

PUBLIC HEALTH ADVISORY BOARD

Health Equity Framework Workgroup Minutes

March 20, 2024, 2:00pm – 3:30pm

Subcommittee members present: Beck Fox, Christine Sanders, Dr. Bob Dannenhoffer, Faron Scissons, Jennine Smart, Kyle Sorensen, Margaret Sanger, Meka Webb, Natalie Carlberg, Taylor Silvey

Subcommittee members absent: Dr. Marie Boman-Davis, Jackie Leung, Krizia Polanco, Miranda Williams, Misha Marie

OHA staff: Cessa Karson, Nandini Deo, Nettie Tiso, Sophia Bass, Steven Fiala, Tamby Moore, William Blackford, Emily Roemeling, Kayla Gray, Lisa Tseko, Shana Falb

Welcome and introductions

- Reviewed previous meeting and minutes
- Reviewed group agreements
- Reviewed meeting agenda
- Warm up question, "If you had to teach a class on one thing, what would you teach?"
 - Responses included classes about: movie and TV vampires, sailing, crafting/art, beginner dance, tea, cultures around the world, environmental justice, organization, intro to painting for people who think they are not creative, intro to bowling.

Domain 1: Communications Role Worksheet exercise

Information for Domain 1 is located on page 53 in the Modernization Manual included in your meeting packet. Note: Foundational Capabilities and Domains are the same thing.

The worksheet is meant to help conceptualize roles required to achieve health equity across each modernization domain.

- Step 1: Consider the "why" on this domain by brainstorming a vision for communications that are aligned and coordinated across all public health system partners.
 - Everyone is getting the same information across the board - communication is clear.

- Consistent messaging demonstrates that conversations have happened on different levels and that there is an agreement across those levels.
 - Equitable access to communication (all demographics get the same message at the same time).
 - Coordinated efforts help ensure that partner agencies are able to help the members of communities that they are serving in a more informed way.
 - Every communication should be made as simple as possible, but no simpler.
 - Reach out to CBOs/local community leaders for expertise on how to properly disseminate information.
- Step 2: Consider “how” the group can role map Domain 1 using as an example: The communication components for our system-wide approach to reduce COVID-19 hospitalization rates.

Who played what role?

OHA	Developed written materials/social media posts related to protecting populations vulnerable to COVID-19 hospitalization. Collected data and provided access to the public.
Local Public Health	Share information on the news and/or social media.
CBOs	Received information from OHA and LPHA and simplified communications for client use.
Federally Recognized Tribes	Received information from OHA, LPHAs and CBOs and made it more specific to tribal communities; distributed culturally relevant materials.
Other Health System Partners	Examples of partners include: Assisted Living CCOs Department of Corrections

Discussion

- What is helpful? What would the group like to remain that was part of this exercise? Is considering the “why” and “how” beneficial?
 - Dr Bob asked if the group is adding or editing the current framework or if the group is coming up with something new.
 - Nandini replied that editing the modernization manual is outside of the scope of this workgroup. This process is about creating roles for the public health equity framework and using the modernization manual as a reference.
 - Taylor asked if a person/people would be assigned to focus on each domain.
 - Nandini replied that the goal is to collaborate to define roles within the public health system with the goal to achieve health equity for all. The Public Health Modernization Manual was created several years ago with domains and roles for State Public Health and Local Public Health only. Between meetings, for each domain, workgroup members will use the worksheet to brainstorm ideas to update current state and local public health roles, and additionally, to create roles for community partners and Federally Recognized Tribes. At the next meeting the group will discuss how they want to update and create these roles.
 - Nandini asked the group if this feels like a good structure.
 - Bob replied that the group can work through Domain 1 and determine if this is a good method for the group.
 - Nandini added that the process can be changed at any time and requested the group provide feedback.
 - Margaret requested access to the worksheet in advance to give the group time to review and added that it is easier to contemplate meaningful answers when they have had time to review it rather than when the conversation is happening during the meeting.
- Before Next Meeting
 - New worksheet will be mailed out
 - Review pages 53-57 of the Modernization Manual
 - Fill in new worksheet by adding roles for Domain 1 (Communications)
 - We will discuss as a group at the next meeting on 4/3/2024

Future Planning

- Next Agenda – 4/3/2024 meeting
 - Health Equity Discussion: review topics collected in the previous 3/6/2024 meeting and discuss further
 - Presentation on similar Health Equity Framework efforts of other programs or workgroups to identify duplication
 - Create Breakout rooms to discuss Health Equity in smaller groups
 - Domain 1 conversation will continue by utilizing the worksheet
- Discussion
 - Christine asked if other health equity work would be presented from other groups outside of OHA with the idea of collaboration and offering another point of view.
 - Nandini replied that counties or CBOs could present on health equity work and asked for suggestions on who and how to reach out to other groups to gather information.
 - Christine mentioned being a part of an OHA-sponsored Black COVID Strategy Workgroup that contains 75-80 CBO members across Oregon as an option.

Modernization talk with Steven Fiala

- Oregon's Public Health System
 - Governmental Public Health System
 - Federal Government (Health & Human Services [HHS], Environmental Protection Agency [EPA] as examples)
 - Oregon Health Authority (Oregon Health Policy Board [OHPB] and Public Health Advisory Board [PHAB] groups that work with OHA)
 - Local Public Health Authorities (LPHAs)
 - Federally Recognized Tribes
 - Government Partners
 - Community Based Organizations (CBOs)
 - Conference of Local Health Officials (CLHO)
 - Urban Indian Program
 - Tribal EPI Center
- OHA Mission: To protect and promote the health of every person in Oregon and the communities where they live, work, play and learn.
- OHA Goal: Eliminate health inequities through community-based prevention and health promotion.

- Modernization is key for delivering on Oregon’s commitment to eliminate health inequities
 - Ensures every person in Oregon has the same access to public health protections.
 - Builds capacity for primary prevention across public health programs.
 - Prepares Oregon to respond to public health issues that are increasingly complex and growing rapidly.
 - Provides sustainable funding and a public health workforce that is needed to prepare and respond to public health crises.
- Modernized framework for public health includes four foundational programs
 - Communicable disease control
 - Prevention and health promotion
 - Environmental health
 - Access to clinical preventative services
- Modernized framework for public health includes seven foundational capabilities (a.k.a. Domains)
 - Leadership and organization competencies
 - Policy and planning
 - Health equity and cultural responsiveness
 - Communications
 - Community partnership development
 - Emergency preparedness and response
 - Assessment and epidemiology
- Public Health Modernization Milestones
 - 2013-15
 - Oregon Legislature passes House Bill 2348.
 - The Taskforce on the Future of Public Health Services in Oregon released the “Modernizing Oregon’s Public Health System” report which recommended:
 - A modified version of the National Foundational Services model.
 - An updated Oregon Public Health Advisory Board (PHAB) working as a committee to the Oregon Health Policy Board (OHPB).
 - 2015-17
 - Oregon Legislature passes House Bill 3100 which codified the public health services framework into law.

- The Public Health Modernization Manual was created as Oregon's modified version of the National Foundational Services model.
- PHAB was appointed.
- Public Health Modernization Assessment took place and looked at the current public health systems capacity to fulfill foundational programs and capabilities and the roles. It also looked at the level of expertise and any gaps that should be filled.
- A Costing Assessment took place to determine how much in additional resources the public health system would need to fully implement a foundational public health services model. It was estimated there was a need for an additional \$210 million per biennium. This funding estimate did not include funding for Federally Recognized Tribes and CBOs.

2017-19

- Oregon Legislature passes House Bill 2310 and allocated \$5 million for public health modernization.
 - OHA received \$1.1 million
 - LPHAs received \$3.9 million
- Public Health Accountability Metrics were adopted.

2019-21

- Oregon Legislature allocated an additional \$10 million.
 - OHA received \$3.1 million
 - LPHAs received \$6.4 million
 - Tribes received \$1.1 million

2021-23

- Oregon Legislature allocated an additional \$45 million for modernization implementation.
 - OHA received \$8.7 million
 - LPHAs received \$23.1 million
 - Tribes received \$3.3 million
 - CBOs received \$10 million

2025-25

- Oregon Legislature allocated an additional \$50 million.
 - OHA received \$7.4 million
 - LPHAs received \$16.95 million
 - Tribes received \$5.3 million
 - CBOs received \$16.95 million
 - RH Providers received \$3.4 million

- OHA is working to produce a statewide Public Health Equity Framework and a Public Health System Workforce plan.
- Building infrastructure through Public Health Workforce based on 2023 fiscal budgets
 - More than 300 new or existing positions in LPHAs are being funded through local public health modernization funds including:
 - Communicable Disease - more than 80 positions were added
 - Environmental Health - more than 30 positions were added
 - Foundational capabilities - more than 20 positions were added
- Building capacity for Health Equity
 - Funded 69 CBOs with modernization dollars through OHA Public Health Equity Funding in areas:
 - Communicable disease prevention
 - Health security preparedness and response
 - Environmental health and Climate change
 - Commercial tobacco prevention
 - Adolescent and school health
 - HIV/STI prevention and treatment
- Oregon public health shows improvement through accountability metrics for LPHAs
 - 2023-25 accountability metrics for public health modernization funding. A portion of the funding to LPHAs is based on improved performance for the metrics listed below.
 - Sexually transmitted infections
 - Rate of congenital syphilis
 - Rate of any stage syphilis among people who can become pregnant
 - Rate of primary and secondary syphilis
 - Vaccine preventable diseases
 - Two-year old vaccination rate
 - Adult influenza vaccination rate
 - Extreme heat and wildfire smoke
 - Emergency department and urgent care visits due to heat
 - Hospitalizations due to heat
 - Heat deaths
 - Respiratory (non-infectious) emergency dept (ED) and urgent care visits

- State and Local Partners all have a role in improving health. PHAB created a Health Equity Framework with equity in mind. Collective responsibility across sectors and partners
 - Health Priorities
 - Indicators of health outcomes
- OHA and LPHA responsibility
 - Public Health Data, Partnerships and Policy
 - Measure of foundational capabilities
- Great sources for more information
 - Public Health Modernization
www.healthoregon.org/modernization
 - Public Health Advisory Board
www.healthoregon.org/phab
 - Public Health Equity Program
<https://www.healthoregon.org/oha/PH/ABOUT/Pages/CBO.aspx>
 - Survey modernization community reports
<https://www.oregon.gov/oha/ph/about/taskforce/pages/index.aspx>
 - National PHAB Center for Innovation
<https://phaboard.org/center-for-innovation/>

Public Comment

- No public comments were made.

Meeting Adjourned.