

# AGENDA

## **PUBLIC HEALTH ADVISORY BOARD**

Public Health System Workforce Workgroup

### **March 13, 2024, 9:00-11:00 am**

Join ZoomGov Meeting (FYI – this is the same link as Feb – does it need to change?)

<https://www.zoomgov.com/j/1600418678?pwd=akl3YXRmK1J1eWNYNWpDaEFZUWg2UT09>

Meeting ID: 160 041 8678

Passcode: 565972

One tap mobile

+16692545252,,1600418678# US (San Jose)

+16468287666,,1600418678# US (New York)

### **Meeting objectives:**

- Review overall project scope and timeline updates
- Introduction of interactive activity planned for April
- Update on WYSAC report and analysis
- Discussion on the connection between the Foundational Capabilities and the public health workforce

**Workgroup members:** Veronica Irvin, Meghan Chancey, Dr. Marie Boman Davis, Elizabeth Barth, Jiancheng Huang, Michael Walker, Laura Daily, Angie Long, Jonathan Snowden, Anne Arthur, Sandra Hernandez, Cynthia Hunt, Lori Silverman, Lei Kaula, Carolyne Achienza, Bonnie Learner, Patty Toombs, Miranda Williams, Kirsten Aird, Wendy Polulech

**OHA Public Health Division staff:** Kirsten Aird, Tessa Jaqua, Kari Christensen, Kim Townsend, Tamby Moore

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**9:00-9:10 am**

### **Opening**

- Welcome
- Review agenda
- Review group agreements
- Review April meetings changes & goals

Kirsten Aird, Interim  
Deputy Director/Policy  
and Partnership  
Director

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<b>9:10-9:30 am</b>	<b>Project Overview and Updates</b>	Tessa Jaqua, Kirsten Aird
	<ul style="list-style-type: none"> <li>• Review project timeline</li> <li>• Review project phases</li> <li>• Milestones, deliverables, and resources</li> </ul>	
<b>9:30-9:50 am</b>	<b>Public Health System Workforce Analysis Update</b>	Emily A. Grant, Senior Research Scientist Lena Dechert, Assistant Research Scientist Wyoming Survey & Analysis Center (WYSAC)
	<ul style="list-style-type: none"> <li>• Overview</li> <li>• Current Status and timeline</li> <li>• How this will fit into the PHAB deliverables</li> </ul>	
<b>9:50-10:00 am</b>	<b>Break</b>	Workgroup
<b>10:00-10:45 am</b>	<b>The Foundational Capabilities &amp; Our Workforce</b>	Tessa Jaqua
	<ul style="list-style-type: none"> <li>• Interactive activity &amp; discussion building connection between each of the 7 capabilities and current partner workforces</li> </ul>	
<b>10:45-10:55 am</b>	<b>Public comment</b>	Kirstin Aird
<b>10:55-11:00 am</b>	<b>Closing</b>	Tessa Jaqua
	<ul style="list-style-type: none"> <li>• Review bio request reminder</li> <li>• Next meeting, April 9:00 -11:00 am</li> <li>• Adjourn</li> </ul>	

# BIO

## **PUBLIC HEALTH ADVISORY BOARD**

Public Health System Workforce Workgroup

Reminder!

Original date of request: January 10, 2024

### **Bio request, please include:**

- A headshot photo (optional)
- Your first and last name
- Your contact information (email, phone – your choice)
- Your public health system partnership category (OHA, LPHA, CBO, Tribe, Academia)
- The agency or organization you currently work at.
- Your current role or function. Include your current title or a short, descriptive phrase about your role.
- Your north star: People reading your bio will also want to get a sense of who you are. Listing your overall goal, values, or a statement that describes your interest in public health workforce will help the workgroup get to know you.

OHA staff will compile all bios and share them with the workgroup at an upcoming meeting

### **Due date:**

- Send to Tamby Moore [tamby.m.moore@oha.oregon.gov](mailto:tamby.m.moore@oha.oregon.gov), ASAP - Thank you!

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 Tamby Moore: at 503-586-6321, 711 TTY, or [tamby.m.moore@oha.oregon.gov](mailto:tamby.m.moore@oha.oregon.gov) 48 hours before the meeting.

# **PUBLIC HEALTH ADVISORY BOARD**

## **Public Health System Workforce Workgroup Meeting**

**Feb 14, 2024**

**9:00 AM – 10:45 AM**

**Members present:** Tessa Jaqua, Wendy Polulech, Kirsten Aird, Steven Fiala, Jonathan Snowden, Megahn Chancey, Angela Long, Jiancheng Huang, Lori Silverman, Bonnie Lerner, Emily Grant, Cynthia Hunt, Annel, Kusuma Madamala, Kim Townsend, Nettie Tiso, Tamby Moore, Michael Walker, Marie Boman-Davis, Veronica Irvin, Carol Achienza, Kelsie Young, Sandra H, Eliizabeth Barth, Laura Daily, Sandi Rice, Lane Dechert

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### **Workgroup introductions and updates**

Presented by Kirsten Aird

- The process of creating the POPs has changed.
  - Feedback is expected in late spring, which will inform recommendations to the governor's office for budgeting in late fall/early winter.
  - The group now has more time to formulate recommendations.
  - The group's work will be presented to PHAB in November.
  - Veronica Irvin raised a question about the timeline.
  - Community feedback is scheduled for April, with a focus on concepts rather than specific amounts.
  - JianCheng Huang emphasized that budgeting for this project should consider federal, state, and local levels.
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### **Defining the Public Health System and OHA Health Equity Goals**

Presented by Steven Fiala

- Steven Fiala presented the first slide with graphics of the Public Health system in Oregon.
- He discussed the modernized framework for public health and how the modernization manual operationalizes the framework.
- He noted that the 2016 recommendations did not account for the pandemic and tribal groups.
- Current projects include the Public Health system Workforce plan and Equity Framework.
- He outlined the legislative investment in public health modernization from 2017 to 2025, totaling over \$100m across various sectors.
- Marie Boman-Davis noted a connection between the manual and the initial investment request, and how the use of incremental investments has prolonged the modernization initiative.
- Steven Fiala also noted that we are still in the first phase and unable to fully implement.
- Sandra H raised a question about how to advocate for more funding for the modernization process and dismantle power structures.
- Veronica Irvin noted that the group had asked for \$300m but only received \$50m for the latest investment.
- Lori Silverman asked why there are 33 LPHAs instead of 36, to which Kirsten responded that some counties have turned over Public Health authority to OHA.
- Carol Achienza asked about equity as a foundational capability and how the work areas were determined.

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## **WYSAC Deliverables: An Overview of the Fiscal Analysis**

Presented by Emily Grant

- WYSAC has been working with Oregon for about 14 years.
- Four CBOs, four OHA, and four LPHAs asked about missing data.

- The recommendations in the synthesis documents are informed by reports that Oregon has done.
- Kirsten Aird noted that the workgroup will hear about the process for completing the costing and capacity study next time.
- CBOs lack information due to insufficient reporting.
- Marie Boman-Davis suggested adding a timeframe to this report for clarity.
- Lori Silverman noted that demographic framing cannot be separated from these standalone elements.
- Veronica Irvin recommended adding geographic information.
- Emily Grant asked whether these conversations have been had.
- Veronica Irvin noted that there is currently no conversation but it can be done.
- Marie Boman-Davis noted that there are minutes for the CBO POPs and several documents that can be referenced.
- Sandra H mentioned that staffing for CBOs is difficult due to a disconnect between OHA and CBO staffing.
- Lori Silverman asked if the Oregon employment department could provide some of the data.
- Angela Long asked if there is a section in this report about potential solutions for the workforce shortage.
- Bonnie Lerner mentioned that CBOs have been very engaged with the PH Equity Team and that there was a robust advocacy group composed of the funded CBOs.
- Carol Achienza mentioned the importance of understanding what we are staffing for and considering population increase or an increase in public health needs.
- Meghan Chancey suggested adding the geography that CBOs have covered.
- Laura Daily noted the importance of looking at the public health pipeline for workforce staffing issues and considering students coming out of school, including K-12.

- Kirsten Aird reminded all members that they are meant to define the scope of work that this workgroup is doing.
  - Veronica Irvin asked if tribal public health is included in this report and if there is sufficient representation from tribal partners in this workgroup.
  - Lori Silverman mentioned the idea of redesigning jobs and considering a multi-generational workforce.
  - Laura Daily asked if CBOs funded during COVID would be included.
  - Kirsten Aird said that can be determined by members.
  - Marie Boman-Davis said it would be important to mention which jobs are governed by which entity.
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### **Public Comment**

- No public comments
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**Meeting Adjourned at 10:45 AM**

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# PHAB Workgroup

## Public Health System Workforce Meeting

March 13th, 2024 9:00 AM – 11:00 AM



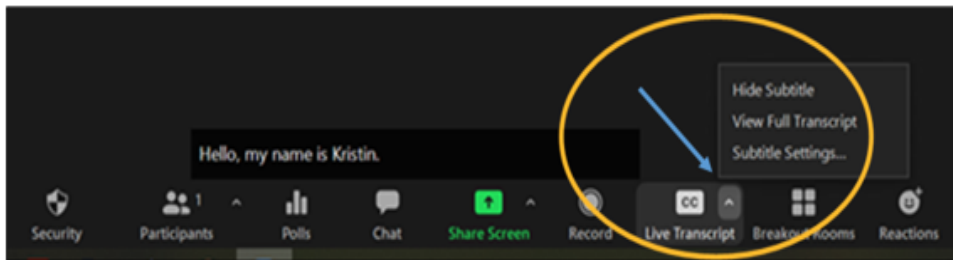
OREGON PUBLIC HEALTH DIVISION

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# Real-time captioning and transcription service

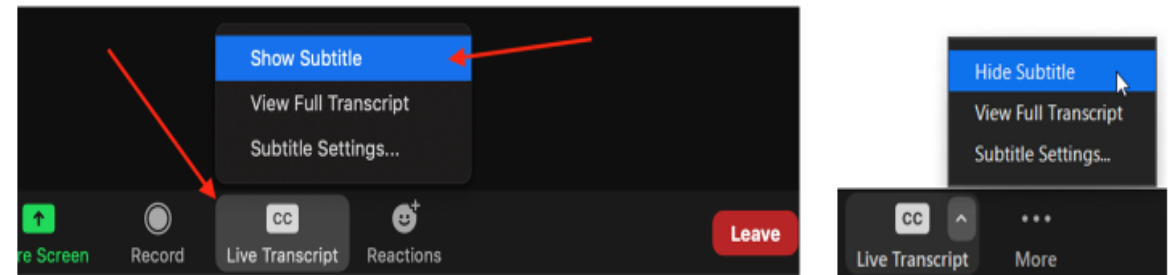
## Enabling Closed Captions



Click the small arrow next to “CC Live Transcript” to access caption controls. You can hide the subtitles or view the full transcript.

## Cómo habilitar los subtítulos en Zoom

- Haga clic en el botón ‘CC Live Transcript’ para activar los subtítulos.
- Haga clic en la flecha pequeña al lado del botón ‘CC Live Transcript’ para acceder a los controles de los subtítulos.
- Puede esconder los subtítulos—‘Hide Subtitle’, o mirar la transcripción completa de los subtítulos—‘View Full Transcript’.



# Alternate Format and Accommodation Requests

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# Opening

Presented by: Kirsten Aird

# Workgroup Agenda

Topic	Slide #	Led by	Time
Opening & Agenda	4	Kirsten Aird	10 mins
Project Overview & Updates		Kirsten Aird	20 mins
Public Health System Workforce Analysis Update		Emily A. Grant, Lena Dechert	20 mins
Break			10 mins
Facilitated Activity		Tessa Jaqua	45 mins
Public Comment		Kirsten Aird	10 mins
Closing		Tessa Jaqua	5

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

# April Workgroup Meeting Change

- Initially scheduled for 4/3/24 9:00-11:00AM
  - Conflicts with National Public Health Week
- Changed to 4/11/24 9:00-11:00AM
- Hybrid meeting – Portland State Office Building, Room 177

# Project Update and Overview

Presented by: Kirsten Aird, Tessa Jaqua

# Project Phases & Timeline Updates

Phase 1: Report and materials from WYSAC and related workgroup recommendations



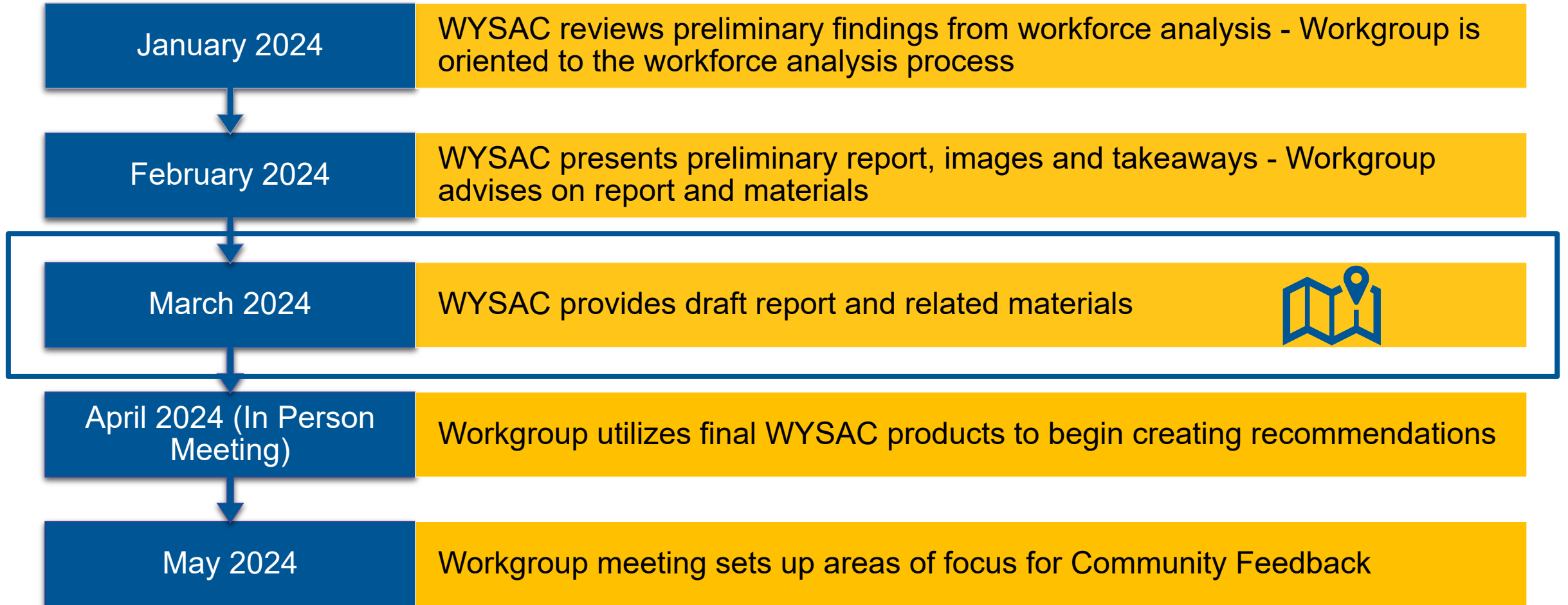
Phase 2: Builds the Recommendations for the Plan based on WYSAC report

Phase 3: Costing and Capacity Assessment analysis and combined recommendations delivered to PHAB

Beyond this project: Statewide Public Health System Workforce Plan



# Phase 1 Timeline: Analysis



# Milestones and Deliverables

## Milestones:

- ✓ Workgroup members recruited and convened
- ✓ WYSAC produces draft analysis of public health workforce report
- ✓ Workgroup analyzes draft report to produce recommendations for a workforce plan
- WYSAC products are complete and shared with project team and workgroup
- Workgroup analyzes Costing and Capacity Assessment to produce recommendations for a workforce plan
- Recommendations document is produced
- Recommendations for a workforce plan are produced and confirmed by PHAB

## Deliverables

- Report and materials from WYSAC
- WYSAC workgroup recommendations
- Costing and Capacity Assessment analysis
- Combined recommendations delivered to PHAB
- Statewide Public Health System Workforce Plan

# Public Health System Workforce Analysis Update

Presented by: Emily Grant & Lena Dechert, WYSAC

# Break Time

# Facilitated Activity

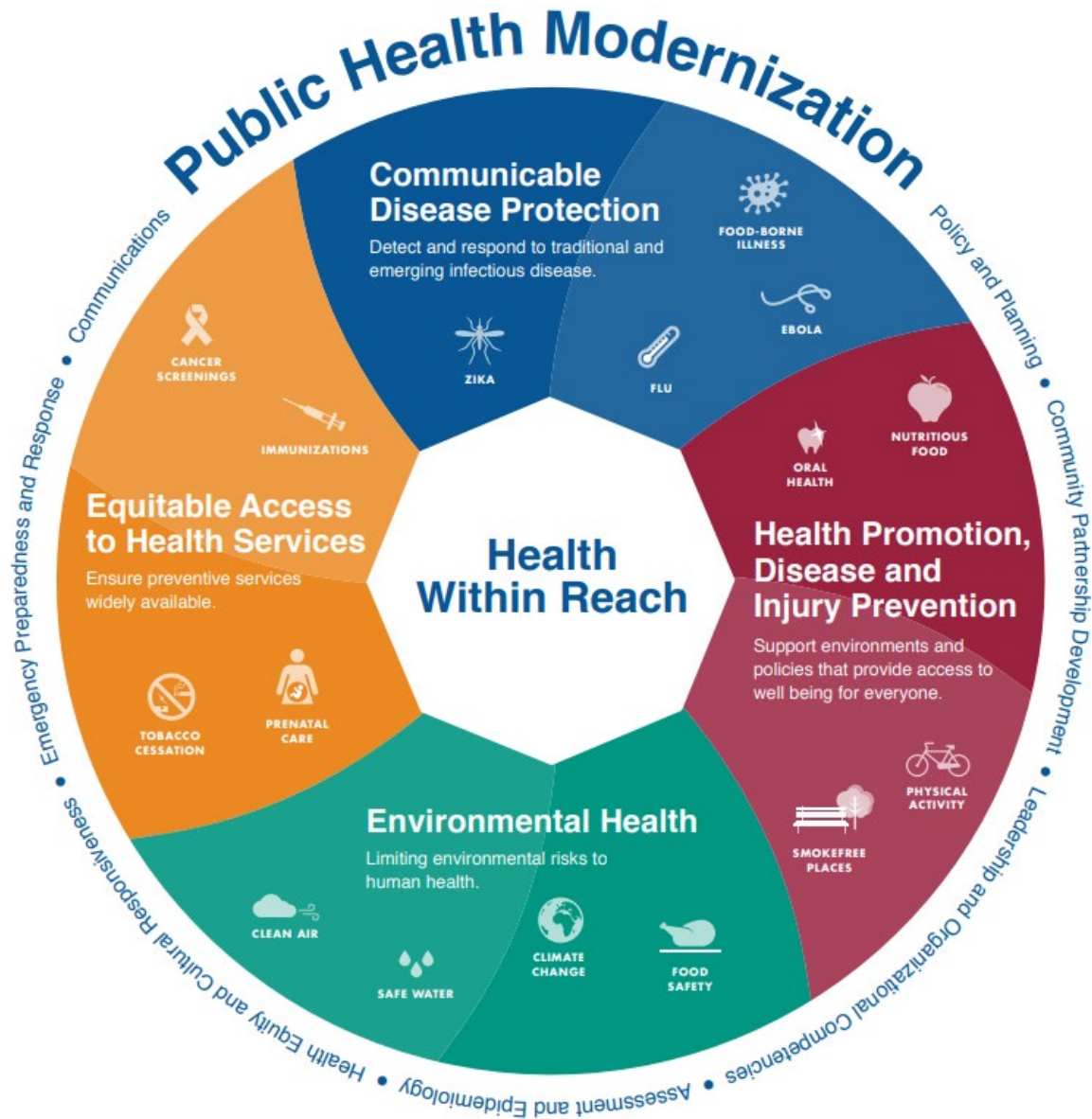
Presented By: Tessa Jaqua

# Activity Goal

Ground the committee in connection and reflection on their experiences here and now within the public health workforce and its pipeline through the lens of the foundational capabilities.

- This information will be collected and cross-walked with the WYSAC reports

This activity will serve as a primer for our interactive meeting in April.



# Public Health Modernization & Workforce

## Core functions

- Communicable Disease Protection
- Equitable Access to Health Services
- Environmental Health
- Health Promotion, Disease and Injury Prevention

## Foundational Capabilities

- Leadership and Organizational Competencies
- Health Equity and Cultural Responsiveness
- Assessment and Epidemiology
- Community Partnership Development
- Policy and Planning
- Communications
- Assessment and Epidemiology
- Emergency Preparedness and Response
- Communications
- Policy and Planning



# Activity Instructions

Review each foundational capability and reflect on two questions for each capability-

**1) What are the systemic barriers/gaps you, your organization, and/or your piece of the workforce are facing right now?**

**2) What are the workforce needs you, your organization, or your piece of the workforce are facing right now?**

To contribute your reflections, open the jamboard link -

- add your thoughts directly to each capabilities page via sticky or text
- you can also put reflections in the chat as well or raise your hand and share if that is more accessible.

# Public Comment

# Closing

Review bio request

Next meeting – April 11<sup>th</sup> 9:00 – 11:00am

Adjourn

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# Public Health System Workforce Analysis

Wyoming Survey & Analysis Center  
University of Wyoming

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# WYSAC's Role

- Review background materials provided by OHA-PHD on source data for workforce of Oregon public health system
- Review and synthesize secondary (existing data) on workforce for Oregon's public health system
- ➔ Share preliminary findings and identify key takeaways
- Develop accessible materials that are succinct and use plain language for use by the Public Health System Workforce Project workgroup of the Oregon Public Health Advisory Board, OHA-PHD, and other partners.

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# Research Questions

## 1. WHAT IS THE EXISTING CAPACITY OF THE PUBLIC HEALTH WORKFORCE SYSTEM

- a. Staffing
- b. Knowledge and skills
- c. Identified workforce capacity
- d. Workforce needs
- e. Workforce gaps

## 2. WHAT ARE THE IDENTIFIED ACCOMPLISHMENTS, CHALLENGES, AND RECOMMENDATIONS?

- a. Recommendations from existing workforce assessments
  - i. How are they the same
  - ii. How are they different
- b. Accomplishments & Success
- c. Challenges

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# Background

History

Foundational Public Health Service Framework

General workforce information

3 pages

## Sources

[Local PH in Oregon: An Overview](#), 2014

[Local PH in Oregon](#), n.d.

[State of Oregon PHM Assessment Report](#), 2016

[Statewide PHM Plan](#), 2016

[PHM Manual](#), 2017

[The Health and Economic Benefits of PHM in Oregon](#), 2016

[PHM Implementation](#), 2018

[Oregon PHM Evaluation Report: 2021-2023 Biennium](#), 2023

[Staffing Up and Sustaining the PH Workforce](#), 2023

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# Staffing

Current Staffing Levels

Challenges

Accomplishments

4 pages

## Sources

[Oregon's Health Care Workforce Needs Assessment, 2023](#)

[Oregon's Local PH Workforce Report, 2022](#)

[Oregon PHM Evaluation Report: 2021-2023 Biennium, 2023](#)

[LPHA PHM: 2021-23 Themes and Accomplishments, 2023](#)

[PH Response to the COVID-19 Pandemic in Oregon, 2023](#)

DMI Recommendations Report, 2023



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# Demographics

Workforce Demographics

Challenges

Accomplishments

3 pages

## Sources

PH WINS, 2021

[Oregon's Health Care Workforce Needs Assessment, 2023](#)

[Oregon's Local PH Workforce Report, 2022](#)

[2020-2024 State Health Improvement Plan, 2020](#)

[Oregon PHM Evaluation Report, 2023](#)

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# Knowledge and Skills

Formal Education

Challenges

Accomplishments

3 pages

## Sources

[Oregon's Health Care Workforce Needs Assessment, 2023](#)

[Oregon's Local PH Workforce Report, 2022](#)

[PH Response to the COVID-19 Pandemic in Oregon, 2023](#)

[DMI Recommendations Report, 2023](#)

[Oregon PHM Evaluation Report: 2021-2023 Biennium, 2023](#)

[LPHA PHM: 2021-23 Themes and Accomplishments, 2023](#)

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# Capacity

Capacity of the workforce

Challenges

Staffing Capacity During COVID

Equity Capacity During COVID

Accomplishments

4 pages

## Sources

[Oregon's Local PH Workforce Report, 2022](#)

[PH Response to the COVID-19 Pandemic in Oregon, 2023](#)

[Oregon PHM Evaluation Report: 2021-2023 Biennium, 2023](#)

[LPHA PHM: 2021-23 Themes and Accomplishments, 2023](#)

[PHM, 2023](#)

[Oregon's Health Care Workforce Needs Assessment, 2023](#)

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# Capacity

Foundational Capability

Core Principle

Gaps

Needs

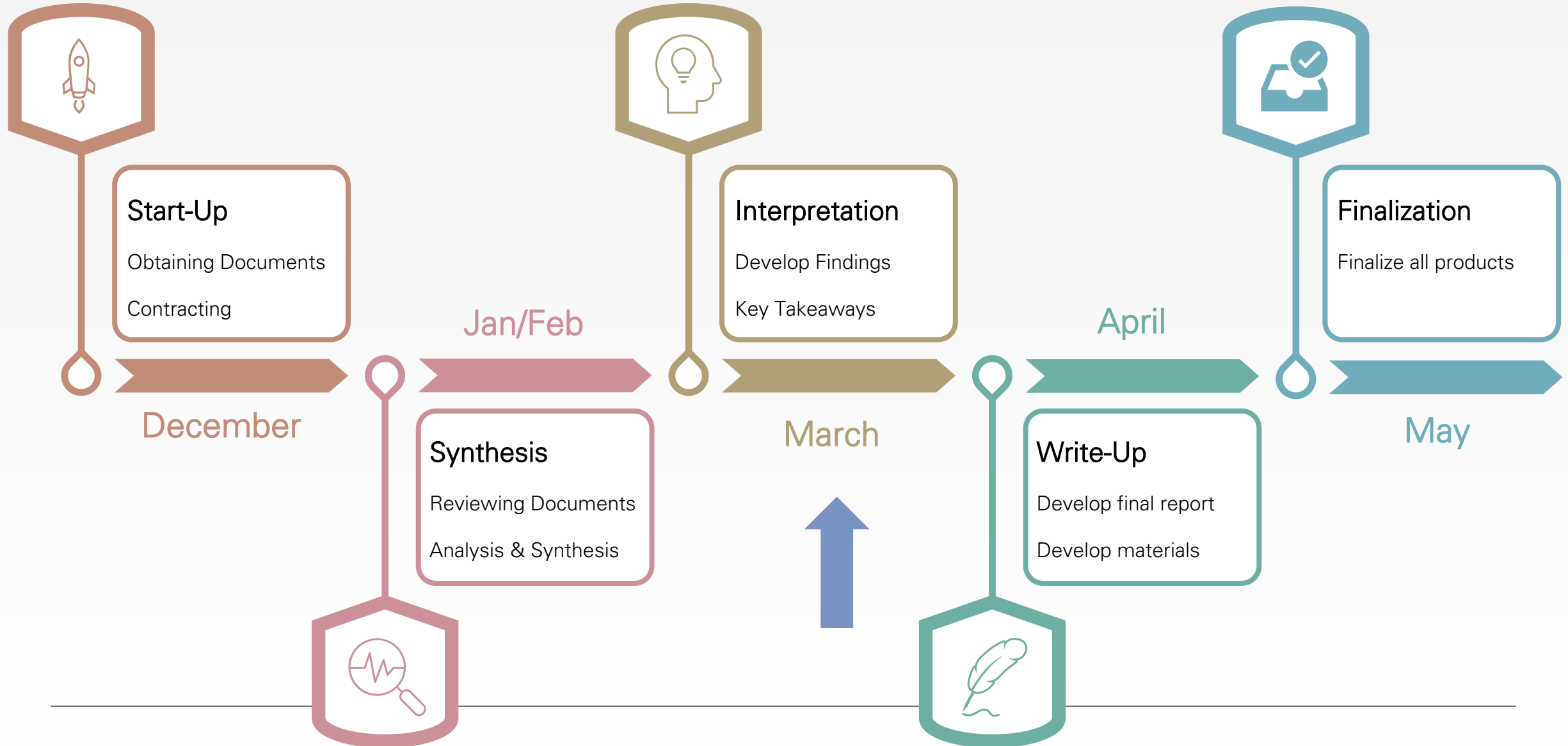
Recommendations

10 pages

## Sources

- [PH Response to the COVID-19 Pandemic in Oregon, 2023](#)
- [Oregon's Health Care Workforce Needs Assessment, 2023](#)
- [Pacific Islander Data Modernization in Oregon, 2021](#)
- [Engaging Communities in the Modernization of a PH Survey System, 2021](#)
- [Oregon Tribal Survey Modernization Project, 2021](#)
- [LPHA PHM: 2021-23 Themes and Accomplishments, 2023](#)
- [Oregon PHM Evaluation Report: 2021-2023 Biennium, 2023](#)
- [2020-2024 State Health Improvement Plan, 2020](#)
- [Oregon's Local PH Workforce Report, 2022](#)
- DMI Recommendations Report, 2023
- PH WINS, 2021

# Project Timeline



# Leadership and Organizational Competencies

Vision: Provide team-based leadership within the state or local public health authority that defines the strategic direction needed to achieve public health goals. This leadership will guide partners to accomplish those goals.

Contribution: An undergraduate student population that can provide project-specific support then become a member of the workforce after graduation.

Systemic Barrier/Gap for LPHA: limitations on funding. Many of our foundational capabilities' staff are temp or limited term positions, with no guarantee of long term funding.

systemic barrier/gap: wearing so many different hats, spread thin, taken away from core leadership duties (non-profit)

Univ: We can help recruit and train the PH workforce that we all need for the future/now.

LPHA: recruitment of diverse workforce in rural area

CLHO: LPHAs have to work within county HR systems, which create a lot of barriers to recruiting, hiring, and retaining workforce (especially a diverse workforce).

Contribution: CLHO provides a space for all LPHAs to collaborate, support each other, and solve challenges together. CLHO can also be a messenger and trainer for LPHAs.

Barriers between universities and govt PH are hard to work around. Univ leaders don't always get/value this important work. We are not recognized for doing it (sector: univ)

we need skills in program or project management to alleviate the stress of our leadership staff (non profit)

AGE+ can provide short seminars on age bias

Systemic Barrier LPHA: wearing multiple hats within rural community; unable to conduct administrative/director duties

Board recruitment very challenging - especially for volunteer boards (non profit)

Curious about the trend to have experienced PH Leaders go into consulting and then support govt PH from this model. Consider the pros/cons of this

LPHA: needing better operational infrastructure

Racial inequities and non representation of the POC in the PH workforce. Many POC groups have found their own way to provide PH support to their communities with state support

emotional/mental taxation of leaders of color - asked to be on so many boards, committees, etc. It is exhausting for our leaders of color. (non profit)

Limited diversity in the delivery of services - there needs to be diversification of PH delivery systems that is more inclusive and culturally focused

Limited forecasting into future years - many funding streams 1-year. Causes lots of stress in terms of setting competitive and fair wage for leadership roles (non profit)



# Health Equity & 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.

systemic barrier:  
constant assessment  
of community needs  
-- requirement of non  
profit health systems  
to do every 3 years,  
which leads to  
exhaustion and  
distrust when needle i

not moved  
iwth  
short-term  
investments

systemic barrier: not  
elevating  
strengths/wisdom  
of community and  
instead focusing on  
deficit/strictly a  
needs perspective  
(non profit)

LPHAs work within  
county  
organizations and  
answer to elected  
leaders. These  
elected leaders may  
not be supportive of  
health equity work.

systemic barrier:  
high cost of formal  
education , presents  
challenges for  
systemically  
disenfranchised  
communities

Acknowledge  
degrees from  
other  
countries that  
can meet the  
requirements.

LPHA: challenge to  
do equity work in an  
environment where  
political leaders are  
unsupportive of DEI  
and eliminating  
funding for equity  
work.

Job design,  
descriptions, and  
requirements match  
workforce interest,  
and ability. Where  
there are gaps,  
education should be  
defined.

Univ, barrier: Our  
institutions (most,  
not all) are often  
historically  
exclusionary.  
Communities often  
don't have trust in  
us (rightfully)

Give grants to CBOs  
working at  
grassroot levels to  
support PH efforts  
in their  
communities

Univ, contribution:  
There is active and  
creative work  
around expanding  
our systems, to  
bring in more  
people and  
expressions

Modify the  
minimum  
qualifications to  
represent Equity  
and ensure all  
populations that  
have otherwise  
been locked out to  
be eligible.

Contribute: A  
flexible  
undergraduate  
workforce that is  
recruited  
specifically to  
reflect the  
communities they  
serve.

# Community Partnership Development

Vision: Relationships with diverse partners allow the governmental public health system to define and achieve collaborative public health goals.

**systemic barrier:**  
funding opportunities can create competition instead of collaboration among non -profits. Many deserving non profits competing for funds vs. working tog

**nonprofit:** we have great relationships w/ government public health agencies - but long term funding/sustainability is challenging to sustain our collaborative work

**LPHA:**  
Collaborating to develop work plans on similar priorities

**Smaller communities** do not have as many formalized community partners (ex: they aren't 503c3s) or partners with capacity.

Some effective partnerships were built with LPH and Senior Centers for vaccine events. This model can be repeated exponentially

Funding to CBOs to hire and participate in PH at local/grassroot levels

**Univ, contribution:**  
Creating new systems to enable easier partnerships, esp to build PH workforce.

Encouraging collaboration between CBOs and LPHA through representation

mobile units owned by LPHs can be effective ways to reach all populations

State public health officials being available to attend community meetings and collaborations

**Univ, contribution:**  
allow easier collaborations between LPHAs and universities.

**Community partnerships** work best with trusting relationships at the local level. Community members need to be consulted when there are decisions about funds.

We push community partnerships a lot without having clear definitions about what is meant by these relationships -- its a catchall without defined meaning or impact



# Assessment and Epidemiology

Vision: Apply the principles and skilled practice of epidemiology, laboratory investigation and program evaluation to support planning, policy and decision-making for Oregon's governmental public health system.



# Policy and Planning

Vision: The public health system will implement policy, systems and environmental changes to meet the community's changing needs and align with state and federal policies. Public health policy, systems and environmental changes will eliminate health disparities, reduce leading causes of death and disability and improve health outcomes for all people in Oregon.

use demographic data from all sources to prepare and fund according to trends

Getting policymakers to care about public health and support pro-public health policy and funding.

Diversification of the systems of public health delivery

Engage in broad strategic planning that includes the entire public health ecosystem in Oregon (LPHAs, Tribes, CBOs, etc.)

**<<< Yes to this note!**

**Challenge: Keeping up with what those needs are, in real time.**

Need a vehicle for easily digestible information on legislative priorities so we can understand in plain language impact on our sector,

Incentives and support for people to work in public health.

More culturally responsive PH approaches that involve community feedback

More certification programs for people already engaged in community leadership and organizing to become professionals in PH

Building into the public health body of work strategies to communicate value to all populations. Dispel assumptions that public health is only for X populations

Better ways to test for communicable diseases especially for immigrants and refugees so that diseases like HEP can be caught early

Coming out of COVID, its still not clear what the funding landscape will look like, how we should be organized to be prepared, and also do the work that was left behind



# Communication

Vision: Governmental public health is a trusted source of clear, consistent, accurate and timely health information and consistently uses health communication strategies, interventions and tools to eliminate health disparities and achieve equity.

**Government public health can work with CBOs to support crafting of messages that will resonate with diverse community members**

**Need to have more communications education in our public health academic programs.**

**asking ourselves questions about how and who we are engaging with, does it reflect community norms?**

**Collection of better data points to represent accuracy of data.**

**Better communication about how exciting public health careers can be!**

**Representation of all populations at the table so that the information is more representative**

**LPHA: really need to get better about how to speak to different audiences about the value of public health.**

**Contribution, univ: Continue comms training, and improve it, so that's relevant and current for '24 and on**

**Better communicate the diverse career pathways in public health across multiple sectors**

**seeking opportunities to engage with, collaborate, and share.**

**Crossover with policy/planning: better ways to communicate WHAT public health is and does to policymakers.**

**Recruit media and communications savvy folks to reach younger audiences; the media gulf between generations is large**

# Emergency Preparedness and Response

Vision: Ensure everyone in Oregon is protected from communicable disease threats.

Include mental health/emotional wellbeing education/understanding in all emergency preparedness effort (CBO)

Better and earlier testing for immigrants and refugees that may come from countries with poor PH programs

Rebuilding trust with the black community that has been wounded by the PH system historically

barrier: enormous size of Or counties and how/where we locate EM services/supports. Funding

Ensuring we have the workforce ready (or a solid plan to build one up) for an emergency instead of having to build one up DURING an emergency (COVID)

LPHA: we lean on the FEMA trainings for a foundation but this is NOT accessible to all people and audiences. This is a big barrier to inclusion

Support resiliency, wellbeing for our workforce. Ensure we provide space for balance - especially when our workforce is taking care of individuals from their own communities

LPHA: community connectedness is the core of resilience. Helping everyone see how they have a role to care for each other and that the strategy is what LPHAs can help with

Funding for CBOs to organize and mobilize at community grassroots levels, especially for POC, like we did during Covid

Univ: have a scalable workforce that is representative of the communities they serve so there is trust during an emergency and trained and ready to go when needed.

Health insurance for all to access. care, especially exams

Engage more training and emphasis on selfcare and healing (as Kirsten mentioned at the beginning of our session) during the response.