

[Captioner] 14:03:31

Okay. We can get started here. Folks still trickling in, thank you for starting the recording here. You can see in the chat I dropped in the agenda and some of the accessibility links as well. Welcome to our sixth meeting. There are captions -- sorry, William Blackford, OH A performance system coordinator here on the work group team, yeah, late 30s, male, white, glasses, dark hair, and yeah we have closed captioning services available both English and Spanish you can find that in the bottom bar there where it says show captions. And yeah, let's start out with a quick little review of our last meeting so if you want to share we can sort of go through that real quick. Okay. Yeah. We'll do our key discussion items for today so we are going to begin developing domain one on communications, closed roles

and the worksheets we sent out.

Yeah, we'll sort of give, see if there's feedback on the role development process for the next meeting and then do future planning agenda creation and health equity discussions. Next slide.

Yeah so last meeting we reviewed the previous meeting and the group agreements, looked at the domain one role worksheet, hopefully getting folks prepared with that and we had our modernization 101 meeting which I hope was helpful.

So let's move into our little warm up here real quick. Please type in the chat name, pronoun pronouns, organization, and if you could meet any fictional character, who would it be.

I'll go ahead and read some of those out as they come in.

I guess mine, I did mine, but my fictional character -- again, I didn't think about this, didn't I. It's like in my

head, because I listening to a
podcast about it recently, John
McClain from the die hard
series, why not, seems like,
interesting things to say but --
-- about to be our equity
Liason here at OHA. Sherlock Holmes, good
one. Answer the question. I even knew what the question
was ahead of time. I'll put
something if I think of it.
>> No pressure. No wrong
answers here.

Larry Hill, office director.
Love to meet spider man, good
one. Main character in
outlander, goes back and forth
in time 200 years. Yeah,
amazing. Margaret Sanger, with
OHA, public health division.
Totoro from the Miyazaki film
, adorable.

Buryaana -- Jefferson county,
I would like to meet wonder
woman. Excellent choice. Tenar, from the Earthsea series
, absolutely, I should have said
sparrowhawk. Meka Webb, here at OHA.

Community engagement. Elmo or Oscar, great. All
great choices. Okay. So yeah,
feel free to keep entering

those in as we go through here.

Okay. Beck Fox with

IHN-CCO, yeah, trinity from the matrix, absolutely, classic.

Okay, yeah, so keep entering those in there and we'll move through the next piece.

If Kyle -- would like to, batman, excellent.

Just a quick little since we're doing introductions here we do some new work group members so I would love to give some space here for the new members to introduce them selves if they would like to. I believe we have one or two so yeah, if you would like to introduce yourself to the group.

Looks like maybe not today.

And that's okay. So before we move into our next piece here.

Just a quick reminder as we're sort of getting the procedure down for these meetings. If you are an OHA member or like a member of the public who is here at this meeting as a nonwork group member, we just ask that you please refrain from

participation until the public comment period at the end of the meeting. We see people excited and participating and answering questions and stuff but the work we're doing today is sort of like for the work group and we'd love to hear from you during public comment if you have anything to say about the process or your thoughts about that moving forward.

So first, I want to pass it off to Larry. Yeah, to sort of orient us around some changes that might be coming to the group.

>> Hello, all. Very happy to be back, Larry hill. My visual description is a black man with a brown hat, black glasses. I have a mustache and hair that's abandoned me on top and bottom, background, Muhammad Ali in back of me, if I mess up he punches me in the back of the head, happy to be here today.

I want too announce a change you see here really quickly. For

the health equity frame work
work group we've had an amazing
project lead who is now going to
be moving into another position
elsewhere so we want to leave
time and space to really share
our great news and also for us
to take a moment to celebrate
her contributions thus far. So
Nandini.

>> I appreciate you, Larry,
this is Nandini, she/her
pronouns, equity Liason with OHA
for one more day, thank you so
much for your patience and grace
in letting me be in this space
and get to know you all for this
period of time since January,
some of you a little bit later
on. I will be, for some of you
know that I am located actually
in San Diego so accepted a
position with UC health as
equity project manager, and I'm
sure our paths will hopefully
cross in this small world that
is public health. I just really
appreciate you all and I'm

excited to continually check in
and see the progress this
amazing work group makes
together and I'm excited for as
you all inherit a new wonderful
lead, to, yeah, just continue to
see how this work group grows.

Thank you for letting me be a
part of this for the period of
time that I was.

>> We could have just briefly,
want to show support by way of
clapping online or showing those
little iconic figures to do so.

We have not yet determined who
was going to be the new project
lead once we get that
information, we will share that
news abundantly once again,
Nandini, thank you for all your
tremendous efforts. You and I
have had many pathways of health
throughout our work together
and great to see you got a
position close to home that will
support your career goals. So
thank you and hopefully we'll
stay in touch.

>> Oh I will continue to bother you all absolutely 100 percent. Thank you so much, I appreciate you all. I am wondering, now is not a great way to seg way into this but I would ask if I can share my screen, William to go through the notes from last time. A little bit more boring than that announcement.

>> Yeah, I missed that a little bit, to go through the meeting minutes or just the high level notes?

>> Yeah, just the minutes so folks can see what we did last time, review and do the slow world. Sound good?

>> Sounds great, let's review the meeting from last time, see if there are any changes or alterations before we finalize them.

>> Perfect.

Scroll along with us as we go through, if we capture anything we miss please

let us know.

If we see anything you can raise your hand, or put in the chat, whatever works for you.

>> Hi, this is Marie. I was not present at the last meeting.

So I will be abstaining from any comments in terms of edits but I do notice it's eight pages so I'm just wondering if those that were in attendance of the meeting, would like to provide you some feedback overall, I don't know if this page by page scrolling is immediately helpful.

>> Sure, appreciate the feedback.

>> That is super fair. This is Nandini. Does anyone see, first of all, I guess are there any questions or additions so far? Or is there anything that we would want to add? We can do more of a quick scroll but yeah there is a lot of information on here. We digested a lot last time.

>> Parts like, I think how the

modernization 101 chat is like a lot of info for sure. Yeah.

There we go. Okay. Let us know if you want, if there are any changes to that and then we'll go ahead and finalize those at the end of the meeting if nothing comes up. So today, going to be moving into the bulk of our work which is working on this worksheet for domain, roles in domain one. I'll go ahead and hand it off to Nandini and Sara and Tamby will share screen with us as we go through this activity.

>> Thanks, William, this is Nandini. So let me scroll to where we're starting. I seem to have lost our spot.

So a really quick recap and Sara, please feel free to jump in wherever feels right for you.

But just a really quick recap of what we did during our last meeting is looked over strategies for expanding different, generating different roles for equitable communications using the modernization manual as a

support reference and one of all the things we talked about is how we leave space for generating new creative ideas together while also using the roles that have already been developed. So we were using that worksheet you all received as kind of a guide post for that. And last time we decided as a group that maybe we would try out using the structure of filling out that worksheet to our best capacity and coming back together and talking about the ideas we generated together doing work to visualize that, move it around and then decide what we're going to do next. That's kind of where we're leaving off here but before we hop into what we're going to do today in developing out the communications roles I want to pause and see if anybody had anything they wanted to add for next time or from last time or any questions that were coming up as you thought through how

the activity went. I think we used a concrete example which was hospitalization. It was COVID hospitalization rates and the communications associated with that to fill out our first matrix during our last meeting.

Okay. If no questions, we can hop right in. As a reminder, since we're using the modernization manual as our reference guide, the place we're starting with communication starts on page 53. And I know it's hard when you're in a meeting and also trying to pull up a bunch of stuff, but I think having it as a reference point at least with looking at the roles has been helpful. We started last time on our worksheet with thinking about the vision that had been created around communications and asking as a group if we, to create a vision for communications that is aligned and coordinated with public health system partners,

is there anything you would want to add for the existing vision for communications that's inside the modernization manual so folks had added all these different amazing ideas and I'm wondering whether there's anything else you would want to add or anything that's jumping to mind.

And you can throw anything out there.

>> I think this is captured already, I don't think it's not in there, but one thing I just recently experienced in my own communicating with members of my community is it can be really helpful to have the option alternatives to written materials. So videos and I know actually some of this was done during the COVID work where materials were just captured on videos or people speaking the information which I thought was just really, really great for people who have

challenges with written materials.

>> Love that. Okay. So

alternatives to written materials such as videos.

That's great. Any other things coming to mind? Larry, I see your hand.

>> Yeah, just in sharing that we're inclusive of our indigenous populations as well as our urban native populations as part of the groups and leadership we mentioned and reach out to.

>> Okay. I love it. Anything else?

>> You have pro active messaging in the chat from Taylor. So proactive messaging meaning people have the information that they need to take actions for their health -- sorry, Taylor, this is actually a question. Hoping you can share a little bit more about what you're thinking. So pro active messaging in terms of people having what they need to

take action, pro active
messaging around health
education and, you know,
different ways of promoting
wellness.

>> Yeah, and just like
thinking ahead of like even now
the seasons changing like before
flu and cold season like
starting that messaging early
on, especially if you know
something is coming. Yeah. So
a little bit of both, thank you
for clarifying.

>> I really appreciate that
addition, I think communication,
sometimes what we most think
about is the communication that
happens when, you know, there's
an emergency or we're trying to
push information out quickly
, but all of us,
community-based organizations,
public health, regularly pushing
information out that supports
health and wellness within
communities and for families.

And Larry put in the chat,
possibly a goal of getting

messaging to myriad communities
in a timely manner.

>> Yeah, Sarah this is Larry,
I think we have that in there
where it says equitable access
to communication. So I think
that was already in there, so
nevermind.

>> Soliciting and
intentionally providing
feedback, love that from
Margaret.

>> Good afternoon.

The two congregations I would
like to make are in thinking
about, well, so when we say
everyone, thinking about what
messaging is right for which
audience. So for example, we
wouldn't be talking to first
graders about COVID
hospitalizations, right? We
might, but it would be a
different message. It would be
framed differently for a
different reason than we would
be communicating to others. And
so just trying to put

a qualifier on what everyone means. And then one of the terms that I offered in our workplace is transcreation and so it's beyond just cocreating materials together or translating. It's that process, and I hadn't heard the term before but I worked with the process before years ago where you're thinking about what is the messaging in multiple languages and going back and forth, like what is this mean here? And going to English, and kind of going back and forth to find commonalities that are helpful when we're, you know, we're talking about getting the same message. Well, if we're just using Google translate that's not getting the same message so really engaging with community in the context, for examples that are relevant. I know we talked about that a long time ago in terms of like using the word diabetes even, for example. Not all communities

resonate with that word. And so

I just, those are the two things

I wanted to offer. Thank you.

I'll step back.

>> I've never heard of that

term before. That's really

cool. Okay. Engaging with

community. Anything else?

Also this is so great filling

this up. I didn't realize we

wouldn't have enough space. I

guess we needed another

page after all.

>> Larry, the

interpretation and translation

is usually kind of our

default, right, what we're most

commonly using, that's what,

especially for compliance.

>> So, if I could expand upon

what I conceptualize. When I

think in terms of interpretation

I think people representative of

the population and language and

culture and thus have the

ability for discernment of what

is being said for common

messaging of what is hopefully

being conveyed across the board.

That in its own right means building infrastructure of having the expertise to do so, because as you were saying, we can't go to Google max -- not max, the Google translation and just plug in the word and say it has common meaning across cultures and subcultures.

That's what I was trying to get at which might not be inclusive in the way people are understanding interpretation but that's what I was hoping to say.

>> Thank you, I appreciate you saying more. That would be my request with you sharing more of your thoughts and I think what I was reflecting on is for example if you are American sign language interpreter, you have to literally say whatever is being said. You cannot put it in common language. And if it doesn't make sense, it doesn't make sense, right. So I think I was going to like a very restrictive kind of place like

this is the word, it's this word
in another way as opposed
to the negotiation aspect of it
so thank you, Larry.

>> I'm jumping in again,
sorry. Alternatives. So the
example for videos, I really
appreciated that example, making
the connection to the ASL
community. Not all of them read
and write English, right, so
visuals, videos, posters, those
kinds of things are helpful but
also one of the tools we used
during COVID was the live,
live, Facebook live. So
community, can get realtime
answers to their questions. So
that was well-received,
especially yeah, in our
community. Yeah. Thank you.

>> I feel like we have some
good examples on here. This is
great, I feel like we filled
this out quite a bit and can
continue to add to it. I'm
going to flip to the next slide
so we can start going into the

role creation bit of it. The thing that I have up right now is a proposed process. We can scrap it but we're going to just try it out this one time to see how it goes and at the end do a debrief on how it went. We had provided the matrix which is in the worksheet and worked through it together to fill in some of the roles for communications last time with regards to equitable communications. So we thought maybe we'll start by just going through and continuing to fill out that matrix together for a little bit and then we have a whiteboard activity which I'll flip through the slides so you can see kind of how we're going to try to sort things out into almost an infinity style format. Our greatest hope would that you all get into the whiteboard and move stuff around because I think it makes sense that way. Zoom is limited in that technology and that was not an option so we'll

share the screen while we use this whiteboard activity and then we can come together and chat a little bit about how we want to develop out the roles further and how the process went moving forward.

So really quickly, what we're aiming towards for the whiteboard process is doing kind of some affinity mapping so the idea is we have these roles we created for public health modernization so we're not rewriting the manual right that's not part of our task but we are using the roles to help us develop out what more we want to add and generate together so keeping the roles in mind, thinking a little more about what roles are required to achieve equitable communications across the public health system in Oregon so we'll use the buckets that exist already and take the roles that you all generated and created and move

them into these different buckets to see where are places these overlap, where are places we need to identify new roles for communication, what language needs to change. What language can be developed further. So we will do that hopefully through this activity on the whiteboard using these post-it notes where basically we'll take whatever the matrix is that says, you know, these are the roles for LBGs we've created, CHOs, OHAs, other partners with regards to equitable communications and start moving them around using different colored sticky notes which will look a little bit like this.

So one of the examples we worked on together last time is two of the examples you all gave were, with that example of the hospitalization rates for COVID that tribes received information from OHA and CBOs and distributed to culturally relevant events, around a bucket like tailored communications, received

information from OHA,
, used for client use. That is
where we're kind of trying to
head with this starting with
this matrix.

Any like questions, flags,
that's sounds like it is a good
place to start? It is not a
good place to start? Sara, is there anything --

>> No, I think you provided a
perfect overview. I was
wondering if an OHA person who
is also in the slides might be
able to grab the language from
the vision and drop it in the
chat. It might be a lot but I
actually think there was a lot
in there that really sort of
informs the types of roles we
might be thinking about.

>> All right. Well here we
go. When you all were looking
at the worksheet and the
question around how each player
plays a part in achieving
equitable communications across
Oregon's public health system, I
know we had said, you know, feel
free to focus on your partner

type, feel free to just fill in
wherever your brain feels like
filling in. What are some
immediate roles that are coming
to mind for folks.

based on your experiences?

>> Hi this is Marie again
leaning into the silence. So
the way I want to answer this is
something aspirational. What I
would like to see, thinking with
some of the comments earlier
about in advance, in advance of
needing to communicate, what are
those relationships and
connections look like? How
are we communicating outside
our need to communicate with the
public on which communities,
you know, that we're considered
trusted members with or just
what are the methods of
communication. Do you, in your
community, do you prefer, do the
members of the community to
receive flyers on their door or
do they watch a certain, you
know, just like the methods, the

channels, the points of contact

. Okay. I'm going to use archaic term, but like a Roladex

of contact data base. Our

strengths, you know, what we

bring to the table and so that

way we're better able to

collab quickly. Thank you.

>> Marie, this is Sara, is

that like a communications plan

or something different?

>> This is Marie. It is, like

a communications compound. It's

-- yeah, it would be, at

a bare minimum, a contact list.

Do we know who to reach out to

and think about the numbers,

nonprofit organizations there are

>> Marie, this is Larry. I

agree with you and I think -- I

think in some situations it

behooves us to understand how

communication is shared in those

communities. So are there, do

people use the radio? Do people

go through like persons who

like popular opinion leaders, do

they get it through their faith

leadership, do they get it

through their local newspaper?

Understanding the methods of how those images, messages otherwise are conveyed, that's very helpful if we know that beforehand because it helps us to create opportunities for expeditiously getting through out those platforms for folks.

Good point, I hope others chime in also.

>> Absolutely. And while others are chiming in, I just want to ask really quickly. So this contact list for communications, do we want that under a specific health system partner or is the hope that would just be across all system partners.

>> This is Sara, I think definitely for local public health and OHA as well, so we build relationships, hold contracts with different organizations so that we're ready to share communications when the time is right.

>> Are there folks from CPOs

or from other health system
partners who want to say a
little bit more about how this
might be tailored in your
setting or the experiences you
all have had?

>> This is Jacky, I'm sorry,
I'm a little bit late. Also
getting over a pretty bad cold.
I'm thinking in terms of for CBOs, main comps
, through community events for
example word of mouth, some
people don't have a phone so we
communicate with them on social
media either through facebook or
Instagram or message them
privately inviting to certain
events. We also have an email
list but not everybody has email
they actually check so we use
that but use that more sparingly
with the majority of our comms
either in person or hand-outs,
text, like I had mentioned.

>> Thanks, Jackie. You
mentioned, sorry, you mentioned
in-person Facebook and events

>> Yeah, might have flyers for
upcoming events

, Facebook, Instagram, are the main we utilize but we also know people talk with each other so we bring it up to people that know other groups and encourage them to share and we don't make them do it but more we encourage them to get the word out.

>> Absolutely, that makes a lot of sense. Thank you, and Beck, I see your hand.

>> Yeah, so I have a thought that I don't really know if I'll be able to articulate very clearly, I'll try. So the example I'm thinking of is like so OHA has this new funding the community capacity fund and CCOs are kind of like the pass-through for that funding so our CCO is through the process of doing technical assistance meetings with community partner systems but the communication from OHA was cloudy and unclear for a long part of the early process which left us unable to answer questions that our community partner organizations

had about this funding so when communication is unclear from like the state to the CCO, we're not able to clearly communicate like down the line to the community partners. Also, at least, I think maybe in my perspective because I don't know, I feel like I'm still kind of new to sort of this like state level really broad system stuff, a lot of it feels like OHA kind of speaks and puts materials in a different language and sort of gets translated in a way to be accessible for community partners but also doing that in a way that is approved by OHA because we have to go back through and be like is this content approved by OHA so I feel if things were put out by the start in a way that is more accessible and able to be disseminated it would reduce the amount of confusion if that makes sense but the BCCF funds is the top example of how that played out recently.

>> That absolutely makes sense. I wrote down clarity for trickle down communications. I don't know if that's a succinct enough way -- that make sense. Great. Sara I see your hand and then Misha after

>> I just wanted to, you know, give my strong support to what Beck was saying. So I work for Oregon health authority. I think the state has a really important role to put out statewide information but, and I'm not sure OHA is ever going to be the right entity to make sure it reaches every community in the way the community wants to be reached. I think we would be overselling what a state agency would do and why it's so important we work daily with local public health and community partners because you are all the ones who can do that. In terms of an OHA role, I think it's something when we're putting out statewide information, putting out in a way partners can use it in a way

that is best for their communities so sort of shifting from a, we own the information, we own the content, it needs to be our content, to being a facilitator for partners to have what they need to be able to get it out to the community that they serve.

>> Hi, Sara, this is Larry. I don't disagree with what you're saying but I also would consider that we have to self reflect within our own agency and our own program what capacities we have and whether or not we have that versatility that is needed to expeditiously get that out, sometimes comes in the form of staff or ensuring we get things out in a timely manner. I would that there is always a process to say hey, are you building infrastructure and capacity to meet that need because it's not knowing away? So look within and find ways to build up your staff accordingly.

>> That makes sense. Misha I see your hand was raised too.

>> Yes, Misha Marie, here, she/her, Benton county work with people with intellectual disabilities. Couple things. First to what Beck was saying, yes, yes, and yes to everything Beck just said and one of the things that came up, I've been attending these 1115 Medicaid waiver conversations for many months and one of the things that I think would have facilitated because we heard early on the CBOs that were attending that we were going to, in some sense, being passed off to CCOs and yet CCOs were not regularly at the meetings we were at with OHA and it would have been amazing to have all of us there so that the CCOs were hearing from us around our confusions, concerns, so it's just almost like structured in a way that, to make the communication more challenging because CCOs were not at the table as we're going through all these months of conversation and asking questions. And if it had

been there with us, not putting more work on your desk, Beck but if some representative from INCCO and that's just one of all the different CCOs I think would have gone a long way to helping with this communication barrier that we're now working to, you know, untie those knots.

And that's probably the wrong metaphor entirely.

But as a CBO, I feel like you captured in your worksheet really well what I think our role can be and just in terms of knowing, as we were just hearing from the others, how to contact. How do we reach the people that we support? And we do have those, you know, we're in touch with the agencies. Not only the individuals, but the agencies that work with individuals that we also work with. So we can help with disemanating the information and if we come to barriers of communications, we can facilitate getting past

those barriers of communication.

I think, yeah, that's

our role that we take seriously and value.

>> Thanks, Misha. That is really helpful. I'm wondering if you can give me feedback on whether that was the first part of what you're saying was captured correctly. When you're talking about CCOs being at the table to really be able to coordinate with communication, is there anything you would add to that? Wrote collaborate with CCOs to insure alignment

>> Just felt CCOs were really a missing entity during all the 1115 waiver conversations. It was great, I felt really welcomed early on in the process by OHA in thinking about , you know, what this is going to look like, etc. etc., but when we all heard that the money -- we were going to be partnered with CCOs, okay. Fine. Then why aren't they here at these meetings? So that, you

[Captioner] 14:51:08

know, not necessarily so that we can ask them but at least they can hear what our questions are.

And they can hear what we're hearing from these conversations. It just felt like a really -- if they were going to be the gatekeeper and facilitator and the ones processing all of the payments, making the eligibility determinations, it just felt like a really giant missing piece that they weren't at these meetings that we were having.

>> I see. Okay. I think I understand. I'm wondering -- so Mika, I see your hand is raised as well. I want to do a really quick time check. I'm seeing, I think I got what you're saying, though, Misha. If there's anything else you want to add, we can make as many edits as we want to. I want to do a time check because we have about nine minutes until we go into break. So I'm wondering whether we want to hop into our

whiteboard activity and go through that or whether it feels like talking through this and bringing the examples you have to the table in this format is making the most sense right now?

If you have thoughts and feelings, feel free to, I think, Mika you go first and then we can unmute and discuss what we want to do for the rest of our time.

>> Three things real quick.

For me, this seems real good because I went through the notes, looked at the video from last week three different times and my brain was not able to really understand what that was. I was really overwhelmed.

In a significant way where I'm like maybe I'm not capable of giving my voice to this process where I can't even understand.

So for me, this feels good, especially coming up with the other, multiple others. And then as we see in Sara's comment, it made me think if OHA

and there needs to be a manned,
personal feedback system so
that maybe whether it's CBO,
well, whatever relationships are
happening in this community and
developing communications with
them, networks, someone needs to
be able to circle back to a
human being and say hey, these
are the questions coming up, how
do we answer them, we need more
clarification, what does this
big mysterious concept mean?
And somewhere, I was thinking
under the example, just to be
really deliberate with the idea
of intersectionality, racial
equity. Because it's in there, but all members
of the community are really
diverse and just, you know,
reel in an example. I'm more
than just a black person,
right? So I might not go to, I
might not hear about some thing
if you're going to a long
established organization that
works with African American
communities, might be a smaller

mom and pop shop that works with relatively some days of the week, working professionals, that information, so being really diverse in who you're communicating with and actually putting it in writing.

>> That makes a lot of sense.

I think I got that. With our five minutes left, it sounds like maybe just continuing to talk through this and then we will figure out a process for the affinity mapping. So maybe let's do this for a few more minutes. Especially, I would ask, if folks haven't shared yet and you had thoughts or kind of started having thoughts as people started speaking, if you feel comfortable sharing those, that would be amazing, and then we can do a really quick debrief before we move on and come up with some next steps for this communications domain. So anyone have kind of some new thoughts or kind of loose ends.

>> And this is Sara, I know

some people can't read the chat easily. The OHA folks pulled a couple things from all the visioning work that you did in case this sparks anything, thinking you might want to add, thinking about transcreation rather than cocreation. Roles related to reaching out to community-based organizations and community leaders to really acknowledge and use their expertise for communication. Providing alternatives to written materials pro active health messaging.

So I'm just voicing those again in case anyone thinks of anything they would add as a role.

>> That's right, and the last thing you just added, Mika, around intersection amount reminded me of what Marie was saying about our audience and tailoring that information, yeah, reminded me of what you just said about being clear who you're communicating with and putting that in writing.

>> I had a couple questions

about other health system partners when I was looking at this on my own. Wasn't sure if this would be applicable or not but like insurance companies being able to send out to their clients information, and then I also thought of schools, educating students or sending stuff out with parents.

Neighborhood associations and places of worship. I wasn't sure if those fall under that category or not but those are a few places that could be potential partners.

>> Yeah, I think those are all great to add. I don't know, I might defer to Sara to ask what some of those roles have been previously but in terms of expanding those sound fantastic.

I want to make sure I capture those, but Sara, ask for you to respond while I --

>> Yeah, Taylor, so glad you brought up all those other types of partners. So having them

listed here and thinking about so Oregon health authority and local public health authorities partner with schools or other types of partners like that when we're trying to reach families or students or parents and I'm, I think a lot of CBOs hold those relationships as well. So I think it makes a lot of sense to have it on here just to recognize the breadth of partners that we can be working with and can be really building those relationships with so we're able to reach people.

>> I'm wondering --

>> Go ahead.

>> Like the pediatric office, dental offices too unless you have somewhere else, local healthcare providers. I'm not sure if this falls under CB Os or not but what about senior centers, boys and girls club, YMCAs, other programs for families or people of different ages another one I think might be, I don't know how it would be

categorized, it's not homeowners associations but like neighborhood associations. Not every single area has those but like Salem has like almost 20-something different neighborhood associations and these are like certain block neighborhoods where people, certain type of people tend to go to those but might be another way to get messaging out to members of the community. And maybe I'm missing it too but every city usually have a community development or community liason or human rights commission which there are a few, I think Portland, Eugene, Salem have a human rights commission could be another space to share these resources with and could onlies whether it's universities or community colleges I don't see that either and those are some wealth of information for people for work force development locations too.

>> This is a beautiful list.

I was going to ask if I'm missing anything. Because I think I am, but I think that this, this looks good.

>> Someone from representing a community-based organization working in a lot of different areas of Oregon. Does your organization regularly work with these types of partners in thinking about communications, like two-way, sharing information with you and you sharing information with them to reap a sort of shared community?

>> Sometimes. Usually say they have for example work force development, job opportunities available, the human rights commissions are usually reaching out because they want to know if there are events they can attend and share resources at but encourage us to reach out and invite them to spaces. As a disclaimer I am on the human rights commission for the city of Salem so that's where I'm coming with that

specific lens

For the senior centers, it's more, I'm thinking specifically for the groups we work within.

A majority of people we know end up going to the senior center, it's up in La Grande so eastern Oregon, community center, that's where I see a lot of community go to. Here at Salem we don't see them at the senior centers here in Salem, for example, so it depends on the region we're talking about as well.

>> That makes a lot of sense. I think this is a really good, I was going to say starting point for a list but I feel we can develop out a lot. I know we're at our break time so maybe we pause here, take a break, then we can come back and kind of debrief our activity and our next steps based on how this went so far.

That sound like an okay plan?

All right. So five minute break and we come back at 3:10.

Thank you for all contributing. See you at 3:10.

>> Welcome back, everybody.

>> Okay. Let's get started.

We have about ten minutes. Can everyone see the screen?

Okay. Great. So I think just to wrap up the conversation that we had, I'm wondering if there is anyone who hasn't had a chance to speak yet who wants to contribute or speak into roles that they had been envisioning or thought about or coming to mind as we had this conversation. And it doesn't have to be a fully formed role or thought but just documenting anything that might be popping into your mind right now.

Is there anyone who wants to say more or voice support on any of the things we already have written down or contribute around like how does this show up in my particular agency or in the work that I do?

>> I'm not understanding the question. What are you asking again?

>> I think what I'm trying to ask is does anyone have

additional contributions they want to make in this chart before we move on to next steps and specifically people who haven't gotten to speak or contribute quite yet.

>> I am speaking, just curious, federally recognized tribes, there's no information there. So I'd love to hear from folks on that. I don't have anything to offer, just curious about making sure we're all included.

>> This is Sara. I think, I want to share that the tribal health directors together did agree to have one person join this meeting, I don't know if that person is on today, I can't see the full list but at the next meeting of tribal health directors they're going to have conversation of the work happening through this work group how they wish to be involved if they do so for now it's really just a placeholder.

>> Okay. If nothing else for now, I think we could go through what we thought our next steps

would be before our next meeting
and then taking a second to just debrief on how this process went
for you all so did you like it,
what worked, what didn't work,
so we can improve since we'll be
going through this for multiple
domains. We can start with what
we were thinking for next time
which is taking, so now that
we've gone through the process
together of filling out this
worksheet and seems like it's a
little bit more concrete with
what we were trying to do and
how that process is going to
work, if you all feel
comfortable, go ahead and
send other roles you have in
that worksheet format to William
by the end of today, I guess we
could say maybe by Friday and
just sending that information
over and then wondering if
appropriate if the OHA team
takes all that information and
compiles it, both the section
you all worked on today and also
the roles you created so far and
presenting that back to you all

as kind of a, you know, a conglomerate of what everybody was thinking and can go through what the similarities are, the modernization roles, how to develop out further language that should be changed but we would go through, our internal team would go through the process of really drafting and putting all that together and presenting it back to you all. And then we would start on domain 2 for the latter half of the meeting. That is what we proposed. Any thoughts on that process? Does that feel appropriate or would you all like to do some of this more together? In this work group space? Thank you William for boosting up all the worksheet materials.

>> So the question for members is are they comfortable if OHA staff do some work to compile and organize before the next meeting and bring it back to you? Or would you like us to leave it as it is and let the group do that together.

Okay. Okay.

Okay everyone thank you for your comments in chat. For anyone not in chat, a few people voiced support for OHA doing initial work then bringing it back to you all.

>> All right. Thank you. We will start doing that. Have OHA compile -- great. And then we will plan on reconvening next time and you'll get more information on that in an email that will go out after this meeting. With our remaining few minutes before public comment, just wanting to check in about how this process has gone so far with domain one and what we might want to change or adapt as we move into domain two as we move into emergency preparedness, what went well about the process, what should stay, things that should change, sounds like helped doing the walk through a little bit more but if there are additional places we can clarify that would be helpful to know and then any

other feedback about the worksheet or the process about creating these roles together as we move forward into the next meeting.

Feel free to unmute.

I think the one big question I'd ask is are there glaring things that like this needs to change for us to move forward in domain two, to move more smoothly as we're creating these roles together or is there something that doesn't quite click yet or there's some disconnect on what some of those things are?

>> Hi, this is Taylor, I don't have an answer for the large question you asked there but I was asking I used sites like Miro I think it's like the whiteboard thing you were trying to do where people can write in their ideas at the time and that might help things get jump-started early on. I know speaking is sometimes scary for some people or seeing it helps seeing what other people are

writing, I don't know, something like that you can utilize and then we can debrief based off our notes after that too. I do like the idea of us sending you things but that could be helpful in real time.

>> Yes. I love that idea. We used Miro before and it was such a fun tool so finding something like that everyone could collaborate on would be wonderful. Any other thoughts and ideas and to your point, Taylor, yes, and Jackie agrees about Miro. Loving the Miro love. If you have thoughts that would be best, you don't feel comfortable speaking out loud, feel free to pop them in the chat and also feel free to email, email William, Larry, Sara,

>> Follow-up question, who would we be submitting those recommendations to if we're doing it offline?

>> Yeah, so I think for now, let's say if you have recommendations, to submit them

offline to William and I think
he put his email address in the chat.

>> I'll go ahead and throw it
in there again just to make sure.

>> Perfect. Thank you so
much. I'll stop sharing screen
and we can move into public
comment. Appreciate you all,
thank you for going through this
first pancakes. We had a lot of
first pancakes in this group,
maybe third pancake or something.

>> Pancake heavy work group.
Thank you so much. I'd like to
open up the floor for public comment. Any members of the
public here, two or three
minutes to give any feedback or
comment. I'll just leave some
open space here for anyone who
wants to do that.

Okay. I think I recognize the
names of the folks here, I don't
think we have any members of the
public so I think we can go
ahead and end it there.

Appreciate all your wonderful
feedback and the great work that
we've done today. See you next

time, I'll be reaching out to you soon.

>> Thanks so much, everyone.