

AGENDA

PUBLIC HEALTH ADVISORY BOARD

April 21, 2022, 2:00-4:30 pm

Join ZoomGov Meeting

<https://www.zoomgov.com/j/1602414019?pwd=MWtPYm5YWmxyRnVzZW0vZkpUV0lEdz09>

Meeting ID: 160 241 4019

Passcode: 577915

One tap mobile

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Meeting objectives:

- Approve March meeting minutes
- Discuss work of PHAB subcommittees
- Reflect on health equity capacity building sessions and determine PHAB priorities

2:00-2:30 pm **Welcome, board updates, shared agreements, agenda review**

- Welcome, board member introductions and icebreaker
- Oregon Health Policy Board retreat recap
- Review and discuss group agreements
- Meeting format discussion
- **ACTION:** Approve March meeting minutes

Veronica
Irvin,
PHAB Chair

2:30-2:45 pm **Subcommittee updates**

- Accountability Metrics
- Incentives and Funding
- Strategic Data Plan

Kat Mastrangelo,
Accountability
Metrics

Bob
Dannenhoffer,

		Incentives & Funding Subcommittee
		TBD, Strategic Data Plan
2:45-3:00 pm	Preventive Health and Health Services Block Grant report out <ul style="list-style-type: none"> • Share information about current work plan activities 	Danna Drum, OHA
3:00-3:10 pm	Break	
3:10-4:20 pm	Health equity capacity building reflection and next steps <ul style="list-style-type: none"> • Determine goals, priorities, PHAB's role and next steps • Discuss workgroup for charter, bylaws and work plan update 	Veronica Irvin, PHAB Chair All
4:20-4:30 pm	Public comment	Veronica Irvin, PHAB Chair
4:20 pm	Next meeting agenda items and adjourn	Veronica Irvin, PHAB Chair

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PUBLIC HEALTH ADVISORY BOARD (PHAB) MEETING MINUTES

March 17, 2022, 2:00-4:30 pm

Attendance

Board members present:

Dr. Bob Dannenhoffer, Dr. Veronica Irvin, Dr. David Bangsberg, Sarah Poe, Dr. Sarah Present, Carrie Brogotti, Michael Baker, Rachael Banks, Dr. Ryan Petteway, Jackie Leung, Jocelyn Warren, Nic Powers

Board members absent:

Erica Sandoval, Kelle Little, Jeanne Savage

Oregon Health Authority (OHA) staff:

Cara Biddlecom, Sara Beaudrault, Lisa Rau, Tamby Moore, Cynthia Branger Muñoz

Meeting objectives:

- Approve February meeting minutes
- Discuss work of PHAB subcommittees
- Discuss outcomes of 2022 legislative session
- Plan for public health modernization work in the 2023-25 biennium
- Reflect on health equity capacity building sessions and determine PHAB priorities

2:00-2:25 pm Welcome, updates and agenda review

Veronica Irvin, *PHAB Chair*

- Welcome, new member introduction and board member introductions
- Oregon Health Policy Board retreat request
- **ACTION:** Approve February meeting minutes

- The February minutes were approved unanimously.
- PHAB members discussed the upcoming Oregon Health Policy Board retreat and reviewed responses to requested questions. Veronica will attend the retreat on behalf of the PHAB.

2:25 – 2:40pm Subcommittee updates

Sarah Present, *Accountability Metrics*; Bob Dannenhoffer, *Incentives & Funding Subcommittee*; Cara Biddlecom, *Strategic Data Plan*

- Accountability Metrics
 - Discussion of the progress on accountability metrics and relationship to the other PHAB subcommittees. The subcommittee has developed a framework that describes shifts in how metrics are used to demonstrate accountability. This includes through providing context for social and structural determinants of health, systemic inequities and racism as root causes of disparate health outcomes. The subcommittee is emphasizing process measures related to governmental public health's accountability for public health data and data systems, community partnerships and policy. The local public health officers and subcommittee would also like to see health or outcome indicators included.
- Incentives and Funding
 - Discussion of accountability for counties having access to resources that not all counties have access to. Need to maybe relook in creative ways to give access to those counties that don't have access to resources. Discussed increasing the floor amount for each LPHA to make sure it is enough to hire at least one FTE. Discussed the use of indicators and changes the subcommittee would like to discuss in upcoming meetings.

- Strategic Data Plan
 - Recap of why subcommittee was created. Subcommittee was meeting regularly until it was put on hold to wait for the survey modernization report recommendations discussion, which occurred in December 2021. Bringing forward to PHAB to discuss if subcommittee should continue and whether it would be appropriate to develop guiding principles and a framework versus a plan with specific objectives and timelines. Also looking for more members for this committee should it continue as Alejandro, Eli and Eva have all rotated off the board. PHAB members discussed the critical importance of modern public health data in the context of accountability metrics and funding and as the foundation of public health practice.

2:40 – 3:10 pm Legislative session recap

Cynthia Branger Muñoz, *OHA staff*

- Hear update on outcomes from 2022 legislative session
 - Presentation of all the bills that were completed in the legislative session. Description of all bills is listed on OWL website.

3:10 – 3:20 pm Break

3:20 – 3:50 pm Public health modernization planning for 2023

Sara Beaudrault and Cara Biddlecom, *OHA*

- Continue to develop PHAB priorities
 - We are planning for the 2023 legislative session. Need to focus on public health priorities are and resources needed to meet them. Working with LPHAs and communities to get requests to the legislative
 - Themes that need to be prioritized and emphasized:
 - Investments accelerate work towards racial equity
 - Ensure investments support long term COVID recovery and resilience

- Protect and promote health through sustainable public health system that is equity focused, community centered, accountable and forward thinking.
- Continue to expand investments in communicable disease control and environmental health. Additional funds in prevention and promotion.
- Discussion of themes and how they need to be better defined to include individual work of LPHAs and CBOs. Would like them more defined.
- Overall themes are in line with what PHAB wants to do and big overall picture for 2023 – 2025. Try to move budget forward but now is more of a time to be visionary, thoughtful, equity and to put it all out there.

3:50 – 4:20 pm Health equity capacity building reflection and next steps

Veronica Irvin, *PHAB Chair*

- Determine goals, priorities and next steps
- Discuss workgroup for charter, bylaws and work plan update
 - PHAB ran out of time to discuss and committed to focusing on this topic at the next meeting.

4:20 – 4:30 pm Public comment

Veronica Irvin, *PHAB Chair*

Cara Biddlecom, *OHA Staff*

- No requests for public comments were made prior to the meeting or during this time. Public comments were closed.

4:30 pm Next meeting agenda items and adjourn

Veronica Irvin, *PHAB Chair*

- April's meeting will be continued discussion of Public Health Modernization, Subcommittee updates and PHAB role, charter, reflection and next steps

- Next meeting will be Thursday, April 21, from 2-4:30 pm.

Meeting adjourned at 4:30 p.m.

DRAFT

PHAB Accountability Metrics

Group agreements

- 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

PHAB subcommittee membership
April 2022

<p>PHAB Accountability Metrics Subcommittee Subcommittee work in 2022: Continue to revise the framework for public health accountability metrics; update metrics for communicable disease control and environmental health; oversee development of metrics report.</p>	
<p><u>PHAB members:</u> Jeanne Savage Jocelyn Warren Ryan Petteway Sarah Present</p>	<p><u>Community partner members:</u> Cristy Muñoz Kat Mastrangelo Olivia Gonzalez</p>
<p>PHAB Incentives and Funding Subcommittee Subcommittee work in 2022: Assess the effectiveness of the current public health modernization funding formula for local public health authorities and make updates for 2023. Review and make updates to PHAB’s Funding Principles.</p>	
<p><u>PHAB members:</u> Bob Dannenhoffer Carrie Brogoitti Jackie Leung (<i>tentative</i>) Michael Baker Nic Powers Veronica Irvin</p>	<p><u>Community partner members:</u> None</p>
<p>PHAB Strategic Data Plan Subcommittee Subcommittee work in 2022: Develop a framework for community-centered public health data systems.</p>	
<p><u>PHAB members:</u> Veronica Irvin Jackie Leung (<i>tentative</i>)</p>	<p><u>Community partner members:</u> Gracie Garcia Hongcheng Zhao Rosemarie Hemmings</p>
<p>PHAB Planning and Guidance Workgroup (<i>Tentative</i>) Workgroup work in 2022: Update charter and bylaws. Develop 2022 work plan.</p>	

<u>PHAB members:</u> To be determined	<u>Community partner members:</u> None
Evaluation Advisory Committee (Not an official PHAB subcommittee) Advisory Committee work in 2022: Program Design and Evaluation Services (PDES) leads the ongoing public health modernization evaluation. PDES is convening an Advisory Committee to provide overall direction and guidance to co-construct an evaluation plan including development of evaluation domains, corresponding evaluation questions, and review methodology, analysis and reporting.	
<u>PHAB members:</u> Sarah Poe Veronica Irvin	

Preventive Health & Health Services Block Grant

Oregon Public Health Advisory Board

April 21, 2022



OFFICE OF THE STATE PUBLIC HEALTH DIRECTOR
Public Health Division

Background

- Non-competitive grant through Centers for Disease Control and Prevention
- Issued to all states and territories to address state determined public health priorities
- Work plan tied to Healthy People 2030 Objectives
 - Oregon has typically used for infrastructure and tied to
 - PHI-16: Quality improvement
- Portion of funding allocation for rape prevention and victim services
 - Oregon Coalition Against Domestic Violence and Sexual Violence
 - PHI-40: Rape Prevention

Funding

Available funding for work plan implementation:

- October 2019 – September 2020: \$1,033,083 available for work plan implementation
- October 2020 – September 2021: \$1,046,084 available for work plan implementation
- October 2021 – September 2022: \$1,016,267 available for work

- Annually \$85,660 of allocation for rape prevention and victim services

Funding Supports

- Implementation of Healthier Together Oregon (State Health Improvement Plan)
- Training, consultation and technical assistance for LPHAs and Tribes
- Contract compliance reviews of LPHAs
- Partnership development and support
- Workforce development for public health system
- Primary sexual violence prevention

Role of Public Health Advisory Board

- Acts as block grant advisory board as required by federal code
- Must meet at least two times/year to exercise its duties as the block grant advisory board
- Provide input into the work plan prior to submission to CDC

Next Steps

- May or June – Public hearing
- May or June PHAB meeting – Overview of draft work plan, provide input
- June – Submit work plan to CDC

Questions or Comments

Danna Drum, Local and Tribal PH Manager
Policy & Partnerships
Office of the State Public Health Director
danna.k.drum@dhsoha.state.or.us
503-957-8869



Preventive Health & Health Services Block Grant (Block Grant) October 2021 – September 2022 Work Plan

Background

- Non-competitive grant issued to all states and territories to address state/territory determined public health priorities.
- The Public Health Advisory Board (PHAB) is designated as the Block Grant Advisory Committee which makes recommendations regarding the development and implementation of the work plan.
 - Federal code states that a portion of the allocation (pre-determined) be used for rape prevention and victim services. This funding currently goes to the Oregon Coalition Against Domestic and Sexual Violence.
 - Work plan must be tied to Healthy People 2030 objectives. Oregon has historically used the block grant to support infrastructure, including public health modernization. Healthy People 2030 objectives in the 2021-22 work plan:
 - Public health infrastructure (PHI-R07 Explore the use and impact of quality improvement as a means for increasing efficiency and/or effectiveness outcomes in health departments)
 - Sexual Violence (Reduce sexual violence)



Proposed October 2021-September 2022 Work Plan

- Support SHIP implementation – Healthier Together Oregon
 - Support reformed PartnerSHIP for implementation
 - Prioritized strategies list will inform OHA’s policy and partnership development and investments
 - PartnerSHIP will make decisions about budget allocations moving forward
- Implement statewide public health modernization plan
 - Align OHA-PHD's processes, structures and systems with foundational programs and capabilities
 - Local public health investment and accountability metrics data collection and reporting
 - Workforce development to support impact objective
 - Tribal public health modernization assessment, planning and implementation
- Public Health Partnership Coordination, Training, Technical Assistance and Performance Management
 - Compliance Reviews
 - Contract administration and coordination for LPHAs and Tribes
 - Coordinate and support OHA-PHD work with Conference of Local Health Officials and Tribes
 - Technical assistance and training for LPHAs and Tribes
 - Tribal Consultation Policy Implementation



- The Oregon Coalition Against Domestic and Sexual Violence (OCADSV) Primary Prevention:
 - Fund one to three local, culturally specific organizations and/or Tribal sexual/domestic violence programs to build capacity for sexual violence primary prevention, implement sexual violence primary prevention programming.
 - Fund 0.8 FTE position to provide to funded and non-funded organizations online and in person (as able) sexual violence primary prevention technical assistance and training.

Funding

- Total PHHS Block Grant funding for October 2020 through September 2021 is \$1,101,927 with \$85,660 designated for sexual assault prevention and services.
- Funding by Health Objective:
 - Quality improvement – \$1,016,267
 - Reduce sexual violence -- \$85,660
 - Indirect costs (capped at 10%) -- \$101,627
- Funding for OHA-PHD Staff:
 - FTE Strategic Partnerships Lead
 - 2.0 FTE Public Health Systems Consultant
 - FTE Strategic Initiatives Coordinator

Background

The Public Health Advisory Board (PHAB), established in ORS 431.122, serves as the accountable body for governmental public health in Oregon. PHAB reports to the Oregon Health Policy Board (OHPB) and makes recommendations to OHPB on the development of statewide public health policies and goals. PHAB is committed to centering equity and using best practices to inform its recommendations to OHPB on policies needed to address priority health issues in Oregon, including the social determinants of health.

Definition of health equity

Oregon will have established a health system that creates health equity when all people can reach their full health potential and well-being and are not disadvantaged by their race, ethnicity, language, disability, gender, gender identity, sexual orientation, social class, intersections among these communities or identities, or other socially determined circumstances.

Achieving health equity requires the ongoing collaboration of all regions and sectors of the state, including tribal governments to address:

- The equitable distribution or redistribution of resources and power; and
- Recognizing, reconciling and rectifying historical and contemporary injustices.

Equity framework

Identifying and implementing effective solutions to advance health equity demands:

- Recognition of the role of historical and contemporary oppression and structural barriers facing Oregon communities due to racism.
- Engagement of a wide range of partners representing diverse constituencies and points of view.

- Direct involvement of affected communities as partners and leaders in change efforts.

Leading with racial equity

Racism is defined by Dr. Camara Jones as *“a system of structuring opportunity and assigning value based on the social interpretation of how one looks (which is what we call “race”), that unfairly disadvantages some individuals and communities, unfairly advantages other individuals and communities, and saps the strength of the whole society through the waste of human resources.”*¹

PHAB acknowledges historic and contemporary racial injustice and commits to eradicating racial injustice. PHAB acknowledges the pervasive racist and white supremacist history of Oregon, including in its constitution; in the theft of land from indigenous communities; the use of stolen labor and the laws that have perpetuated unjust outcomes among communities of color and tribal communities.

Because of Oregon’s history of racism, the public health system, as described in the Health Equity Guide, chooses to *“lead explicitly — though not exclusively — with race because racial inequities persist in every system [across Oregon], including health, education, criminal justice and employment. Racism is embedded in the creation and ongoing policies of our government and institutions, and unless otherwise countered, racism operates at individual, institutional, and structural levels and is present in every system we examine.”*²

The public health system leads with race because communities of color and tribal communitiesⁱ have been intentionally excluded from power and decision-making. The public health system leads with race as described by the Government Alliance on Racial Equity: *“Within other identities — income, gender, sexuality, education, ability, age, citizenship and geography — there are inequities based on race. Knowing this helps the [public health system] take an intersectional approach, while always naming the role that race plays in people’s experiences and outcomes.*

¹ Jones, C. (n.d.) Racism and health. American Public Health Association. Available at www.apha.org/racism.

² Health Equity Guide. (2019). Why lead with race. Available at <https://healthequityguide.org/about/why-lead-with-race/>.

To have maximum impact, focus and specificity are necessary. Strategies to achieve racial equity differ from those to achieve equity in other areas. “One-size-fits all” strategies are rarely successful.

A racial equity framework that is clear about the differences between individual, institutional and structural racism, as well as the history and current reality of inequities, has applications for other marginalized groups.

Race can be an issue that keeps other marginalized communities from effectively coming together. An approach that recognizes the inter-connected ways in which marginalization takes place will help to achieve greater unity across communities.”³

How health equity is attained

Achieving health equity requires engagement and co-creation of policies, programs and decisions with the community in order to ensure the equitable distribution of resources and power. This level of community engagement results in the elimination of gaps in health outcomes between and within different social groups.

Health equity also requires that public health professionals look for solutions outside of the health care system, such as in the transportation, justice or housing sectors and through the distribution of power and resources, to improve health with communities. By redirecting resources that further the damage caused by white supremacy and oppression into services and programs that uplift communities and repair past harms, equity can be achieved.

Policy

PHAB demonstrates its commitment to advancing health equity by implementing an equity review process for all formally adopted work products, reports and deliverables. Board members will participate in an equity analysis prior to making any motions. In addition, all presenters to the Board will be expected to specifically address how the topic being discussed is expected to affect health

³ Government Alliance on Racial Equity. (2020). Why lead with race? Available at <https://www.racialequityalliance.org/about/our-approach/race/>.

disparities or health equity. The purpose of this policy is to ensure all Board guidance and decision-making will advance health equity and reduce the potential for unintended consequences that may perpetuate disparities.

Procedure

Board work products, reports and deliverables

The questions below are designed to ensure that decisions made by PHAB promote health equity. The questions below may not be able to be answered for every policy or decision brought before PHAB but serve as a platform for further discussion prior to the adoption of any motion.

Subcommittees or board members will consistently consider the questions in the assessment tool while developing work products and deliverables to bring to the full board.

Subcommittee members bringing a work product will independently review and respond to these questions. PHAB members will discuss and respond to each of the following questions prior to taking any formal motions or votes.

Staff materials will include answers to the following questions to provide context for the PHAB or PHAB subcommittees:

1. What health inequities exist among which groups? Which health inequities does the work product, report or deliverable aim to eliminate?
2. How does the work product, report or deliverable engage other sectors for solutions outside of the health care system, such as in the transportation or housing sectors?
3. How was the community engaged in the work product, report or deliverable policy or decision? How does the work product, report or deliverable impact the community?

PHAB members shall allow the questions to be discussed prior to taking a vote. Review questions should be provided to the Board with each vote.

OHA staff will be prepared to respond to questions and discussion as a part of the review process. Staff are expected to provide background and context for PHAB decisions that will use the questions below.

The PHAB review process includes the following questions:

1. How does the work product, report or deliverable:
 - a. Contribute to racial justice?
 - b. Rectify past injustices and health inequities?
 - c. Differ from the current status?
 - d. Support individuals in reaching their full health potential
 - e. Ensure equitable distribution of resources and power?
 - f. Engage the community to affect changes in its health status
2. Which sources of health inequity does the work product, report or deliverable address (race/racism, ethnicity, social and economic status, social class, religion, age, disability, gender, gender identity, sexual orientation or other socially determined circumstance)?
3. How will data be used to monitor the impact on health equity resulting from this work product, report or deliverable?

Presentations to the Board

OHA staff will work with presenters prior to PHAB meetings to ensure that presenters specifically address the following, as applicable:

1. What health inequities exist among which groups? Which health inequities does the presenter and their work aim to eliminate?
2. How does the presentation topic engage other sectors for solutions outside of the health care system, such as in the transportation or housing sectors?
3. How was the community engaged in the presentation topic? How does the presentation topic or related work affect the community?
4. How does the presentation topic:
 - a. Contribute to racial justice?
 - b. Rectify past health inequities?
 - c. Differ from the current status?
 - d. Support individuals in reaching their full health potential

- e. Ensure equitable distribution of resources and power?
 - f. Engage the community to affect changes in its health status
5. Which sources of health inequity does the presentation topic address (race/racism, ethnicity, social and economic status, social class, religion, age, disability, gender, gender identity, sexual orientation or other socially determined circumstance)?
6. How will data be used to monitor the impact on health equity resulting from this presentation topic?

Policy and procedure review

The PHAB health equity review policy and procedure will be reviewed annually by a workgroup of the Board. This workgroup will also propose changes to the PHAB charter and bylaws in order to center the charter and bylaws in equity. Board members will discuss whether the policy and procedure has had the intended effect of mitigating injustice, reducing inequities or improving health equity to determine whether changes are needed to the policy and procedure.

ⁱ PHAB acknowledges that terminology that communities wish to use is evolving. PHAB recognizes the need to regularly update the language included in this policy and procedure based on community input.

Health Resources in Action – Health and Racial Equity Training for PHAB; reflections and recommendations

OHA staff collected reflections and next steps from Brittany Chen and Ben Wood for PHAB to consider in implementing work after their series of trainings.

Reflections:

- Palpable energy around understanding that things need to change.
- Working to understand breadth of PHAB's role, power and influence, as well as who is the PHAB's community, who is PHAB accountable to? How can PHAB activate an equity agenda?
- Working to affirm PHAB's statutory authority.
- Opportunity to look at the culture and way of being in the PHAB. This can include protecting time to cultivate a relationship across members.
- There is momentum and interest in connecting PHAB across state agencies and with OHPB.
- With many changes in membership, there is an opportunity to create more structured onboarding, regular setting a time for moments to reflect on shared racial equity goals, as well as relationship building with each other.

Recommendations:

- Consider formalizing the roles of subcommittee members.
- Consider changing the PHAB meeting schedule to lessen the feeling of being outside of the conversation for non-LPHA and OHA members.
- Consider rotating facilitation or external facilitation to allow the chair to participate fully.
- Consider using the iceberg analogy to maintain focus on racial equity and where PHAB is at with a regular cadence.

- Take steps back to reflect as a group on why we commit to racial equity, what do we want to see, if we are successful, what will happen/ vision for change to build alignment and not assumptions.
- Consider developing and adhering to group agreements.

PHAB reflection and next steps: Breakout groups

Purpose: to identify & prioritize attainable & meaningful next steps for PHAB

Breakout room topics:

- **Charter and bylaws:** review, change(s), PHAB member representation & engagement, connection with OHPB, etc.
- **Subcommittee purpose & logistics:** purpose, change(s), PHAB member representation & engagement, etc.
- **Meeting Processes:** inclusivity, logistics, day/time, PHAB member representation & engagement, etc.
- **Workplan that reflects PHAB's priorities:** methods to identify, carryout, engage, assess with other partners, communities, etc.

What to consider in your breakout room discussions (20 minutes):

1. What does this action step or topic of the breakout group mean to us?
2. What works well? Where might be areas for change or growth?
3. How would PHAB go about making these changes? Or what would PHAB need to continue doing what works well or make changes?
4. What to report back to PHAB? Please cover this item during the last 5 minutes to share back with larger group.
 - What is the priority for this action step or topic: low, medium, or high priority for PHAB?
 - How and when should PHAB work on this item (for instance, in a *temporary* sub-committee, break out groups during PHAB meeting, discussion and decisions with all PHAB members during regular PHAB meetings, or other ideas)?
 - Broad recap of breakout room discussion.

Advancing Equity through Systems Change

OR Public Health Advisory Board - Session 4

February 17, 2022 from 2:50-4:50 PM



Health Resources in Action
Advancing Public Health and Medical Research

Our Team



Brittany Chen
Managing Director, Health Equity



Ben Wood
Senior Director, Policy and Practice

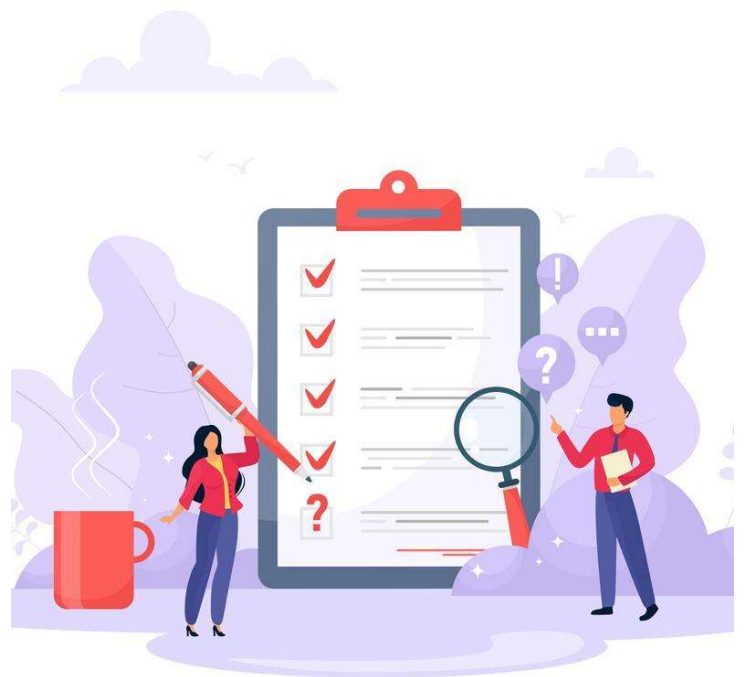


Training Overview and Grounding



Session 4 objectives

- I. Build additional relationships and connection with one another
- II. Review and practice operationalization of shifts in practices and actions proposed through Session 2 and the Survey Modernization Retreat
- III. Prepare for next steps to embed systems change and deep equity practice in PHAB work planning



Agenda

5
min

Welcome, introduction, and grounding

15
min

Community building

10
min

Learning Journey Overview &
Systems Change Refresher

15
min

Another metaphor: Getting to the
Roots of Structural Change

40
min

Shifts in Action

10
min

Looking forward: Embedding equity into
work planning and Close



Group agreements

- Be present
- Take space, make space
- Challenge by choice, but do challenge yourself
- Bold humility
- Listen deeply
- Join by video, if you can!
- Have fun!

What else would you like to add?



Our approach to learning

*There is a conversation in the room
that only these people at this moment
can have. Find it.*

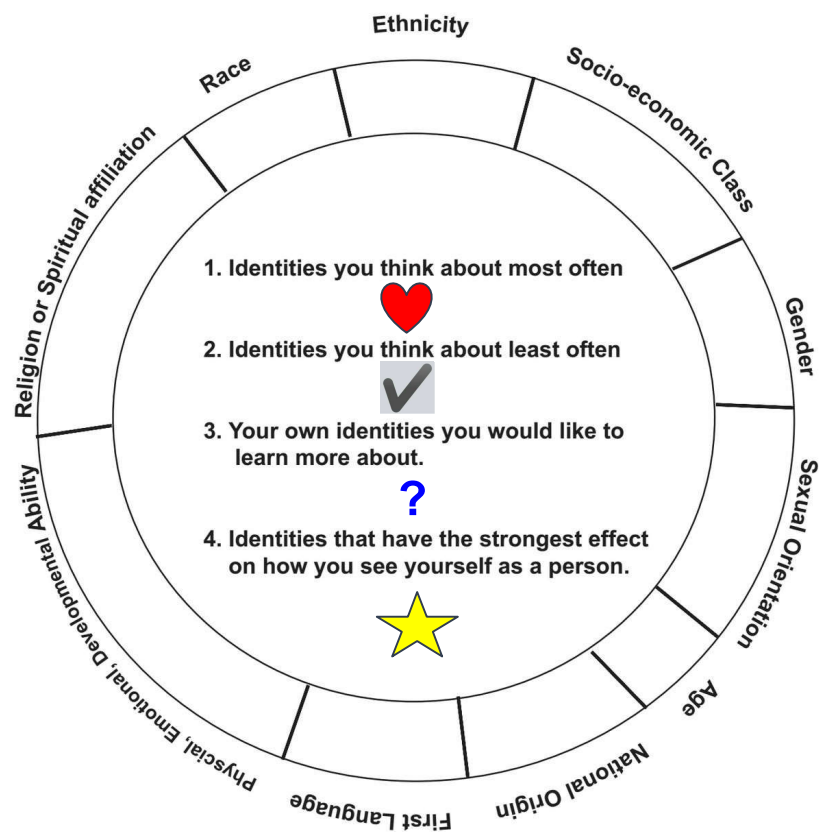
emergent strategy
adrienne marie brown



Community Building



Mental Model Kaleidoscope: Who are we?



Intersectionality: A lens through which you can see where power comes and collides, where it interlocks and intersects.

-Kimberlé Crenshaw



Equity-Centered Systems Change



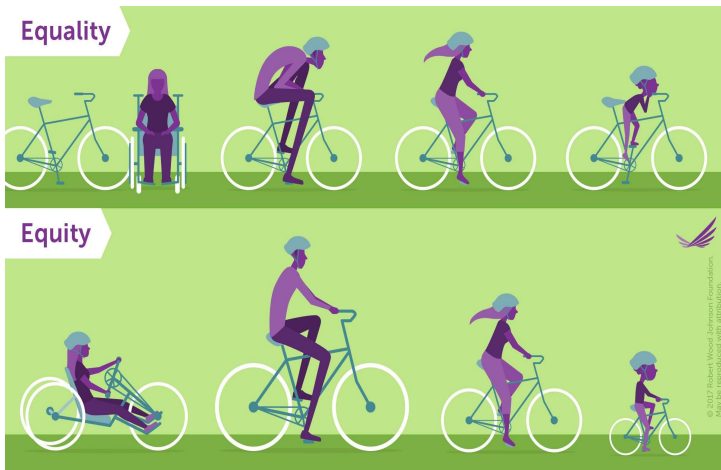
PHAB Learning Journey Goals

- ★ **Build relationships and trust** for connection amongst PHAB members and with the Public Health Division (PHD) and identify sustainable systems to maintain it (for existing and future members).
- ★ Come to a **shared understanding** of health equity, racial equity, and related concepts.
- ★ Collectively **reflect upon, unpack, and explore** application of the **Health Equity Review Policy and Procedure** as a guiding tool to support implementation of equity related practices.
- ★ **Identify possible priority areas** that PHAB may **proactively focus on** to support PHD's efforts to advance health equity.



Session 1: Challenging Our Mental Models

Health equity demands racial equity



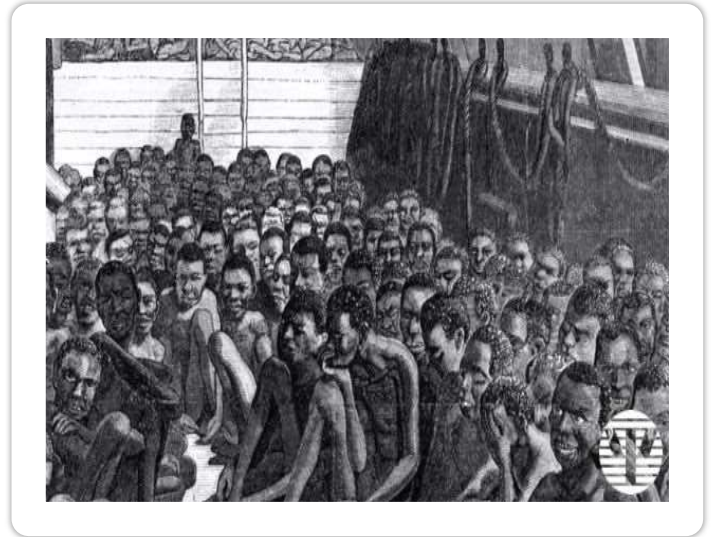
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Racism in America

See Dr. Camara Jones at the 0:47 mark



Session 2: Transformative & Relational Change

AN ECOSYSTEM OF JUSTICE: HOW NEIGHBORS CAN BE

A Poem Story by Elissa Sloan Perry

Change Elemental CoDirector

Complex Systems Change was sitting. In a chair. At a desk. Looking. At data. Asking questions. Forming so called "liberating structures" that, as is, only liberate those he can see. In ways he can see. With feedback loops so meticulously considered they were a thing of beauty to him. Created so systems can learn and leaders can learn. To be adaptive.

He'd proclaimed this in a conference presentation. He did have good intentions.

His neighbor, Deep Equity, grew concerned. Complex Systems Change was maybe not Deep Equity's best friend, but Complex Systems was their¹² neighbor and Deep Equity cared about how pale and cut off Complex Systems was getting.

They¹³ knocked on Complex Systems' door.

"I think you might be having heart problems." They said to him. "You are pale and move about the world as if your limbs are numb. Artist and Healer say you are always knocking into people, knocking things over. Breaking them. When you come to the central marketplace."

From Elissa Sloan Perry's "An Ecosystem of Justice: How Neighbors Can Be."

Change Elemental's Systems Change and Deep Equity: Pathways Toward Sustainable Impact, Beyond "Eureka!," Unawareness, & Unwitting Harm



DEPARTMENT
OF HEALTH

[Narratives and Health Equity:
Expanding the Conversation](#)



Session 3: Shifting internal practice

HEALTH EQUITY

berkeley **media** studiesgroup

5

Definition of community participation

Develop a process of defining community participation along a continuum for PHAB activities (from community informed to community led) and to include accountability processes.

6

Process for community engagement

Develop a process to define which actions of the PHAB require community engagement and at what level on the continuum.



Defining mental models

Six Conditions of Systems Change

Policies Practices Resource Flows

Relationships & Connections Power Dynamics

Mental Models

Structural Change
(explicit)

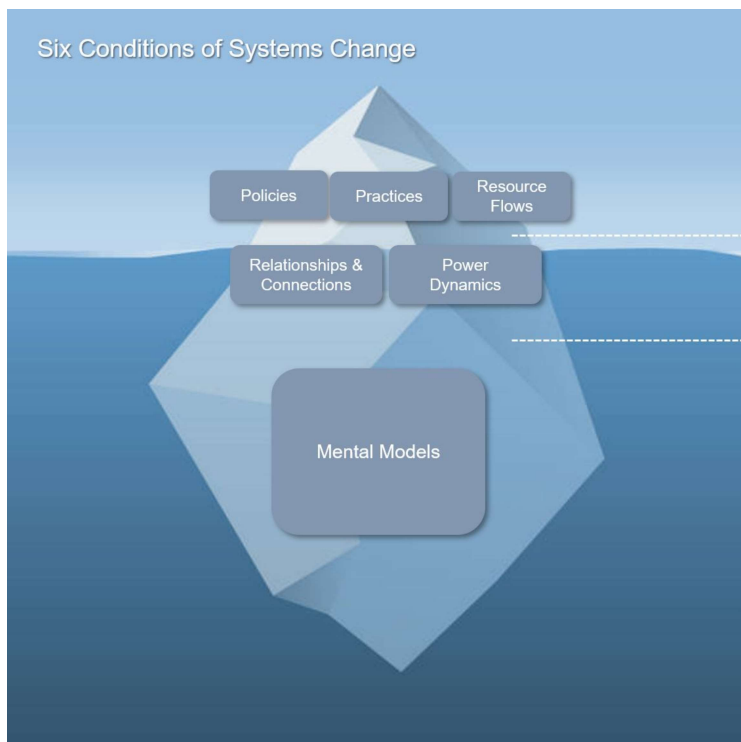
Relational Change
(semi-explicit)

Transformative Change
(implicit)

- Habits of thought
- Deeply held beliefs and assumptions
- Taken-for-granted ways of operating that influence how we think, what we do, and how we talk



Moving Towards Relational Change

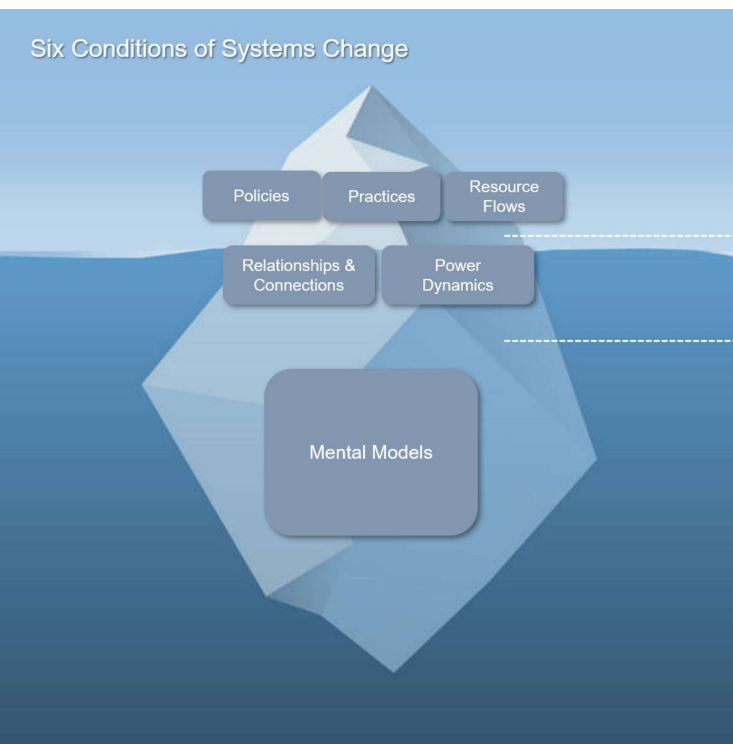


Relationships & Connections:
Quality of connections and communication occurring among actors in the system, especially among those with differing histories and viewpoints

Power Dynamics:
The distribution of decision-making power, authority, and both formal and informal influence among individuals and organizations



The tip of the iceberg



Policies: Government, institutional and organizational rules, regulations, and priorities that guide the entity's own and others' actions.

Practices: Espoused activities of institutions, coalitions, networks, and other entities targeted to improving social and environmental progress. Also, within the entity, the procedures, guidelines, or informal shared habits that comprise their work.

Resource Flows: How money, people, knowledge, information, and other assets such as infrastructure are allocated and distributed.



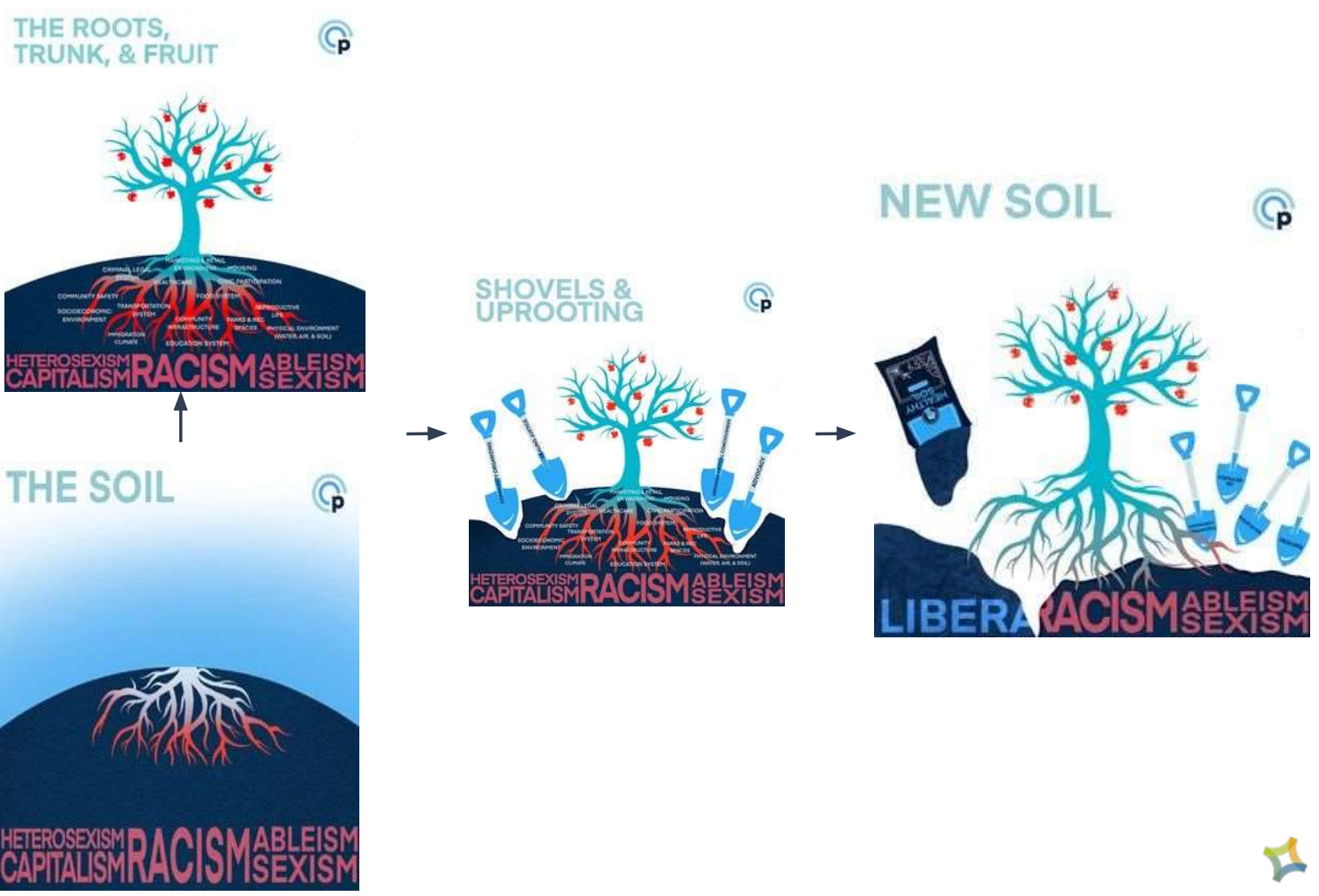
Getting to the Roots of Structural Change



[Social Determinants of Health — The Praxis Project](#)



Getting to the Roots of Structural Change



Getting to the Roots of Structural Change



Practicing Equity-Focused Shifts



Proposed Internal Actions Expressed by the PHAB

- 1 Practice self-evaluation, dialogue, feedback**
Create time and processes for PHAB to practice self-evaluation, dialogue, feedback from all members, from the public, and from OHA/PHD.
- 2 Set its own agenda**
Create the conditions necessary for the PHAB to set its own agenda, informed by but not always led by OHA/PHD.
- 3 Inclusive, equitable participation**
Create opportunity for all PHAB members to participate in PHAB activities and discussions equitably and fully through intentional onboarding and regular check-ins with all members.
- 4 Definition of community**
Develop consensus on a working definition of community for the PHAB (who is the PHAB community?).



Proposed Internal Actions Expressed by the PHAB

5

Definition of community participation

Develop a process of defining community participation along a continuum for PHAB activities (from community informed to community led) and to include accountability processes.

6

Process for community engagement

Develop a process to define which actions of the PHAB require community engagement and at what level on the continuum.

7

Charter and bylaws

Revise the PHAB charter and bylaws if constraining any desired actions.



Proposed External Actions Expressed by the PHAB

1

Stronger connection between PHAB, OHA & other state agencies

Develop a process for PHAB members to participate in and have representation at other OHA and state agency meetings (especially those with influence over SDOH).

2

Communication messages and approaches

Develop and implement communication messages and approaches to make the role and work of PHAB more compelling/understandable (why should people care and participate?).

3

Address public health mistrust

Create a role for PHAB to address the critically important issue of mistrust in information and public health.



Proposed External Actions Expressed by the PHAB

4

Baseline and equitable funding

Revisit the LPHA funding formula to account for baseline and equitable funding that provides adequate capacity, support for community-centered work, and support for evaluation and reporting on outcomes.

5

Public health cost assessment

Create a new public health cost assessment that more fully recognizes the cost of delivering equitable public health services.

6

Accountability to community need

Support LPHAs, OHA and others serving the community with redefining accountability to community need



Spotlight: Connections across agencies

1

Stronger connection between PHAB, OHA & other state agencies

Develop a process for PHAB members to participate in and have representation at other OHA and state agency meetings (especially those with influence over SDOH).



Spotlight: Connection across agencies

Defining the issue

1) **What is the inequity we are trying to resolve? Why does it matter? What are the root causes?**

SDOH factors drive health and hold inequities in place. Need to come to a common understanding of structural racism (and other systems of oppression) as a root cause of inequity and partner with other agencies to cultivate new soil.

Expand representation on other state agencies.

Public health issues require collaboration

Efficiency. What is being done, what is working and what is not

Public health is siloed. It is pragmatic.

Formal role is limited but voices not

avoid unintended consequences of other policies and investments, eg infrastructure, taxes, education

Who has the power,



Spotlight: Connection across agencies

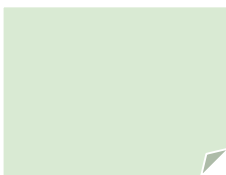
Defining the issue

2) What is our vision for change?

PHAB will become go-to partners for state agencies to explore the connection between SDOH and health outcomes and partner together to envision policies, practices, and resource flows that advance health, justice, and racial equity.

a standing Health/Equity in All Policies committee/council staffed w/ various agency folks and community/public health folks that reviews all existing legislation/policy for health/equity impacts and all proposed legislation

Do folks have to come to us, or are we already integrated (someone employed at all agencies and making connections)



Spotlight: Connecting across agencies

To make progress in shifting PHAB practice:

1) What mental models need to be challenged?

Public health needs to be more than service delivery, we need to consider all the SDOH.

2) Who needs to be involved? Who has not yet been involved, but should be?

3) What power dynamics are at play? What needs to be shifted?

4) What is the next practical step that needs to be taken (e.g., policies, practices, and/or resource flows)?

- The role of the PHAB related to the Oregon Health Policy Board
- The role of the PHAB related to OHA
- Identifying how these conversations will continue

Small group discussion notes [here](#).



Looking forward: Leading with Equity

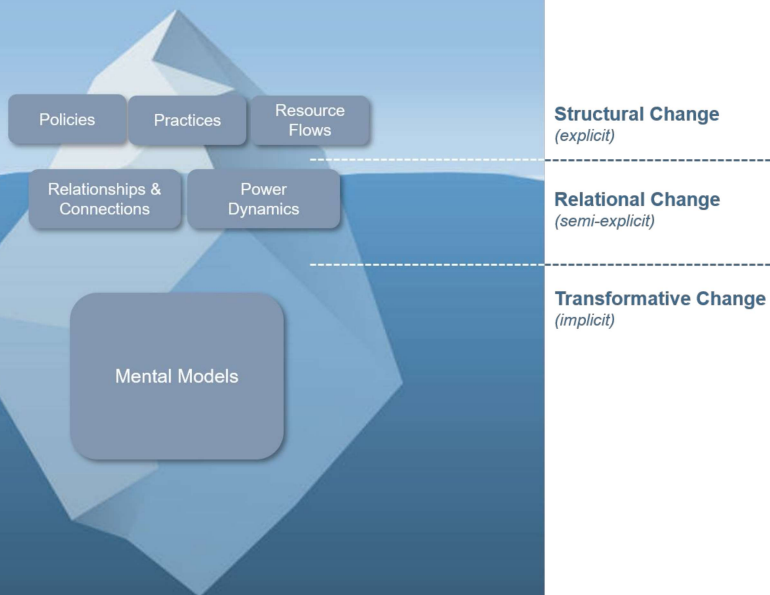


What's Next for PHAB

Centering equity in the:

- PHAB Charter Review
- Health Equity Review Policy and Procedure

Six Conditions of Systems Change



Key Questions

- *What mental models need to be challenged?*
- *Who needs to be involved? Who has not yet been involved, but should be?*
- *What power dynamics are at play? What needs to be shifted?*
- *What is the next practical step that needs to be taken (e.g., policies, practices, and/or resource flows)?*

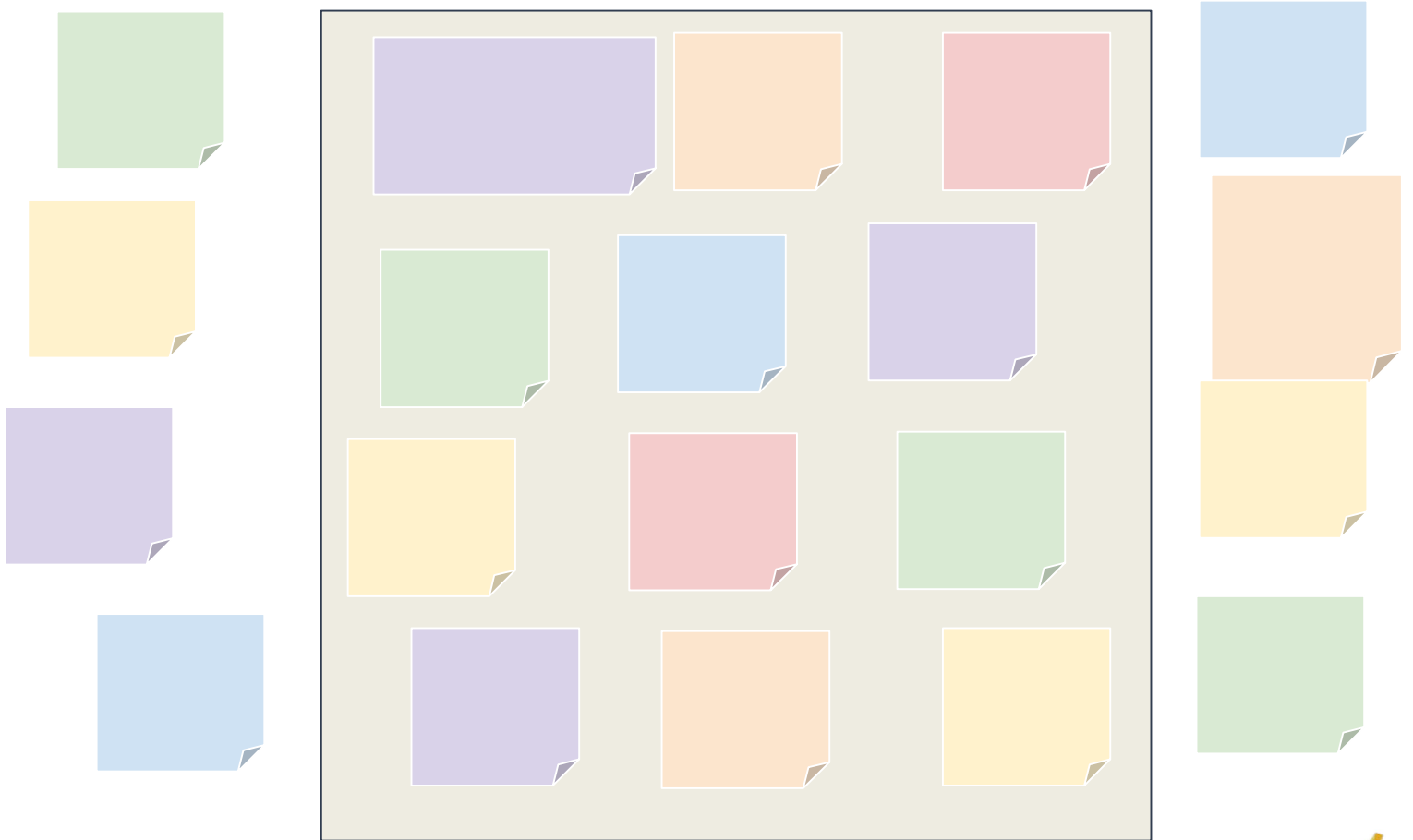


Reflection and Action



Geometric reflection

Something that squared with your understanding

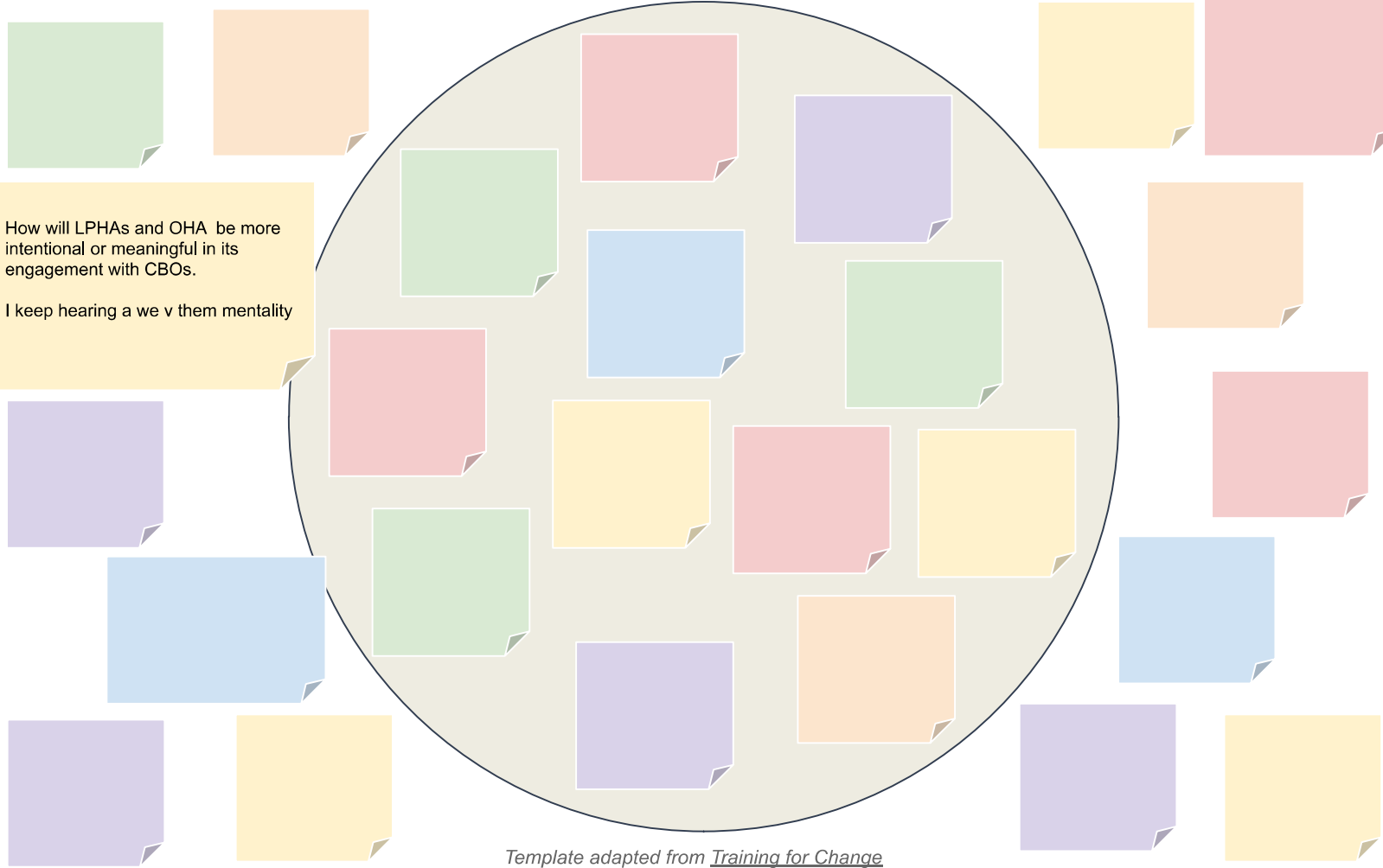


Template adapted from [Training for Change](#)



Geometric reflection

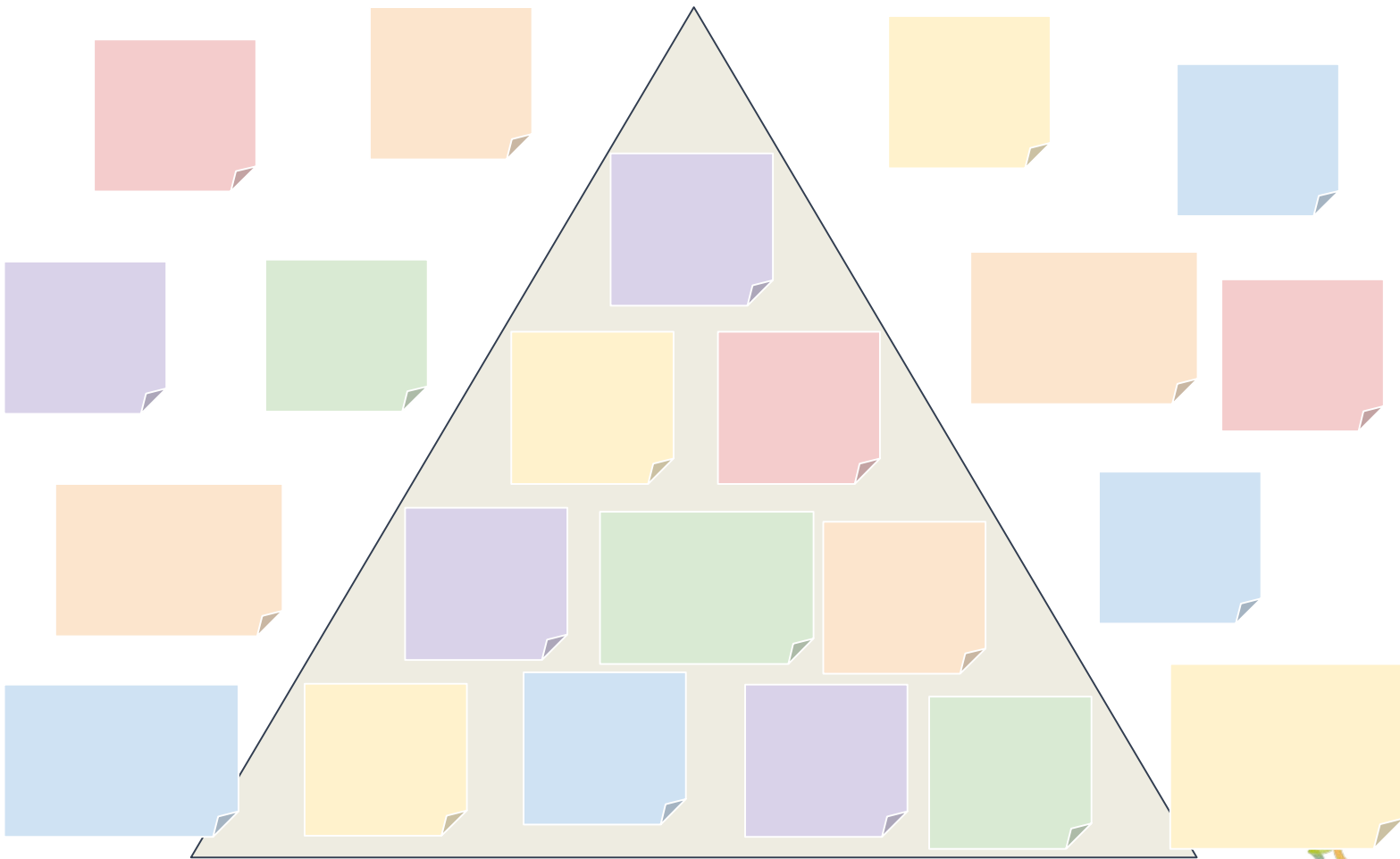
Something that is still circling around



Template adapted from Training for Change

Geometric reflection

Something that made you look at things from a new angle



Template adapted from [Training for Change](#)



Geometric reflection

One new action you'd like to take

continue this

conversation with my board. Health Equity is not their daily focus, but they are community leaders

Invest in relationship

bring a good/concrete summary to the Health Officer Caucus...whom I'm representing but have not engaged with well.

Recognizing privilege

Template adapted from Training for Change



Feedback and Close



Thank you!



Public Health Advisory Board

I. Authority

The Public Health Advisory Board (PHAB) is established by ORS 431.122 as a body that reports to the Oregon Health Policy Board (OHPB).

The purpose of the PHAB is to be the accountable body for governmental public health in Oregon. The role of the PHAB includes:

- A commitment to racial equity to drive public health outcomes.
- Alignment of public health priorities with available resources.
- Analysis and communication of what is at risk when there is a failure to invest resources in public health.
- Oversight for Oregon Health Authority, Public Health Division strategic initiatives, including the State Health Assessment and State Health Improvement Plan.
- Oversight for governmental public health strategic initiatives, including the implementation of public health modernization.
- Support for state and local public health accreditation.

This charter defines the objectives, responsibilities, and scope of activities of the PHAB. This charter will be reviewed no less than annually to ensure that the work of the PHAB is aligned with statute and the OHPB's strategic direction.

II. Deliverables

The duties of the PHAB as established by ORS 431.123 and the PHAB's corresponding objectives include:

PHAB Duties per ORS 431.123	PHAB Objectives
a. Make recommendations to the OHPB on the development of statewide public health policies and goals.	<ul style="list-style-type: none">• Participate in and provide oversight for Oregon's State Health Assessment.• Regularly review state health data such as the State Health Profile to identify ongoing and emerging health issues.• Use best practices and an equity lens to provide recommendations to OHPB on policies needed to address priority health issues, including the social determinants of health.
b. Make recommendations to the OHPB on how other statewide priorities, such as the provision of early learning services and the delivery of health care services, affect and are affected by	<ul style="list-style-type: none">• Regularly review early learning and health system transformation priorities.• Recommend how early learning goals, health system transformation priorities, and statewide public health goals can best be aligned.

<p>statewide public health policies and goals.</p>	<ul style="list-style-type: none"> • Identify opportunities for public health to support early learning and health system transformation priorities. • Identify opportunities for early learning and health system transformation to support statewide public health goals.
<p>c. Make recommendations to the OHPB on the establishment of foundational capabilities and programs for governmental public health and other public health programs and activities.</p>	<ul style="list-style-type: none"> • Participate in the administrative rulemaking process which will adopt the Public Health Modernization Manual. • Verify that the Public Health Modernization Manual is still current at least every two years. Recommend updates to OHPB as needed.
<p>d. Make recommendations to the OHPB on the adoption and updating of the statewide public health modernization assessment.</p>	<ul style="list-style-type: none"> • Review initial findings from the Public Health Modernization Assessment. (completed, 2016) • Review the final Public Health Modernization Assessment report and provide a recommendation to OHPB on the submission of the report to the legislature. (completed, 2016) • Make recommendations to the OHPB on processes/procedures for updating the statewide public health modernization assessment.
<p>e. Make recommendations to the OHPB on the development of and any modification to the statewide public health modernization plan.</p>	<ul style="list-style-type: none"> • Review the final Public Health Modernization Assessment report to assist in the development of the statewide public health modernization plan. (completed, 2016) • Using stakeholder feedback, draft timelines and processes to inform the statewide public health modernization plan. (completed, 2016) • Develop the public health modernization plan and provide a recommendation to the OHPB on the submission of the plan to the legislature. (completed, 2016) • Update the public health modernization plan as needed based on capacity.
<p>f. Establish accountability metrics for the purpose of evaluating the progress of the Oregon Health Authority (OHA) and local public</p>	<ul style="list-style-type: none"> •

<p>health authorities in achieving statewide public health goals.</p>	
<p>g. Make recommendations to the Oregon Health Authority (OHA) and the OHPB on the development of and any modification to plans developed for the distribution of funds to local public health authorities, and the total cost to local public health authorities of implementing the foundational capabilities programs.</p>	<ul style="list-style-type: none"> • Identify effective mechanisms for funding the foundational capabilities and programs. • Develop recommendations for how the OHA shall distribute funds to local public health authorities. • Review the Public Health Modernization Assessment report for estimates on the total cost for implementation of the foundational capabilities and programs. (completed, 2016) • Support stakeholders in identifying opportunities to provide the foundational capabilities and programs in an effective and efficient manner.
<p>h. Make recommendations to the Oregon Health Policy Board on the incorporation and use of accountability metrics by the Oregon Health Authority to encourage the effective and equitable provision of public health services by local public health authorities.</p>	<ul style="list-style-type: none"> • Develop and update public health accountability metrics and local public health authority process measures. • Provide recommendations for the application of accountability measures to incentive payments as a part of the local public health authority funding formula.
<p>i. Make recommendations to the OHPB on the incorporation and use of incentives by the OHA to encourage the effective and equitable provision of public health services by local public health authorities.</p>	<ul style="list-style-type: none"> • Develop models to incentivize investment in and equitable provision of public health services across Oregon. • Solicit stakeholder feedback on incentive models.
<p>j. Provide support to local public health authorities in developing local plans to apply the foundational capabilities and implement the foundational programs for governmental public health.</p>	<ul style="list-style-type: none"> • Provide support and oversight for the development of local public health modernization plans. • Provide oversight for Oregon’s Robert Wood Johnson Foundation grant, which will support regional gatherings of health departments and their stakeholders to develop public health modernization plans.
<p>k. Monitor the progress of local public health authorities in meeting statewide public health goals, including employing the</p>	<ul style="list-style-type: none"> • Provide oversight and accountability for Oregon’s State Health Improvement Plan by receiving quarterly updates and providing feedback for improvement.

foundational capabilities and implementing the foundational programs for governmental public health.	<ul style="list-style-type: none"> • Provide support and oversight for local public health authorities in the pursuit of statewide public health goals. • Provide oversight and accountability for the statewide public health modernization plan. • Develop outcome and accountability measures for state and local health departments.
l. Assist the OHA in seeking funding, including in the form of federal grants, for the implementation of public health modernization.	<ul style="list-style-type: none"> • Provide letters of support and guidance on federal grant applications. • Educate federal partners on public health modernization. • Explore and recommend ways to expand sustainable funding for state and local public health and community health.
m. Assist the OHA in coordinating and collaborating with federal agencies.	<ul style="list-style-type: none"> • Identify opportunities to coordinate and leverage federal opportunities. • Provide guidance on work with federal agencies.

Additionally, the Public Health Advisory Board is responsible for the following duties which are not specified in ORS 431.123:

Duties	PHAB Objectives
a. Review and advise the Director of the OHA Public Health Division and the public health system as a whole on important statewide public health issues or public health policy matters.	<ul style="list-style-type: none"> • Provide guidance and recommendations on statewide public health issues and public health policy.
b. Act as formal advisory committee for Oregon’s Preventive Health and Health Services Block Grant.	<ul style="list-style-type: none"> • Review and provide feedback on the Preventive Health and Health Services Block Grant work plan priorities.
c. Provide oversight for the implementation of health equity initiatives across the public health system <u>by leading with racial equity.</u>	<ul style="list-style-type: none"> • Receive progress reports and provide feedback to the Public Health Division Health Equity Committee. • Participate in collaborative health equity efforts.

III. Dependencies

PHAB has established two subcommittees that will meet on an as-needed basis in order to comply with statutory requirements:

1. Accountability Metrics Subcommittee, which reviews existing public health data and metrics to propose biannual updates to public health accountability measures for consideration by the PHAB.
2. Incentives and Funding Subcommittee, which develops recommendations on the local public health authority funding formula for consideration by the PHAB.

PHAB shall operate under the guidance of the OHPB.

IV. Resources

The PHAB is staffed by the OHA, Public Health Division, as led by the Policy and Partnerships Director. Support will be provided by staff of the Public Health Division Policy and Partnerships Team and other leaders, staff, and consultants as requested or needed.

PHAB Executive Sponsor: Lillian Shirley, Public Health Director, Oregon Health Authority, Public Health Division

Staff Contact: Cara Biddlecom, Director of Policy and Partnerships, Oregon Health Authority, Public Health Division

PUBLIC HEALTH ADVISORY BOARD BYLAWS

~~November 2017~~ April 2020

ARTICLE I

The Committee and its Members

The Public Health Advisory Board (PHAB) is established by ORS 431.122 for the purpose of advising and making recommendations to the Oregon Health Authority (OHA) and the Oregon Health Policy Board (OHPB).

The PHAB consists of the following 14 members appointed by the Governor.

1. A state employee who has technical expertise in the field of public health;
2. A local public health administrator who supervises public health programs and public health activities in Benton, Clackamas, Deschutes, Jackson, Lane, Marion, Multnomah or Washington County;
3. A local public health administrator who supervises public health programs and public health activities in Coos, Douglas, Josephine, Klamath, Linn, Polk, Umatilla or Yamhill County;
4. A local public health administrator who supervises public health programs and public health activities in Clatsop, Columbia, Crook, Curry, Hood River, Jefferson, Lincoln, Tillamook, Union or Wasco County;
5. A local public health administrator who supervises public health programs and public health activities in Baker, Gilliam, Grant, Harney, Lake, Malheur, Morrow, Sherman, Wallowa or Wheeler County;
6. A local health officer who is not a local public health administrator;
7. An individual who represents the Conference of Local Health Officials created under ORS 431.330;
8. An individual who is a member of, or who represents, a federally recognized Indian tribe in this state;
9. An individual who represents coordinated care organizations;
10. An individual who represents health care organizations that are not coordinated care organizations;
11. An individual who represents individuals who provide public health services directly to the public;
12. An expert in the field of public health who has a background in academia;
13. An expert in population health metrics; and
14. An at-large member.

Governor-appointed members serve four-year terms and are eligible for reappointment. Members serve at the pleasure of the Governor.

PHAB shall also include the following nonvoting, ex-officio members:

1. The Oregon Public Health Director or the Public Health Director's designee;
2. If the Public Health Director is not the State Health Officer, the State Health Officer or a physician licensed under ORS chapter 677 acting as the State Health Officer's designee;
3. If the Public Health Director is the State Health Officer, a representative from the Oregon Health Authority who is familiar with public health programs and public health activities in this state; and
4. An OHPB liaison.

Members are entitled to travel reimbursement per OHA policy and are not entitled to any other compensation.

Members who wish to resign from the PHAB must submit a formal resignation letter. Members who no longer meet the statutory criteria of their position must resign from the PHAB upon notification of this change.

If there is a vacancy for any cause, the Governor shall make an appointment to become immediately effective for the unexpired term.

ARTICLE II

Committee Officers and Duties

PHAB shall elect ~~one~~two of its voting members to serve as the chair ~~and vice chair~~. Elections shall take place ~~no later than January of~~within the first quarter of each even-numbered year and must follow the requirements for elections in Oregon's Public Meetings Law, ORS 192.610-192.690. Oregon's Public Meetings Law does not allow any election procedure other than a public vote made at a PHAB meeting where a quorum is present.

The chair ~~and vice chair~~ shall serve a ~~two~~two-year terms. The chair ~~and vice chair are~~is eligible for one additional two-year reappointment.

If the chair were to vacate their position before their term is complete, ~~the vice chair shall become the new chair to a chair election will take place to~~ complete the term. ~~If a vice chair is unable to serve, or if the vice chair position becomes vacant, then a new election is held to complete the remainder of the vacant term(s).~~

The PHAB chair shall facilitate meetings and guide the PHAB in achieving its deliverables. The PHAB chair shall represent the PHAB at meetings of the OHPB as directed by the OHPB designee. The PHAB chair may represent the PHAB at meetings with other stakeholders and partners, or designate another member to represent the PHAB as necessary.

~~Should the PHAB chair not be available to facilitate a meeting, the PHAB chair shall identify a voting member to facilitate the meeting in their place.~~

~~The PHAB vice chair shall facilitate meetings in the absence of the PHAB chair. The PHAB vice chair shall represent the PHAB at meetings of the OHPB as directed by the OHPB designee when the PHAB chair is unavailable. The PHAB vice chair may represent the PHAB at meetings with other stakeholders and partners when the PHAB chair is unavailable or under the guidance of the PHAB chair, or may designate another member to represent the PHAB as necessary.~~

Both the PHAB chair ~~and vice chair~~ shall work with OHA Public Health Division staff to develop agendas and materials for PHAB meetings. The PHAB chair shall solicit future agenda items from members at each meeting.

ARTICLE III

Committee Members and Duties

Members are expected to attend regular meetings and are encouraged to join at least one subcommittee.

Absences of more than 20% of scheduled meetings that do not involve family medical leave may be reviewed.

Date approved: ~~November 17, 2017~~

In order to maintain the transparency and integrity of the PHAB and its individual members, PHAB members must comply with the PHAB Conflict of Interest policy as articulated in this section, understanding that many voting members have a direct tie to governmental public health or other stakeholders in Oregon.

All PHAB members must complete a standard Conflict of Interest Disclosure Form. PHAB members shall make disclosures of conflicts at the time of appointment and at any time thereafter where there are material employment or other changes that would warrant updating the form.

PHAB members shall verbally disclose any actual or perceived conflicts of interest prior to voting on any motion that may present a conflict of interest. If a PHAB member has a potential conflict related to a particular motion, the member should state the conflict. PHAB will then make a decision as to whether the member shall participate in the vote or be recused.

If the PHAB has reasonable cause to believe a member has failed to disclose actual or possible conflicts of interest, it shall inform the member and afford an opportunity to explain the alleged failure to disclose. If the PHAB determines the member has failed to disclose an actual or possible conflict of interest, it shall take appropriate corrective action including potential removal from the PHAB.

Members must complete required Boards and Commissions training as prescribed by the Governor's Office.

[PHAB members shall utilize regular meetings to propose future agenda items.](#)

ARTICLE IV

Committee and Subcommittee Meetings

PHAB meetings are called by the order of the chair or vice chair, if serving as the meeting facilitator. A majority of voting members constitutes a quorum for the conduct of business.

PHAB shall conduct its business in conformity with Oregon's Public Meetings Law, ORS 192.610-192.690. All meetings will be available by conference call, and when possible also by either webinar or by livestream.

The PHAB strives to conduct its business through discussion and consensus. The chair or vice chair may institute processes to enable further decision making and move the work of the group forward.

Voting members may propose and vote on motions. The chair and vice chair will use Robert's Rules of Order to facilitate all motions. Votes may be made by telephone. Votes cannot be made by proxy, by mail or by email prior to the meeting. All official PHAB action is recorded in meeting minutes.

Meeting materials and agendas will be distributed one week in advance by email by OHA staff and will be posted online at www.healthoregon.org/phab.

ARTICLE V

Amendments to the Bylaws

Bylaws will be reviewed annually. Any updates to the bylaws will be approved through a formal vote by PHAB members.