

AGENDA

PUBLIC HEALTH ADVISORY BOARD

December 16, 2021, 2:00-5:00 pm

Join ZoomGov Meeting

<https://www.zoomgov.com/j/1609889971?pwd=Tk0vRmNoelBrZExDeIVwN3ZrZEJDdz09>

Meeting ID: 160 988 9971

Passcode: 134813

One tap mobile

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Meeting objectives:

- Approve October meeting minutes
- Oregon Health Policy Board and committee membership workgroup discussion
- Identify process for public health modernization 2023-25 planning and evaluation development
- Discuss reactions to reports and findings, share reflections and work toward common understanding of appropriate next steps
- Hear about actions OHA is planning to implement recommendations and discuss actions PHAB can take to implement recommendations

2:00-2:05 Welcome, updates and agenda review

- Introductions
- Member transitions and acknowledgements
- Update on recruitments
- Training requirements
- **ACTION:** Approve October meeting minutes

Veronica Irvin,
PHAB Chair

2:05-2:20 Oregon Health Policy Board and committee membership workgroup

- Discuss equity and inclusion efforts within Oregon Health Policy Board and its committees

Tara Chetock
and Susan
Otter, OHA

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-
- **REQUEST:** Baseline membership data collection
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2:20-2:30 Public health modernization planning

- Development of 2023-25 priorities
- Evaluation
- PHAB Incentives and Funding and Accountability Metrics subcommittee membership
- **REQUEST:** Identify PHAB members to participate in evaluation advisory group and PHAB subcommittees

Sara
Beaudrault,
OHA

2:30-4:50 Public Health Survey Modernization

- Andres Lopez and Mira Mohsini, Coalition of Communities of Color
- Alyshia Macaysa, Macaysa Consulting
- Bridget Canniff, Victoria Warren Meares and Natalie Roese, Northwest Portland Area Indian Health Board

2:30-3:00 Introductions

- Discuss group agreements
- Group breakout session
- Group report out

Rachael Banks,
Oregon Health
Authority

3:00-3:20 Reflection and dialogue

- Talk about recommendations, reflections and lessons learned
- Reflect on data creation, interpretation and data sovereignty
 - What does data sovereignty mean with regard to sharing this report with colleagues? What if I have questions?

Survey
modernization
partners

All

-
-
- What does sharing data look like, and how do communities and partners want their data to be used?
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-

3:20-3:30 Break

3:30-4:50 Beginning to define PHAB's roles and commitments

- Hear about OHA's commitments to implementing recommendations
- Group breakout session
- Group report out and discussion
- Discuss PHAB's current levers, including implications for its subcommittees
- Discuss next steps

Rachael Banks

All

4:50-5:00 Public comment

Veronica Irvin,
PHAB Chair

5:00 Next meeting agenda and adjourn

Veronica Irvin,
PHAB Chair



PUBLIC HEALTH ADVISORY BOARD (PHAB) MEETING MINUTES

October 21, 2021, 2:00-3:00 pm

Attendance

Board members present: Kelle Little, Dr. Bob Dannenhoffer, Dr. Veronica Irvin, Dr. David Bangsberg, Sarah Poe, Dr. Sarah Present, Carrie Brogoitti, Jocelyn Warren, Dr. Dean Sidelinger; Dr. Jeanne Savage, Rebecca Tiel, Alejandro Queral, Eva Rippeteau

Board members absent: Rachael Banks, Erica Sandoval

Oregon Health Authority (OHA) staff: Cara Biddlecom, Lisa Rau

Meeting Objectives

- Approve September meeting minutes
- Discuss upcoming schedule of meetings with Health Resources in Action team
- PHAB member discussion of key issues

2:00-2:10 pm Welcome, updates and agenda review

Veronica Irvin, PHAB Chair

Veronica welcomed the PHAB members and asked for someone to approve the minutes. The motion was seconded, and the minutes passed with one abstention.

Veronica announced that due to unforeseen circumstances, there was a change in plans for this meeting. The original plan was to meet with members of the Survey Modernization group. This has been postponed. Rescheduling will occur later in this meeting.

She then asked for feedback from PHAB members about the recent emails they received about required Workday training. OHA has switched to a new statewide learning management system, and Board and Commission required trainings are now managed through that system. OHA staff has not received a lot of information on this process—more details will be coming as we learn them.

PHAB subcommittee members in attendance were asked to introduce themselves. Kat Mastrangelo is on the Accountability and Metrics subcommittee, and Dr. Rosemarie Hemmings is on the Strategic Data Plan subcommittee. Also introduced was Dr. Marguerita Lightfoot, an Associate Dean of Research from the new School of Public Health at UCSF.

2:10-2:20 pm Upcoming meeting schedule

Veronica Irvin, PHAB Chair

Discuss schedule for upcoming meetings with Health Resources in Action

- The first Health and Racial Equity Capacity Building session with HRiA team was held at the September PHAB meeting.
- There are three more training sessions planned over the next several months, with training being done at the monthly PHAB meetings. There will be time built-in for PHAB business at these meetings.

December PHAB meeting

- PHAB members agreed to cancel the November 18 PHAB meeting due to several time conflicts with members. The November meeting was planned to be a second Health and Racial Equity Capacity Building session with HRiA. OHA staff will try to find a different time to reschedule this meeting.
- Veronica asked if the committee would like to keep the December 16 PHAB meeting or cancel it. The members voted to keep the meeting as planned.

2:20-2:40 pm PHAB Member discussion

Veronica Irvin, PHAB Chair

A discussion was held regarding key issues that PHAB members should be aware of or should help problem-solve on behalf of the public health system.

Sara Beaudrault shared that the Accountability Metrics subcommittee will be coming to the full Board for discussion on recommendations for updated communicable disease and environmental health metrics sometime in the late first quarter or early second quarter.

It was mentioned that a review of the charter was overdue. It was unknown whether the previous version was adopted or not. It was proposed to address this at the next Board meeting.

It was also mentioned that there will be some Board positions openings at the end of this year.

Some topics that members would like to discuss at future meetings were:

1. Presentation on Federal funding efforts and what might be happening in that area so can coordinate our efforts.
 - Eva mentioned she is happy to help pull that information together.
2. It was asked if OHA is looking beyond COVID and creating an after-action report on lessons learned.
3. Discussion on the idea of LPHA moving their authority back to the state authority.
4. Burnout among public health professionals and ways to decrease this.
5. Discuss careers in Public Health and recruitment—how do we counteract the high turnover rate and stay competitive.
 - Bob shared an article from the New York Times about Public Health administration and the negative effect the pandemic has had on public opinion about public health.
6. Interest was expressed in receiving a high-level overview of Public Health Modernization implementation and where investments are being applied.
 - Some of the PHAB subcommittees have already addressed this issue and could possible present data about this topic.

2:40 – 2:50 pm **Public comment**

Veronica Irvin, PHAB Chair

No requests for public comments were made prior to or during the meeting. This section was then closed.

2:50 - 3:00 pm **Next meeting agenda items**

Cara mentioned that a statewide coalition of LGBTQ groups would like to present a needs assessment at a future meeting.

3:00 pm **Adjournment**

Veronica Irvin, PHAB Chair

The meeting was dismissed early at 3 pm.

Next meeting will be Thursday, December 16 from 2-5 pm.

DRAFT

Oregon Health Policy Board Committee Membership Workgroup

Committee Presentations

December 2021

Susan Otter

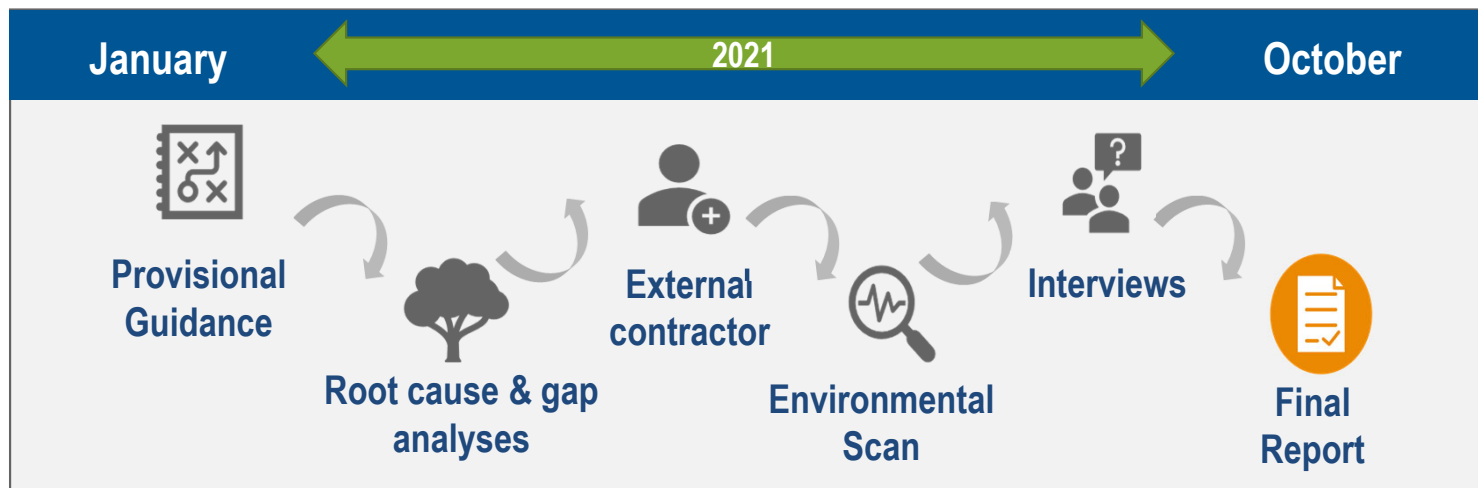


Presentation Overview

1. Project Summary
2. Report Recommendations
3. Today's Request
4. Q/A & Discussion

Workgroup Charge & Activities

- Inform and develop a **process** to ensure diverse and equity-focused Committee membership
- Provide **guidance** on best practices for Committee recruitment and retention
- Provide **recommendations** for systemic changes to support diverse and equity-focused Committee membership



External Partner Recommendations Themes

- Engage in **authentic**, ongoing community engagement even before member recruitment
- Support recruitment with **improved information** and coordination
- **Collect** and **report** comprehensive, disaggregated, and granular **demographic data** about OHPB Committee members and applicants
- Intentionally support **retention** of diverse OHPB Committee members
- Consider **system changes** to support OHPB Committee diversity and work on health equity
- Ensure that OHPB Committee meetings are **safe, welcoming, and inclusive**
- Ensure that OHPB Committee meetings are **accessible**
- Implement more **inclusive** practices for OHPB Committee meetings, including improving **public comment** and **decision-making** practices
- Support OHA staff and OHPB Committees with **training** and other **tools**

Report Recommendations

All OHPB Committees should:

1. Engage diverse, under-represented, and excluded communities
2. Support recruitment and retention of more diverse members
3. Implement more inclusive meeting practices
4. Implement OHPB Committee work on equity

Member Survey

Survey Purpose:

- Standardize collection and reporting of demographic and sector data about Committee members and applicants
- Coordinate recruitment and interest of applicants across OHPB Committees

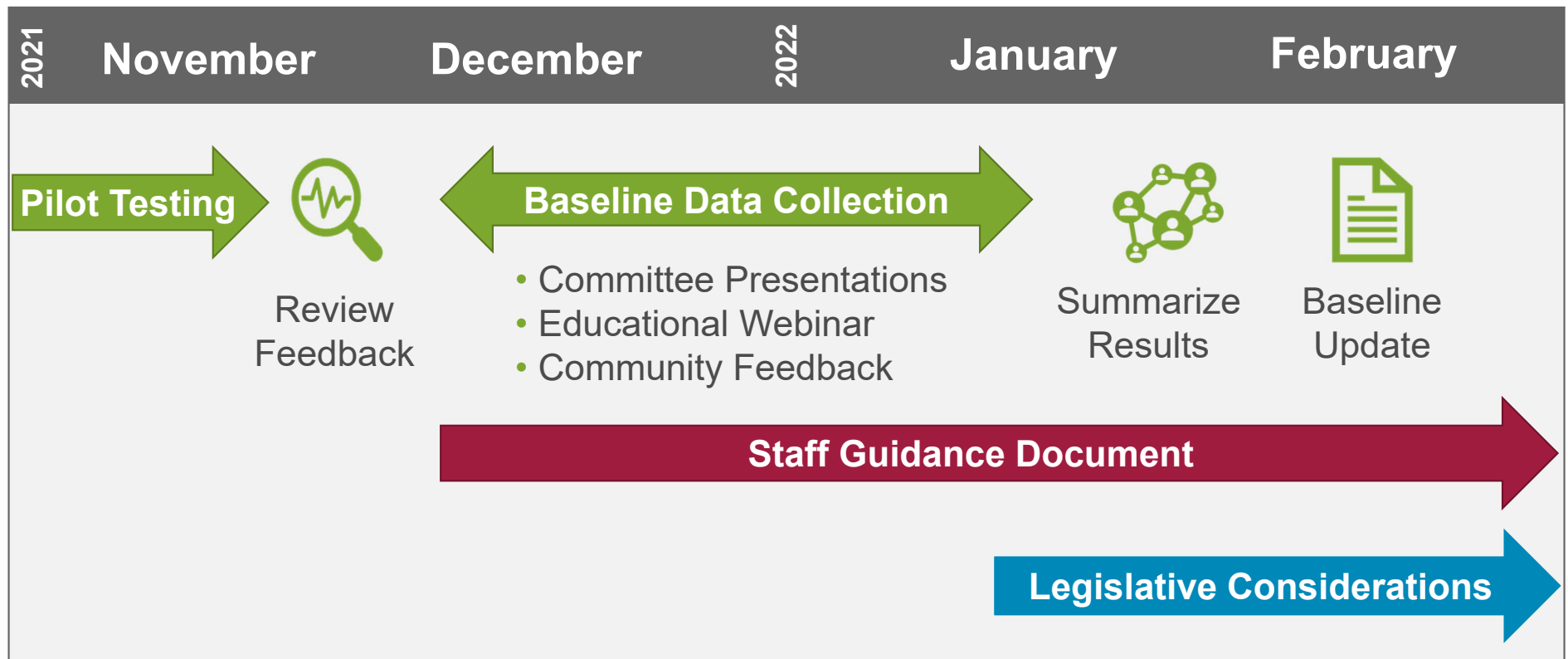
Survey Questions

- Health Equity Expertise
- Lived & Cross-Cultural Experiences
- Race/Ethnicity, Language, Disability
- Sex, Gender Identity, Sexual Orientation
- Geography, Sector and Age

Lived experience: (based on self-reported identity) personal knowledge about the world gained through direct, first-hand involvement in everyday events such as racism, houselessness, behavioral health, etc.

Cross-Cultural experience: volunteer, personal, or professional experience with populations and communities different than their self-reported identity, such as living in a country other than the U.S., learning another language, working with racially and ethnically diverse populations and communities.

Short-term Project Timeline



Request

The Oregon Health Policy Board kindly requests for its Committees to join them in completing the member survey

- Members will receive an email with survey & information
- Survey available online and as a paper copy
- Complete survey within 2 weeks of receipt
- Opportunity to provide feedback about questions and format



Thank you!! Questions?

Achieving the Oregon Health Authority (OHA) goal of equity and eliminating health inequities requires transformational change. The Oregon Health Policy Board (OHPB) and its Committees have significant influence in establishing regulatory guidance, payment policies and incentives, performance measures and accountability, and other policies for Oregon’s health system through its own actions, and actions by its Committees. Ensuring OHPB and Committees are centered in health equity requires transforming committee membership and committee practices.

OHPB Committee Membership Workgroup and Report: In fall 2020, the OHPB chartered the Committee Membership Workgroup to identify and provide recommendations to overcome the structural and procedural barriers that limit the recruitment and retention of diverse committee members and those that bring health equity expertise, lived experience and cross-cultural experience. In addition, this project explored inclusive and equitable committee practices. OHA engaged Ignatius Bau, Health Equity consultant, for the work, which included about 50 interviews with external community and health care partners, OHPB and OHA executive sponsors and OHA staff, conducting root cause and gap analyses, preparing findings and recommendations, and compiling resources for inclusive and equitable committee practices. *The [full report](#) was presented in October 2021. For more information, contact Tara Chetock, Tara.A.CHETOCK@dhsosha.state.or.us.*

Root Cause Analysis and Gap Analysis

- The common perception or statement that “Oregon is not a very diverse state” is more a myth than fact; school enrollment trends show that racial and ethnic diversity will continue to increase
- Oregonians served by OHA, and impacted by OHA policies, especially through the Oregon Health Plan (Medicaid), are racially and ethnically diverse
- Structural racism, exclusion, and discrimination in educational and employment opportunities have resulted in the under-representation of individuals from Tribal communities and communities of color in health professions, including significant under-representation of Blacks, Latinos, and American Indians/Alaska Natives among physicians, nurses, social workers, and dentists licensed to practice in Oregon
- Other structural exclusions have created barriers for individuals with disabilities, individuals who speak languages in addition to English, lesbian, gay, bisexual, transgender, and queer (LGBTQ+) individuals from accessing and utilizing health care, and from opportunities as health professionals. A significant number of geographic areas throughout Oregon have persistent shortages of primary care, mental health, and dental providers, which exacerbate challenges for diverse representation
- There is a need for Committee members with subject matter expertise about diversity and health equity, including “lived experience” based on self-reported racial and ethnic identity, or other identity and “cross-cultural experience” based on living among, working with, or learning about communities and populations different from one’s racial or ethnic identity or other identity.

OHA and OHPB 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, age, 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

EXTERNAL PARTNERS INTERVIEWED

COMMUNITY:

- Oregon Health Equity Alliance
- Linn Benton Health Equity Alliance
- Eastern Oregon Health Equity Alliance
- Mid-Columbia Health Advocates
- Coastal Equity and Inclusion Committee of Lincoln County
- Confederated Tribes of Warm Springs
- Northwest Portland Area Indian Health Board
- Oregon Law Center
- Bridges Oregon
- Basic Rights Oregon
- Equi Institute
- Pride Northwest
- Olalla Center
- African Family Holistic Health Organization
- Meyer Memorial Trust
- Collins Foundation

HEALTH CARE:

- Oregon Health Leadership Council
- CCO Oregon
- Oregon Primary Care Association
- Oregon Association of Hospitals and Health Systems
- Oregon Council for Behavioral Health
- Oregon Office of Rural Health
- Oregon Academy of Family Physicians
- Oregon Dental Association
- Oregon Nurses Association
- Oregon Public Health Association
- Women in Healthcare, Oregon Chapter
- Jackson Care Connect

External Community, Health Care, and Public Health Partner Input

External community, health care, and public health partners shared their experiences of engagement with OHPB Committees and other government advisory groups.

- External community and health care partners are generally aware of, and very supportive of OHA's prioritization of health equity, and eager to partner with OHA to recruit more diverse OHPB Committee members
- However, community partners (compared to health care partners) were generally less aware of OHPB Committees and their work
- Moreover, community partners noted other priorities and limited organizational capacity to participate on government committees and advisory groups

These external partners made the following recommendations:

- Engage in authentic, ongoing community engagement even before recruitment for OHPB Committees
- Support recruitment of diverse OHPB members with improved information and coordination
- Collect and report comprehensive, disaggregated, and granular demographic data about OHPB Committee members and applicants
- Intentionally support retention of diverse OHPB Committee members
- Consider system changes to support OHPB Committee diversity and work on health equity
- Ensure that OHPB Committee meetings are safe, welcoming, and inclusive
- Ensure that OHPB Committee meetings are accessible
- Implement more inclusive practices for OHPB Committee meetings, including improving public comment and decision-making practices
- Support OHA staff and OHPB Committees with training and other tools

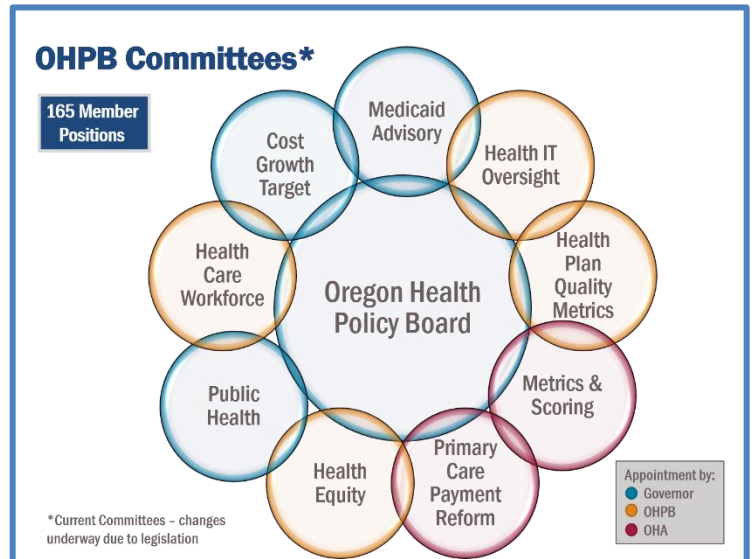
OHPB and OHA Sponsor and OHA Staff Input

- OHA staff are committed to increasing the diversity of OHPB Committee members, and recognize the importance of this work
- Internal staff support standardized data collection about Committee applicants and members, and raised the need for diversity beyond racial and ethnic diversity
- OHA staff generally understand this goal of increasing OHPB member diversity as an individual responsibility, specific to the OHPB Committee they are supporting or working most closely with

- OHA staff are aware that successful recruitment requires ongoing community engagement but need more support for effective community engagement
- Internal interviewees highlighted the need to engage, support, and retain diverse Committee members
- While OHA staff would like to increase accessibility of OHPB Committee meetings, there are questions about support and resources for implementation
- OHA staff had recommendations about improving the public comment process during OHPB Committee meetings
- Some internal interviewees recognize the need for work beyond OHPB Committee member diversity, and are anxious to advance inclusion and equity within Committee policies, procedures, and practices

Findings

- Diversity is necessary, but not sufficient, for inclusion and equity
- While OHA is committed to many dimensions of diversity, the recognition of structural racism calls for a prioritized focus on racial and ethnic diversity
- Current OHPB Committee member recruitment processes are not always coordinated and consistent, nor specifically designed to advance health equity
- Current demographic data about OHPB Committee members and applicants are not comprehensive, standardized, or complete
- There are significant barriers for partners from diverse, under-represented, and excluded communities and populations to serve on OHPB Committees
- There are no systematic supports for retention of OHPB Committee members



Recommendations

- All OHPB Committees should **engage** diverse, under-represented, and excluded **communities**
 - Identify populations and communities most impacted by Committee decisions and policies
 - Engage and listen to diverse, under-represented, and excluded communities and populations
- Support recruitment and retention** of more diverse OHPB Committee members
 - Coordinate recruitment across OHPB Committees
 - Standardize collection and reporting of demographic and sector data about Committee members and applicants
 - Support retention of diverse Committee members
 - Recommend changes to authorizing statutes and charters to increase Committee member diversity
- Implement** more **inclusive** OHPB Committee **meeting practices**
 - Ensure access to all OHPB Committee meetings
 - Highlight public comments and other community partner input
 - Practice inclusive decision making

D. Implement OHPB Committee work on equity

1. Provide training to OHA Committee staff and Committee chairs and members about diversity, inclusion, and equity
2. Identify and use equity tools
3. Use an equity analysis as part of every decision and policy

Next Steps

- OHA's Committee Membership Workgroup will develop and implement:
 - Coordinated process for Committee member recruitment
 - Guidance for Committee staff and leadership on inclusive and equitable practices
 - Training plan to support diversity, inclusion, and equity; and begin trainings
 - Recommendations for statutory/charter changes
- February OHPB Retreat: Share baseline data about Committee member diversity
- Continue to work with other parts of OHA on deeper and broader community engagement

Public health modernization planning

Development of 2023-25 priorities

Each biennium, PHAB makes recommendations to OHA on priorities and direction for public health modernization. PHAB's recommendations become the basis of planning for the next legislative session. OHA works with local public health authorities, Tribes and community-based organizations to develop system-wide goals and scopes of work based on PHAB's recommendations

1. In addition to reviewing the phased implementation plan that PHAB has used in the past, what other information would PHAB members like to discuss in order to make recommendations?

Evaluation

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.

1. What connections would PHAB members like to see between the Evaluation Advisory Committee and PHAB?
2. Are 1-2 PHAB members interested in participating in this Advisory Committee?

PHAB subcommittees

The Accountability Metrics subcommittee continues its work to revise the framework for public health accountability metrics and to update metrics for communicable disease control and environmental health.

The Incentives and Funding subcommittee will begin meeting in early 2022. This subcommittee will assess the effectiveness of the current public health modernization funding formula for local public health authorities and make updates for 2023, and update PHAB's Funding Principles.

1. The Accountability Metrics subcommittee has asked that a PHAB member who is a local public health administrator join this subcommittee.
2. Which members are available to participate in the Incentives and Funding subcommittee? Current members are Bob, Carrie, Alejandro and Veronica.

Group agreements

Modified from PHAB Accountability Metrics subcommittee

- Name and account for power dynamics
- Ask questions, and be mindful of whether questions are intended for community partners or OHA
- Stay engaged
- Speak your truth and hear the truth of others
- Expect and accept non-closure
- Experience discomfort
- 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

Introductions

Breakout session #1

- Introduce yourself
- What excites you about today's meeting?
- What is one thing you learned from the reports?
- What do you hope to offer, give, or share with community partners today?

Beginning to define PHAB's role and commitments

Breakout session #2

- How are these data different than what you're used to using for decision-making?
- What are the systemic barriers and challenges that could get in the way of using these data and methodologies to make decisions?
- Now that the community has shared some of their stories and strategies with PHAB, how can PHAB remain accountable for moving this forward in continued partnership with community?