
PHAB Workgroup Meeting

March 6, 2024

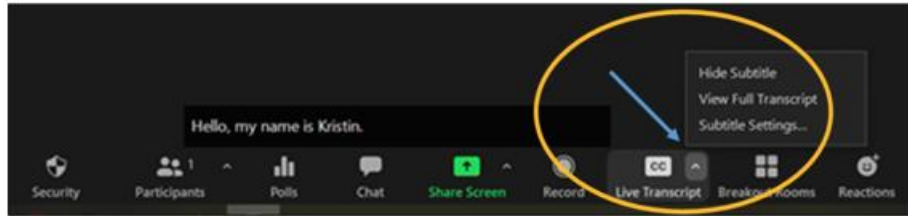
Health Equity Framework

The logo for the Oregon Health Authority, featuring the word "Oregon" in orange, "Health" in blue, and "Authority" in orange, all in a serif font.

Oregon
Health
Authority

Real-time captioning and transcription service

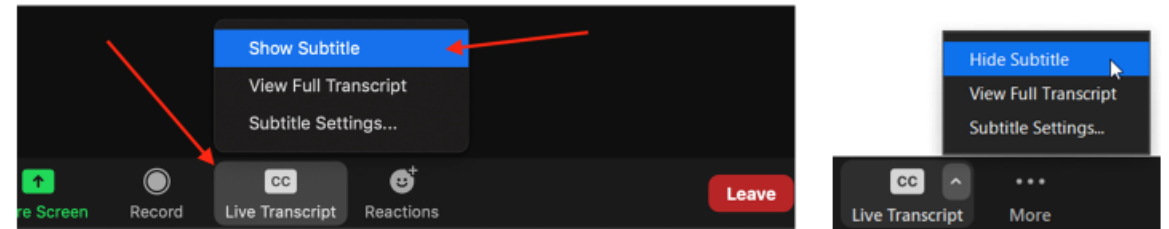
Enabling Closed Captions



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Send a direct message to Nandini Deo for support with accommodation related questions during this meeting.

Review of Last Meeting

- Review meeting minutes from prior meetings to add any revisions before posting to PHAB site
- Updating Public Health Modernization manual is outside of the Health Equity Framework workgroup's scope
- Proposed meeting structure
 - Group determined 30 minutes per week is sufficient for work outside of scheduled meeting time
 - Meetings changed to 1st and 3rd Wednesdays of the month
 - OHA staff to continue to facilitate
 - All decisions can be revisited at any time

Key discussion and decision items

- Review and revise notes from 1/30 meeting
- Review and revise notes from 2/13 meeting
- Complete group agreements
- Provide feedback on deliverable milestone timeline
- Collaboratively build 3/20 agenda

Workgroup Agenda

| Topic | Purpose | Slide number | Led by | Time allocated |
|------------------------------------|--|--------------|---------|----------------|
| Introductions and warm up | <ul style="list-style-type: none"> • Connection • Review of last meeting; Review of meeting notes • Key discussion and decision items | 6 | William | 10 min |
| Group agreements | Review and personalize | 7-10 | William | 30 min |
| Break | Rest | 11 | William | 5 min |
| Milestone and deliverable timeline | Discussion | 12 | Nettie | 20 min |
| Future agenda building | Collaboration | 13 | Nettie | 15 min |
| Public comment | Public Comment | 14 | William | 10 min |

Member Introductions & Warm-up

Type in the chat:

1. Your name, pronouns, role or title, & organization
2. What is one thing about spring you are looking forward to?

Group Agreements

Review PHAB Group Agreements (cont.)

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

Review PHAB Group Agreements


- Learn from previous experiences and focus on moving forward
- Slow down to support full participation by all group members
- Stay engaged
- Speak your truth and hear the truth of others
- Expect and accept non-closure

Review PHAB Group Agreements (cont.)

- 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

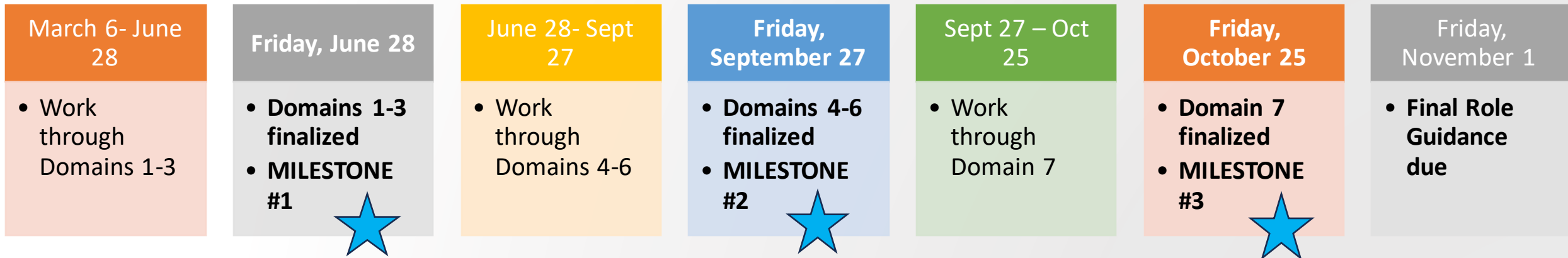
Break time!

Milestone timeline

 = Milestone

For each milestone reached, consider:

- How do we want to celebrate in the virtual space?
- How do we want to evaluate how it went?



Agenda creation for 3/20:

- Review example of role guidance deliverable, walk through worksheet
- Modernization 101 discussion
- Health Equity discussion
- What else?

Which **discussion item** would you prioritize addressing first?

Public Comment

- Introduce yourself for the record
- Please keep comments under 3 minutes

PUBLIC HEALTH ADVISORY BOARD

Health Equity Framework Workgroup Minutes

January 30, 2024 11:00am – 12:30pm

Subcommittee members present: Beck Fox, Christine Sanders, Faron Scissons, Jackie Leung, Jennine Smart, Krizia Polanco, Kyle Sorensen, Dr. Marie-Boman Davis, Meka Webb, Miranda Williams, Misha Marie, Taylor Silvey

Subcommittee members absent: Dr. Bob Dannenhoffer, Natalie Carlberg

OHA staff: Larry Hill, Nandini Deo, Nettie Tiso, Sara Beaudrault, William Blackford

Welcome and introductions

- Participants introduced themselves and engaged in an icebreaker activity.
- Agenda for the meeting was added to the chat.

Scope of this workgroup

- 2 Deliverables:
 - Role Mapping - definitions of roles in the public health system as they relate to equity.
 - Public Health Equity Framework - a framework or guide for other groups to develop their own equity plans.
- Collaboration with internal and external partners.

Review Foundational Documents

[PHAB Health Equity Policy and Procedure](#)

- Sara provided some background that PHAB initially approved this document in 2017 or 2018 as a way to have some conversation around what the board could be doing to meaningfully contribute to improving health equity in the state of Oregon. It was updated by the Oregon Health Policy Board (OHPB) in 2020. Most recently PHAB updated it in December 2023, in addition to updating the PHAB Charter.

- Sara shared the document purpose, read the definition of health equity and then paused for comments.
- Larry stated that the statements are ambitious and wants the group to continue to grow and move towards those goals but also recognize that there is a deficit when discussing rectifying historical and contemporary injustices. He added that we can support structures that build a pathway towards reducing damage within our system.
- Sara shared that in 2020 PHAB made a commitment for leading with race. In 2023 PHAB added additional definitions to include racism, structural racism, and social determinants of health. Sara encouraged people to read these definitions and the sources cited on their own time.
- Sara pointed out sections in the document that included PHABs commitment for leading with racial equity, a history of structural racism and colonialism in Oregon, and examples provided of systemic racism.
- Marie added that PHAB understands that much of the document is aspirational, but it is important to acknowledge and work towards those goals. The policy and procedure is a living document that will be revised as part of the "live, un-learn and re-learn process."
- Sara shared that before PHAB adopts a deliverable they do a comprehensive health equity review and consider the questions within the "Health Equity Assessment Tool" of the document.
- Sara asked the group for questions and comments.
 - Marie asked if this group has interest in adopting or including part of the definition of health equity contained within the PHAB Health Equity Policy and Procedure as a way to have a shared understanding of what health equity means.
 - Misha shared that the "Health Equity Assessment tool" is a good guide and captures the questions that need to be answered.
 - Jennine added in the chat that for consistency it seems helpful to use the existing definition. The tool seems useful, and the questions support accountability but wonders how the group is intending to incorporate community input.

- Miranda asked if she could share the PHAB Health Equity Policy and Procedure with the nine tribes for input and feedback. Sara replied that yes, this document could be shared.
- Christine asked if the group could discuss and consider adopting the definition of health equity contained within the document at the next meeting after everyone has had a chance to review it more. Nandini agreed that this could be discussed at a future meeting.

Proposed Meeting Structure

- Larry shared that this space is for everyone. If you do not feel comfortable speaking in front of the group you can add your input into the chat or reach out to Larry, Nandini, Nettie or William.
- Nandini asked the group: What do you need to feel successful coming into this space?
 - Misha shared appreciation for the meeting time moving from 2 hours to 1.5 hours.
 - Marie stated that it takes a few minutes to feel grounded after entering the meeting and a review of what was discussed and accomplished previously would be helpful. Also suggested more structured guidance in the agenda so the group knows if they will be discussing, voting or approving an action item.
 - Miranda agreed there is value in feeling grounded and appreciates going over the agenda, so the group knows what decisions or actions need to be taken at the start of the meeting.
 - Beck shared they would like to see key action items in the body of the email that is received before the next meeting. Framing the meetings is helpful.
- Nandini asked the group: What feedback do you have about the proposed structure? What do you think about biweekly meetings?
 - Taylor likes the new structure because it allows for time to consider what was previously discussed and have conversations and then finalize the domains at the next meeting.
 - Meka likes the new structure. There is a lot to get through and the conversations may not be as productive if they were to move to monthly meetings.

- Misha and Faron expressed approval in the chat regarding the new structure.
- Nandini asked the group: How much time between meetings should be dedicated to work/material review?
 - Misha suggested an hour between meetings.
 - Jennine thought an hour a week.
 - Taylor shared they could commit to 30 minutes a week.
 - Christine asked if everyone was expected to commit a certain amount of time each week.
 - Nandini replied that she wanted the group to decide on a time cap for the work allowed outside of the meeting.
 - Marie feels it is worth discussing what model to use to come to an agreement on this and proposed discussing and voting on this at the next meeting.

Next Steps

- Provide an overview at the start of future meetings around action items, decisions and discussions.
- Discuss and vote on how many hours a week each member should be committing to work outside of meeting times to review materials.
- Discuss and vote on adopting the definition of health equity from the PHAB Health Equity Policy and Procedure.
- Review PHAB Group Agreements.
- Review [Public Health Modernization Manual](#)

Public comment

- Kim Valdez with New Avenues for Youth shared that she wants to highlight that the PHAB Health Equity Policy and Procedure is a working document. She feels that something is missing from it and would like to hear more about it and to discuss it as a group.

Meeting was adjourned.

PUBLIC HEALTH ADVISORY BOARD
Health Equity Framework Workgroup Minutes
February 13, 2024, 11:00am – 12:30pm

Subcommittee members present: Dr. Marie-Bowman Davis, Meka Webb, Kyle Sorensen, Jackie Leung, Misha Marie, Jeannine Smart, Faron Scissons, Natalie Carlberg, Taylor Silvey, Christine Sanders

Subcommittee members absent: Dr. Bob Dannenhoffer, Krizia Polanco, Miranda Williams

OHA staff: Larry Hill, Sara Beaudrault, Cessa Karson, Nandini Deo, Tamby Moore, William Blackford, Nettie Tiso

Welcome and Introductions

- Reviewed 1/30 meeting and minutes
- Check in about review of meeting materials
 - Misha stated she likes the idea of reviewing meeting minutes to ensure that people who missed the previous meeting have accurate information to review.
 - Marie recommended feedback be placed in the chat around reviewing meeting minutes and potentially voting on whether there is a need to approve meeting minutes or not.
 - Faron asked if the meeting notes can be distributed a few days after the meetings for group members to review on their own time and then approve and revise at the next meeting.
 - Nandini replied that yes, the meeting minutes can be distributed following the meeting and the group can discuss the previous meeting minutes later in this meeting.
 - Cessa shared that information will be placed in the chat for workgroup members that are eligible for compensation. Any questions can be emailed to Nandini, Nettie, William or Cessa.

Process Overview

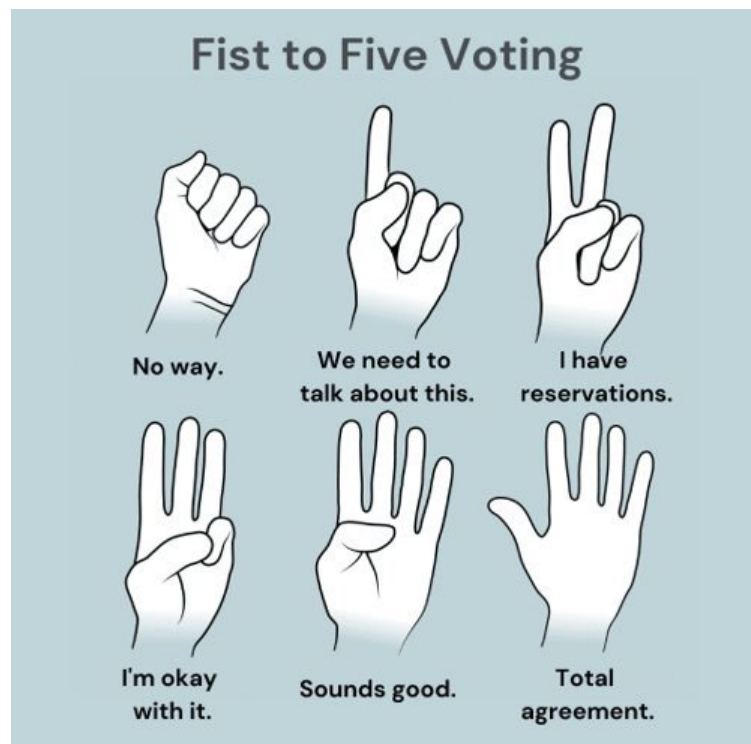
Nandini shared that today's goal is to walk through how the group could utilize the [Modernization Manual](#) and the [PHAB Policy and Procedure](#) to develop out the role guidance co-creation process.

1. Review Domain Components & Core System functions as a group.
 2. Review existing roles that already exist. The current roles for each domain are "State" and "Local" health entities. The group would review the existing roles in each domain.
 3. Consider and discuss:
 - What is missing?
 - What needs to be expanded?
 - Which roles will community partners fulfill?
 4. Add another column into the current matrix and build out additional roles or expand and document the existing roles.
- Discussion
 - Marie explained that the Modernization Manual was created in alignment with a 2015 piece of legislation for the modernization of the public health system. The 'State' column is the Oregon Health Authority (OHA) Public Health division and the 'Local' column most commonly consists of county level government such as LPHAs. Marie added that the group is adding a 'Community' column to identify the work that community is currently engaging in.
 - Marie asked if the intention of the group was to revise the existing rows of content within the Modernization Manual.
 - Nandini responded that the group is not revising the Modernization Manual. The roles for 'State' and 'Local' are already defined and the goal is to use the existing matrix as a guide for the group to develop a column for 'Community' by defining community roles, making additions, and considering what already exists within the "community bucket".
 - Nandini encouraged the group to add any questions or comments to the chat and the group can discuss it further at the next meeting.

Group Decision Making

Decide on a voting system for the group

- Consensus system (Fist to Five):
 - Everyone needs to vote a 3 or higher for the vote to pass.
 - If there are group members voting less than a 3, a discussion will occur followed by a second round of voting.
 - After three rounds, if the group cannot vote 3 or greater, a simple vote will take place.



Consensus system (Fist to Five) voting diagram

- Simple voting system (80/20 or 2/3)
 - If 80% or 2/3 of workgroup members vote yes, the decision moves forward.
 - If 80% or 2/3 of workgroup members are not in agreement, a discussion will occur.
 - Another vote will occur following the discussion. The workgroup needs to determine how many times a re-vote can occur.

- Discussion
 - Meka asked what the Fist to Five voting system would look like if six members were present and four members voted a 3 or higher and two members voted less than 3.
 - William replied that a discussion would occur to determine what changes need to be made to reach a group consensus. If three rounds of voting take place and a consensus cannot be reached there will be a simple vote which would require an 80% or 2/3 majority vote to move the decision forward.
 - Meka asked about people voting "I'm okay with it" (choice 3) using the Fist to Five voting process and shared concern over all group members getting a voice in the voting process.
 - William replied that there would be a follow up discussion to determine what is needed to move group members from feeling okay with a vote to being in agreement with the vote.
 - Marie suggested an alternative voting option of the traffic light voting system (red-yellow-green) with three voting options rather than six options.
 - Misha shared that she likes the wiggle room that the Fist to Five voting option provides.
 - Marie requested that future voting be done using the poll feature so votes remain anonymous.
- Voting Results
 - The group voted to adopt the Consensus (Fist to Five) voting system.

Proposed Meeting Structure

- Voting Results
 - The workgroup voted for future meetings to occur the 1st & 3rd Wednesday of the Month.
 - The workgroup voted for members to commit to 30 minutes maximum per week outside of workgroup meeting times for reviewing materials from meetings or editing documents.
 - The workgroup voted for OHA staff to continue to facilitate the meetings.

- The workgroup voted for multiple facilitators to continue to facilitate the meetings.
- Discussion
 - Meka asked if workgroup members can also facilitate meetings.
 - Nandini replied that it is an option for workgroup members to facilitate meetings in collaboration with OHA staff or individually.

Modernization Manual Discussion with Sara Beaudrault

- Marie asked if this group is adding a “Community” column to the Modernization Manual and adding checkmarks next to already established rows.
- Sara replied that this workgroup is tasked with connecting the manual and its core system functions with the work to achieve health equity in Oregon. The next steps are to review roles for all partners in that core system function to determine what is missing, what has changed since the last document revision in 2016, and to develop those roles for community-based organizations (CBOs). This workgroup will provide something that is complimentary or an addendum to the Modernization Manual.
- Marie made a request during the next meeting a visual example of what that process would look like.

Action Items and Next Steps

- Work on Group Agreements in the next meeting.
- Review Documents in the next meeting.
- Follow-up with missing group members to gather their votes.
- Send out a poll for new meeting time before the next meeting.

Public Comment

- No public comments.

Meeting was adjourned.

PHAB Group Agreements

- Learn from previous experiences and focus on moving forward
- Slow down to support full participation by all group members
- Stay engaged
- Speak your truth and hear the truth of others
- Expect and accept non-closure
- Experience discomfort
- Name and account for power dynamics
- Move up, move back: move back to allow folks who don't often speak to move up into speaking/sharing, asking folks to be brave
- 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

What does the Health Equity Framework Workgroup mean we say collaboration?

- Using personal experiences and shared experiences and perspective of others to provide context to work together and share to come to a common goal
- Great collaboration has happened in the past when there has been a structure that encourages openness and a variety of modes to contribute and discuss
- Collaboration means listening hearing, sharing, and learning from each other as we work to achieve a shared goal
- Setting a stage of respect, grace, and gratitude among the group
- Collaborate to me means working towards a common purpose or objective
- Taking time for shared understanding
- Collaboration means that every voice is heard
- Representation
- Respect
- Shared work and resources
- Collaboration means any opportunity to hear from many different people/communities and learn from each other. The focus is on working towards a common goal for change
- Communication is essential for effective collaboration by sharing ideas, information, and feedback
- Collaboration means that voices which are inclusive or representative of individuals who don't know how to navigate systems or access care. Providing a structure through recognized groups (CBOs, LPHAs, Community members, Faith leaders, Tribal entities) to find solutions which represent their local experience
- Listening, empowering each other, learning from each other
- Listening to voices from our communities