic	Purpose	Slide number	Led by	Time allocated
Introductions and warm up	Connection and Review of Key Priorities		Cessa	5 min
Review co-creation process	Knowledge sharing		Nandini	5 min
Group Decision-making	Decision		William	25 min
Break	Rest		--	5 min
Proposed meeting structure	Decision		William	15 min
Group agreements	Review and personalize		William	20 min
Review next steps	Discussion		Nandini	5 min
Public comment	Public Comment		William	10 min

Member Introductions & Warm-up

Type in the chat:

1. Your name, pronouns, role or title, & organization

2. If you'd like, please share a book, movie, or podcast you've

enjoyed recently

Process Overview

We will revisit this for feedback and adjustments next week

Example: Domain 7

1.

Review Domain 7 Components & Core System functions worksheet

Health equity and cultural responsiveness

Vision: 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.

Six essential components

The six essential components to health equity work listed below are critical to successful implementation of the health equity and cultural responsiveness foundational capability. These components should be applied within the core system functions listed below.

- Identify the current challenges to achieving health equity and eliminating avoidable health gaps and health disparities in Oregon's public health system. Place emphasis on measurements of equity best suited to Oregon's diverse populations.

Core system functions

Core system functions for heath equity and cultural responsiveness are based on Association of State and Territorial Health Officials (ASTHO) and National Association of County and City Health Officials (NAACHO) standards.(1,2) The governmental public health system will:

a. Monitor health status and track the conditions that influence health issues.

b. Foster shared understanding and will to achieve health equity and cultural responsiveness.

c. Engage with the community to identify and eliminate health inequities.

2.

Review existing roles

Roles

Foster health equity

State	Local		
✓		a.	Collect and maintain data that reveal inequities in the distribution of disease. Focus on the social conditions (including strengths, assets and protective factors) that influence health.
	✓		Collect and maintain data, or use data provided by PHD that reveal inequities in the distribution of disease. Focus on the social conditions (including strengths, assets and protective factors) that influence health.
✓		b.	Make data and reports available to local public health authorities, partners and stakeholders, and other groups.
✓		c.	Compile comprehensive data on health resources and health threats (e.g., schools, parks, housing, transportation, employment, economic well-being and environmental quality) through partnerships with relevant state and local agencies.
	✓		Compile local data on health resources and health threats (e.g., schools, parks, housing, transportation, employment, economic well-being and environmental quality) through local partnerships, or use information collected and provided by PHD.

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3.

Consider, discuss, and add:
- What is missing?
- What needs to be expanded?
- Which roles will community partners fulfill?

Roles

Foster health equity

Community

| State	Local		
✓		**a.**	Collect and maintain data that reveal inequities in the distribution of disease. Focus on the social conditions (including strengths, assets and protective factors) that influence health.
	✓		Collect and maintain data, or use data provided by PHD that reveal inequities in the distribution of disease. Focus on the social conditions (including strengths, assets and protective factors) that influence health.
✓		**b.**	Make data and reports available to local public health authorities, partners and stakeholders, and other groups.
✓		**c.**	Compile comprehensive data on health resources and health threats (e.g., schools, parks, housing, transportation, employment, economic well-being and environmental quality) through partnerships with relevant state and local agencies.
	✓		Compile local data on health resources and health threats (e.g., schools, parks, housing, transportation, employment, economic well-being and environmental quality) through local partnerships, or use information collected and provided by PHD.

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Group decision making

Group Decision-making

Decide on a voting system:

- Consensus system (Fist to Five)

- Simple voting system (80/20 or 2/3)

Consensus System: Fist to Five Voting
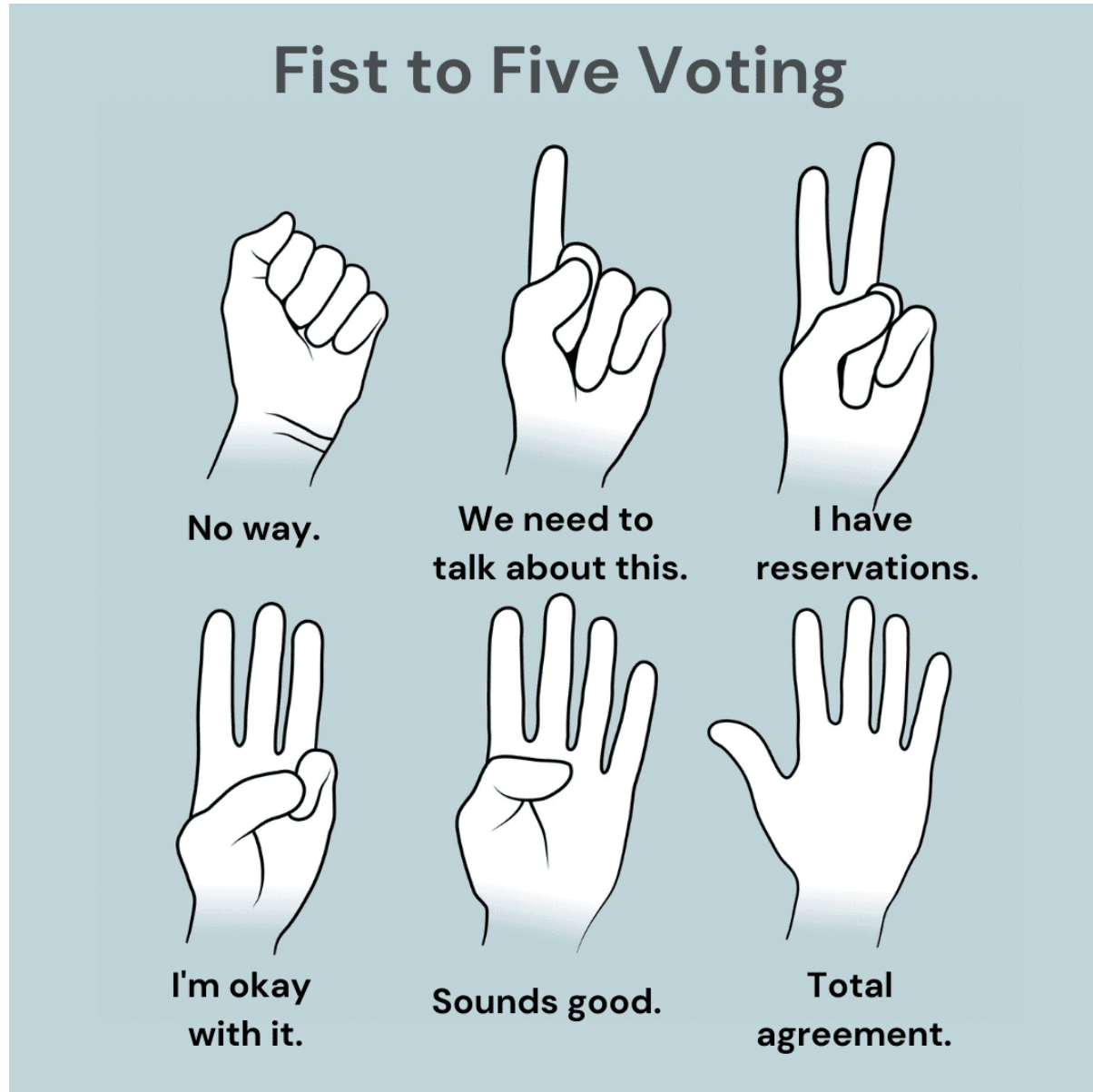
Simple Voting System

80/20 or, 2/3 Vote Yes to move the decision forward

1. Calculate majority based on member attendance

2. Put your vote in the chat (Y = yes, N = no)

3. If 80% or 2/3 vote yes, the decision moves forward

4. If 80% or 2/3 majority cannot be reached, table the decision and discuss again

5. Re-vote (determine how many time a re-vote can occur)

Proposed Meeting Structure

Decision 1: Meeting Dates and Time

- So that all members can attend this meeting space, we will need to find a new time

- Options:
  - Tuesday 1st and 3rd, instead of 2nd and 4th
  - Wednesday 1st and 3rd of the month
  - Mondays or Fridays any week of the month

Decision 2: Hours per week outside of meetings

- Would all group members like to agree to a minimum/maximum amount of time that they can commit outside of workgroup meetings?
- How many hours per week would members like to commit outside of workgroup meetings?
  Suggestions from 1/30: 30 minutes, 1 hour

Decision 3: Facilitation structure

- Would the workgroup like for the facilitator for meetings to be OHA staff?
- Does the workgroup want multiple facilitators or one facilitator?

Break time – 5 mins

Group Agreements

Review PHAB Group Agreements

- Learn from previous experiences and focus on moving forward
- Slow down to support full participation by all group members
- Stay engaged
- Speak your truth and hear the truth of others
- Expect and accept non-closure

Review PHAB Group Agreements (cont.)

- Experience discomfort
- Name and account for power dynamics
- Move up, move back
- Confidentiality
- Acknowledge intent but center impact: ouch/oops

Review PHAB Group Agreements (cont.)

- Hold grace around the challenges of working in a virtual space
- Remember our interdependence and interconnectedness
- Share responsibility for the success of our work together

Next Steps

- Review example of role guidance deliverable
- Begin group discussion on Domain 7 (Health Equity and Cultural Responsiveness)
- What else?

Next Steps

Actions:

What actions do we need to take to prepare for our next meeting?

Decisions:

What decisions do we need to make to move the work forward?

Discussions:

What topics need to be discussed during our next meeting? Future meetings?

Next Agenda:

What topics need to be on the agenda for our next meeting?

Public Comment

- Introduce yourself for the record
- Please keep comments under 3 minutes

What does the Health Equity Framework Workgroup mean we say collaboration?

- Using personal experiences and shared experiences and perspective of others to provide context to work together and share to come to a common goal
- Great collaboration has happened in the past when there has been a structure that encourages openness and a variety of modes to contribute and discuss
- Collaboration means listening hearing, sharing, and learning from each other as we work to achieve a shared goal
- Setting a stage of respect, grace, and gratitude among the group
- Collaborate to me means working towards a common purpose or objective
- Taking time for shared understanding
- Collaboration means that every voice is heard
- Representation
- Respect
- Shared work and resources
- Collaboration means any opportunity to hear from many different people/communities and learn from each other. The focus is on working towards a common goal for change
- Communication is essential for effective collaboration by sharing ideas, information, and feedback
- Collaboration means that voices which are inclusive or representative of individuals who don't know how to navigate systems or access care. Providing a structure through recognized groups (CBOs, LPHAs, Community members, Faith leaders, Tribal entities) to find solutions which represent their local experience
- Listening, empowering each other, learning from each other
- Listening to voices from our communities

PUBLIC HEALTH ADVISORY BOARD
Health Equity Framework Workgroup Minutes
January 30, 2024 11:00am – 12:30pm

Subcommittee members present: Beck Fox, Christine Sanders, Faron Scissons, Jackie Leung, Jennine Smart, Krizia Polanco, Kyle Sorensen, Dr. Marie-Boman Davis, Meka Webb, Miranda Williams, Misha Marie, Taylor Silvey
Subcommittee members absent: Dr. Bob Dannenhoffer, Natalie Carlberg
OHA staff: Larry Hill, Nandini Deo, Nettie Tiso, Sara Beaudrault, William Blackford

Welcome and introductions
- Participants introduced themselves and engaged in an icebreaker activity.
- Agenda for the meeting was added to the chat.

Scope of this workgroup
- 2 Deliverables:
  - Role Mapping - definitions of roles in the public health system as they relate to equity.
  - Public Health Equity Framework - a framework or guide for other groups to develop their own equity plans.
- Collaboration with internal and external partners.

Review Foundational Documents
PHAB Health Equity Policy and Procedure
- Sara provided some background that PHAB initially approved this document in 2017 or 2018 as a way to have some conversation around what the board could be doing to meaningfully contribute to improving health equity in the state of Oregon. It was updated by the Oregon Health Policy Board (OHPB) in 2020. Most recently PHAB updated it in December 2023, in addition to updating the PHAB Charter.

- Sara shared the document purpose, read the definition of health equity and then paused for comments.
- Larry stated that the statements are ambitious and wants the group to continue to grow and move towards those goals but also recognize that there is a deficit when discussing rectifying historical and contemporary injustices. He added that we can support structures that build a pathway towards reducing damage within our system.
- Sara shared that in 2020 PHAB made a commitment for leading with race. In 2023 PHAB added additional definitions to include racism, structural racism, and social determinants of health. Sara encouraged people to read these definitions and the sources cited on their own time.
- Sara pointed out sections in the document that included PHABs commitment for leading with racial equity, a history of structural racism and colonialism in Oregon, and examples provided of systemic racism.
- Marie added that PHAB understands that much of the document is aspirational, but it is important to acknowledge and work towards those goals. The policy and procedure is a living document that will be revised as part of the "live, un-learn and re-learn process."
- Sara shared that before PHAB adopts a deliverable they do a comprehensive health equity review and consider the questions within the "Health Equity Assessment Tool" of the document.
- Sara asked the group for questions and comments.
  o Marie asked if this group has interest in adopting or including part of the definition of health equity contained within the PHAB Health Equity Policy and Procedure as a way to have a shared understanding of what health equity means.
  o Misha shared that the "Health Equity Assessment tool" is a good guide and captures the questions that need to be answered.
  o Jennine added in the chat that for consistency it seems helpful to use the existing definition. The tool seems useful, and the questions support accountability but wonders how the group is intending to incorporate community input.

- o Miranda asked if she could share the PHAB Health Equity Policy and Procedure with the nine tribes for input and feedback. Sara replied that yes, this document could be shared.
- o Christine asked if the group could discuss and consider adopting the definition of health equity contained within the document at the next meeting after everyone has had a chance to review it more. Nandini agreed that this could be discussed at a future meeting.

Proposed Meeting Structure
- Larry shared that this space is for everyone. If you do not feel comfortable speaking in front of the group you can add your input into the chat or reach out to Larry, Nandini, Nettie or William.
- Nandini asked the group: What do you need to feel successful coming into this space?
  - o Misha shared appreciation for the meeting time moving from 2 hours to 1.5 hours.
  - o Marie stated that it takes a few minutes to feel grounded after entering the meeting and a review of what was discussed and accomplished previously would be helpful. Also suggested more structured guidance in the agenda so the group knows if they will be discussing, voting or approving an action item.
  - o Miranda agreed there is value in feeling grounded and appreciates going over the agenda, so the group knows what decisions or actions need to be taken at the start of the meeting.
  - o Beck shared they would like to see key action items in the body of the email that is received before the next meeting. Framing the meetings is helpful.
- Nandini asked the group: What feedback do you have about the proposed structure? What do you think about biweekly meetings?
  - o Taylor likes the new structure because it allows for time to consider what was previous discussed and have conversations and then finalize the domains at the next meeting.
  - o Meka likes the new structure. There is a lot to get through and the conversations may not be as productive if they were to move to monthly meetings.

- o Misha and Faron expressed approval in the chat regarding the new structure.
- Nandini asked the group: How much time between meetings should be dedicated to work/material review?
  - o Misha suggested an hour between meetings.
  - o Jennine thought an hour a week.
  - o Taylor shared they could commit to 30 minutes a week.
  - o Christine asked if everyone was expected to commit a certain amount of time each week.
  - o Nandini replied that she wanted the group to decide on a time cap for the work allowed outside of the meeting.
  - o Marie feels it is worth discussing what model to use to come to an agreement on this and proposed discussing and voting on this at the next meeting.

Next Steps

- Provide an overview at the start of future meetings around action items, decisions and discussions.
- Discuss and vote on how many hours a week each member should be committing to work outside of meeting times to review materials.
- Discuss and vote on adopting the definition of health equity from the PHAB Health Equity Policy and Procedure.
- Review PHAB Group Agreements.
- Review Public Health Modernization Manual

Public comment

- Kim Valdez with New Avenues for Youth shared that she wants to highlight that the PHAB Health Equity Policy and Procedure is a working document. She feels that something is missing from it and would like to hear more about it and to discuss it as a group.

Meeting was adjourned.