

# AGENDA

## PUBLIC HEALTH ADVISORY BOARD

January 20, 2022, 2:00-5:00 pm

Join ZoomGov Meeting

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

Meeting ID: 160 241 4019

Passcode: 577915

One tap mobile

+16692545252,,1602414019#

Meeting objectives:

- Approve December meeting minutes
- Discuss public health modernization planning for 2023
- Continue racial equity capacity building trainings with Health Resources in Action

---

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

- Introductions
- **ACTION:** Approve December meeting minutes

Veronica Irvin,  
PHAB Chair

---

**2:10-2:40 pm**     **Public health modernization planning for 2023**

- What are PHAB's priorities for future public health modernization investments?
- What additional information should PHAB review and discuss?

Sara  
Beaudrault  
and Cara  
Biddlecom,  
OHA

---

**2:40-2:50 pm**     **BREAK**

---

---

---

<b>2:50-4:50 pm</b>	<b>Health equity capacity building</b>	Brittany Chen and Ben Wood, Health Resources in Action
		All
<b>4:50-5:00 pm</b>	<b>Public comment</b>	Veronica Irvin, PHAB Chair
<b>5:00 pm</b>	<b>Next meeting agenda items and adjourn</b>	Veronica Irvin, PHAB Chair

---

---



## **PUBLIC HEALTH ADVISORY BOARD (PHAB) MEETING MINUTES**

**Monday, December 6, 2021 from 11:00 am to 1:30 pm**

**PHAB Equity Training with HRiA (Option 1)**

### **Attendance**

#### ***Board members present:***

Dr. Bob Dannenhoffer, Dr. Veronica Irvin, Dr. Sarah Poe, Carrie Brogoitti, Dr. Jeanne Savage, Michael Baker

#### ***Subcommittee members:***

Dr. Rosemarie Hemmings, Hongcheng Zhao

#### ***Oregon Health Authority (OHA) staff:***

Cara Biddlecom, Tamby Moore, Sara Beaudrault, Diane Leiva, Victoria Demchak

#### ***Health Resources in Action:***

Ben Wood, Brittany Chen

### **PHAB “Health Resources in Action” Equity Training: Session Two**

Session One: Advancing Equity Through Systems Change

Session Two: Moving Toward Relational Change – Power, Collective Ownership, and Accountability

Session Three: Moving Toward Structural Change – Going Upstream

Session Four: Prioritization and Moving Towards Action

**Note:** This is not a regularly-scheduled monthly PHAB meeting, but rather a training session. There will be no minutes to approve and no quorum is needed.

## **Agenda**

Brittany Chen, *Health Resources in Action*

1. Welcome, Introduction and Grounding
2. Recap of Session 1 and review of Systems Change Framework
3. Deep Equity - Equity work as embodied work
4. Break
5. Inside/Outside Strategy – How do we shift mental models?
6. “How Health Equity is attained” – critiquing current practices
7. Closing – Takeaway and lessons learned

## **Meeting Adjourned**

## **Upcoming Meetings**

Thursday, December 9, 2021	PHAB Equity Training with HRiA 9 (Option 2)
Thursday, December 16, 2021	PHAB monthly meeting
Thursday, January 20, 2022	PHAB meeting and Session 3 with HRiA
Thursday, February 17, 2022	PHAB meeting and Session 4 with HRiA



## **PUBLIC HEALTH ADVISORY BOARD (PHAB) MEETING MINUTES**

**Thursday, December 9, 2021 from 2:00 – 4:30 pm**

**PHAB Equity Training with HRiA (Option 2)**

### **Attendance**

#### ***Board members present:***

Kelle Little, Dr. David Bangsberg, Sarah Poe, Jocelyn Warren, Rebecca Tiel, Erica Sandoval, Rachael Banks

#### ***Subcommittee members:***

Kat Mastrangelo

#### ***Oregon Health Authority (OHA) staff:***

Cara Biddlecom, Tamby Moore, Sara Beaudrault, Victoria Demchak

#### ***Health Resources in Action:***

Ben Wood, Brittany Chen

### **PHAB “Health Resources in Action” Equity Training: Session Two**

Session One: Advancing Equity Through Systems Change

Session Two: Moving Toward Relational Change – Power, Collective Ownership, and Accountability

Session Three: Moving Toward Structural Change – Going Upstream

Session Four: Prioritization and Moving Towards Action

**Note:** This is not a regularly-scheduled monthly PHAB meeting, but rather a training session. There will be no minutes to approve and no quorum is needed.

## **Agenda**

Brittany Chen, *Health Resources in Action*

1. Welcome, Introduction and Grounding
2. Recap of Session 1 and review of Systems Change Framework
3. Deep Equity - Equity work as embodied work
4. Break
5. Inside/Outside Strategy – How do we shift mental models?
6. “How health equity is attained” – critiquing current practices
7. Closing – Takeaway and Lessons Learned

## **Meeting Adjourned**

### **Upcoming Meetings**

Thursday, December 16, 2021

PHAB monthly meeting

Thursday, January 29, 2022

PHAB meeting and Session 3 with HRiA

Thursday, February 17, 2022

PHAB meeting and Session 4 with HRiA



## **PUBLIC HEALTH ADVISORY BOARD (PHAB) MEETING MINUTES**

**December 16, 2021, 2:00-5:00 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. Jeanne Savage, Rebecca Tiel, Eva Rippleteau, Rachael Banks, Michael Baker, Erica Sandoval

#### ***Board members absent:***

Dr. Dean Sidelinger, Alejandro Queral

#### ***Oregon Health Authority (OHA) staff:***

Cara Biddlecom, Lisa Rau, Tamby Moore, Sara Beaudrault, Victoria Demchak, Kusuma Madamala, Margaret Braun, Tim Holbert, Susan Otter

### **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 public health survey modernization reports and findings, share reflections and work toward common understanding of appropriate next steps
- Hear about actions OHA is planning to support implementation of the recommendations and discuss actions PHAB can take to implement recommendations

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

Veronica Irvin, *PHAB Chair*

- *Introductions:* PHAB subcommittee members in attendance were welcomed.
- *Member transitions and acknowledgements:*  
It was announced that two PHAB Board member terms were ending: Eva Rippeteau and Alejandro Queral. Both have been Board members since the Board was re-established in 2016.
- *Update on recruitments:*  
The Governor's Office is currently looking for four PHAB positions. See Sara Beaudrault for more information.
- *Update on Board training:*  
OHA staff has been sent information on required Board training and is working to address issues members are having logging in and using the Workday system. Board members were asked to try and log in and access the trainings, and to report any problems to OHA staff.
- *Approve October meeting minutes:*  
The Board minutes were approved with one abstention.

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

Susan Otter, *OHA Staff*

Susan discussed the workgroup's charges and activities and reported recommendations coming from the committee membership workgroup. She also discussed efforts within Oregon Health Policy Board and its committees to address equity and inclusion.

They will be rolling out a common demographic and sector data health equity survey for PHAB members to collect baseline membership data.

A request was made to push the due date back for survey completion to January 13, 2022.

### **2:20-2:30 pm      Public Health Modernization Planning**

Sara Beaudrault, *OHA Staff*

Sara referred members to the meeting packet for full information. She also reminded members that the next legislative session will be coming up and addressed at the January meeting. Finally, she asked for members participation in the following groups:

- A new Evaluation Advisory Group led by Kusuma Madamala
- PHAB Incentives and Funding subcommittee
- PHAB Accountability Metrics subcommittee

### **2:30-4:50      Public Health Survey Modernization**

Veronica Irvin, *PHAB Chair*

Today, PHAB meets for a second time with survey modernization partners to talk about the findings and recommendations from three community-specific population health data project reports. The first meeting was in May, and the findings, lessons learned, and recommendations are in the meeting packet.

Today's focus is to dialogue with these partners to gain a deeper understanding of the experiences of the community with public health data, and to reflect on roles and future work for PHAB. There will be two breakout sessions to discuss this work.

### **2:30-3:00 pm      Introductions and Break-out Session #1**

Rachael Banks, *OHA Staff*

Director Banks asked the survey modernization partners to introduce themselves:  
Dr. Andres Lopez and Dr. Mira Mohsini, *Coalition of Communities of Color*

Alyshia Macaysa, *Macaysa Consulting* and *Oregon Pacific Islander Coalition*  
Bridget Canniff, Victoria Warren-Meares, Natalie Roesse, Morgan Scott  
*Northwest Portland Area Indian Health Board*

- *Discuss group agreements:*  
Director Banks reviewed the group agreements provided by the PHAB's Accountability Metrics subcommittee. She noted the role that power dynamics can play and how they can be addressed successfully by power sharing. She also reminded everyone that survey modernization partners are here to share the experiences of communities, and so accountability questions should be addressed to OHA staff.
- *Group breakout session:*  
Each group will have an OHA member to record comments, and a PHAB member from each group will be asked to report out after the breakout.

#### 15-minute Breakout Room discussion

Breakout room prompts:

- 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?
- *Group report out:*  
Summary of comments below.

#### **First break-out session notes (collated)**

Personal and systems responses to change:

- We must jump farther than we've been or ever have before, so excited but nervous to be at the top of the precipice
- We're as ready as we're going to be
- This information is not new, but the listening and openness to the information is new
  - Struggling with: why now? Why not before?
- Letting go of what I was trained to think was true, unlearning

- Raised a lot more questions, so hoping for more opportunities to learn

This conversation's connection to other deliverables and definitions in public health:

- Excited about Community Data Hubs, but also like and need County Health Rankings
- Hoping to learn more about what we can bring back to students in public health programs
- How do we define community? Should it be defined at different levels or differently depending on purpose? Should we co-construct that definition?

Support needed for systems change:

- Must keep having more conversations about how to rebuild a structure that depends on data and identifies the challenges with the data sourcing. Engage with how the big system needs to move and its fear of change.
- Identify how to transfer power (stages, different parts of the process) and doing this effectively; identifying what needs to be funded and engage with the reality that public health generally is and feels underfunded.
- Staffing: community members are trained in these methodologies so public health systems can depend on staff expertise
- Opportunity for working more closely with Tribes

Possible concrete next steps (documents, etc.):

- Write our connection with community members into our charter, purpose to identify connection with community and how much of PHAB/ PH work should be contracted out to community orgs.
- Need to look at voting roles and ensure that community partner participation isn't tokenized.
- Need to add survey modernization lessons and recommendations into foundational documents: work plan, charter. We will need to

memorialize this and assure it is addressed through policy, procedure, and additions/changes to PHAB's health equity review policy and procedure.

- Survey modernization/lessons from community need to be added into foundational capabilities. Public health needs a new cost assessment. We need to define "this is what was missing before".
- Needs to be factored into public health modernization funding formula. We need more flexible funding to meet community needs.
- We need to balance flexible funding with the demand/need to quantify outcomes.
- There needs to be a base level of funding that is equitable and provides base capacity. This is a barrier for communities that are marginalized or smaller/more rural communities.

**3:00-3:20 pm Reflections, recommendations, and dialogue**

Andres Lopez and Mira Mohsini, *Coalition of Communities of Color*  
Alyshia Macaysa, *Macaysa Consulting*

Bridget Canniff, Victoria Warren-Meares, Natalie Roesse, Morgan Scott  
*Northwest Portland Area Indian Health Board*

Director Banks asked the survey modernization partners to lead the discussion about recommendations, reflections and lessons learned, with an emphasis on data creation, interpretation, and data sovereignty.

Dr. Lopez and Dr. Mohsini stressed two points:

1. The importance of asking better questions...that the questions are contextual, actionable, and structural.
2. The importance of having more community-led systems. There is already expertise in community that needs to be resourced.

Alyshia Macaysa went on to say that there was relationship-building and mending to do with the Pacific Islander community with data modernization work. Cultural humility is required, and community expertise and leadership need to be recognized.

1. They want to assess the effectiveness of data sovereignty agreements.
2. Relationships are more important than data.

3. The community is massively under-resourced.
4. Three top priorities that emerged were healthcare, education, & housing.
5. Wanting to have community leaders involved in public health policy.

Bridget Canniff of the Northwest Portland Area Indian Health Board agreed with the previous two speakers and emphasized the existing expertise found within communities. She said that supplemental data on the survey was not collected because the tribes collect their own data. She acknowledged the unique status of tribes as sovereign nations, which has a political aspect to it.

One limitation of their work is a need to engage urban communities, which comprises most members. Victoria Warren-Meares added that Native American citizenship is often combined with other cultures and the rich history of Native Americans can sometimes be neglected or ignored in lieu of the majority culture.

There was a brief period of questions and answers between PHAB members and survey modernization partners about the reports and data sovereignty.

**4:00-4:10 pm Break**

**4:10-4:50 pm OHA Commitments and Breakout Session #2**

Rachael Banks, *OHA Staff*

Director Banks spoke on OHA's commitment to implementing the report's recommendations. She confirmed OHA support of communities and OHA's goal of eliminating health inequities by 2030. Some of the things she touched on:

- OHA must have a strategy that is statewide and culturally specific and cannot put the burden just on LPHAs, CBOs, and tribes.
- Our commitment to Public Health Modernization.
- Anti-racism training will be taken by all employees, starting with management.
- OHA is committed to making space for community.
- Making modifications based on what we learned from COVID-19.
- *Group breakout session:*

The groups will be the same as before. Each group will have an OHA member to record comments, and a PHAB member from each group will be asked to report out after the breakout.

## 15-minute Breakout Room discussion

Breakout room prompt:

1. 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?

- *Group report out:*  
Summary of comments below.

### **Second break-out session notes (collated)**

Community representation and public health staffing

- Wants local public health to represent and be “the community”
- What would community want us to be accountable for?
- Feel that people who work in public health [should be] are the community, that the public health workforce being developed really represents the community
- Change PHAB charter to include more members-at-large?

Systems alignment and goal changes:

- Need – LPHAs would like some guidance to align their contracts with CBOs with the state for mini-grants and other activities.
- Could the strategic data plan develop better principles for data collection and analysis?
- Change accountability metrics to be more equity focused. How do we capture process and outcome measures (examples: gonorrhea, hep A prevention).

Changes in public health approaches

- Redefine what accountability looks like when we are serving community.
- Step out of a scarcity mindset and step into partnership to work together to advocate for a fully modern and comprehensive public health system.

- Funding: all parts of the system need capacity. When we are moving fast it feels like an either or and we need to work toward a both/and approach.
- Use this for future conversations on funding, priorities and investments.

### **Final thoughts from partners:**

Alyshia Macaysa cautioned against the binary way that decisions are happening in communities and with funding: either/or thinking. LPHAs, CBOs, and community members must partner together and with government to achieve a fully modernized health system. She also mentioned that sometimes forces seem on opposite sides, such as taxpayers vs. BIPOC communities, and forgetting that Black, Indigenous and People of Color are taxpayers too.

### **4:50 – 4:55 pm Public comment**

Veronica Irvin, *PHAB Chair*

No requests for public comments were made prior to the meeting or during this time. There was a written comment addressed to PHAB regarding vaccines that Cara Biddlecom will put in an email for the public record. Public comments section was closed.

### **4:55 - 5:00 pm Next meeting agenda and adjourn**

Veronica Irvin, *PHAB Chair*

Next meeting will be Thursday, January 20 from 2-5 pm.

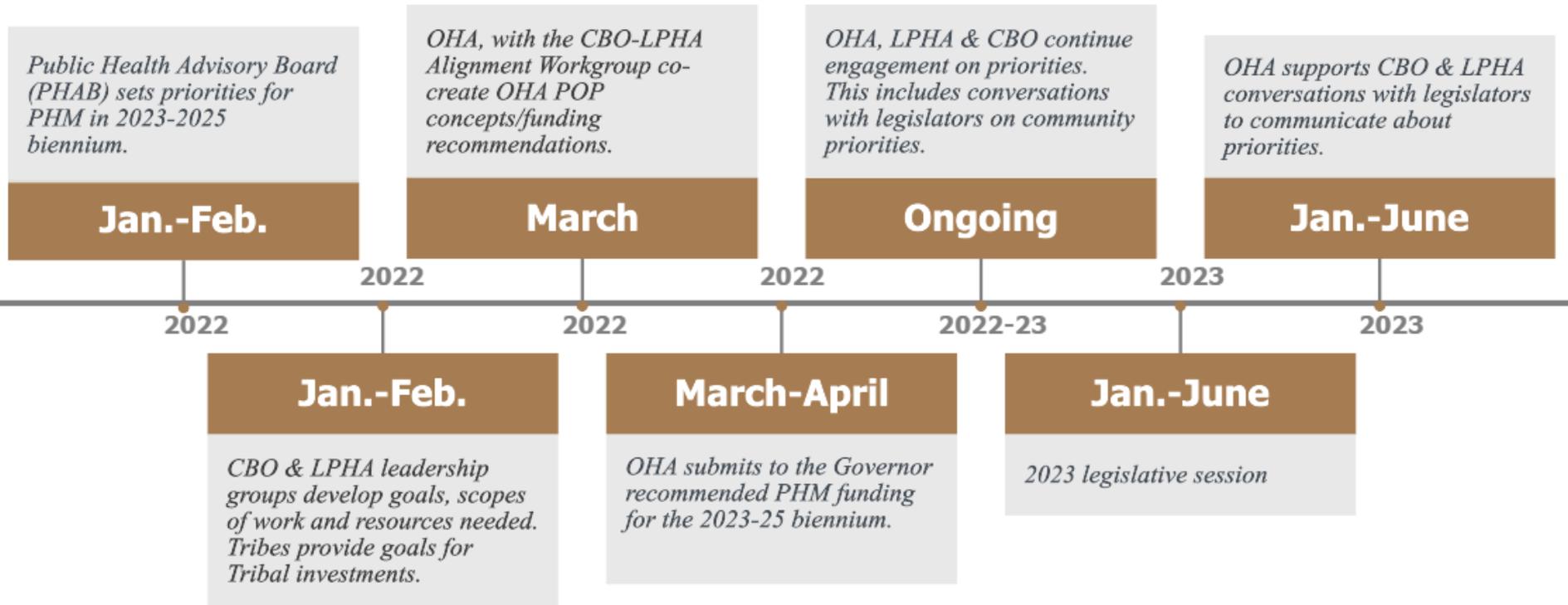
- Discussions will continue about Public Health Modernization.
- Address business items.
- Health Resources in Action will lead Equity Training, Session 3.

Meeting was adjourned at 5:00 p.m.

# Public health modernization planning for 2023-25

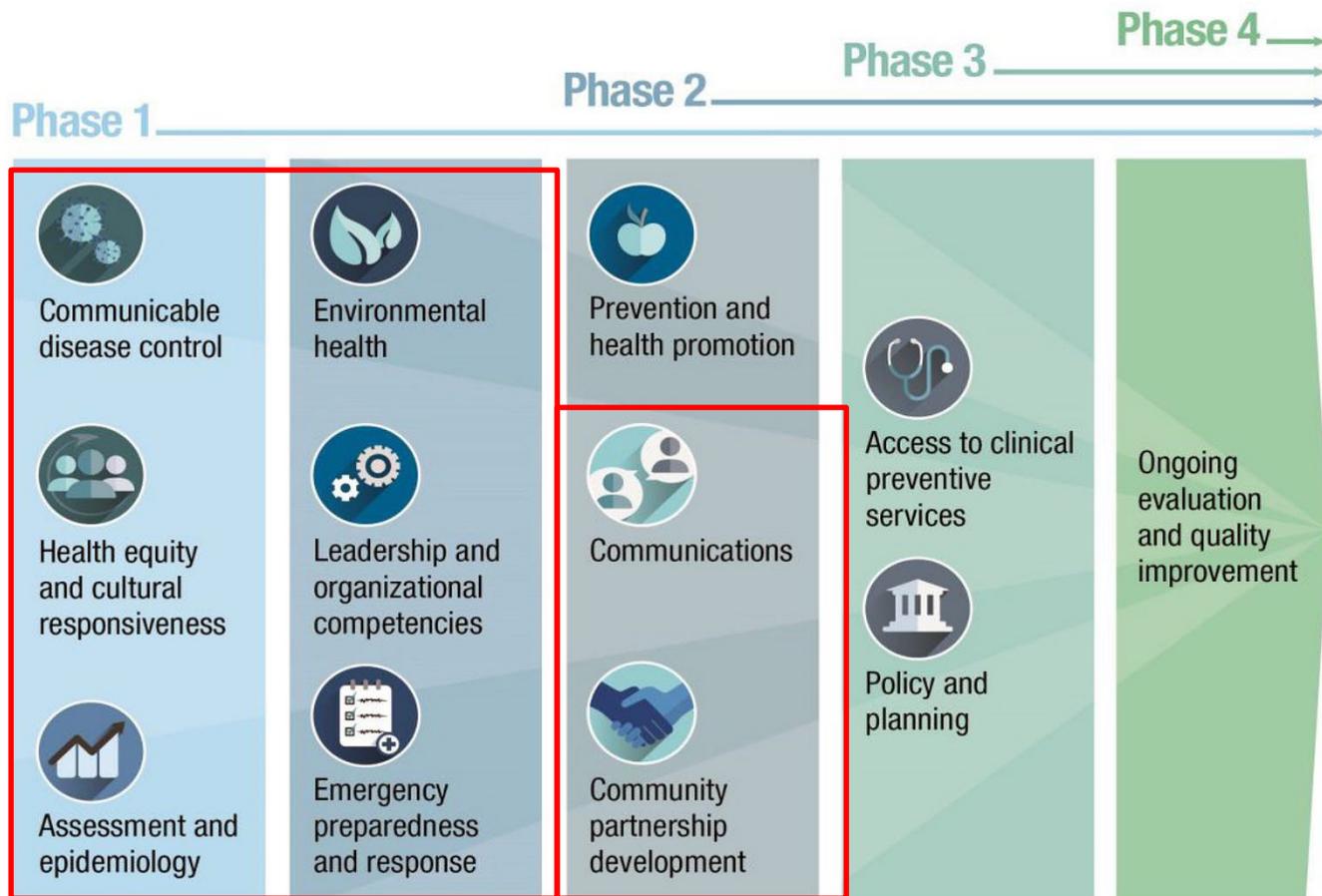
- Each biennium, PHAB sets the direction for new investments in public health modernization.
  - OHA, LPHAs, Tribes and CBOs build from the direction set by PHAB to develop goals, descriptions of work and intended outcomes.
  - OHA submits a Policy Option Package.

# Policy option package engagement timeline



# Public health modernization phases for implementation

## Proposed phases for foundational capabilities and programs



# Discussion

1. PHAB has made a commitment to equity and leading with race. In what ways can public health modernization investments in the 2023-25 biennium facilitate PHAB's vision for racial equity?
2. What have you heard at PHAB about priorities for public health?
  - a. From CBOs
  - b. From LPHAs
  - c. From Tribes
  - d. From survey modernization partners
3. How can a focus on foundational capabilities build sustainable public health system infrastructure?
4. What are your recommended next steps?

## **PHAB member committee recruitment**

### **January 20, 2022**

#### **Evaluation Advisory Committee**

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.

- Seeking 1-2 PHAB members to participate in this Advisory Committee.

#### **PHAB Accountability Metrics Subcommittee**

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.

- Seeking a PHAB member who is a local public health administrator to join this subcommittee.

#### **PHAB Incentives and Funding Subcommittee**

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.

- Seeking all members for this subcommittee. Current members are Bob, Carrie, Alejandro and Veronica.

# Advancing Equity through Systems Change

---

*OR Public Health Advisory Board - Session 3*

*January 20, 2022 from 2-4PM*



**Health Resources in Action**  
*Advancing Public Health and Medical Research*

# Our Team

---



**Brittany Chen**  
Managing Director, Health Equity



**Ben Wood**  
Senior Director, Policy and  
Practice



# Welcome! Pull up a chair around our circle



# Training Overview and Grounding

---



# PHAB Learning Journey Goals

---

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



# Session 3 objectives

---

- I. Build additional relationships and connection with one another
- II. Review and practice operationalization of shifts in internal practices and actions proposed through Session 2 and the Survey Modernization Retreat
- III. Prepare to move upstream and discuss external practices and actions in Session 4



# Agenda

10  
min

Welcome, introduction, and grounding

20  
min

Community building

10  
min

Systems change refresher

15  
min

Shifts in internal actions

5  
min

Break

45  
min

Spotlight: Community Participation & Engagement

15  
min

Preview to Session 4 & Close



# Group agreements

---

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

*What else would you like to add?*



# Our approach to learning

---

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

*emergent strategy*  
adrienne marie brown



# Community Building

---



# Personal Identity Wheel

---

**Take 3 minutes to fill out the identity wheel**

- Break into groups of 5
- Take 1 minute each to share as much as you can from your identity wheel

The image shows a circular 'Personal Identity Wheel' form. The wheel is divided into 12 equal segments by radial lines. The segments are labeled as follows, starting from the top and moving clockwise: 'Favorite Music', 'One Skill you are Proud of', 'Favorite Movie', 'Favorite Book', 'Favorite Food', 'Favorite Hobby', 'Favorite Color', 'Personal Motto', 'Number of Siblings', 'Birth Order', and 'Favorite Music'. The center of the wheel contains the text 'Three Adjectives to Describe Yourself' followed by three numbered lines (1., 2., 3.) for writing. Below the adjectives is a horizontal line labeled 'Name'.

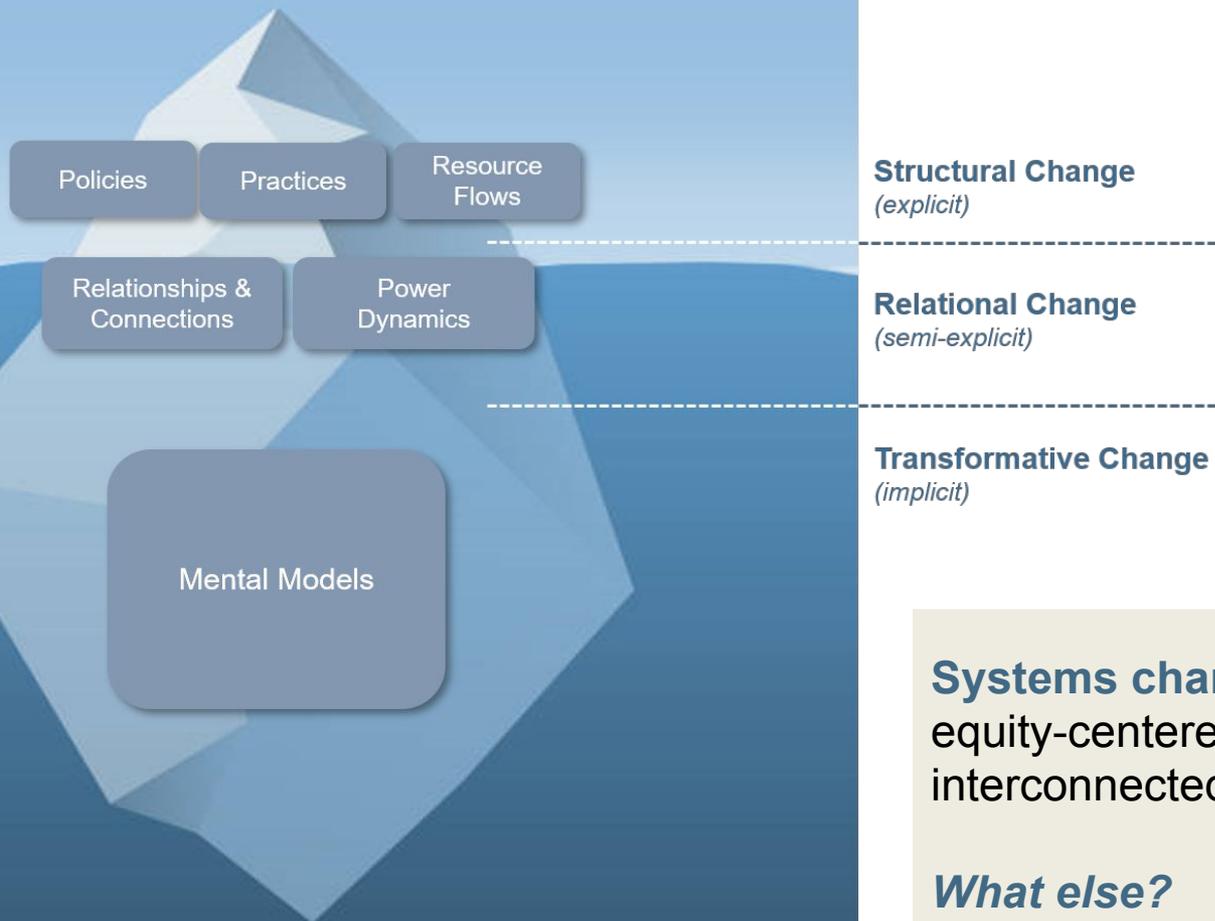
# Equity-Centered Systems Change

---



# Equity-Centered Systems Change

## Six Conditions of Systems Change



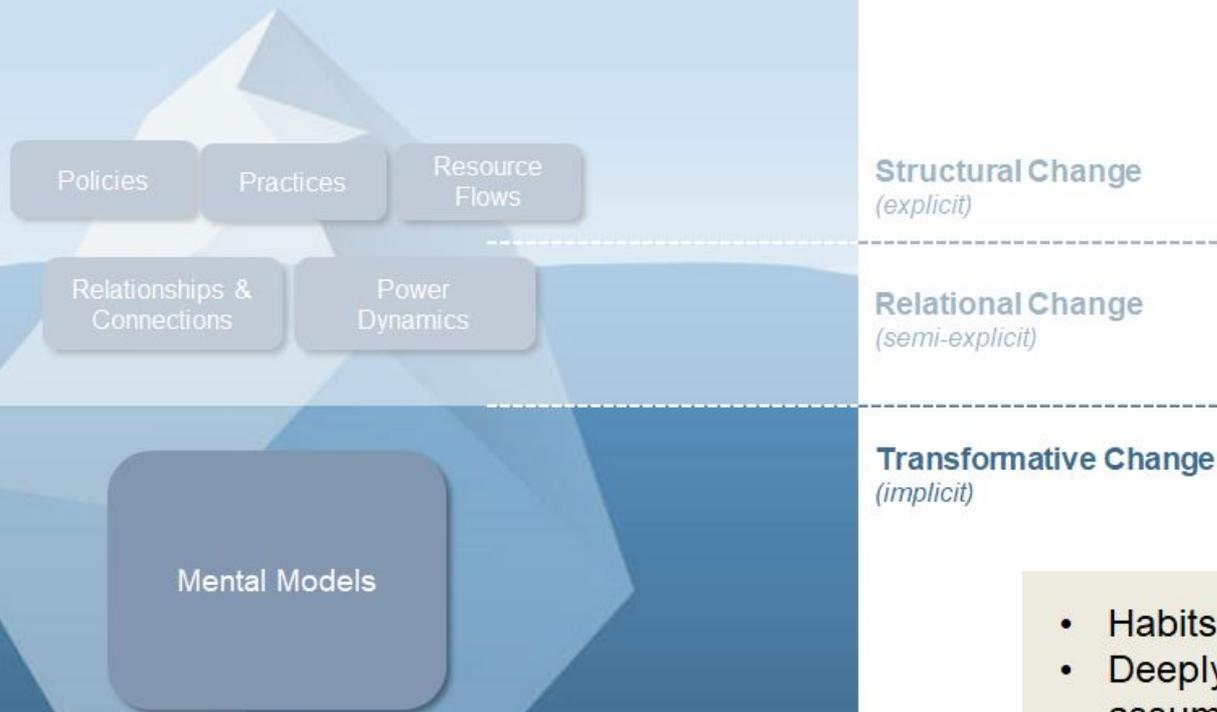
**Systems change must be:**  
equity-centered, embodied,  
interconnected, iterative

*What else?*



# Defining mental models

## Six Conditions of Systems Change



**Structural Change**  
*(explicit)*

**Relational Change**  
*(semi-explicit)*

**Transformative Change**  
*(implicit)*

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



# Defining mental models

---

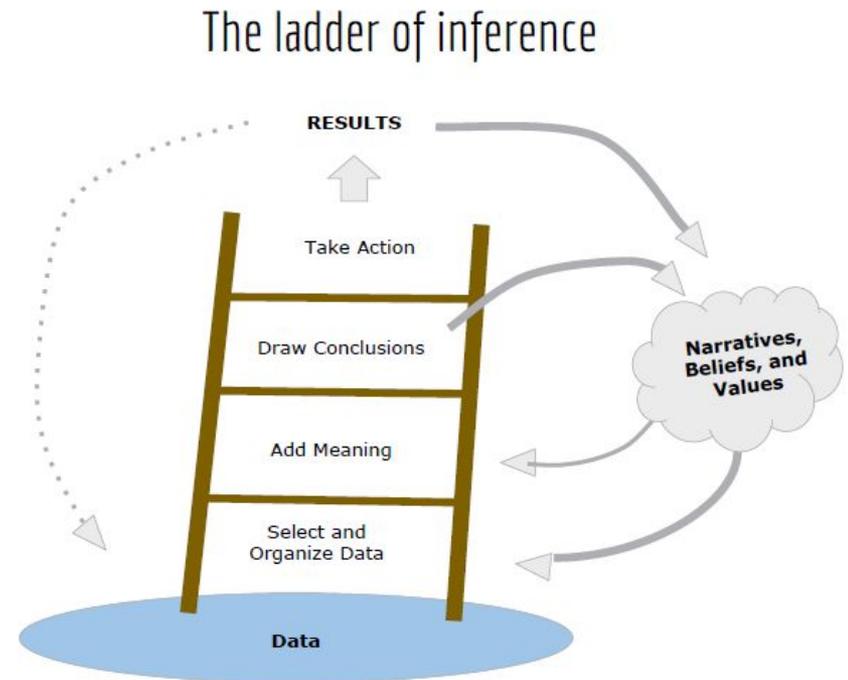
HEALTH EQUITY



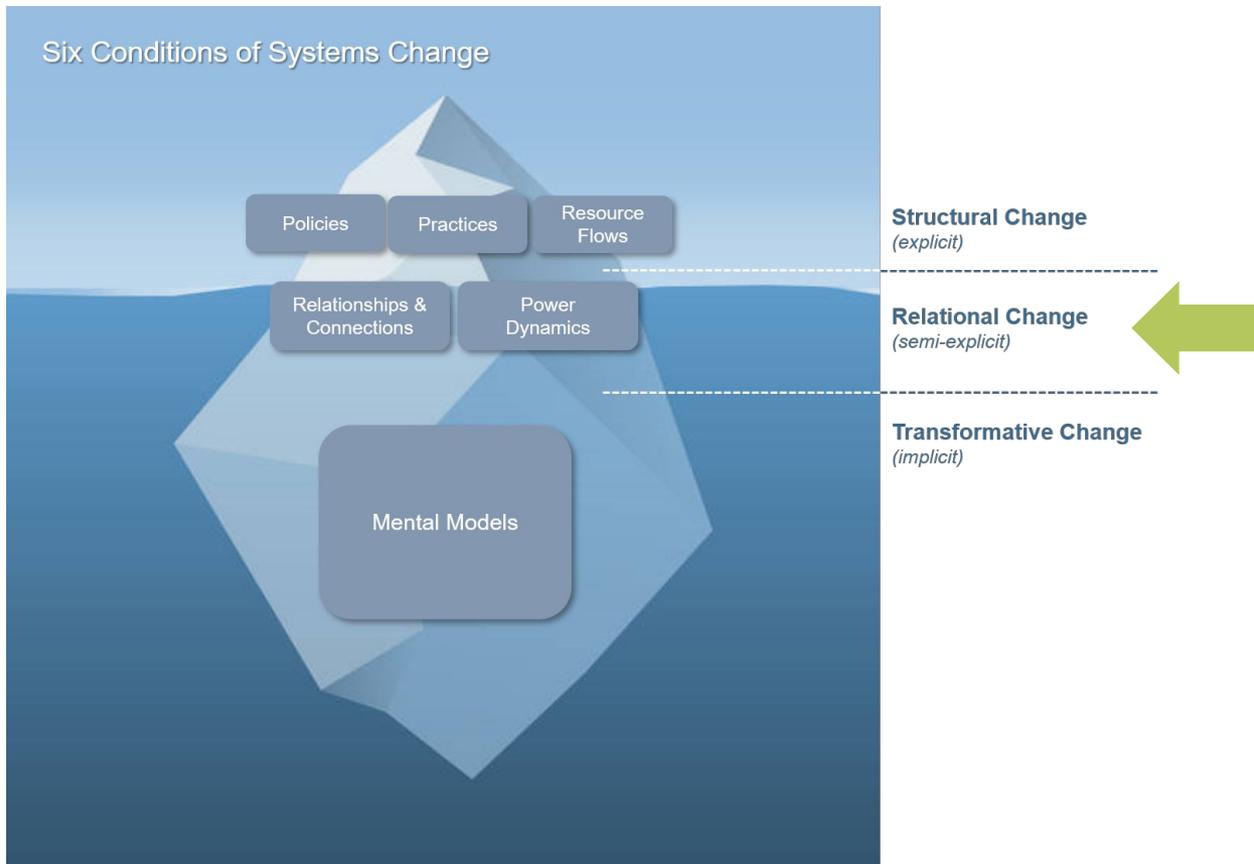
# Defining mental models

---

*When a certain worldview dominates your thinking, you'll try to explain every problem you face through that worldview ... the more you internalize a single mental model, the more likely you'll start applying it indiscriminately to every problem and solution.*



# Moving Towards Relational Change



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

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



# Practicing equity focused shifts in internal practices and actions

---



# Proposed Internal Actions Expressed by the PHAB

---

1

## Practice self-evaluation, dialogue, feedback

**Create time and processes** for PHAB to practice self-evaluation, dialogue, feedback from all members, from the public, and from OHA/PHD.

2

## Set its own agenda

**Create the conditions necessary** for the PHAB to set its own agenda, informed by but not always led by OHA/PHD.

3

## Inclusive, equitable participation

**Create opportunity for all** PHAB members to participate in PHAB activities and discussions equitably and fully through intentional onboarding and regular check-ins with all members.

4

## Definition of community

**Develop consensus on a working definition** of community for the PHAB (who is the PHAB community?).



# Proposed Internal Actions Expressed by the PHAB

---

5

## Definition of community participation

---

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

6

## Process for community engagement

---

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

7

## Charter and bylaws

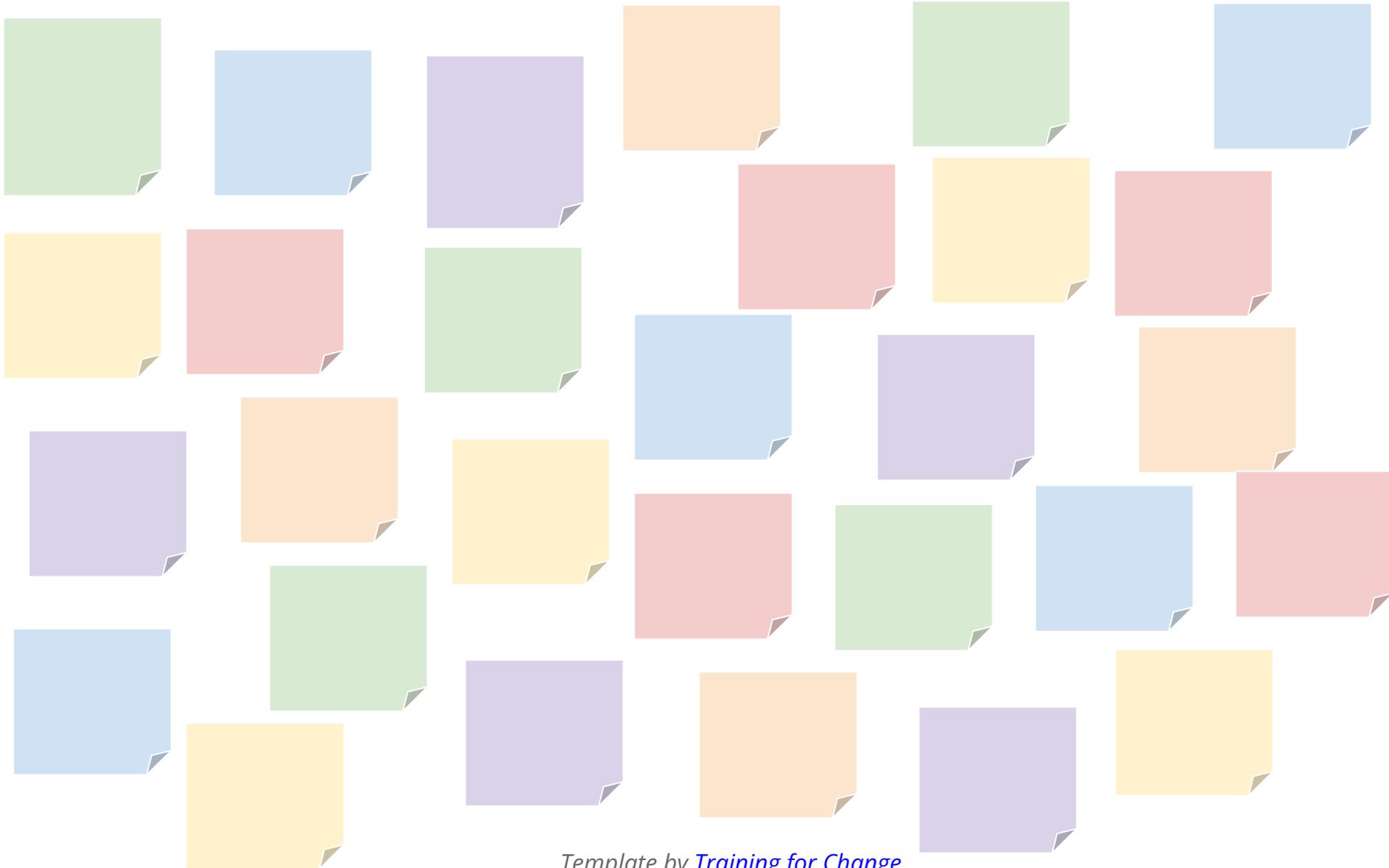
---

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



# What's Missing? What needs more explanation?

---



# Take a 5 minute stretch break

---



Practicing equity focused shifts:

---



# Spotlight: Community participation & engagement

---

5

## Definition of community participation

---

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

6

## Process for community engagement

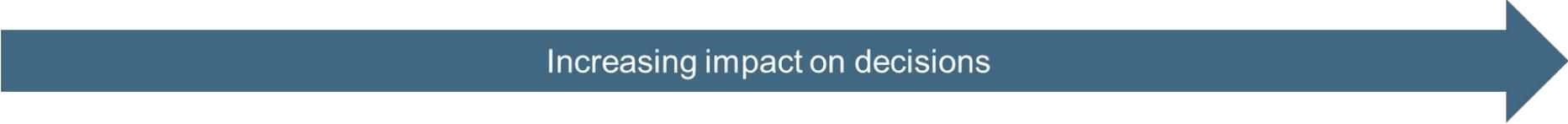
---

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



# Example: MA DPH Community Engagement - Definition & Values

Increasing impact on decisions



	<b>Inform</b> Community about DPH Program	<b>Consult</b> with Community about DPH Program	<b>Involve</b> Community with DPH Program	<b>Collaborate</b> with Community around DPH Program	<b>Community Leads</b> DPH Programs
<b>What is the goal of engagement?</b>	To provide information about programs, opportunities, or solutions.	To gather information, obtain feedback on decisions, policies or programs.	To work with community throughout the decision-making process to ensure that concerns are consistently understood and considered.	To collaborate with community on each aspect of the decision-making process, including developing alternatives and identifying preferred options.	To place final decision making in the hands of the community.
<b>Commitment to Community</b>	There is no intention for community to influence the final outcome. <i>Appreciation</i>	Input may shape policy directions/program delivery <i>Promise to keep you informed of our decisions</i>	Input may shape policy directions/program delivery. <i>Promise to keep community informed through a "Feedback Loop" and how their input influenced the decision</i>	<ul style="list-style-type: none"> <li>Input will shape policy directions/program delivery.</li> <li>There is opportunity for shared agenda setting and open time frames for deliberation on issues.</li> </ul> <i>Promise to keep community informed through a "Feedback Loop;" will incorporate advice and recommendation to the maximum extent possible</i>	Community members manage the process and have accepted the challenge of developing solutions.  <i>Promise to implement what community decides</i>
<b>Examples of activities (to show continuum)</b>					



# Spotlight: Community participation & engagement

---

## *Defining the issue*

- 1) What is the inequity we are trying to resolve? Why does it matter? What are the root causes?**
- 2) What is our vision for change?**



# Spotlight: Community participation & engagement

---

*To make progress in shifting PHAB practice:*

- 1) What mental models need to be challenged?**
- 2) Who needs to be involved? Who has not yet been involved, but should be?**
- 3) What power dynamics are at play? What needs to be shifted?**
- 4) What policies, practices, and/or resource flows should be explored or considered?**



# Moving upstream and pursuing equity focused external actions

---



# SDOH and Root Cause Review

---



# SDOH and Root Cause Review

THE ROOTS,  
TRUNK, & FRUIT



THE SOIL



NEW SOIL



SHOVELS &  
UPROOTING



# Proposed External Actions Expressed by the PHAB

---

1

## Stronger connection between PHAD, OHA & other state agencies

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

2

## Communication messages and approaches

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

3

## Address public health mistrust

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



# Proposed External Actions Expressed by the PHAB

---

4

## Baseline and equitable funding

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

5

## Public health cost assessment

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

6

## Accountability to community need

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



# Feedback and Close

---



Thank you!

---

