

SPEAKER: YOU ARE MUTED IF YOU WERE TALKING.

SPEAKER: THAT EXPLAINS IT. WE'RE GOING TO GIVE IT ANOTHER MINUTE OR TWO. THANKS ALL FOR BEING ON TIME.

FOLKS MIGHT BE IN THE OTHER MEETING ROOM.

SPEAKER: NOPE NOBODY IN THE WAITING ROOM.

SPEAKER: WELCOME EVERYBODY TO OUR FIVE WORKGROUP MEETING. JUST A QUICK REMINDER TODAY WE HAVE CAPTIONING FOR BOTH ENGLISH AND SPANISH. MY NAME'S Y'ALL KNOW ME WILLIAM BLACKFORD HE HIM PRONOUNS PUBLIC HEALTH DIVISION CO-FACILITATOR FOR THIS WORKGROUP HERE. WE'LL DO A QUICK REVIEW OF THE LAST MEETING.

SORRY. MY WINDOW'S TOO BIG. GREAT. SO LAST MEETING WE REVIEWED THE MINUTES FROM THE PRIOR MEETINGS ADDED REVISIONS BEFORE WE POSTED IT GOT THROUGH DRAFTING OUR GROUP AGREEMENTS. AND YEAH. WE'RE ABLE TO CUSTOMIZE THOSE A LITTLE BIT. WE CAN UPDATE THEM REGULARLY AND I WILL GO THROUGH THEM TODAY AND THEY ARE ALWAYS UP FOR DISCUSSION.

WE REVIEWED MILESTONE AND TIMELINE AND THIS MEETING WILL CONFIRM THOSE MILESTONE DATES AND WE REQUESTED AND DISCUSSES HEALTH EQUITIES MEMBERS WOULD LIKE TO BRING TO THIS GROUP WHICH WILL ALSO REVIEW AGAIN THIS MEETING.

GREAT. SO OUR KEY DECISION ITEMS TODAY TO REVISE THE NOTES FROM THE 3/6 MEETING UPDATE GROUP AGREEMENTS FINALIZE TIME LINE EQUITY POINTS FROM LAST MEETING AND DETERMINE FUTURE AGENDA ITEMS.

SO BEFORE WE MOVE INTO THAT -- WELL --

SPEAKER: I'M JUST PULLING THOSE UP WILLIAM.

WILLIAM: NO WORRIES.

OKAY. SO JUST LIKE LAST TIME THE SLOW SCROLL. EVERYONE WANTS TO FOLLOW ALONG AND YOU ALSO EMAILED THEM OUT THE OTHER DAY SO CAN

YOU ALSO CHECK THERE. WE'LL DO A SLOW SCROLL AND THEN OPEN IT UP.

OKAY. THANK YOU NANDINI. ANY ADDITIONS TO THESE MINUTES BEFORE WE FINALIZE THEM AND PUT THEM ON THE WEBSITE?

OKAY.

GREAT. SO WE'LL GO AHEAD AND FINALIZE THOSE AND PUT THEM UP. I THINK WILL I MOVE, BEFORE WE SHARE AGAIN, I WILL JUST MOVE INTO OUR LITTLE WARM UP INTRODUCTION PIECE. I WILL PUT THAT IN THE CHAT AND YOU ALL CAN RESPOND. I WILL START WITH MINE. WILLIAM BLACKFORD HE, HIM PRONOUNS, PH.D. WHEN YOU HAD A CLASS ON ONE THING WHAT WOULD YOU TEACH? MAN I PUT THIS QUESTION IN THE THING AND I DIDN'T THINK ABOUT WHAT MY ANSWER WOULD BE I THINK I WILL GO WITH SOMETHING SILLY WHICH IS A CLASS ABOUT ALL THE DIFFERENT LIKE MOVIE AND TV SHOWS ABOUT VAMPIRES. SUPER INTO IT FOR SOME REASON. I DON'T KNOW EXACTLY WHY BUT THAT WOULD BE SUCH A FUN CLASS TO TEACH SO I'M GOING TO GO WITH THAT.

BOB FROM THE PUBLIC -- FROM DOUGLAS COUNTY. TEACH PEOPLE HOW TO SAIL. WOULD I LOVE TO LEARN HOW TO SAIL. KNOW LITERALLY NOTHING ABOUT IT.

NANDINI OHA TEACHING SOME KIND OF ART CLASS.

HOW TO START TO LEARN TO DANCE. SO LIKE AN INTRO. I LIKE THAT.

MARGARET SINGER FROM OHA HERE. TEACH A CLASS ON T. I DIDN'T KNOW TEAS ARE JUST FERMENTED DIFFERENTLY.

SHAWNA. DESCHUETS COUNTY. A CLASS ON ENVIRONMENTAL JUSTICE. LOVE THAT.

SARA BENTON COUNTY. LEARN MORE THE ROLE OF HOPE AND POST APOCALYPSE MOVIES. I LOVE THAT. KYLE. TEACH A CLASS, DIVE INTO DIFFERENT CULTURES AROUND THE WORLD. LOVE THAT. MINISTRIES. I WOULD TEACH PEOPLE ORGANIZATION. LOVE THAT. COLUMBIA RIVER TRIBAL FISH COMMISSION. CLASS ON ANYTHING ON ORGANIZATION.

FOX INNER COMMUNITY HEALTH NETWORK. INTRO TO PAINTING ESPECIALLY PEOPLE WHO THINK THEY'RE NOT CREATIVE. I LOVE THAT.

OKAY. YEAH. THANK YOU ALL FOR THOSE LOVELY ANSWERS AND KALI FOR OHA INTRODUCTION TO BOWLING. VERY NICE. LOVE THAT. I FEEL LIKE I HAVE TO RELEARN TO BOWL EVERY TIME THAT I GO. OKAY. THANKS FOR THAT. FEEL FREE TO KEEP PUTTING THOSE IN, IN CASE WE MISSED ANYONE HERE.

I'M GOING TO MOVE QUICKLY INTO THE GROUP AGREEMENTS AS WE MENTION THE EARLIER BEFORE WE MOVE INTO THE AGENDA. IT COULD BE A GOOD PRACTICE TO READ THOSE OUT BEFORE THE BEGINNING OF EVERY MEETING SO THEY ARE FRESH IN OUR MINDS. LEARN FROM PREVIOUS EXPERIENCES SLOW DOWN TO SUPPORT FULL PARTICIPATION STAY ENGAGED SPEAK YOUR TRUTH EXPECT AND EXCEPT NON-DISCLOSURE EXPERIENCE DISCOMFORT. MOVE UP AND MOVE BACK TO ALLOW FOLKS THAT DON'T SHARE. CONFIDENTIALITY WAS CHANGED TO ANONYMITY. AND OUT OOPS TYPE STUFF. HOLD GRACE AROUND THE CHALLENGES OF WORKING IN VIRTUAL SPACE AND SHARE RESPONSIBILITY FOR THE SUCCESS OF OUR WORK TOGETHER. GREAT.

SO I BELIEVE THAT WE WILL NOW MOVE INTO THIS NEXT PIECE AND SO I WILL PASS IT OVER TO START WORKING ON THE WORK SHEETS.

SPEAKER: HELLO EVERYBODY. CESSA. PRONOUNS SHE THEY. I WORK AT OHA. WE HAVE A PROPOSED TOOL AND PROCESS FOR STARTING THE WORK OF ROLE MAPPING. AND WHAT WE WOULD LIKE TO DO TODAY IS TO GO THROUGH AN EXERCISE OF USING THE TOOL TO GET YOUR FEEDBACK ON HOW IT IS FOR YOU.

NANDINI IS GOING TO ASSIST ME IN CASE I MISS SOMETHING. SO THANK YOU NANDINI.

IN THE MATERIALS THAT YOU WERE SENT FOR THE MEETING, THERE WERE A FEW PIECES THAT MIGHT BE HELPFUL FOR YOU TO REFER TO. AND ONE OF THEM IS THE SAMPLE WORK SHEET. SO JUST KEEP THAT IN MINE AS WE'RE TALKING THROUGH THIS.

WE ARE GOING TO START WITH DOMAIN 1. DOMAIN 12 IS THE DOMAIN OF

COMMUNICATIONS AND IT IS A FOUNDATIONAL CAPABILITY OF PUBLIC HEALTH MODERNIZATION AND AS A REMINDER FOUNDATIONAL CAPABILITIES OF THE SAME THING.

WE ARE GOING TO USE THE WORK SHEET TO PRACTICE GENERATING ROLES FOR EACH DOMAIN SO FOR TODAY THE DOMAIN IS COMMUNICATION. AT THE END OF THE EXERCISE IT WOULD BE HELPFUL FOR US TO HEAR WHAT IS HELPFUL, WHAT YOU WOULD LIKE TO SEE STAY, WHAT ISN'T HELPFUL, AND WHAT CHANGES CAN BE MADE. NEXT SLIDE, PLEASE. YOU CAN GO TO PAGE 53 IN THE MODERNIZATION MANUAL INCLUDED IN YOUR MEETING PACKET. NEXT SLIDE, PLEASE.

TO GROUND OURSELVES IN THE EXERCISE BEFORE WE START THINKING ABOUT ROLE MAPPING THE DOMAIN OF COMMUNICATIONS, WE ARE GOING TO THINK ABOUT THE WHY. WHEN WE THINK ABOUT COMMUNICATIONS AND THE WORK OF PUBLIC HEALTH WHY IS IT IMPORTANT TO HAVE A COMMUNICATION SYSTEM THAT IS ALIGNED AND COORDINATED ACROSS ALL PUBLIC HEALTH SYSTEMS PARTNERS. FROM WHERE YOU STAND IN YOUR EXPERIENCE WHY IS THIS IMPORTANT AND IF YOU JUST WANT TO POPCORN SOME THINGS BY UNMUTED OR PUT THEM IN THE CHAT NANDINI IS GOING TO CAPTURE THOSE ON THE SCREEN HERE. SO I'M GOING TO PAUSE FOR A MINUTE WHILE YOU PONDER THE WHY.

WHEN YOU THINK ABOUT COMMUNICATIONS THAT ARE ALIGNED AND COORDINATED ACROSS PUBLIC HEALTH SYSTEMS PARTNERS WHY IS THAT IMPORTANT?

AND I CAN PLANT A SEED OF GIVING AN EXAMPLE THAT EVERY PERSON RECEIVES HEALTH INFORMATION AT THE SAME TIME REGARDLESS OF THEIR LANGUAGE SPOKEN OR METHOD FOR RECEIVING INFORMATION. SO THAT IS ONE EXAMPLE OF A WHY.

ARE THERE OTHER EXAMPLES THAT Y'ALL CAN THINK OF?

SPEAKER: HI THIS IS TAYLOR. I WOULD SAY AND TO KIND OF ECHO THAT A LITTLE BIT, TOO, EVERYONE'S GETTING THE SAME MESSAGE ACROSS THE BOARD. SO COMMUNICATION IS MORE CLEARLY GIVEN OUT INSTEAD OF DIFFERENT MESSAGES.

SPEAKER: THANK YOU, TAYLOR. EVERYONE IS GETTING THE SAME MESSAGE, SAME INFORMATION ACROSS THE BOARD AND COMMUNICATION IS CLEAR. ARE THERE OTHER REASONS WHY PEOPLE WOULD LIKE TO SHARE? I CAN GIVE ANOTHER EXAMPLE OF A WHY. COMMUNICATIONS, COMMUNICATION STRATEGIES SHARED ACROSS PARTNERS ASSURE THE GREATEST REACH THROUGHOUT COMMUNITY ESPECIALLY TO THOSE POPULATIONS EXPERIENCING HEALTH INEQUITIES.

SPEAKER: THIS IS MARGARET SANGER AND ONE THING THAT OCCURS TO ME IS CONSIST MESSAGING DEMONSTRATES COMMUNICATION HAPPENED AMONG MANY LEVELS AND THERE IS AGREEMENT AMONG THOSE LEVELS.

SPEAKER: THANK YOU MARGARET. IF YOU DON'T FEEL LIKE UNMUTED FEEL FREE TO PUT SOME THINGS IN THE CHAT. AND I'M WONDERING IN TERMS OF PROCESS IS THIS QUESTION CLEAR? THE QUESTION ABOUT THE WHY?

IS THERE ANY CONFUSION ABOUT THIS? NO? OKAY. WELL IF THERE IS AND YOU FEEL COMFORTABLE LETTING ME KNOW EITHER BY UNMUTING OR ASKING FOR CLARIFICATION, THE CHAT OR EMAIL ANYONE OF US AFTERWARD. I SEE IN THE CHAT MAYBE INCLUDE EQUITABLE ACCESS TO COMMUNICATION FOR EXAMPLE, ALL DEMOGRAPHICS GET THE SAME MESSAGE AT THE SAME TIME. THANK YOU FARIN.

ANY OTHER FOLKS WANT TO CONTRIBUTE TO THE WHY? WHY ARE ALIGNED AND COORDINATED COMMUNICATIONS IMPORTANT ACROSS ALL PUBLIC HEALTH SYSTEM PARTNERS.

AND THE QUESTION IS ALSO WHAT IS YOUR VISION. WHAT WOULD THAT LOOK LIKE. SO ANY -- IDEAS ABOUT THE PROCESS OF COMMUNICATING ALIGNED AND -- IN AN ALIGNED AND COORDINATED MANNER?

I SEE BECK WROTE COORDINATOR EFFORTS ENSURE PARTNER AGENCIES ORGANIZATION GETTING INFORMATION ARE ABLE TO HELP THE MEMBERS OF COMMUNITIES THEY ARE SERVING IN AN INFORMED AND HOPEFULLY MORE EFFICIENT WAY. EVERYONE HAS A CLEAR PICTURE OF WHAT'S GOING ON IS ABLE TO MESSAGE CLEARLY AND CONSISTENTLY. THANK YOU, BECK.

OKAY. I THINK WE'LL GO ONTO THE NEXT SLIDE, PLEASE.

SPEAKER: ONE SEC. SORRY.

SPEAKER: THAT'S OKAY. WE KNOW YOU ARE TOGGLING THERE.

SPEAKER: I THINK WE ARRIVED. ARE WE ON STEP TWO?

SPEAKER: WE ARE. SO WE HAVE COME TO THE HOW. AND SO THIS IS WHERE WE ARE ASKING THE GROUP TODAY TO HELP US WALK THROUGH THIS WORKSHEET THIS TOOL THAT WE'RE PROPOSING TO GET A SENSE OF IF THIS TOOL IS SOMETHING THAT WORKS FOR THE GROUP BEFORE WE MOVE ONTO THERE ARE A COUPLE OTHER COMMENTS I WANT TO READ IN THE CHAT. SHAWNA ADDED REACH OUT TO CBO, LOCAL COMMUNITY LEADERS FOR EXPERTISE HOW TO PROPERLY DISSEMINATE INFORMATION TO THOSE WE SERVE. THANK YOU SHANNA.

AND DR. BOB ADDED THE BACKGROUND UNDERSTANDING OF PUBLIC HEALTH CONCEPTS SUCH AS HERD IMMUNITY. EVERYBODY COMMUNICATION SHOULD BE MADE AS SIMPLE AS POSSIBLE BUT NOT TOO SIMPLE. AND THE COMMENTS ABOUT THE VISION OF A SYSTEM THAT ALIGNS IN A COORDINATED MANNER.

AND I'M JUST PAUSING WHILE THEY TYPE.

OKAY. ALL RIGHT. SO STEP TWO AGAIN. THINKING ABOUT THE WHY THE PIECES OF THE WHY THAT YOU JUST IDENTIFIED IN REGARDS TO COMMUNICATION, WE WOULD LIKE TO WALK THROUGH WHAT IT'S LIKE TO ROLE MAP THE DOMAIN OF COMMUNICATIONS.

SO LET'S GO TO THE NEXT SLIDE, NANDINI.

AND WE'RE GOING TO USE A REAL LIFE EXAMPLE THAT I'M SURE MANY OF YOU HAVE A LOT OF EXPERIENCE WITH. SO THE EXAMPLE HERE IS WHEN YOU THINK ABOUT THE COMMUNICATION COMPONENTS OF OUR SYSTEM WIDE APPROACH TO REDUCE COVID-19 HOSPITAL RATES, WHEN YOU LOOK AT THE TABLE BELOW, WHO PLAYS WHAT ROLE? WHAT COMMUNICATION TASK WOULD YOU ASSIGN TO EACH GROUP THAT'S LISTED OUT BY COLUMN?

AND AGAIN FEEL FREE TO UNMUTE OR ADD IN THE CHAT. AND FEEL FREE TO USE YOUR REAL LIFE EXAMPLES, TOO.

SO I WANT TO CHECK ABOUT PROCESS HERE IS THE QUESTION AND THE FORM UNCLEAR OR ARE -- OKAY. THANK YOU FARIN. CAN YOU GIVE EXAMPLES OF DIFFERENT TYPES OF ROLES OR ARE WE JUST ASSUMING?. YOU CAN ASSUME BASED ON YOUR EXPERIENCE. I CAN ALSO GIVE AN EXAMPLE SO LET'S SEE. OREGON HEALTH AUTHORITY DEVELOPS SOME MATERIALS WRITTEN AND SOCIAL MEDIA POST RELATED TO THE IMPORTANCE OF PROTECTING VULNERABLE POPULATIONS THOSE PARTICULARLY VULNERABLE TO COVID-19 POPULATIONS. I HOPE THAT MADE SENSE.

FARIN, PLEASE. GO AHEAD.

SPEAKER: YEAH. HI. THANK YOU FOR THE EXPLANATION. SO FROM OUR POINT OF VIEW THE TRIBES WE GOT THE SECONDARY INFORMATION FROM OHA IN LOCAL PUBLIC HEALTH ENTITIES EVEN OUR CBO THAT WE PARTNERED WITH, TOO. AND WE TURNED AROUND AND WE MADE IT MORE TRIBALLY AND MORE PROBABLY TRIBAL SPECIFIC SO WE DISTRIBUTED THAT TO OUR TRIBAL MEMBERS AND FELLOW COMMUNITY PARTNERS THAT SERVE TRIBAL COMMUNITIES ALONG THE REGION THAT WE ARE IN. SO WE DID GET OUR MAIN INFORMATION FROM OHA AND LOCAL PUBLIC HEALTH ENTITIES. WE JUST MADE IT CULTURALLY RELEVANT.

SPEAKER: THANK YOU FOR THAT EXAMPLE. REAL LIFE EXAMPLE. THERE ARE OTHER EXAMPLES FOLKS WOULD LIKE TO SHARE? TAYLOR, PLEASE GO AHEAD.

SPEAKER: AS A CBO WE GOT INFORMATION FROM OHA AND LOCAL PUBLIC HEALTH AND WOULD TRY TO TAKE THE INFORMATION AND TELL OUR CLIENTS ABOUT THAT IN A WAY THEY WOULD BETTER UNDERSTAND.

SO IN A MORE CLEAR SIMPLE TERMS.

SPEAKER: THANK YOU, TAYLOR. THERE ARE OTHER EXAMPLES?

SPEAKER: EMILY IT LOOKS LIKE YOU UNMUTED. OKAY.

OKAY. LET'S GO TO THE NEXT SLIDE, PLEASE. NANDINI. I SEE ACTUALLY TAYLOR

SHARED IN THE CHAT THAT MAYBE LOCAL PUBLIC HEALTH WOULD PROBABLY SHARE INFORMATION ON NEWS AND SOCIAL MEDIA. THANK YOU, TAYLOR.

OKAY. SO MAYBE WE COULD GO BACK TO SLIDE 14, NANDINI. SORRY. THIS IS THE PROCESS THAT WE'RE PROPOSING TO GO THROUGH EACH OF THE DOMAINS TO IDENTITY ROLES. AND I'M WONDERING IF THERE'S ANYTHING FEEDBACK ABOUT THE PROCESS IF THIS SEEMS CLEAR? UNCLEAR? IF THE QUESTIONS ABOUT HOW TO UNDERSTAND THE WHY AND THE HOW IF THAT MAKES SENSE FOR FOLKS.

THERE'S A QUESTION FROM TAYLOR. CAN YOU SHARE THE OTHER SYSTEM PARTNER? SURE. THAT WOULD BE THE OREGON DEPARTMENT OF CORRECTIONS, FOR EXAMPLE. THINKING ABOUT COVID. IT COULD BE THE COORDINATED CARE ORGANIZATIONS. WHO ELSE NANDINI?

SPEAKER: I THINK THAT WOULD BE ANYTHING WHO DOESN'T QUITE FIT INTO ANYONE OF THESE FOUR BOXES. RIGHT? SO STATE, LOCAL, GOVERNMENT OR COMMUNITY BASED ORGANIZATION OR FEDERALLY RECOGNIZED TRIBES BUT THEY ARE STILL PLAYERS ENDING WE'RE MEETING OUR HEALTH EQUITY GOALS AND SO I THINK ONE OF THE EXAMPLE WE TALKED ABOUT WHEN WE WERE GOING THROUGH THIS WAS, YOU KNOW, CORRECTIONS AND CORRECTIONAL FACILITIES BEING A HUGE PLAYER. I THINK. YEAH YOU MENTIONED CCO'S. DO OTHERS HAVE IDEAS WHO CAN FIT INTO THAT BUCKET. FOLKS YOU NORMALLY WORK WITH THAT LIVE OUTSIDE THE REALM OF THESE FOUR BOXES THAT ARE ALSO REALLY INVOLVED WITH YOUR WORK WITH COMMUNITIES.

I SEE ADRIENNE ADDED ASSISTIVE LIVING AND THAT'S A GREAT EXAMPLE.

SPEAKER: YEAH FOR SURE.

SPEAKER: AND DR. BOB I SEE YOUR QUESTION AND WE'RE GOING TO COME TO IT. AND I SEE KALI ADDED IN TERMS OF OHA'S ROLE TO COLLECT DATA AND PROVIDE ACCESS TO THE PUBLIC. AND I IMAGINE A CBO COULD BE A COMMUNITY CENTER. I IMAGINE IT COULD ALSO BE PART OF A COUNTY, CITY, OR COUNTY GOVERNMENT AS WELL.

SO NANDINI, DR. BOB IN THE CHAT HAS A QUESTION. I AM SO UNCLEAR ABOUT THE PROCESS AND DELIVERABLES. ARE WE EDITING AND ADDING THE NEW



FRAMEWORK OR ARE WE COMING UP WITH SOMETHING NEW?

SPEAKER: YEAH THAT'S A GREAT QUESTION. WHEN YOU SAY THE CURRENT FRAMEWORK ARE YOU TALKING ABOUT THE CURRENT PUBLIC HEALTH MODERNIZATION MANUAL OR ANOTHER FRAMEWORK?

SPEAKER: THE CURRENT MANUAL.

SPEAKER: OKAY SO IT IS OUTSIDE THE SCOPE OF THIS GROUP TO BE EDITING THE ACTUAL MANUAL SO WHEN WE'RE GOING THROUGH THIS PROCESS WE WOULD REALLY BE CREATING ROLES FOR THE PUBLIC HEALTH FRAMEWORK THAT HEALTH EQUITY FRAMEWORK WE WILL EVENTUALLY BE CREATING AND THAT'S SOMETHING THIS GROUP IS TASKS WITH CREATING FROM SCRATCH AND WHEN I SAY SCRATCH PULLING FROM ALL THE OTHER RESOURCES BUT WE WOULDN'T BE EDITING. MODERNIZATION MANUAL. WE'RE KIND OF USING IT AS A REFERENCE POINT.

IT IS 2:35. SEEMS LIKE A GOOD PLACE TO STOP. IT IS THE TIME FOR OUR SCHEDULED FIVE MINUTE BREAK. SO LET'S TAKE A FIVE MINUTE BREAK AND COME BACK AT 2:41 AND WE WILL WORK ON GETTING THE OTHER INFO IN THE CHAT INTO THE TABLE.

SEE YOU ALL IN FIVE MINUTES.

(RECORDING STOPPED.)

(RECORDING IN PROGRESS)

SPEAKER: WELCOME BACK EVERYONE. 30 SECONDS OR SO LOOKS TO -- COME BACK INTO THE MEETING HERE. OKAY. SO I THINK THAT LET'S SEE -- YEAH NANDINI'S GOING TO LEAD US THROUGH A LITTLE BIT ABOUT FEEDBACK ON THIS PROCESS BEFORE MOVING INTO THE NEXT PIECE, HERE.

SPEAKER: THAT SOUNDS GREAT. HELLO THIS IS NANDINI, SHE HER PRONOUNS. AND I AM A CO-FACILITATOR FOR THIS GROUP. BEFORE WE MOVE INTO OUR NEXT AGENDA I WANTS TO TAKE A MINUTE TO SEE IF THIS PROCESS SEEMS LIKE IT WOULD BE GOOD FOR US TO USE CREATING OUR ULTIMATE DELIVERABLE FOR NOVEMBER WHICH IS OUR ROLE MAP THAT WILL INFORM OUR

FRAMEWORK EVENTUALLY.

AND SO WHAT WE WOULD DO EACH WEEK ESSENTIALLY IS A WORKSHEET WITH BE MAILED OUT DIFFERENT DEPENDING ON THE DOMAIN. WE HAVE SEVEN DOMAINS THE FOUNDATIONAL CAPABILITIES IN THE MODERNIZATION MANUAL AND WE WOULD GO THROUGH THE SAME GENERATIVE PROCESS OF FILLING OUT THE ROLES THAT YOU THINK ARE APPLICABLE TO YOU AND THEN YOU WOULD COME INTO THIS GROUP SPACE AND WE WOULD ALL TALK THROUGH THEM TOGETHER AND USE SOMETHING LIKE AN AFFINITY DRAMA TO MAP ONTO WHAT ROLES HAVE ALREADY BEEN CREATED IN THE MODERNIZATION MANUAL AND WHAT HAVEN'T BEEN CREATED YET AND WHAT NEEDS TO BE EXPANDED.

THIS DOES NOT HAVE TO BE THE PROCESS. IT IS JUST A SUGGESTION. I THINK I JUST WANT TO TAKE A SECOND BEFORE WE MOVE INTO THE AGENDA CREATION FOR NEXT WEEK TO HOLD SPACE HOW THIS PROCESS WENT AND IF WE DO USE SOMETHING LIKE THIS WHAT WE WOULD DO SO IT WOULD BE USEFUL TO YOU ALL. OR IF YOU ARE LIKE SCRAP THE WHOLE THING LET'S DO SOMETHING ELSE AND THAT WOULD BE TOTALLY FINE.

SO WHAT ARE SOME THOUGHTS?

TAYLOR: I HAVE KIND OF QUESTION. I MEAN JUST LOOKING AT LIKE THE COMMUNICATIONS DOMAIN, FOR LIKE EACH POINT ARE WE SAYING LIKE WHO WOULD DO EACH OF THOSE? I GUESS I'M STILL TRYING TO UNDERSTAND WHAT -- MAYBE I DON'T KNOW IF THE WORK SHEET IS EXACTLY THE SAME ONE AS WE JUST WENT OVER. I'M SORRY -- I'M STILL JUST TRYING TO GRASP OF IDEA OF WHAT WE'RE DOING.

SPEAKER: THAT'S REALLY, REALLY FAIR HONESTLY. IF WE GO BACK. WOULD YOU MIND GOING BACK THREE SLIDES MAYBE. I THINK. OKAY. PERFECT. JUST ONE FORWARD. SORRY ABOUT THAT.

OKAY. SO I THINK THE IDEA IS AND I WANT ANYONE WHO FEELS COMFORTABLE TO YOU KNOW THROW IN THEIR OPINION BECAUSE I FEEL LIKE WE HAVE A LOT WE COULD CHANGE ABOUT THIS PROCESS. THE IDEA WAS THAT BECAUSE OUR ULTIMATE GOAL IS TO IN THIS PHASE ONE OF OUR PROCESS WHEN WE'RE MEETING HERE TODAY THE COLLABORATIVELY DEFINED ROLES WITHIN OUR PUBLIC HEALTH SYSTEM THAT WILL HELP US ACHIEVE HEALTH EQUITY FOR ALL.

SO WE WOULD DO THAT WITH REFERENCE TO EACH -- EACH DOMAIN SO WE START WITH COMMUNICATIONS AND THEN THERE'S I THINK ONE AROUND THERE'S CULTURAL COMPETENCY AND HEALTH EQUITY. THERE'S ONE AROUND EMERGENCY SERVICES. AND SO ON AND SO FORTH THAT ARE ALL LISTED OUT INSIDE THE PUBLIC HEALTH MODERNIZATION MANUAL. RIGHT?

AND EACH OF THOSE DOMAINS ALREADY HAS ROLLED BILLED OUT IN THE MANUAL BUT THE ROLES FIRST THEY WERE BUILT A WHILE AGO AND ONLY BUILT OUT FOR STATE PUBLIC HEALTH AND LOCAL PUBLIC HEALTH. SO NOW WE'RE TRYING TO EXPAND THAT BY ASSESSING WHAT NEEDS TO BE WHAT ROLES NEED TO BE UPDATED IN TERMS OF STATE ROLES AND LOCAL PUBLIC HEALTH AND WHAT NEEDS TO BE EXPANDED FOR COMMUNITY AND FEDERALLY RECOGNIZED TRIBES AND FOR OTHER PUBLIC HEALTH PLAYERS INSIDE THE SYSTEM.

SO I THINK WE COULD DO THAT BY GOING IN AND LOOKING ALL THE ROLES THAT HAVE BEEN LISTED SO THE IDEA WOULD BE FOR EACH DOMAIN YOU WOULD WRITE OUT A MORE GENERAL ROLE FOR EACH PARTNER JUST BASED ON YOUR OWN EXPERIENCE. IF YOU KNOW WHAT ORGANIZATION DOES YOU WOULD WRITE OUT ROLES FOR THEM AND BRING THAT BACK TO THE GROUP AND WE WOULD USE THE INFORMATION THAT WE HAVE TO SEE KIND OF WHAT WE ALL COME UP WITH, WHAT MATCHES ONTO MODERNIZATION ROLES THAT HAVE ALREADY BEEN OUTLINED AND WHAT NEEDS TO BE ADDED AND THEN WE WOULD WORKSHOP THAT TOGETHER. DOES THAT MAKE SENSE OR ARE THERE STILL -- I DON'T KNOW. I DID THE BEST JOB EXPLAINING THAT. SO WHAT OTHER QUESTIONS DO YOU ALL HAVE THAT WOULD HELP WITH THAT MORE?

DOES THIS FEEL LIKE A GOOD WAY OF WORKING THROUGH THESE DIFFERENT ROLES WEEK BY WEEK? BECAUSE I THINK WE'RE MOSTLY TRYING TO CREATE SOME SORT OF STRUCTURE AROUND IT.

OKAY.

WELL MAYBE BEFORE WE START FINALIZING THE WORK SHEET. YES I'M SEEING COMMENT. WE CAN START WITH THE WORK SHEET THAT WE HAVE AND WE CAN MAKE EDITED AS WE GO AND IF IN THE MEANTIME YOU ALL HAVE QUESTIONS THOUGHTS, COMMENTS ABOUT HOW THE PROCESS IS GOING FEEL FREE TO SEND THEM ALONG AND WE CAN MAKE THE CHANGES. IF WE WANT TO

GO BACK TO SLIDE 17 REAL QUICK I WANT TO GO OVER WHAT THE PROCESS WOULD BE FOR THE NEXT MEETING.

AND I APOLOGIZE. I SAW YOUR COMMENT EARLIER, MARGARET, IN THE CHAT. WE'LL SEND THOSE OUT EARLIER SO EVERYBODY HAS ACCESS TO THEM BEFORE THE MEETING. IT IS A TIGHT SCHEDULE AND TRICKY TO BE ABLE TO PROCESS IN REALTIME. WE TOTALLY AGREE.

BEFORE NEXT MEETING WE WOULD EMAIL OUT THE NEW WORK SHEET WHICH SOUNDS LIKE FOR RIGHT NOW THERE AREN'T ANY MAJOR CHANGES THAT NEED TO BE MADE BUT WE CAN MAKE ANY OF THOSE CHANGES AND WE CAN THAT YOU ALL TAKE TIME TO REVIEW PAGES 53 THROUGH 57 IF THE MODERNIZATION MANUAL. I KNOW WE DECIDED FOLKS WOULD COMMIT TO ABOUT 30 MINUTES TO WORK ON RELATED ACTIVITIES. THIS WOULD BE ONE OF THEM AND TAKE A LITTLE BIT OF TIME TO FILL IN THE WORK SHEET BASED ON WHATEVER SECTION YOU FEEL.

SO IF YOU WORK IN LOCAL PUBLIC HEALTH, FILL OUT THE ROLES KNOW WHAT YOUR AGENCY DID DURING OR COMMUNICATIONS OR WHAT YOUR AGENCY DOES FOR COMMUNICATION AND BRING THAT TO THE GROUP NEXT TIME AND WE'LL GO THROUGH AND HAVE A CONVERSATION ABOUT THOSE ROLES TOGETHER NEXT TIME DURING OUR MEETING ON APRIL THIRD.

ANY QUESTIONS ABOUT THAT? AND IF YOU HAVE IDEAS FOR YOU KNOW WHAT -- YOU WORK FOR A CBO AND YOU WANT TO WRITE OUT ROLES FOR STATE PUBLIC HEALTH AND LOCAL PUBLIC HEALTH AND OTHER PARTNERS, THAT'S FANTASTIC, TOO. OKAY. I WILL MOVE INTO THE NEXT AGENDA.

BUT IF ANYTHING ABOUT THIS COMES UP FOR YOU ALL AFTER THIS MEETING ON LIKE HOW WE CAN WORK THROUGH THIS WORKSHEET TOGETHER EFFECTIVELY YOU CAN EMAIL US ANY TIME BECAUSE WE WANT TO BE ABLE TO MAKE CHANGES AND MAKE SURE THE MEETINGS ARE STRUCTURED AND WE'RE GETTING OUR WORK DONE BUT IN A WAY YOU WANT TO SEE HAPPENING.

SO FOR OUR FUTURE PLANNING I WILL SAY I WAS NOT HERE LAST TIME SO I'M GOING TO LEAN ON YOU ALL TO STEP IN AND LET ME KNOW WHEN I AM MISSPEAKING OR WHEN I MISS SOMETHING. I THINK I'M READY FOR THE NEXT SLIDE. WE TALKED ABOUT THE HEALTH EQUITY DISCUSSION WE WANT TO HAVE

AS A GROUP. AND WE REVIEWED TOPICS COLLECTED DURING LAST MEETING, SO WE'LL GO THROUGH ALL THOSE IN THE NEXT SLIDE. AND I THINK ONE OF THE THINGS THAT WE HAD -- I THINK GANINE BROUGHT UP IT WOULD BE HELPFUL TO HAVE A DISCUSSION ON DIFFERENT WORK BEING DONE SO WE'RE NOT DUPLICATING OUR EFFORTS.

SO WE'RE IN THE PROCESS OF COLLATING THAT INFORMATION SO WE CAN PRESENT THAT AND DURING THE HEALTH EQUITY DISCUSSION THAT WE HAVE BREAKOUT ROOMS FOR THAT DISCUSSION SO THAT FOLKS FEEL COMFORTABLE REALLY SHARING ABOUT THEIR EXPERIENCES AND ALSO HOW HEALTH EQUITY IS A TOPIC ON THE WHOLE. IS THERE ANYTHING WOULD YOU ADD TO THAT, THAT I'M MISSING FROM THE CONVERSATIONS YOU ALL HAD A COUPLE WEEKS AGO?

OKAY.

AND THEN WE WOULD CONTINUE OUR CONVERSATION ABOUT DOMAIN 1 BY GOING THROUGH THE COMMUNICATIONS WORK SHEET AS WE JUST DID BUT WITH THE ACTUAL-- THE ACTUAL DOMAIN. AND THEN WHAT ELSE AM I MISSING? WHAT OTHER THINGS WOULD BE HELPFUL FOR US TO TALK ABOUT NEXT TIME? OR TO PUT ON -- PUT ON A FUTURE AGENDA?

SPEAKER: ARE YOU BRANDING YOU AS IN OHA? ARE YOU BRINGING IN OTHER HEALTH EQUITY WORK FROM OTHER COUNTY OR CITY OR ANY OTHER GOVERNMENTS OR IS IT JUST OHA'S VERSION SO TO SPEAK?

SPEAKER: THAT'S A GOOD QUESTION. YOU KNOW, WE CAN. I THINK MY UNDERSTANDING OF THE ASK WAS TO MAKE SURE WITHIN OHA THAT WE WERE REALLY COLLECTING ALL THE WORK THAT WAS RELATED TO THE HEALTH EQUITY FRAMEWORK SO FOLKS WERE IN THE KNOW ABOUT WHAT WAS HAPPENING WITH IN THE AGENCY RELATED TO THIS WORK BUT WE COULD ALSO TOTALLY REACH OUT TO OR HAVE FOLKS FROM COUNTIES OR FROM CBO'S PRESENT ON SIMILAR EFFORTS AND HEALTH EQUITY. WHAT DO YOU THINK? WHAT DO YOU WANT TO SEE?

SPEAKER: WELL I ASKED THAT BECAUSE NO ONE IS ALL KNOWING.

SPEAKER: YES.

SPEAKER: AND THE WHOLE POINT OF THIS EQUITY WORK IS COLLABORATION. AND WE COULD BE MISSING SOMETHING THAT COLLECTIVELY WE HAVEN'T THOUGHT ABOUT THAT WE CAN ADD THAT COULD BE OUT THERE SOMEWHERE. THAT WAS THE ONLY REASON I WAS THINKING.

SPEAKER: YEAH. ABSOLUTELY. I AGREE WITH YOU. I'M WONDERING IF YOU OR ANYBODY ELSE IN THE WORKGROUP HAS IDEAS HOW WE MIGHT REACH OUT TO FOLKS TO START GATHERING THAT INFORMATION. A, I AGREE WITH YOU AND B, AS WE CREATE THIS GUIDANCE IT IS GOING TO BE REALLY HELPFUL TO HAVE IDEAS OF WHAT OTHERS ARE DOING AND THAT IS YOU KNOW OHA -- WITHIN EVERY OTHER PART OF THE HEALTH CARE SECTOR BECAUSE THAT'S WHAT WE'RE TALKING ABOUT. RIGHT? SO WHO WOULD YOU RECOMMEND REACHING OUT TO AND HOW. DO YOU HAVE IDEAS?

SPEAKER: WELL MY OTHER QUESTION BEFORE I ANSWER THAT QUESTION IS OHA IS SO HUGE AND SO BIG AS A MEMBER OF THE BLACK COVID MEETING GROUP WE HAVE WHERE WE TALK ABOUT THIS TOPIC WHICH EVEN THOUGH IT IS OHA GROUP, IS STILL KIND OF SMALL.

SO GOING INTO YOUR OWN INTERNAL AND GOING INTO YOUR OWN INTERNAL LITTLE SPOKES WOULD BE FIRST AND FOREMOST I THINK STARTING WITH THE BLACK COVID GROUP WOULD BE BENEFICIAL. I WOULD THINK. SO START FIRST TO SEE WHAT YOU ALREADY HAVE THAT MAYBE -- CAUSE NOT MANY PEOPLE IN THAT GROUP EVEN KNEW THIS WORKGROUP EXISTED SO MAYBE EVEN INTERNALLY FIND OUT WHAT YOU ARE DOING IN DIFFERENT SPOKES WE MIGHT NOT BE A WORKGROUP BUT WE'RE STILL A COMMUNITY OF BLACK PROFESSIONALS MEETING.

SPEAKER: YEAH THIS IS SO TRUE. I WILL REACH OUT TO ERIN AND I WILL CHECK IN ABOUT THAT. AND ALSO IN GENERAL YES. I AGREE WITH YOU. I THINK WE NEED TO DO A LITTLE BIT OF INTERNAL AUDIT ABOUT THE WORK THAT'S HAPPENING SO WE'LL START GATHERING THAT INFORMATION AND COME TO YOU ALL NEXT TIME WITH WHAT WE'VE GOT AND WE CAN CONTINUE TO ADD FROM OTHER PARTS OF THE PUBLIC HEALTH SECTOR AS WELL.

ANY OTHER THOUGHTS ABOUT THAT? I KNOW WE WANT TO MOVE INTO THE MODERNIZATION 101 BECAUSE I BELIEVE THAT STEVE IS HERE.

OKAY. THANK YOU ALL. I KNOW THIS IS A LOT OF INFORMATION IN ONE PROCESS WHICH TENDS TO BE THE JOURNEY FOR THIS WORK GROUP. IF YOU HAVE THOUGHTS AFTER THAT AND YOU WANT TO EMAIL US PLEASE LET US KNOW.

I'M GOING TO SKIP THE TIME LINE SLIDES SO WE CAN MOVE INTO STEVE'S PRESENTATION AND THEN WE CAN REVISIT THOSE IN THE END.

SPEAKER: SOUNDS GOOD. AM I UP?

SPEAKER: YOU'RE UP. THANKS FOR JOINING US.

SPEAKER: THANKS FOR HAVING ME. HI EVERYONE GOOD AFTERNOON. MY NAME IS STEVEN. HE HIM PRONOUNS. I WORK WITH EVERYONE HERE AT OHA AS THE PUBLIC HEALTH MODERNIZATION LEAD. AND TODAY WE'RE GOING TO WALK THROUGH A FEW SLIDES. TALKING ABOUT KIND OF HISTORY AND BACKGROUND OF PUBLIC HEALTH MODERNIZATION AND IN THE CONTEXT OF THIS SPACE. AND AGAIN THANKS FOR HAVING ME.

SO FIRST BEFORE WE DIG INTO THE HISTORY, I GUESS ALSO I WOULD LIKE TO SAY THIS IS PROBABLY GOING TO BE -- I'M SEEING SOME NAMES HERE THAT ARE FAMILIAR SO THIS MIGHT FEEL REALLY FAMILIAR TO SOME OF YOU AND BE A REHASH OR REFRESH BUT IT MIGHT BE NEW FOR OTHERS SO APPRECIATE YOUR GRACE IN DOING A 101 TODAY.

SO FIRST GOING TO BRIEFLY DESCRIBE THE PUBLIC HEALTH SYSTEM IN OREGON AND WITH A PARTICULAR FOCUS ON GOVERNMENTAL PUBLIC HEALTH AND THE FUNDED PARTNERS WHICH IN THIS VISUAL ARE HIGHLIGHTED WITH THE ORANGE CIRCLES BUT I WANTED TO ADVANCE POLITICAL PRIORITIES. FIRST GOVERNMENTAL PUBLIC. GOVERNMENT TO GOVERNMENT RELATIONSHIP WITH THE FEDERALLY RECOGNIZED TRIBES.

OREGON HAS A DECENTRALIZED SYSTEM WHICH MEAN THAT'S LOCAL AND TRIBAL PUBLIC HEALTH AUTHORITIES HOLD MOST STATUTORY AUTHORITY FOR PROTECTING THE HEALTH AND WELL-BEING TO PEOPLE IN THEIR JURISDICTIONS AND THE GOVERNMENTAL PUBLIC HEALTH SYSTEM IS CHARGED WITH PREVENTING DISEASE AND GOVERNMENTAL PUBLIC HEALTH CAN'T DO IT ALONE SO WE WORK DAILY WITH COMMUNITY PARTNER INCLUDING COMMUNITY

BASED ORGANIZATION THAT PROVIDE CULTURALLY SPECIFIC SERVICES TO THE COMMUNITY.

AND SO THE FOLKS I'M CALLING OUT ARE THOSE ORANGE CIRCLES THERE. AND NEXT SLIDE. ALSO BEFORE WE GET INTO PUBLIC HEALTH MODERNIZATION SPECIFICALLY JUST WANTED TO REFRESH EVERYONE ON OREGON HEALTH AUTHORITY'S OVER ALL MISSION AND GOAL AND YOU WILL SEE HOW PUBLIC HEALTH MODERNIZATION AND ALL OF THEIR COLLABORATIVE WORK THAT'S PART OF IT IS LEADING AND SUPPORTING THE MISSION AND GOAL HERE.

SO THE MISSION OVERALL IS TO PROTECT AND PROMOTE THE HEALTH OF EVERY PERSON IN OREGON AND THE COMMUNITIES WHERE THEY LIVE WORK AND PLAY. AND THE GOAL FOR OHA BY THE YEAR 2030 IS TO ELIMINATE HEALTH INEQUITIES THROUGH COMMUNITY BASED INTERVENTION. HIGH LEVEL GOALS THERE. NEXT SLIDE.

AND THAT PRETTY HIGH LEVEL MODERNIZATION AS A KEY INITIATIVE FOR DELIVERING ON OREGON'S COMMITMENT TO ELIMINATING HEALTH INEQUITIES. MODERNIZATION SHOULD ENSURE EVERY PERSON IN OREGON HAS THE SAME ACCESS TO PUBLIC HEALTH PROTECTIONS AND BUILT PROTECTION AND IT ALSO SHOULD PROVIDE SUSTAINABLE FUNDING AND A WORKFORCE THAT IS NEEDED TO PREPARE AND RESPOND TO PUBLIC HEALTH CRISIS.

SO SOME OF THE THINGS WE'RE HOPING TO ACCOMPLISH WITH MODERNIZATION AT A HIGH LEVEL. NEXT SLIDE. AND WE HAVE A FRAMEWORK IN A CONTINUES TO GUIDE IMPLEMENTATION IN OREGON. THIS IS MODERNIZED FRAMEWORK IN A OREGON USES. THE FRAMEWORK WAS ADOPTED BY THE OREGON STATE LEGISLATURE IN 2015 AND A COUPLE SLIDES WE'RE GO OVER THE OVERALL HISTORY.

THE FRAMEWORK FEATURES DISEASE CONTROL ENVIRONMENTAL HEALTH AND ACCESS TO CLINICAL PREVENTATIVE SERVICES AND THESE REFLECT THE ESSENTIAL HEALTH SERVICES PROVIDING TO COMMUNITY MEMBERS ACROSS OREGON. THE FRAMEWORK ALSO FEATURES 7 FOUNDATIONAL CAPABILITIES IS WHAT WE ARE CALL THEM AND THEY ARE LOCATED AT THE BOTTOM THERE SO JUST READ A FEW COMMUNITY PARTNERSHIP DEVELOP. POLICY AND PLAINING AND YOU CAN READ THE REST AND THESE REPRESENT THE ESSENTIAL SKILL SETS FOR THE PUBLIC HEALTH WORKFORCE TO REALLY PROVIDE ACCESSIBLE AND



EQUITABLE PUBLIC HEALTH SERVICES. I'M SORRY I'M TRYING TO SEE THE CHAT HERE. YEAH?

SPEAKER: SORRY. I WAS JUST REMINDED GROUP FOUNDATIONAL CAPABILITY IS THE SAME AS DOMAIN THE LANGUAGE WE HAVE BEEN USING TODAY EARLIER.

SPEAKER: OH, THANK YOU. SORRY IF YOU HAVE BEEN USING DIFFERENT WORDS FOR IT. THANKS SO MUCH. AND NEXT SLIDE.

AND SO WITH THE ADOPTION OF THE OVERALL FRAMEWORK IN A WE JUST LOOKED AT, WE ALSO IN 2015 COMPLETED WORK ON A PUBLIC HEALTH MODERNIZATION MANUAL. AND THIS IS A MANUAL THAT OPERATIONALIZED OR PROVIDING DETAIL ON THE SPECIFIC ROLES THAT STATE AND LOCAL GOVERNMENTAL PUBLIC HEALTH SHOULD FULFILL FOR EACH OF THE OF FOUNDATIONAL PROGRAMS AND CAPABILITIES.

SO JUST WANTED TO CALL OUT THIS MANUAL AND IF YOU CLICK -- I HAVE A LOT OF ANIMATION HERE APOLOGIES IN ADVANCE BUT IF YOU CLICK A FEW TIMES ONE MORE TIME, THERE'S IMAGES HERE FROM THE MANUAL JUST TO GIVE YOU A LITTLE GLIMPSE WHAT'S IN HERE. SORRY BACK ONE. AND THAT RESPONSIVENESS CAPABILITIES AND I HIGHLIGHTED BOX WHERE IT SPECIFIC RULES. SO RIGHT HERE YOU SEE THE ROLES AROUND FOSTERING HEALTH EQUITY.

OKAY. MOVING FORWARD. TO NOW I'M GOING TO TRANSITION INTO A BRIEF HISTORY OF MODERNIZATION INCLUDING SOME OF THE KEY MILESTONES. SORRY FOR ALL THE ANIMATIONS. THAT'S GREAT IF WE JUST WANT TO BRING IT'S ALL UP. I THINK THAT'S IT. AND I'M GOING TO TALK THROUGH THE FROM LEFT TO RIGHT. RELEASED THE MODERNIZING OREGON'S PUBLIC HEALTH SYSTEM REPORT WHICH YOU CAN SEE THERE AS THE AVAILABLE. RECOMMENDED WE ADOPT A MODERN VERSION OF THE NATIONAL FOUNDATIONAL PUBLIC HEALTH SERVICES MODEL WHICH ENDED UP BEING OREGON'S MODERNIZATION FRAMEWORK.

SO OREGON KIND OF ADAPTED THIS NATIONAL FRAMEWORK THAT WAS BEING PROMOTED ON ENDING, WE HAVE THESE FOUNDATIONAL PROGRAMS AND CAPABILITIES. THE REPORT ALSO RECOMMENDED AND UPDATE THE OREGON PUBLIC HEALTH ADVISORY BOARD WORKING WITH THE OREGON POLICY

BOARD. MOVING FORWARD IN TIME 2015 THROUGH 2017 THE OREGON LEGISLATURE PASSED HB 3100. WHICH WAS EXCITED.

I ALREADY MENTION THIS, BUT IN 2015 THAT'S WHEN THE PUBLIC HEALTH MODERNIZATION MANUAL WAS COMPLETED TO GIVE US A SENSE OF HOW WE OPERATIONALIZE THOSE CAPABILITIES FOR THE WORKFORCE. 2016 THE BOARD WAS ESTABLISHED AND IN THAT 2016, 2017 TIME FRAME THERE WAS AN ASSESSMENT THAT TOOK PLACE LOOKING AT OUR CURRENT CAPACITY TO FULFILL THOSE FOUNDATIONAL PROGRAMS AND SPECIFICALLY THE ROLES IN THOSE. KIND OF WHERE WE'RE AT IN TERMS OF CAPACITY AND EXPERTISE.

THERE WAS ALSO A COSTING ASSESSMENT AT A TIME THAT ESTIMATED HOW MANY ADDITIONAL RESOURCES WE WOULD NEED AS A PUBLIC HEALTH SYSTEM TO FINALLY IMPLEMENT THAT FOUNDATIONAL PUBLIC HEALTH SERVICES MODEL. SO AT THE TIME IT WAS ESTIMATED THAT WE WOULD NEED AS A SYSTEM AN ADDITIONAL 210 MILLION DOLLARS PER BIENNIUM TO FULLY IMPLEMENT THE PUBLIC HEALTH MODERNIZATION KIND OF FRAMEWORK.

OF NOTE AT THE TIME THAT ASSESSMENT WAS COMPLETED IN THE 2016 TIME FRAME THAT FUNDING ESTIMATE DOES NOT INCLUDE FUNDING NEEDED FOR FEDERALLY RECOGNIZED TRIBES AND DIDN'T INCLUDE FUNDING THAT GOES OUT TO COMMUNITY BASED ORGANIZATIONS AND WE UNDERSTAND NOW POST ACUTE COVID PANDEMIC RESPONSE THOSE 2016 ESTIMATES SIGNIFICANTLY UNDERESTIMATES THE AMOUNT OF FUNDING WE NEEDED TO PROVIDE FOR PUBLIC HEALTH FUNCTIONS AS A SYSTEM AND IN PARTICULAR ADDRESS HEALTH EQUITY GAPS ACROSS THE STATE.

AND SO JUST GENERALLY NOTING THAT ORIGINAL ESTIMATE OF 210 MILLION WAS AN UNDERESTIMATE AND WE LEARNED A LOT OVER THE PAST 8 YEARS OR SO ABOUT WHAT IT REALLY REQUIRES TO FULLY FUND THE SYSTEM AND WHAT'S NEEDED.

MOVING FORWARD AGAIN IN TIME 2017, 2019 THE OREGON LEGISLATURE DURING THIS TIME THE PUBLIC HEALTH ACCOUNTABILITY METRICS WERE ADOPTED I WILL REFER TO THOSE IN A FEW SLIDES FROM NOW SO YOU CAN SEE WHAT THOSE LOOK LIKE CURRENT STATE OF THOSE.

AND IN 2019, 2021 OREGON LEGISLATURE ALLOCATED ADDITIONAL 10 MILLION

DOLLARS AND WE'RE GOING TO LOOK AT THE BREAKDOWN ACROSS THE DIFFERENT PARTNERS IN THE PUBLIC HEALTH SYSTEM.

2021, 2023 OREGON LEGISLATURE ALLOCATED ADDITIONAL 45 MILLION DOLLARS AND IN 23, 25 FOR THIS CURRENT BIENNIUM. OREGON LEGISLATURE ALLOCATED AN ADDITIONAL 50 MILLION DOLLARS AND ALSO TO NOTE WHAT YOU ALL ARE VERY FAMILIAR WITH IN THIS BIENNIUM 23, 25 OHA IS WORKING WITH PARTNERS TO PRODUCE A FRAMEWORK AND THAT WORKGROUP.

I KNOW THAT WAS VERY, VERY QUICK BUT JUST WANTED TO PROVIDE FOLKS WITH THAT HISTORY OF PUBLIC HEALTH MODERNIZATION AND WHERE WE STARTED AND HOW ITS GROWN OVER TIME. NEXT SLIDE.

OH, GOSH THIS IS GOING TO BE A LOT OF ANIMATIONS, TOO. I'M SORRY I DIDN'T TAKE THESE OUT. THERE. SORRY.

OKAY. GREAT.

SO WE'RE GOING TO LOOK AT THIS ONE AS WELL FROM LEFT TO RIGHT: AND REALLY JUST WANTING TO REVIEW THE LEGISLATIVE ALLOCATION FROM MODERNIZATION OVER TIME IN THE VARIOUS PARTNERS RECEIVING FUNDS FOR MODERNIZATION FUNDING IS NOT BEING TAKEN AWAY FROM ONE PARTNER AND GIVEN TO ANOTHER.

SORRY. LOOKS AT MY NOTES I WANT TO MAKE SURE I DON'T MISS ANYTHING. HERE YOU WILL SEE WE HAVE KIND OF A GENERAL TREND OF INCREASING FUNDING OVER TIME. AND BRINGING ON ADDITIONAL FUNDING PARTNERS TO ADVANCE PUBLIC HEALTH MODERNIZATION. BUT I WILL ALSO CONTRAST THE FUNDING WE'RE LOOKING AT AND THE ORIGINAL COSTING ESTIMATE IT WOULD REQUIRE AN ADDITIONAL 210 MILLION DOLLARS TO IMPLEMENT THE MODEL AND HERE IN THE MOST RECENT BIENNIUM WE'RE SEEING THAT WE RECEIVED 50 MILLION DOLLARS SO STILL NOT QUITE ACHIEVING OUR INVESTMENT GOALS BUT STILL EXCITING TO SEE THIS PROGRESS OVER TIME.

AND SO JUST TO NOTE SOME OF THE CHANGES OVER TIME IN ADDITION TO SEEING HOW THE STUDY INCREASE IN THE INVESTMENT, WE CAN SEE THAT WHERE AS IN 2017 AND 19 WE STARTED WITH FUND FOR OHA INTERNAL

INFRASTRUCTURE AND GRANTS OUT TO REGIONAL PARTNERSHIP AT LPHA'S AND THE 2019, 21 BIENNIUM FUNDING WAS PROVIDING FOR REGION MALL PARTNERSHIPS AND DIRECTLY TO JUST EACH INDIVIDUAL PHA AS WELL AS FUNDING TRIBES.

AND THEN IN 21, 23 WE BROUGHT CBO'S ON INTO THIS INITIATIVE AS FUNDING PARTNERS WHICH IS VERY EXCITING SO FUNDING OHA, LPHA AND TRIBES AND YOU CAN SEE IN THE MOST CURRENT BIENNIUM THE FUNDING GOING OUT TO OHA THE TRIBES CBO'S AND FUNDING SET ASIDE FOR REPRODUCTIVE HEALTH CARE PROVIDERS. JUST PAUSING TO SHOW FOLKS THE INCREASED INVESTMENT OVER TIME AND KIND OF THE EXPANDING PUBLIC HEALTH SYSTEM PARTNERS WORKING ON THIS TOGETHER. ALL RIGHT.

AND THEN JUST HAVE A FEW SLIDES LEFT. MOVING FORWARD. WANTING TO PROVIDE JUST A BIT OF INFORMATION ON SOME OF THE LIKE OUTCOMES FROM THE LEGISLATIVE INVESTMENT AND THIS CASE FOCUSING ON THE PUBLIC HEALTH WORKFORCE. AND SO THIS IS INFORMATION FROM THE MOST RECENTLY PUBLISHED EVALUATION FOR PUBLIC HEALTH MODERNIZATION BASED ON FISCAL YEAR 2023 BUDGETS AND MORE THAN 300 POSITIONS IN LOCAL PUBLIC HEALTH AUTHORITIES ACROSS THE STATE WERE FUNDED EITHER NEW OR EXISTING POSITIONS THROUGH PUBLIC HEALTH MODERNIZATION FUNDS. AND IN TERMS OF THOSE NEW STAFF POSITIONS OVER 80 IN THE FOUNDATIONAL AND OVER 20 CONTRIBUTING TO THE DOMAINS.

AND IF YOU CLICK ONE MORE TIME, I KIND OF BROKEN OUT HOW MANY POSITIONS THE LOCAL PUBLIC HEALTH AUTHORITY REPORTS BY FOUNDATIONAL DOMAIN. AND FOR THE PURPOSES OF THIS GROUP, ONE MORE CLICK, WANTED TO HIGHLIGHT THE ADDITIONAL 14 POSITIONS PROVIDING INCREASED CAPACITY. NEXT SLIDE.

ALSO LOOKING AT OVER TIME INVESTMENT AND CALLING OUT WE WERE ABLE TO FUND COMMUNITY BASED ORGANIZATION STARTING LAST BIENNIUM IN THE 21, 23, 26 ORGANIZATIONS WERE FUNDED AT THAT TIME THROUGH THE NEW PUBLIC HEALTH EQUITY FUNDING OPPORTUNITY. THIS SLIDE SHOWS ALL THE DIFFERENT AREAS OF THE FUNDING OPPORTUNITY BUT FOR THE MODERNIZATION DOLLARS SPECIFICALLY THAT'S FOR THE AREAS OF COMMUNICABLE DISEASE RESPONSE AND ENVIRONMENTAL HEALTH AND CLIMATE SO WE SEE THIS AS A CRUCIAL STEP FOR HEALTH EQUITY AND

CULTURALLY RESPONSIVENESS AND ALSO COMMUNITY PARTNERSHIP.

NEXT SLIDE. THIS IS COOL. JUST A SMATTERING OF THE GIVE LOGOS OF FUNDED CBO'S JUST TO GIVER A SENSE. I FIND IT EXCITING AND INSPIRING SO I WANTED TO INCLUDE IT AND NEXT SLIDE AND THIS IS THE LAST THING I'M GOING TO TALK ABOUT SO APPRECIATE YOU ALL. ALSO I MENTIONED WAY EARLIER IN THE PRESENTATION AROUND THE ADOPTION OF THE ACCOUNTABILITY METRICS FOR LOCAL PUBLIC HEALTH AUTHORITIES AND RECENTLY WHEN THROUGH A PROCESS WITH FAB TO UPDATE AND WHAT THOSE OUTCOME MEASURES THOSE PRIORITY HEALTH OUTCOME MEASURES WOULD BE THAT WE WOULD HOLD OURSELVES ACCOUNTABLE TO AS THE SYSTEM AND SO I WANTED TO JUST SHOW YOU SHOW YOU THEM. AND SO IT IS IN THE AREAS OF SEXUAL TRANSMITTED INFECTION, VACCINE PREVENTABLE DISEASES, AND EXTREME HEAT AND WILDFIRE SMOKE AND I WON'T READ THESE OFF BUT JUST WANTED TO SHOW YOU THEM SHOW YOU THE METRICS.

AND THEN COMPARE THIS SINCE YOU ARE SEEING THE NAME OF THE METRICS WHICH CAN BE APPLIED FOR JUST THE GENERAL POPULATION ALSO WANTED TO PROVIDE YOU WITH A BIT MORE DETAIL ABOUT THE FRAMEWORK AND THINKING BEHIND THE METRICS MOVING FORWARD AND NEXT SLIDE.

WANTED TO MENTION THAT I THINK IMPORTANTLY IN 2021 OREGON'S FAB PUBLIC HEALTH ADVISORY BOARD TOOK A MULTI YEAR TO DESIGN A FRAMEWORK FOR THOSE ACCOUNTABILITY METRICS SO JUST LOOKED AT THE METRICS WERE. THAT WE'RE NOT JUST LOOKING AT THE GENERAL POPULATION. THAT WE ARE ASKING OURSELVES THESE QUESTIONS AND COLLECTING THE DATA WE NEED TO REPORT OUT WHICH GROUPS ARE EXPERIENCES DISPROPORTION HARM AND ELIMINATES GROUP CAUSES WHICH CAN MANIFEST THOSE INEQUITABLES.

WE WILL ALSO WANT TO SHOW YOU THIS FRAMEWORK AS WELL THE FAB REDESIGNED AND ENSURES THAT EQUITY IS A CONSIDERATION ON TRACKING OF THESE OUTCOME MEASURES. AND THAT WAS VERY FAST.

AND SO THE LAST SLIDE HERE JUST RESOURCES FOR FOLKS. PROBABLY PRETTY FAMILIAR WITH THAT ONE AROUND THE FAB, BUT IF YOU WANTED TO LOOK AT THE NATIONAL RESOURCES OR THE STATE MODERNIZATION WEBSITE, THERE YOU GO. AND I WILL STOP THERE AND JUST THANK YOU FOR YOUR TIME.

SPEAKER: THANKS SO MUCH, STEVE. THAT HELPS PUT OUR WORK IN CONTEXT AND IF SOMEONE LIKE I AM NEW TO OHA SO I DON'T KNOW A LOT OF THAT STUFF, SO THAT'S VERY HELPFUL TO ME, TOO. BEFORE WE RAMP UP AND MOVE INTO THE PUBLIC COMMENT ARE THERE ANY LIKE QUESTIONS OR LIKE CLARIFICATIONS WHILE WE HAVE STEVE HERE THAT HE CAN HELP US WITH?

OKAY. ALL RIGHT. YEAH THANKS AGAIN STEVEN.

YES. SO I KNOW IT'S BEEN A LOT OF INFORMATION FOR TODAY. WE WENT OVER A LOT OF STUFF. REALLY APPRECIATE THE OVERVIEW SORT OF LOOKING AT THE WORK SHEET GETTING INTRODUCED TO THAT TALKING A LITTLE BIT ABOUT NEXT STEPS. BEFORE WE RAMP UP JUST A GENTLE REMINDER WE WILL BE SECOND OUT THE WORK SHEET FOR DOMAIN ONE LATER THIS WEEK. AND SO TO THE BEST OF YOUR ABILITY PLEASE TAKE A LITTLE BIT OF TIME TO FILL THAT OUT. PRIOR TO OUR NEXT MEETING IN TWO WEEKS. YEAH. WE JUST WANT TO REITERATE THAT.

SO WITH THAT WE'LL MOVE INTO THE PUBLIC COMMENT PIECE. SO IF THERE ARE ANY MEMBERS OF THE PUBLIC HERE THAT WOULD LIKE TO PROVIDE COMMENT YOU MAY DO SO NOW.

WE'LL HAVE A FEW MINUTES FOR THAT.

OKAY. SEEMS THERE ARE NO MEMBERS OF THE PUBLIC HERE AT THE MOMENT TO GIVE COMMENT SO WE'LL GO AHEAD AND CLOSE THE MEETING HERE. THANK YOU ALL FOR YOUR TIME PLEASE DON'T HESITATE TO REACH OUT TO US IF YOU HAVE THOUGHTS QUESTIONS FEEDBACK ANYTHING. AND WE WILL BE SENDING OUT THE MATERIALS FOR THIS MEETING. AND THE MINUTES VERY SOON. ALONG WITH THE WORK SHEETS. SO YEAH. THANKS AGAIN EVERYONE.

(RECORDING STOPPED.)