

AGENDA

PUBLIC HEALTH ADVISORY BOARD

August 19, 2021, 2:00-3:30 pm

Join ZoomGov Meeting

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

Meeting ID: 160 988 9971

Passcode: 134813

One tap mobile

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Meeting objectives:

- Approve July meeting minutes
- Discuss Public Health Advisory Board subcommittees
- Discuss Public Health Advisory Board health equity training

2:00-2:15 pm

Welcome, updates and agenda review

- Welcome new members
- **ACTION:** Approve July meeting minutes

Veronica Irvin,
PHAB Chair

2:15-3:00 pm

Health equity training and planning for a PHAB retreat

- Recap PHAB conversations to date and future plans related to supporting next steps based on recommendations from survey modernization partners
- Discuss PHAB training opportunities with Health Resources in Action

Mo Barbosa and
Brittany Chen,
Health Resources in
Action

Victoria Demchak,
OHA

PHAB members

3:00-3:15 pm	Discuss PHAB subcommittees <ul style="list-style-type: none"> • Provide update on subcommittee work ahead 	Alejandro Qeral, PHAB Strategic Data Plan Subcommittee TBD, PHAB Accountability Metrics Subcommittee
3:15-3:25 pm	Public comment	Veronica Irvin, PHAB Chair
3:30 pm	Next meeting agenda items and adjourn	Veronica Irvin, PHAB Chair



PUBLIC HEALTH ADVISORY BOARD (PHAB) MEETING MINUTES
July 15, 2021, 2:00-3:30 pm

Attendance

Board members present: Kelle Little, Dr. Bob Dannenhoffer, Dr. Veronica Irvin, Dr. David Bangsberg, Sarah Poe, Dr. Sarah Present, Rachael Banks, Carrie Brogoitti, Jocelyn Warren, Dr. Dean Sidelinger

Board members absent: Dr. Jeanne Savage, Rebecca Tiel, Alejandro Queral, Erica Sandoval, Eva Rippleteau, Dr. Eli Schwarz

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

Guests: Mo Barbosa and Brittany Chen from *Health Resources in Action*

Meeting Objectives

- Approve June meeting minutes
- Update on Curry County Public Health services
- Legislative Recap
- Discuss Public Health Advisory Board subcommittees
- PHAB Training and Retreat

Welcome and Agenda Review

Dr. Veronica Irvin, *PHAB Chair*

Cara Biddlecom took roll. A quorum was present.

June meeting minutes

A motion was made to approve the minutes and it was seconded.

Veronica shared that today the PHAB was going to spend some time thinking about health equity capacity building, leading to a retreat that would include all subcommittee members and survey modernization partners. There will be an hour or so set aside later to discuss priorities and plans for this retreat. The June meeting minutes were presented and approved.

Update on Curry County Public Health Services

Cara Biddlecom, *OHA*

As of July 1, 2021, OHA is the local public health authority for Curry County. A few services continue to be provided by Josephine County, including WIC and environmental health inspections. OHA held a Town Hall meeting for Curry County residents on June 22—about 40 county residents attended. We've been doing outreach and working with local partners to set up satellite WIC offices so that residents have options for services in all parts the county.

A question was asked about community reaction to the transition. Cara said it was a mixed reaction, with some people nervous and some people excited about the new possibilities. OHA will continue to share information with residents. Curry County will also transition Mental Health services which will happen sometime before September.

Kelle Little asked if any of the new Public Health Modernization funding might be able to improve any services in Curry County. She also mentioned there are three tribes that share services with Curry County and wants to make sure they are included in any conversations moving forward. Cara mentioned that she will follow up with the tribes.

2021 Legislative Session Recap

Cara Biddlecom, *OHA*

Cara shared that one positive outcome of the session was the approval of an additional \$45 million to be used towards Public Health Modernization. She also talked about other funding that was allocated to home, school, and environmental health services. There is detailed information in the meeting packet that was sent to members about all the bills and funding that was approved.

Discussion of PHAB Subcommittees

- **PHAB Incentive and Funding subcommittee.** An update was provided by Dr. Bob Dannenhoffer on the July 13 meeting which outlined the committee's recommendations for Public Health Modernization funding. The recommendations were:
 1. Do not award matching payments in 2021-23 biennium.
 2. Do not award incentive payments in the 2021-23 biennium.
 3. It was recommended that a group be put together to understand the impact on LPHA funding as COVID funding ends.
 4. Keep regional funding at the current level.
 5. It was recommended to keep flexibility and additional options open for using the regional funding.

A vote was called for to approve all five of the subcommittee's recommendations. The recommendations were passed. No opposing votes were cast. Sarah Present abstained.

- **PHAB Metrics subcommittee.** No updates were given.
- **PHAB Strategic Data Plan subcommittee.** No updates were given.

Health Equity Training and Planning for a PHAB Retreat

Dr. Veronica Irvin, *PHAB Chair*

PHAB typically has had opportunities for capacity building at an annual retreat. PHAB members adopted the new health equity review policy and procedure in October 2020 and has since had many important conversations with community partners, researchers, and Tribes. We are proposing that we hold a joint retreat with the PHAB and subcommittee members, the survey modernization partners, and the board this fall, with health equity capacity building specifically designed for PHAB leading up to that meeting.

Health Resources in Action

Victoria Demchak, *OHA*

Mo Barbosa & Brittany Chen, *Health Resources in Action*

OHA has a contract with *Health Resources in Action* and has just kicked off a training cohort for OHA staff. After the presentation, we would like PHAB members to come to an agreement on:

- When to hold the trainings (ideally in August/September/October)
- Participation in the assessment that HRiA will conduct to tailor the trainings.

Victoria introduced *Health Resources in Oregon* and explained that the goal was to offer the PHAB the tools to successfully implement Public Health Modernization. There will be ten cohorts of 18 hours, each to address health equity, systemic racism, and trauma-informed engagement.

Brittany began by giving an overview of *Health Resources in Oregon* and the benefits they can offer the PHAB. They are a Boston-based firm with offices all over the country and whose focus is to promote health equity in Oregon and other states. Both Brittany and Mo described the goals and offerings of their organization and presented a slide show (attached) which give further details. At the end of the presentation, they asked for feedback on what capacity-building topics would be of greatest interest to the PHAB, and what hopes the PHAB has for capacity-building support. Members responded by entering suggestions directly onto the slides.

Discussion of PHAB Training and Retreat

Victoria invited anyone who might be interested in participating with the HRIA by having conversations about what kind of training would be helpful.

Cara seconded Victoria's suggestion and added that a smaller group might be helpful to gather and work on content. They would need to work on logistics, dates, location, and content of a retreat over the next few months.

Bob Dannenhoffer, Kelle Little, Veronica Irvin and Jocelyn Warren all volunteered to start the discussion and work with HRIA. Bob suggested spreading the 18-hour training over several days, with some on-line work, short meetings, and then one final day of in-person work at the retreat. Veronica agreed and suggested a mid-to-late fall timeframe in order to give enough time to coordinate details. She also suggested to summarize the trainings that PHAB has already received to see where the committee stands. Mo said his company's training will be tailored to the committee's needs.

PHAB Member discussion

Dr. Veronica Irvin, *PHAB Chair*

Veronica asked the committee what topics they would like to see discussed at future meetings. There were no suggestions.

Public Comment Period

There were no public comments. This period was closed.

Next Meeting Agenda Items and Adjourn

Dr. Veronica Irvin, *PHAB Chair*

Veronica asked if there would be an August meeting, and Cara said she would like to hold that time to continue the discussion with Health Resources in Action.

The meeting was dismissed at 3:30 p.m.

The next meeting will be held on Thursday, August 19 at 2:00 pm.

DRAFT

PUBLIC HEALTH ADVISORY BOARD Accountability Metrics Subcommittee

July 21, 2021
8:00-9:30 am

Subcommittee members present: Cristy Muñoz, Jeanne Savage, Kat Mastrangelo, Sarah Present

Subcommittee members absent: Olivia Gonzalez, Sarah Poe

OHA staff: Sara Beaudrault, Tim Holbert, Christy Hudson

Welcome and introductions

Sara B. welcomed people to the meeting and led introductions. Sara introduced a new subcommittee member, Cristy Muñoz.

Sara noted that there were only two subcommittee members present who could approve the minutes. Those members asked to hold approval until the August meeting. Sara B. agreed. Sarah Present asked that, since there are two members who are Sarah P's, that last names be included in the minutes. Sara B. said we will do this moving forward.

Sarah Present shared that there is regional group funded through the National Environmental Health Association (NEHA) to look at climate change indicators in public health. Some really exciting work is happening. Their final report should be done in the next month and this group may be interested in that.

Sara B noted that this may be a good topic for an upcoming agenda.

Public health system accountability

Sara B. reviewed components of PHAB's [Health Equity Policy and Procedure](#). The policy is grounded in an equity framework and more specifically takes a position of leading with race. The policy provides guidance for the work of PHAB to achieve this. How do subcommittee members see connections to accountability metrics?

Sarah Present said that many metrics in public health are disease-related outcomes and we run into barriers with small numbers. How do we appropriately track what public health is doing in a

metric? We've talked about partnerships and policies and we are accountable to the people we serve, which is everyone in the state of Oregon. It may be difficult to find meaningful metrics that elevate experiences of BIPOC and other marginalized communities and help bring them up in health status.

Kat said that, embedded in this is the social determinants of health and disparities in other things that impact health. How do we tease this apart in accountability metrics. The data we collect may not talk about food scarcity or inadequate housing.

Cristy said that metrics should be rooted in who we are trying to service. Who are we trying to center in these metrics? Is it vulnerable populations? Is it groups we can't reach because of the systems we've developed? How are we developing metrics that are inclusive and help us to find those gaps?

Tim said that a fundamental message from the survey modernization teams is that they do not want a public health system that is top down. Accountability means collaboration at every step of the process.

Sara B. noted the progress in discussions about accountability over time. While we continue to consider accountability to funders, there is consensus that our accountability is primarily to the people served by the public health system and who have traditionally not had equitable public health protections. Metrics on their own don't lead to change. But metrics allow us to see where inequities exist so information can be used for programmatic or policy decision-making. They are an essential part of a system of accountability.

Tim agreed. The survey modernization project teams were very supportive of metrics, but also cautionary about context. Metrics need to be connected with meaningful action.

Sarah Present thought back to the communicable disease metrics, specifically for gonorrhea rates. The metrics at this point do dictate funding, so it is important that local public health authorities (LPHAs) have capacity and ability to make changes. Coordination within the broader public health system is not just a responsibility of LPHAs. We need to remain aware that these metrics tie to funding for LPHAs. We can't put expectations on LPHAs that are not actually do-able.

Sara B reiterated that these funds are tied to payments to LPHAs. Sara noted that health outcomes often won't change in a one- or two- year period. It takes more time and collaborative work across sectors. The current metrics have a second layer focusing on the role of LPHAs that is within their sphere of control.

Kat provided a caution that it can be possible to meet some challenging metrics and completely leave out communities of color, and this speaks to the need for both outcome and process measures. Sometimes populations are so hard to reach that an organization can meet a metric by focusing on populations that are easier to reach. We need to have multivariate analysis in our metrics.

Cristy reflected on the power of metrics meeting policy and the impact on communities. Reflected on diversity and equity statements, like PHAB's policy. There is a lot involved beyond an equity statement. We can push people to dig a little bit deeper to reflect community need and the community itself.

Sara B. reviewed changes to the metrics selection criteria, based on the June discussion.

Sarah Present noted the "measures of interest from a local perspective," noting that measures also need to be translatable across all communities in Oregon. Do we need to address urban and rural differences and intentionally focus on measures of interest regardless of size, location of community.

Jeanne re-read first criteria for "Actively advances health equity and eradicates racism". This needs to convey that the goal of metrics is ongoing, continual as we work toward an antiracist society.

Cristy agreed and said it is a practice, not a goal. Antiracism is more accurate for where we're at as a community, instead of eradicates racism, and it might generate more action than just checking off a box. Cristy suggested changing the description to "Changes in public health system will have zero acceptance of racism, xenophobia, violence, hate crimes or discrimination".

Tim commented that a concern from the survey modernization project teams was that there needs to be triangulation across data sources, but they also noted that triangulation can be an echo chamber that can be mutually reinforcing but inaccurate. There needs to be integration of accurate data.

Sara B. asked if members want to keep the selection criteria for looking at validated measures.

Sarah Present said we can consider locally validated measures. She recommended keeping this, and that there are existing benchmarks.

Kat asked whether this would include measures that are internationally validated.

Tim noted that, even with validated measures and benchmarks, there needs to be a way for metrics to evolve over time. The survey modernization teams have shared that a lot of national metrics are white supremacist, and this can be a self-referential loop. Tim supported adding internationally validated measures.

Sara B. will make the changes discussed today and send out to the group for review. Eventually we will need a final version, but the metrics selection criteria can continue to evolve as the group begins discussing metrics.

Healthier Together Oregon

Christy Hudson provided an overview of [Healthier Together Oregon](#), including priorities, implementation areas and community engagement.

Cristy Muñoz noted that feedback was collected from communities during the COVID-19 pandemic and wildfires, but she doesn't see anything specific to disaster responses and how communities want to be engaged in disaster preparedness and response. She pointed to California as an example of a state that weaves disaster and health together.

Christy agreed and said there are no specific strategies related to disasters. There is one related to climate change, which is the number of CBOs that have meaningfully partnered with LPHAs or Tribes to build community resilience.

Sara B said that, in addition to communicable disease prevention and control, LPHAs will expand focus on environmental health, emergency preparedness and response, all hazards planning, and climate and health. This is why this subcommittee is focusing on CD and EPH.

Cristy M suggests aligning public health accountability metrics and Healthier Together Oregon strategies where possible.

Sarah Present agreed and said Healthier Together Oregon is one source to look at. She goes back to thinking about what is do-able at the local level.

Jeanne agreed and would like to look at the different measures and pulling out those that are fully focused on health equity.

Sara B asked whether the Healthier Together Team is looking at setting benchmarks intended to eliminate health disparities and close gaps in rates among racial and ethnic groups.

Christy said that benchmarks are still being developed.

Subcommittee business

Sara B said the three meetings to date have focused on framing and level-setting. Beginning next month, the subcommittee will begin diving into metrics and narrowing in on what the subcommittee wants to prioritize.

Next meeting scheduled for 8/18.

Public comment

Carissa Bishop provided public comment. She has been involved in public health modernization work since 2018. She noted that CCOs have a meaningful language access measure and suggested that the subcommittee consider this as a measure for public health. She said that the measure looks at access to interpretation services and whether a person receives service, and suggested that this could be expanded from clinical settings to public health settings.

Adjourn

Health and Racial Equity Capacity Building

Public Health Advisory Board

August 19, 2021

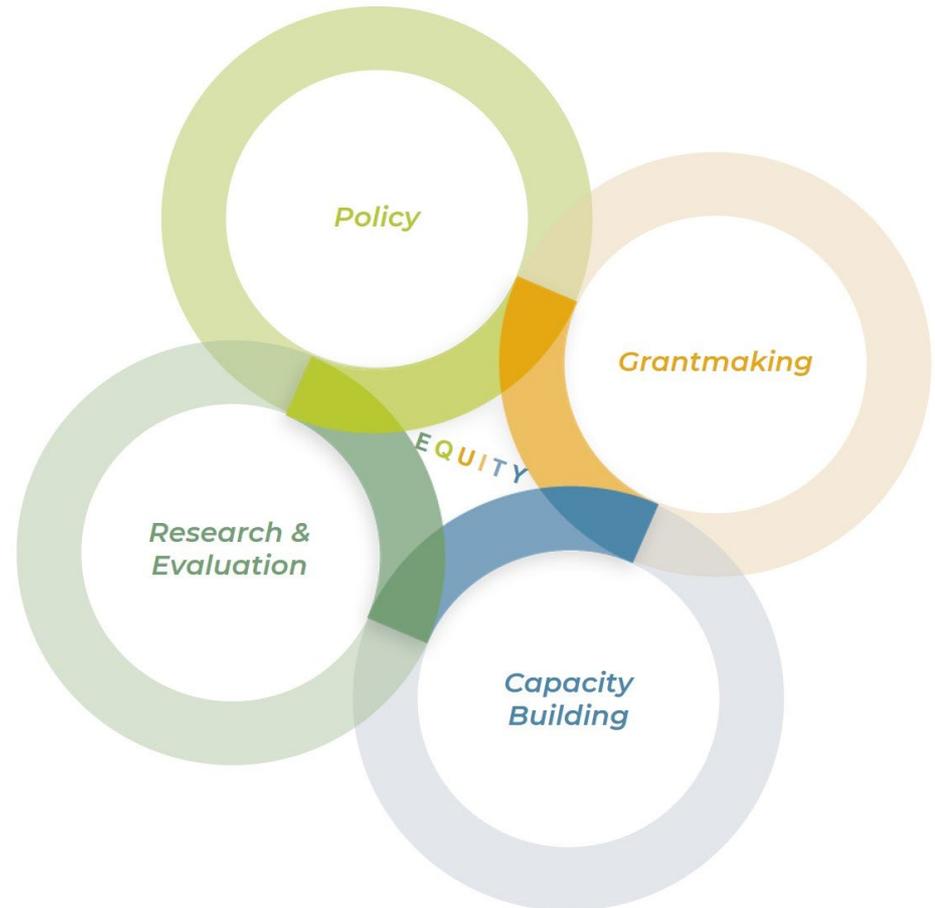


Health Resources in Action
Advancing Public Health and Medical Research

About Health Resources in Action

Public health institute
based in **Boston, MA**

Our vision: A world
where all people attain
and experience optimal
health and well-being.



Meet Our Team



Ben Wood
Senior Director, Policy and Practice



Brittany Chen
Vice President, Health Equity



PHAB's Health Equity Journey: Where are we at?

- **Assessment**

- PHAB Meetings (7/15 and 8/19)
- PHAB member interviews (8/9-8/16)
- Planning with PHD

- **Capacity Building/Training Development**

- Memo to be shared by Friday, September 3

- **Capacity Building Sessions**

- 3 sessions (September, November/December)



Health Equity and Leadership: Vision



How can the PHAB best support the Oregon Health Authority in the goal to eliminate health inequities by 2030?



HRiA Health Equity Framework

EXTERNAL APPROACHES
Disrupt external inequities and injustices

ASSESS
VISION AND PLAN
IMPLEMENT
EVALUATE



ADVANCE
HEALTH EQUITY

INTERNAL APPROACHES
Develop and strengthen
equitable internal policies/
practices, and build staff capacity

Challenge assumptions and
narratives about what
promotes and hinders health

Create and sustain authentic
and diverse engagement

Strengthen capacity to
correct power imbalances
and address inequities

PHAB member interviews: *Questions*

- **Individual and group conceptual understanding** of health and racial equity concepts.
- **PHAB functioning** as an entity to support OHA in addressing health and racial equity.
- **Visioning for what capacity building** activities could support and **what success would be.**
- **Skill-building, tools and approaches** to capacity building sessions.



PHAB member interviews: *Themes*

- Getting on the same page with **understanding** and **use** of health and racial equity concepts.
- A need to be clear about a **strategic direction** for PHAB to support health and racial equity.
- **Trust and partnership** development between PHAB members.
- Desire for both foundational training on **concepts** and capacity building containing **specific actions/policies**.
- **Better integration** with, **understanding of** and **supportive engagement practices** with community.



PHAB member interviews: *Success would be?*

- **Momentum** to work on something concrete.
- **Agreement** on what “eliminating” health inequities means.
- PHAB can help **communicate a vision** for health and racial equity across the many layers of the public health system.



PHAB member interviews: *Approaches to use*

- **Skill and knowledge** building from the get-go.
- **Work in between** the sessions.
- Lots of **visuals and examples** from other places.
- **Prioritize small group** discussions and work.
- **Trust building** and sensitivity to micro-aggressions.



PHAB Health and Racial Equity Training Goal

Emerging with a shared vision and next steps for how PHAB supports the goal to eliminate health inequities by 2030.



Focus of Training Session #1

- **Center on** partnership and trust development.
- **Review of** health and racial equity concepts.
- **Agreements on existing tools, definitions:**
Health Equity Review Policy and Procedure Guide.
- **Case studies/examples** from other public advisory boards.





Thank you! + Q&A



Discussion questions

What do you **Like**, what would you **Add**, what would you **Change**

- Training Goal
- Successes
- Themes
- Focus of first training session



PHAB Health and Racial Equity Training Goal

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