

## PHAB Health Equity Framework Workgroup 1.30.24 - English transcript

Please stand by for realtime captions. Maybe I am the equity liaison at the health authority. I have been thinking on this a lot. I would be a whisk. I like bringing things together that could possibly be better when squished together. I spent a few weeks in India at the beginning of last month and was thinking that a lot of it is probably cultural. When you think about how people meet each other, it's funny, if you go to a wedding, someone will say that somebody met somebody through a friend. Somebody who was really interested in music. Those people connected through music and they like the same brand of tea. It only comes from a specific village. Their grandparents lived in that village and ivory fall they go to the village to take a trip together. I like bringing people together. I feel like they would go better together. I will go with a whisk. I cannot see a lot of people on my screen. Let me popover.

And I pop in really quick. We have had a couple folks drop in. The close captioning should be available now. In English, I believe. If you click on the bottom to show captions you should be able to get that going. In the chat we have Jackie, Micronesian Islander community. I would be a spoon because it's versatile. And we have Janine smart, the organ community health workers Association, a sport. Which is also versatile.

I love those. I saw that I stole your kitchen utensil, we can both be a whisk. I will popcorn to Kim.

I am Kim, a member of the public chair. I am transferring over as the equity coordinator for ODHS and I would also be a spatula. I feel like it is also very versatile, you can flip, scrape, you can do a lot of things with it. I will pass the baton over to Larry Hill.

Grand rising, everyone. Larry Hill and I use he and him. I work out of OHA and I'm the equity director and I would like to be a whisk also. We can share utensils. I like mixing stuff up. A big whisk can do things that are versatile in things that are easy to pull together. If it's difficult I like being the mixer there also. With that, let's see. Has Misha gone yet?

Good morning, everyone. I am Misha Marie. I am the social navigator with the ark of the county. I am a white woman, blondes silver hair, wearing a red and maroon shirt with a plain wall behind me. It's not blurred, just a white wall behind me. Yeah, also a whisk. That's what came to me. I have to admit that I really liked Nandini's explanation which I loved. I love to say it. I love words for the way that they sound. Whisk is just one of those fun words to say. I love your great explanation of being a whisk. If it's. If it's with my social navigator role and what I do for my organization in my community. Thank you, Larry, for what you said about being a whisk. Let's see. Denise, have you gone yet?

I have not. I am Denise Tucker, I am with options counseling and IMA specialist. Pronouns are she, her. The special that came up, it will be a very particular potato masher. My grandmother that is 70 years old at this point, I only use it once a year. I absolutely have to have it that one time, we can all relate to that. I moved it to a deeper drawer. Grandma's potato masher and how they get stuck in the drawer. That is why it would be a potato masher, my grandmothers. >> This is Sarah, I would

## PHAB Health Equity Framework Workgroup 1.30.24 - English transcript

like to interrupt for a moment. It's wonderful that so many of the public are here listening, thank you so much for being here, we do have public comment at the end of the meeting. I will ask staff that are facilitating the meeting to call on members of the workgroup to make sure that members can introduce themselves first. I'm sorry. Because I'm speaking, I do want to introduce myself. I am with the Oregon health authority team providing support for the staff today, you she, her pronouns.

Thank you, Sara. Okay. I'll go ahead and call here. We have some new folks in attendance. That is so great.

Workgroup members can also raise the virtual hand using the menu down at the bottom. Under reactions. You will have an option to raise your hand and that will help us to track, either way.

I will go. I am Christine. I am the community health and housing director for neighborhood house. My utensil I will use is measuring spoons, the roles that I play require a variety of different capacities and so I choose carefully what I pour into at different intervals. Measuring spoons are perfect for me. >> Thank you.

Hello, I am Beck fox serving Benton and Lincoln County. For me, cooking chopsticks. We cook a lot of East Asian food, they are highly versatile. They keep your fingers out of the mess and they can whisk and take apart and pluck out and scramble and fry and all kinds of things. That would be my most used kitchen tool.

Miranda.

Hi, Maranda Williams. My pronouns are she, her. I am the director of the community health program. If I were a utensil, someone explains this in the chat. You know the spoons that are kind of like a strainer, I like those spoons. It gets rid of all of the contents. What is leaves is the base. When you are sick. Healing during the night and comforting. That is kind of how I am as a person, hopefully. That is what would be in my mind. Thank you.

All right, thank you. Kyle?

Good afternoon, everybody. My name is Kyle Sorensen. I work here at the health department. I am the modernization and outreach supervisor here for the health department and I use him, he pronouns. If I had to pick a utensil I would be a cutting board. I see as the backbone of the kitchen, meat, fruit, vegetables, it is important to have the support to cut those products. That is why I would pick that. >> Thank you. >> Krizia .

Can you hear me?

It's a little quiet. My bad. Barry here?

That's a little better.

Good morning. Awesome. My name is Krizia Polanco , she her pronouns. I am part of the public county health department and Kyle, I loved your

## PHAB Health Equity Framework Workgroup 1.30.24 - English transcript

answer, it is great, backbone of the kitchen. If I had to be a utensil, I would go with a beer opener. When you find me, you are happy, when you can't find me, you are sad. I will go with that one. I will let you call the next person, thank you, guys. >> Thank you. Another hand I see op is Ruby moon?

Hello, everybody, I am a Ruby moon and I am the manager for the Suez tribe, I'm so happy to be here, if I have to pick a kitchen utensil the first thing that comes to mind is my mom's universal tool for everything which is a butter knife. You can hammer with a you can screw and unscrew. Thank you. >> Thank you. Any other members of the workgroup that have not introduced themselves? Okay, great, thank you so much for that. So many well thought out and creative questions to that answer. And I will go ahead and it looks like -- excuse me. We are going to throw it to Nettie and if you have any accessibility questions please message . We can provide additional support to help participate in meetings. You can call or email Nandini. I will throw it to Nettie to look at the scope products.

Thank you. Thank you for your patience. I am doing the slideshow. Nettie Tiso, she, her, I may project manager assigned to this project. I'm extremely happy to be here. This is a very project management slide talking about scope. It is the basics when we get into it. We do this to protect yourself, meaning you, the team that we have here, as things happen as people see the work we are doing, we are making sure that we do not get off track and that we are delivering on the goals that we have. It is pretty much what you have seen what if you were able to come last time, we have the two deliverables, the role mapping that we will develop with definitions of roles in the public health system as they relate to equity. We have the health equity framework which is a big one. We also have this work group. We also list out the partners that we have identified to collaborate with. This is only the flexible part of this. Scope, we try and keep everyone on track. Some items like collaborations , we might identify other partners, that's okay. What's outside of scope is the equity plan. The reason that is in there is that there is documentation of the legislature requesting the document plan and then it changed to a framework because the framework is telling people things and giving the basis for your own equity plans. You can be guided based on this framework. We are also trying to not rewrite the modernization manual even though we are working very loosely with it. We will not be taking on more deliverables because the two that we have are pretty significant. I will pause now for questions. Feel free to come off of mute. I can see most of you. Okay. I think were good. Great. Free free -- feel free to hit us up with questions afterwards. Handing it back to William.

Thanks, Nettie . We will move right into the rearview of the foundational documents with Sarah. This is the biggest chunk of stuffer today. I'm excited to see what we have in store and the discussion that we have here, Sara, take it away.

Thank you. I'm excited for this conversation. I will share some information to orient people to a couple of documents. The state public health advisory board deeply relies to fulfill its role as advancing

## PHAB Health Equity Framework Workgroup 1.30.24 - English transcript

equity within the state of Oregon and Howells modernization. We really want to hear from you as we go through this, what are your questions about these documents and how can we be applying them to the work of this workgroup. I think we are going to start by looking at the public health advisory board health equity policy and procedure. Someone might be pulling that up on the screen. I want to reflect back that a few people commented during the first meeting two weeks ago that it would be worthwhile to spend time going into these documents we will look at today as a way to ground this work group. Today very much as a grounding conversation. The plan is at the next meeting is when we will begin stepping into the work for this workgroup. This is the health equity policy and procedure sharing a little bit of the background. The public health advisory board wrote the health equity policy procedure six or seven years ago. Back in 2017 or 18. As a way to really have some conversation as a governor appointed board, what could the board be doing that will meaningful contribute to improving health equity in the state of Oregon. The policy was updated in 2020 after the Oregon health policy Board absorbed the definition that is used across the Oregon health Authority more generally. Just recently in 2023, the board again did a pretty significant revision of the policy and procedure which is what we will look at today. Because the public health advisory board updated its charter and commitments to the community engagement, community centered and led public health system and they want to make sure that these are all reflected in the house equity policy and procedure. It starts with a purpose. This policy and procedure allows for PHAB to make sure that they are making decisions that facilitate the elimination of health inequities and uphold the board's command me for leading with racial equity for the public health system. Going through the document a little quickly, it includes the house equity definition that we use. I will go ahead and read that definition. Oregon will established a health system that creates health equity where all people can get their full health potential and well-being and they are not disadvantaged because of their race, ethnicity, language, disability, gender, gender identity, sexual orientation , social class, inner sanctions among these communities or other socially determined circumstances. Achieving health equity requires the collaboration of all regions and sectors of the state including tribal governments to address the equitable distribution of resources and power and recognizing and reconciling historical and contemporary injustices. There is a lie in that definition. I think I might pause for just a moment and see if anyone has reflections or questions. >> Hi, this is Larry. Looking at that, it is quite ambitious. He needs to be put out there. I'm wondering as we are making these considerations, do we think about how in the future how we compare on the continuum of where we want to be. We will continue to grow towards this goal. Recognizing that there is a lot of deficit at this point when we talk about rectifying contemporary injustices, that will be a lifelong mission. I'm saying that, acknowledging that, we don't have a magic wand, we can support structures which build a pathway towards reducing some of the damage within our systems. >> When the public health advisory board updated this policy and procedure in 2020, the board made a commitment for leading with race. We can talk more about what that means and how the board commits to that. Here I want to acknowledge that the public health advisory board added additional definitions into their policy. This definition section includes a definition of racism provided by Dr. Jones.

## PHAB Health Equity Framework Workgroup 1.30.24 - English transcript

A definition of structural racism and social determinants of health. We encourage you if you have time to read through those definitions. And also the sources that are cited for each of the definitions. Moving forward. Can you scroll down in the document? Cool, okay. The next section of the policy and procedure describes PHAB's commitment to leading with racial equity. Providing background on the history of structural racism and colonialism in Oregon. On the next page, it provides some examples of what we see and how we know that systemic racism is still present in having a life or death consequences for people in Oregon. This section continues to provide some information and definitions and sources that the public health advisory board looked to to craft their policy. On the next page, I'm trying to track on my own screen here. I wanted to acknowledge that with PHAB taking --making a commitment to leading with race. That is not doing to the exclusion of other I entities. Recognizing that while structural racism is in every single system and affects people's quality of life across all systems were quality is involved, that is not to the exclusion of other identities. This section also identifies the geography that affects health for people in Oregon. He notes that rural residents in areas also experience long-standing underinvestment and systemic barriers that affect health outcomes. I would like to note that as well. I want to move forward to the action steps and this is what the workgroup can be used going forward with the workgroup. I want to pause and ask the PHAB members Marie and Jackie, if there's anything else, that I'm not going through this policy and procedure extremely quickly. I'm not able to do justice to the nine months of conversation in the public health advisory board for the updates that were just made.

Hi, this is Marie, my apologies for being off-camera. I think I would like to add that the public health advisory board workgroup did work with the equity committee and the policy born to really understand Larry's point. That this is aspirational. This is important for us to not only acknowledged by a spire to the changes within this document. We believe this document is a living document and this is the second version of the document. As the public health advisory board brings on new members very soon, and new voices that we will be looking at this document and revising it. We honor that it is part of live, unlearn, relearn process. And we hope that there will be some pieces in here that have been helpful. I would like to acknowledge that the others in the meeting, it was referenced in here, you can see this on the bottom of this page. We did look to other resources to get our best version of today. >> Thanks, Marie. I will take the group through the board work products results and deliverables. This section is relevant to this workgroup since you are developing the work product and deliverable that will go to the public health advisory board to adopt for the state of Oregon. The questions in the tool that come below in this document. Designed to ensure that the decisions made by PHAB and for the development work through group to advance health equity. Let's see, I think we can move on. Yeah. I'm not sure where the language is. I wanted to call people to the fact that before the public health advisory board adopts the deliverable which they will do with what you are working on later this year, they do a comprehensive health equity review using this policy and procedure. It's encouraged that the questions we will look at here are a reflection point for the workgroup throughout the duration of your work together. Next

## PHAB Health Equity Framework Workgroup 1.30.24 - English transcript

page. Maybe it is up one page, it has questions. Okay, health equity assessment tool. The workgroup can be reflecting on which health inequities does the health product aim to eliminate and for what groups? What data sources have been used to identify health inequities. How was the community engaged in the report or deliverable policy decision? How does the work product report lead with race and impact the community? Any groups with communities that will benefit from the redirection of benefits with this decision and are they the people that are facing inequities? What are the short and long-term strategies tied to this product? Report the deliverable on racial equity and what data will be used to monitor the impact of this deliverable over time? I think we would like to pause for a minute. There are some questions in the chat. Just a little bit of space for reflection on opportunities that you see to apply this policy. Ways you have used a policy that you would like to use in this workgroup. I'll take a minute to read Amisha's comment in the chat. She is happy to upload the voices of those with disabilities. A group until recently was deliberately kept out of view and actively removed from shared spaces. The work is aspirational and she loves that. Let's shoot for the stars.

Absolutely. I think to ask a specific question, how would you like to use this policy and procedure throughout the duration of this workgroup, if you would like to.

This is Marie. My hope for sharing this document with this group is to see if the group is interested in adopting or including part of the definition of health equity in this document. Or if there were other references that the group would like us to review. As a group, we should have some shared understanding as what we mean as a group. Thank you.

Thanks, Marie. How about others? Misha.

Thanks for reading my comment aloud, there was too much noise in the background there for me to come off mute. It's why it now. I really appreciate what's in here reading things in the health equity assessment tool which seems like a really good guide, obviously. It feels like it captures the questions that we need to answer. I don't know. Of course, things can be worked and re-crafted. I love these questions. I love the health equity assessment tool. It can give us some important questions to ask to guide the work. That is my initial impressions. Some great work went into creating this is a guiding effort.

Thanks, Misha. Suggesting that we keep these questions as something that they have in the meeting materials packet, time to reflect on. Larry? >> I was looking at one. I wanted to add but I lost my place. I'm having a senior moment. Number three. Engaged in the report, policy, or decision. What I would add on there is the evaluation. >> Yeah, absolutely.

I know that we need to move on in a minute, we will be able to come back to those time and again, can we go back to the first page of this? I do not want to lose Marie's comment about the definitions that are included, if this group wants to use these definitions or if there is something different. Does the group want to agree that these are the definitions of health equity going forward?

## PHAB Health Equity Framework Workgroup 1.30.24 - English transcript

I love what the definition is. It feels really supportive, this is Misha again, it looks like a thought of thought went into that. And nothing jumps out at me as needing a fix. I'm doing a thumbs up on that.

Thank you, Misha. Please, go ahead.

I really like it too and I was wondering if there was a possibility of me sharing this. When it comes to a another group to be able to get your feedback.

You absolutely can share this document. The definition -- any of it and get feedback from the people and groups that you listed. Absolutely, what I want to say, that should task is not to change this definition. Are there things that are missing for this work group that we want to make sure that we are bringing in and if there are definitions that you use that you feel like they are really important to the organization within the context that you do, be sure to share that. Feedback from others is wonderful. >> Thank you. That is the feedback and will continue with that.

Yeah. If you need something other than this document, we are fine to provide it. Nandini, is there more that you want to hear about here?

Christina has her hand up. >> I wondering if in the next meeting we could take time to ask that question again. You gave us a lot of things to read and process. I cannot give you an answer right now based on the overwhelming information that I have to read.

Absolutely.

This is Nandini and the only thing I was going to add was to Christine's point. We had a conversation about diving into his is document. With starting to develop our plan moving forward, we can keep coming back to that over and over again. It can be a continued conversation as we process how we use these documents as foundational. In this is how you will see it happen. That is all that I will add. We will keep coming back.

Okay. I know we had planned to look at another document. I'm wondering if we actually want to leave that for the next meeting. I know that the OHA group has some other activities that they were hoping to do with the group today. >> Yeah, we are due for a short break. We will come back and talk about the proposed meeting structure a little bit just so we can solidify that. Yeah, it seems like people have a lot of information to absorb and process. Maybe we will look at that conversation next time. I want to invite everyone to turn your cameras off, step away from your computer for five minutes, take a break, walk around, whatever feels good to you and we will come back at 1155. Thank you. [ The event is on a recess. The session will reconvene at 11:55. Captioner on standby. ] >> Welcome back, everyone. The next piece we will be working on is the proposed meeting structure. We are going to be led through a discussion about how the structure of the meetings and making a few decisions. Larry, did you have your hand up there? >> Thank you, I just want to say

## PHAB Health Equity Framework Workgroup 1.30.24 - English transcript

this, based on how the structure of the meeting is gone this far, I want to re-emphasize that the most important feature of this will process and workgroup is literally you. With how the processes are informed. If you don't feel comfortable speaking out loud, use the chat and if that is not comfortable for you, share information off-line with Nandini, or even me or Sara. The input that we received from you all will really dictate how we do as a group overall. You are the most viral commodity in this whole process. Use your voice to represent all that you need to. I wanted to share that. Thank you.

Thank you, Larry.

This is wonderful, thank you, this is Nandini. We talk about the proposed meeting structure, I want to make sure we do not lose Jenin's comment in the chat earlier when we talked about the document. For consistency is helpful to use the existing definition of health equity and you wonder, realistically and actually how we are intended to incorporate community input. That is an incredible question. I would love to open up the conversation about that. If you need to marinate on it, we can come back to that. That's a huge question. I want to pause for a minute to see you folks have immediate reactions to her question. If you want to add anything else. Okay. Let's move into proposing the structure. Last time, just a recap of the meeting. Here is the structure that we think is going to work. We don't want to throw y'all into something that you are not truly informing and you are not totally bought into. You will be doing the work and coming to these meetings and moving the work forward supporting whatever structure that ends up being. We have some things we wanted to talk about and things that are more logistical. If you could stop sharing screen, we will start with a discussion piece and we will move into making these decisions together. If you don't feel comfortable being on camera, you can see those faces are on camera right now. The first discussion question, or what I would love to hear more about, from what you know so far, we had a two hour meeting last time in the middle of the freezing cold with a lot going on in Oregon. We are now half an hour into this meeting. What you know so far, will set you up for success showing up to these workgroup spaces. It can be anything, the culture, logistics, whatever is coming to your brain at this moment. Feel free to pop stuff in the chat. Your thoughts can be half baked. Most of mine are. And the last thing I will say, it's okay that you have not given us enough information that we do not know what we need to feel successful coming into the space. That is information that is useful. Okay, I'm reading Misha's chat and it sounds like the hour and a half is better than two hours. That is great. Anything else that comes to mind, resource wise, cadence wise, Larry wants Jeopardy music. You know why, that one might be a lot and that will be a line we will need to draw. Marie, I see your hand. >> Thank you. I am reflecting on the structure of the meeting agenda. And my experience being in multiple workgroups and spaces. Sometimes it takes me a few minutes to get grounded in what is this meeting? Where are we at in our journey, where are we going? Being reminded of that kind of timeline and what is being asked of us today, what are the key questions. Are we being asked to discuss this action item, are we being asked to vote, approve, just a little bit more structured guidance in the agenda, grounding and guidance to help support



## PHAB Health Equity Framework Workgroup 1.30.24 - English transcript

me being confident that the participation that I am offering is meeting our group's desired outcome. Thank you.

Absolutely, thank you. What I heard you just say is that it would be nice to set the expectation for how we all are going to show up in this space when we come, instead of sprinkling throughout. Am I getting that right?

I'm not sure what you mean by setting an expectation. I think that what I'm referencing is the structure of the agenda, how it's formatted, having a grounding at the beginning of the meeting with a review, what is accomplished. LHA has many examples of that. I'm looking at Sara, and she has been doing that with us. In terms of each action item. Not trying to generalize for the group, this topic or this day, we want to discuss and review these materials and draft something. Yeah. Not group norms or expectations of our behavior. Just structuring the agenda in a way to guide us for me personally.

That makes a lot of sense, thanks. Okay, Maranda, I see your hand and then I will read the comments from the chat.

I wanted to expand on that and I completely agree. I kind of have to feel grounded myself and do that kind of reflection. That was my first one. I was listening and trying to understand and hear other people's opinions too. I really like the structure of being able to do reflection. That sets the mood for the discussion. Going down the agenda so that way I can definitely contribute and be a part of the areas that we are going to cover. And just be there for the time when we meet again for the discussion. Anything we need to do to prepare for that at the next meeting.

I just want to say, thank you for allowing us space to give this feedback.

Thank you for giving the feedback. The space is yours, we are just here to support it. I appreciate it. Are there any other verbal comments, I can start going through these comments in the chat. Okay. Kyle, as a first-time but is been in this group, looking to soak up information and look at what we are trying to accomplish. With a better sense of direction you will feel better, that makes sense. Last meeting was tricky and if we can continue to send over resources orders set up times to chat to get you better grounded we are happy to do that. Larry said that I like the framing that was called for the during the initial part of each meeting. That will help, absolutely. It all feels very new for me, had to miss the first meeting due to weather. It's helpful to have key action items in the body of the email I had of the meeting and I am very visual. With the steps that there are, I need to feel focused and the framing is super helpful. Framing the meetings is a really great place to start. I really appreciate that feedback. Any other last thoughts before we hop into some of the decisions that we need to make about our meeting structure? We can continue to have these conversations, they can look different. I'm not sure whose fullness is. In the chat reading that if the document is written in a language accessible to many communities not part of the initial process, it helps to discuss each action item for a little bit and for the inside of the process. Absolutely. Sometimes the

## PHAB Health Equity Framework Workgroup 1.30.24 - English transcript

best way to simplify the policy language, we want genuine engagement for the community. I agree, we use a lot of jargon and words that many of us when I use on a day-to-day basis anyway. Taylor is agreeing with the feedback so far. Great. Now, Nettie, will you share your screen so that we can pop onto the proposed meeting structure.

All right, we did not have time to review the modernization part yet. What are your reflections and feedback about the old proposed meeting structure we talked about last time, I want to ask the question and you might not have enough information to answer it. I wanted to open it up. The proposed meeting structure which is super malleable and was something that we had considered was that after the kickoff for each meeting we will go through and discuss the different roles that are already in the modernization manual for each domain. And make any additions moving forward through that specific set of roles, so we can get on the role mapping for each domain for the modernization manual. If you could go to the next slide, Maddie, thank you. We thought about how our timeline has changed significantly. May was really the final deliverable time for this group and I ended up being more like August. That gives us the opportunity to stretch out our meeting times. To make another decision when we had talked about meeting biweekly that sounded like a good time. We wanted feedback on if this makes sense to meet biweekly or if we would like to have a different cadence of meeting once a month some things we had considered as a potential option, as we start this process, domain 7 is the health equity and cultural responsiveness domain and we planned on using that as some sort of grounding foundational document and you all last time I talked about it being really helpful to have a space to discuss health equity as a whole and the ability to discuss health equity. To incorporate those conversations about health equity and cultural responsiveness and start moving from there. And then each week, the proposed meeting structure is that we would do the review, make edits, and then review the edits that we may last time we met together. I will pause there and ask if there any questions about the structure. Is there any feedback? Do you like this? Do you not like this? What would you change about it? Does it make no sense? >> Taylor, I see your hand.

I like this structure a lot better. It gives us time to digest and have conversations and finalize the domains for next time. This goes to what Marie was sharing with what did we do last time? With the next agenda item. This gives us a lot more time to have those conversations and not feel rushed. I appreciate this new structure.

Thanks, Taylor.

Mika, is your hand up?

Just real quick, I missed the first part. I do like this structure. I think it gives folks like me, working in public health, even though I talk about equity, it is still a lot to absorb and a lot to unpack. They will not be as dynamic and connected with yourself to slow down and reflect what you heard me show was able to clarify and I appreciate that.

All right, thank you, I'm reading in the chat right here. Misha said tons up for the planned structure. It is looking a little bit better. You

## PHAB Health Equity Framework Workgroup 1.30.24 - English transcript

appreciate having the biweekly still. Rather than having once monthly. Okay. Okay. Gotcha. Thank you. I will have you go to the next slide, Maddie, we have the group agreements. This is our updated timeline. Starting in January, our kickoff and then phase one ending year in August. And deliverables being due moving forward after that as well. I will leave this up here for a second. We can all be looking at each other again. We can do that through raising hands and the reactions and something like that. Any questions about this timeline before we go into decision-making? Okay, let's stop sharing screen for a second. Thank you, Maddie. Sorry, I want to make sure that we can see everyone so we can see the reactions as we do the voting process. It will be tricky to do. I'm still able to see the screen. All right. For the sake of time, let's just do really quickly by reaction or verbally. We wanted to make a decision. Thank you so much. We wanted to make a decision on how many hours we think would be appropriate to spend outside of work group meetings. That is something you should be deciding. We don't want to sign you up for any more hours and you'd be comfortable with, does anybody have any options they want to bring to the table to start with? This will be outside of the hour and a half meeting times every week.

Is this for reading documents? Can you expand a little bit on what that means?

Knowing the meeting structure we just looked at her, he would be reviewing any documents and going back and forth with any edits to give you time to work in a space that is outside of the meeting time. If you need time to process, think, and make those edits and submit them later on, that would be the majority. I would say that I can imagine that being anymore and that is not more than an hour a week. I want to get folks opinion. Misha, I can see your hand.

I was thinking along the lines of, data flow, a good chunk of time in between those times where we are coming back together. And an hour to prepare in each meeting. Somewhere in the ballpark. In my wildly off? What it is feeling like. Thinking about it. Looking at the structure.

Yeah. I think that makes a lot of sense. An hour a week sounds doable. For folks that feel okay with committing an hour a week for any type of review can you just go ahead and send a reaction because the reaction bonds are close to the share screen. If you don't feel okay about it, you can put that in the chat or feel free to react.

I understand the question, is this something for everybody to do?

What I'm saying is that since we will be operating in a workgroup setting or structure, I want to make sure were setting up the group expectation to protect your time and energy so if we have work that spills over into next week or the week after that we don't have the expectation that someone will spend two hours trying to go through and review a document or make edits. That we have a cap on the amount of time that workgroup members have decided that they would be willing to spend outside of work group meetings. Coming up with a collective understanding of what that time cap is is what were trying to do. >> I understand that. When some agree and some don't agree, how will we make that decision? That sounds

## PHAB Health Equity Framework Workgroup 1.30.24 - English transcript

like a lot for me right now. How do we come to a consensus if you have some that say yes and some who say no? >> Good question. Some SAS, some who say no, I want to see if it's the majority are not. That way we'll come to a consensus together and I'm open to any other options. >> Thank you. I appreciate this conversation about coming to agreement. There are different ways of voting. Different ways of coming to a consensus agreement and I don't think that we have identified which model or method that we would like to use in this group and I think that is worth a discussion. I know that this is going to --I will just say it. I like to request that we postpone making decisions and have a discussion about how we would like to come to agreement. Or even put that on our next agenda. The different types, greenlight voting, there are so many different options with an experience or tool where we should have a conversation to come to some understanding about which method or tool we want to use.

I love that plan. Thank you for suggesting that, Marie. Would we like to table the rest of the decisions that we have to make until the time when we have that conversation? Does that sound good to everybody? That's fair to feel rushed, these meetings do feel really quick. It sounds like we will table which is great news because that means we can move into our group agreement which will actually set us up for this conversation better. We'll pivot to group agreements.

Since we are a little short on time and we have a lot of people here for public comment will save the group agreements again. We will get to them on this at the next meeting, hopefully. We can review the next steps real quick and we can move into public comment.

I can do that real quick. I will share my screen again. This has been something that we have a process for. This is how we will think through things and providing the overview at the beginning of each meeting with these action items, decisions, what I heard was the talk about decision-making on the next agenda. With all that said, moving into public comment, I would like to propose that if there is something you would like to hear at the next meeting, drop it in the chat and the rest of these processes like defining what it means to come up with our agenda or decisions or discussions we need to have, what the team is going to do is bring that back and in between meetings we will be reworking the way we communicate so that we are again giving you that grounding work. That will affect this process as well. I want to leave it as a chat drop situation. Put things in the chat you would like to talk about next time. We will move into public comment. >> Thank you so much. Okay. We have some time here to open up for members of the public to give public comment and I will open up the floor. You can drop in chat or raise your hand and then we can unmute and give comment.

Using my virtual lint roll hand here. I do appreciate the space to provide public comment and one of the things that I really wanted to echo and highlight earlier that was mentioned that the document that was provided early today is a working document. I don't know, something doesn't feel right about it. I can't put my finger on it yet. To be able to have the time and space to unpack it and be in community and to see how it feels and I look forward to hearing more about it.

## PHAB Health Equity Framework Workgroup 1.30.24 - English transcript

Kim, can you introduce yourself and your organization if you have again for the record.

Kim Valdes, currently transitioning to man ODHS as the equity coordinator.

Thank you, Kim . Any other members of the public that would like to provide comment?

This is Larry, I would like to re-emphasize that there are other thoughts you might have, sure them off-line. Facilitators I want to post their contact information again so he will have the Avenue to be able to share that information. Again, I am a slow processor. Driving down the street, the freeway, something comes up and I have to know, this is what I want to say. You might be like me. You might come up with an idea where you are making spaghetti or whatever the case might be. This group is listening to all that is being said.

Thanks, Larry. This is William again. Have a question in the chat this is the correct answer posted on the website. You can scroll down and find this meeting for the recording and the slide deck as well. We have a few minutes here at the end if there is more public comment here, another 30 seconds or so. Then we will wrap up. Okay. I want you all to --thank you for taking the time to come to the workgroup today. And for all of the intentions moving forward for the next workgroup. We will be sending out information to you within 48 hours I believe. For all the materials here. Any questions, feel free to stay on an email us and for the public policy email, we will get back to you. Thank you again for coming. We are happy to have you. Have a good rest of your day. I'll go ahead and stop the recording now. [ Event concluded ] [Event Concluded]