

Please Stand By For Realtime Captions. >> We should be good to go.

Make a note to remove the teams from the invite. >> It doesn't look like it's in there.

If you scroll down.

I see.

It automatically defaults to teams. >> I'm getting in there now to drop something in the chat. >> Can you see the captioning?

Do I need to overwrite for Spanish as well? Do we want to let folks in and continue to get the stuff sorted.

Hello all, welcome. Good to see you. Hope you're staying nice and warm. Or safe if not warm. We will go ahead and get started in just a second. Thank you for being here.

I think we are ready to get started. Welcome all. It's good to see your faces and we have been spending so much time getting ready to be in this group and civility come together to be in this virtual meeting. I know it's not great weather in Portland right now and surrounding areas. Thank you for being here first and foremost also, kids might be at home and maybe other things going on that are really important so feel free to jump off if you need to take care whatever you need to take care of. We want to make sure you are well throughout this meeting. My name, I use she her pronouns and I'm an equity liaison at Oregon health Authority and the lead for this framework project. We are so excited to have you here. And get started. I think what I'm going to do is starts with the agenda and go through the meeting logistics and we will hop onto introducing folks and start getting to know it each other a little bit better. I think the first bit is we want to take a second to reflect on how much professional and personal expertise you all are bringing into the space. And how much of science you have in the role of health equity in the lived experiences and also your professional life. It's a really wonderful group of people. We are looking forward to having --I know we will start getting to know one another and see where everyone is from and when we start to gel together as a group and build working relationships, we are looking forward to seeing what we accomplish and learn together. Sarah, I see you have your hand raised. >> Sorry to interrupt. I'm not sure who is hosting right now but I think there might be people in the waiting room. I wanted to make sure someone else goes ahead and records the meeting.

Absolutely.

Looks like folks have been admitted.

This meeting is being recorded.

Welcome to the folks joining. This is the very beginning of a kickoff. Nice to see you. Thank you so much for being here. Really looking forward to supporting you all as you bring your professional and personal

expertise to the table and do whatever is helpful to be able to do that. And noting that there are so many different ways to speak into a space. This is a place where it's a lot easier sometimes to like you can speak by un-muting and interacting with folks. We are able to receive feedback and a lot of other ways. We will have a lot of different options whatever else is needed to support and participate in this workgroup in a way that feels right for you. I will pause for questions because I know we are just getting started. I will jump into more logistic stuff before we do introductions. I will share my screen and we can go through logistics. The first bit, we have closed captioning throughout this meeting . Both in English and in Spanish. Also we want to make sure the meeting is accessible to everybody. If you have other accessibility needs, message me throughout the meeting or after the meeting. You can email me and make sure we are able to get you whatever it is you need. We will go to introductions. This is a two hour long meeting in the middle of a traditional lunch time. I want to make sure as you show up we may or may not keep this actual meeting time. If we do have a between 11:00 and 1:00 you all do whatever helps you feel comfortable to show up to the space . If that's going off camera that's fine. If you need to make food or whatever you need to do, make sure you are on mute. We will go through and create group agreements together. We are starting with the existing group agreements and making changes as we go along together. Then we talk about logistics and the next steps and what we want this meeting to look like moving forward. And 10 minutes at end and a reminder that this is a public meeting so 10 minutes at the very end of this will be reserved for public comment. A couple of other reminders. We are in a virtual meeting space for it a lot of different assume functions you can use to interact. Ian does not contribute verbally. You can use the different reactions and raise your hand if there's a discussion going on and you want to make sure to happen there and speak. You're able to contribute via chat , too. Chats are saved during this meeting. Just there is a minder as he turned things into the chat. This is a public meeting and is being recorded. We do have that public comment and 10 minutes at the end. That's all I've got. We will move into introductions and handoff to William and reminder for the introductions and I will stop sharing so we can see each other. Just a reminder for the introductions that workgroup members will introduce themselves. If your public member joining you can introduce yourself at the end during public comment. That's all. I handed over to him.

This is William Blackford. He session pronouns. On the system coordinator with the public health division and policy partnerships team. Relatively new to the organization some happy to be here meeting everyone. I will be co-facilitating and doing other logistical things here with the group. First I want to go around and do some introductions. We're hoping each introduction will be one minute or so. We hope you will share your name, pronounce if you like, role and title of the organization as well as the understanding of the workgroup and the goal within the work group. There is no wrong answer. We would do popcorn style. I think I will popcorn over towards Larry Hill.

I am Larry Hill, the black man with black glasses on, black turtleneck, black scarf. I'm called to have a mustache and use he session pronouns . I work at the Oregon health Authority as an equity director. I'm very

pleased to be here . My role would be defined by what you all do . I think listening provides us with the opportunity to inform decisions or processes we are a part of. That's what I will be doing the most. >> You can throw it to the next person.

Sure. Let's go with Sessa. >> Hello everybody my name is Cessa Carson, the white woman, I am one of the local public health and tribal public health liaisons out of the public health director's office and I also will be helping with facilitation and some logistics today. How about Misha ?

My name is Misha Marie, I use she her pronouns. A white woman with long silver hair wearing a black and white shirt this morning and lucky enough to have a woodstove and staying toasty. Who knows what it will be like later today. I'm the social navigator with the county and to work with and support people with intellectual and developmental disabilities. I see my role here as uplifting the voices and perspectives of those with intellectual and developmental disabilities. We have advocates and ambassadors in the background as it were that I consult with and take what I learned from these meetings back to and work together to make sure they can get the best health out comes here in the state of Oregon. That's me. I will pop it over to Sarah.

Hello everyone. I use she and her pronouns Fatima white person in my late 40s. I have straight light color shoulderlength hair, I'm wearing a headset today and have blue walls behind me with a plant and some art. I work for the OHA team. The strategic initiatives team in office of the state public health director. In that role I work closely with the public health advisory board. My role here is to support you all and to just really ensure strong connections between the full public health advisory board and the work of this workgroup. Also I will note quickly that Jackie Young introduced herself in the chat since Jackie is having some unstable Internet today. She uses she they pronouns and she is executive director of the Islander community. I will pass it to Natalie.

Good morning everyone. I am Natalie. They pronouns she her . Director of the Boys and Girls Club for the Portland Metro area. Excited to be a part of this group that believe my role here is to help provide insight for the communities that we serve as the Boys and Girls Club of the Portland Metro area. I will pass it to Alex.

My name is Alex , on the community educational coordinator for the community health department of the community health clinic. I'm here as a proxy for Ruby, she's currently running the structure for the communities since we are completely out of power. I'm just going to be here taking notes. I know she's really here as a way to help drive policy and increased the voice for the community. I will pass it to Meiko Webb.

Thank you. She her pronouns. African-American woman with glasses. Short curly black hair. OHA and screen wise program. Works with clinics to provide free breast and cervical cancer screenings . For breathing and diagnostic services. I talk about this question and I had to be totally honest. Have to write all of these talking points and sound completely with a and on top of everything and I'm here and it's my turn to share.

I'm not sure if I'm honest. I can be on the topic and go along what they say another health organizations freedom not too sure. I know it cannot be something that we throw out to meetings. It sounds fancy. And it has to have impact in communities and I know because this is my interpretation that COVID-19 was done at so many great things that you think the great thing it has done as shown communities and folks in power how much power in a real way communities have and it's not just a bunch of talking points. I know we have to move forward . I'm looking at the side list. Marie, how are you? It was good morning everyone. My pronouns are she/her . I am the statewide conference of local health officials representative . In my day job on the local public health administrator and public health division manager in Washington County Oregon. Very similar to Sarah, I am here to make sure we are connected to the public health advisory board. I did sit on the workgroup the updated equity policy for fab. >> Always know and some is going to call my name because they start off in that way. So happy to be here. I use pronouns she/her. On the program manager here at the public health department. And of the program manager for new public health modernization programs. We are kicking off with conversations around health equity and climate adaptation. I am the captain of this ship . I'm originally from South Florida and have been in Oregon for almost 2 years now because I'm new to this cold and new to this area. It has been culturally shocking yet very important for my professional and personal development. In my understanding of this workgroup is to give us a safe space to kind of interact with each other and also learn or adapt to having these conversations in equity. And have representation on the board as far as we discussed health equity and others a lot of deep rooted issues that are still seen to today. I'm happy you guys created something like this and thank you for the opportunity. >> We serve diverse populations in the Portland Metro area for those who are at risk or marginalize and we also's servant provide an upstream approach in public policy and creation justice work. I'm just using all the rounds reserving to be able to provide and put here and support those that we serve. And raise your hands I don't think you have gone. >> Nettie, she her, I'm a white person with dark hair and bangs pulled back in a point till today with a turquoise sweater. I've got a concrete wall with some scape words on it. I'm also in a background role. I'm an OHA project manager on the policy and projects team like William. I'm just here working through logistics and taking notes and helping with infrastructure. It's great to see you all and meet you all. Welcome. Who has not gone yet? Caitlin.

Hello everyone. My name is Caitlin. A white person with black hair, glasses, and a dark blue turtleneck. I'm also behind the scenes support type person. I'm the senior assistant mitigation manager. Not helping much with resource needs or problems shooting that we can potentially do on the project side of things behind the scenes to make sure everything is running smoothly for all of you. I'm so excited for this project really impressed with the amount of knowledge and expertise we have in the space. With -- Did I say she they pronouns? Am going to be mostly off-camera today. I have a kindergartner home with me. Nandini did you do your introduction?

I will go through. I am Indian American woman with long black hair and white shirt and brown skin. I am the project lead for this project and

equity liaison for OHA. The reason I feel like I'm here, I think it's because I've spent so long trying to learn and understand health equity as a concept and I think the one thing I know is there's a lot I don't know but the one thing I know is it feels like something that's very interactive. Something we keep coming to the table for over and over again. In this particular role, maybe I see my role as a way to support folks and coming back to the table over and over again. Whatever it takes or whatever you need to be able to go through that process and come together. I'm excited for that and I will popcorn it to whoever is left. Anyone not gone? >> I'll go. >> Always have a description of your clothes and background the mouse so effortlessly. Unlike they are with OHA. I can tell. I'm Christine. I'm sitting in my car. Wearing a hoodie . On the director of charities and also housing director of neighborhood housing in Portland. I work a lot with OHA over the years. I have been a transplant to the East County here for 22 years now. I live out in Rockwood East County and it's a forgotten area. I tend to always jump aboard with whatever policy or procedures and meetings are about our people . I'm just here to make sure those are served. Not just black people. I'm African-American but I deserve and serving as many underrepresented people as possible. Out here there are over 88 different ethnic groups that live out here in East County and there's so much media and politics that I want to be able to make sure the community I serve and work with out here are represented to the best of my ability. I'm here and I will keep OHA on track which is what I've been doing it a few years now. Very direct person, very honest , I just get to the point. OHA has made good strides the pandemic acknowledge that I'm always appreciative of that but is always more they can do to make sure they know what they can do and what needs to be done.

Thank you so much. This is William again. I did not give my visual description. Welcome. I'm a white man in my late 30s with black glasses, wavy brown hair , blurred background. Did Natalie share or is there anyone we missed?

I have shared.

I think we made it through everyone.

There will be time of those members of the public, there will be time at the end to introduce yourself and give public comment. Thank you all for those wonderful introductions. I'm going to pass it off to Cessa who will talk about the project and work group overview a little bit about what we will be doing . >> Hello everyone. I am Cessa. I'm going to pause for a minute to read some comments in the chat. She shared she forgot to mention that she is Latina and her family is from the Dominican Republic and Canada and wanted us to know she stepped away for a bit. And there's agreement and things to Christine for her introductory comments. Sarah is going to begin the slides with this description of the workgroup purpose and goal.

Transferred going to talk a bit about how this workgroup came to be and how we are envisioning the ask of this workgroup and I'm really going back in time and talking about a conversation from about a year ago from the public health advisory board. Ask Maria and Jackie to step in and

correct anything I might say that might not be right. Going back about an entire year from today, the public health advisory board had a very big task. Which was to develop recommendations for public health system funding related to public health modernization. For those of you not familiar with public health modernization, I promise we will talk more about what it is a little bit later in today's meeting. A year ago, the public health advisory board convened a workgroup similar to this one for funding recommendations and how those funds should be allocated across the different parts of our system to meet our shared goals. They were working under a very tight timeline and it was quite a tremendous task. That workgroup did complete their work. They came up with a set of priorities for new funding for the public health system. They scaled with the work could be at different levels of funding it talked about how they should go out across the system and they recognize that they were doing that with a really incomplete understanding of how all the different parts of our public health system work together. To contribute to achieving our shared goals. The ask at that time was that OHA create space to do that work to come up with a shared understanding of how the different parts of our system work together to meet our goals of eliminating health inequities in Oregon . Recognizing that that was a big need as OHA continue to work with the legislator around providing more funding for the public health system. We committed to doing that systemwide work of developing a shared statewide public health equity framework that we can use moving forward to support making decisions grounded in equity. As the legislator gave us additional funding for the current biennium, we are really working towards completing the work that we are committed to do with those funds. We are really thinking about this in two phases. I know sassa will talk more about the different phases for the work. Cessa, I want to check if Marie or Jackie want to add to anything I said. You want to talk about what these phases may look like what you want me to cover that?

You can go for it. >> Let me check with Maria and Jackie

This is Marie. He did a great job introducing the work. In addition we completely understand it's the work of the group to continue to revise and update and incorporate earnings to the public health advisory board members as they get on boarded this year.

Am watching the chaff or any comments from Jackie because I know she's dealing with. >> Jackie said in the chat that the next steps were fine. As we've been planning for this work we have a few touch points with the public health advisory board to get their input over the course of the summer and fall, we are envisioning this work in two phases. The first one happening relatively rapidly and beginning to develop some real mapping that describes the work of the public health, OHA, community-based organizations , and tribes says they wish to be included in this work. Understanding the distinct roles and how they fit together and contribute to shared goals to aluminiate health inequities. The due date is a little bit flexible at this point and Cessa will talk more about that for really spending the next year taking the first phase of work and developing a more complete framework for health equity within the public health system we can use for decision-making and prioritizing work and also hopefully will be something useful to each of you to do public

health work within the communities. The due date for that that we committed to the legislator would be June of 2025. Back to you, Cessa.

I will give you a minute to take in the slide . You heard Sarah mention a couple pieces related to funding from the legislator and also an acknowledgment from public health the public health partners are not coordinated in their roles . Does anyone have thoughts or feedback you look at the slide? Anything anyone would like to say about how the public health system has changed since 2020 or any other comments ? Mary, please.

Back to the COVID experience, public health had to make some quick changes in terms of how we enacted some type of response for it . In addition to local public health authorities . It created a once-in-a-lifetime opportunity tool to get funding out in the communities and have people build out important work within the communities that quite frankly have not gotten a lot of attention for other health issues. We have seen certain models of success. As stated over and over again it has not been a perfect process but we have been able to do is build on the relationships that are out there. This effort is an extension of the and building the relationships that have been built and fostered throughout and we continue to take -- We take our information from you all to inform whatever processes we move forward with. One of the great beauties of the pandemic was our ability to pivot and to do what the community assets to do and as a result I think we had one of the best in the nation. The communities you are representing. Also the public health modernization put together moving forward you all play a huge role in shaping the --The work piled up as we are working on things for hope we can keep some of these changes and expand on them. The doors cracked open and I want to see them get even more open and to make it less of a metaphor and more real, we have things like having ongoing connection for the local public health I've been struggling to keep those doors open and keep that dialogue happening. There was such great response and phenomenally a kept organ at the top in terms of outcomes for the COVID response and it's been wonderful. I would love to see more to make it more concrete to work with people with intellectual disabilities. During COVID there was a lot of receptivity after a lot of pressure communicating with healthcare providers over how to approach how to go into the hospital and all those things . I'm really grateful for the outcomes there. Now I want to follow-up and have education with healthcare providers in terms of providing healthcare to people with intellectual and develop mental disabilities and understanding how to work well with people. I've been able to do some cool partnerships around developing some tools and education with OHS and individual healthcare providers interested in this work. The not I am having trouble cracking is getting into the healthcare provider community. This giant why? I love it. How can we cracked that not and how can we push these doors open even more than they have been . That's my longer than necessary explanation of the Y. Thank you all.

I just wanted to add that I know my department funding comes strictly from OHA modernization and with the pandemic I think you proved that there are major gaps in public health and that unfortunately , health access is not distributed equally especially among people that look like myself. What I will say is him having this conversation I think it's

important to kind of lead with grace. I think we expect people to know or have an understanding of these conversations. Take it from me. I come from a melting pot of diversity from Miami Florida where he can get all types of different people to come to Pendleton Oregon where I'm now considered the minority which I have never experienced before. I've never felt so intimidated and there is just feelings I never felt in my life and I've heard it all before people will say why do we have to keep talking about race in happen so many years ago ? Unfortunately this is America and America was built and founded on the concept of racism. I just think without going too deep , I want us to leave with grace and I want people to not be scared to ask those questions. I think also because of a lot of criticism we are getting from outside from news and politics, I think sometimes white people are scared to have a conversation with black or brown people. They're scared to ask those questions. I just think having a space like this should be allowed. I think in the health equity work , I want those conversations to have even for myself . My biggest word and take back his grace and understanding anything we can meet with that we can meet with everything else. Although I understand it's rooted in certain things, health equity is rooted in certain things, especially in the town I'm in which is predominantly white, a lot of people think health equity as a black and brown issue but it's and everybody issue. If we are affected, everybody is affected. On that message, I think it starts with having the conversation. He was thank you. Maria and then Christine.

Hi, this is Marie. I was flipping through the PowerPoint slides and realized both Sarah and I referenced a document that is not available to the group. I'm wondering if any future meeting or in advance of a future meeting for can share that document and discuss whether or not it's a founding resource for this conversation because I'm unsure how connected this health equity framework is to the public health advisory board and policies and procedures.

Thank you Marie. I'm sure we can share that document. Do you have any thoughts or feedback about that ?

I will definitely put the links to that documents and probably another in the chat here. But then we should talk about how to have a conversation around those documents around the next meeting today. >> I just wanted to name the reason I think it's valuable is because the group has worked with the Oregon health policy board and committee on definitions of health equity. We have a starting point and what we are talking about . One thing I would like to see us address as a group as we do this work is when we talk about redefining the roles for public health, I would like to see that the more about relationships. When I work as a CBO, I do it all. I realize we spent a lot of time in these meetings and groups and funding purposes. The thing I need from OHA is for you to be present and you are not. Nobody knows OHA out here. I've never seen them out here are seen public health anything. When I hold forms or meetings or events for years out here and as many times by OHA, my usual response is we do not do that. But what does that mean? How will the people know who you are if you are behind these walls and desks doing checkboxes and making decisions on people that you don't even interact with? Relationship, appreciate funding but I would rather have more than anything, to know



who we are. Send your representatives to meet with the people instead of over the people. That is public health for me. That's what I'm hoping for out of this is just relationship building and not just I do this role and I do that role. That's great. But nobody knows you. They need to know you so they can get to trust you. That's the big piece that has been missing, even in the pandemic. You are not there. That's what we need in 2024 is your presence .

Thank you Christine. One more comment from Larry .

The coverage was limited because we have limited staff. What I would say to you is to invite us out and to come out and say whether we've tended or shown up. Meeting people in the common ground in the areas they represent and see the obstacles at hand and I would hold us to that , that's one thing we put into our mission in terms of how we engage being in person and doing the things that Christine is asking for. I would say please come back on a regular basis and see whether or not your situation as what you experienced thus far has improved because we are in the process of changing that and doing change management when it comes to engaging our communities and public health.

Thank you Larry. I'm going to call attention to a few comments in the chat. Jackie is giving a reminder about how we use a lot of academic public health terms. And some acronyms in particular. Jackie says for example the community health assessment , the community would be polite and not asked to define it. A reminder about using overly academic language in our time together. Larry's reflecting on what they shared about coming to Eastern Oregon . Larry said equity means those that are disadvantaged are able to bring voice . We hope you will continue to do so as part of the group. Sarah shared a link to the equity procedure. Every group that OHA has held in the past, diversity has failed and never heard Wright's ended and thanks to Larry , hopes to engage and learn more from this workgroup. Next slide please here we have a breakout of a collaborative development model . Different pieces of the model. This is how we are hoping this group will work if you want to take a few seconds and work through the different pieces of the model, let me know if anyone has feedback or comments about this Larry, you still have your hand up. Did you want to make a comment? Any thoughts or feedback about the collaborative model. Next slide please. >> In the collaborative development model, this is a new model for me. I'm just wondering if kind of looking at the comments if there's another phase at the end of the feedback and engagement so it just does not end with the voices from this.

I think that is really important point and assessment of the efforts I'm going to ask someone to speak to that. >> That's a good point. I think we talked about having some sort of feedback for meetings and also as we get to the end of phase one or as a are working together in different chunks. In phase two. A thing that can be a larger conversation want to get the gather and talk about what feedback feels valuable and how we might continue to incorporate it . If there are ideas right now I would love to hear about that, too.

It certainly something we can continue to discuss in our time together and also in between meetings. Would you go to the next slide please? Here is the OHA team . We all introduced ourselves in here the description of our roles . Next slide please. Here's a list of external members of the workgroup. External to OHA. We do have a couple of folks who are not with us today. This is a flexible timeline of our work together. Right now this timeline is based on us meeting twice a month. It's flexible and we are open to feedback about meeting cadence. And we can adjust as we go along, we can extend because there's a deliverable for this workgroup. We can assess as we go along in the meetings. Next slide please. >> I am going to talk for just a minute about Oregon's framework for public health modernization for folks that are familiar with modernization, you probably King this looks a little bit different than the graphic we use and it's all the same information just made more accessible for PowerPoint. Oregon has been working towards modernizing our public health system for about a decade now. Jackie mentioned jargon the language in public health modernization is most definitely HR Ginny term. At its foundation, the purpose of public health modernization is to make sure every person in the state has access to health public health protections and services no matter where they live . Public health only works -- If it's not working for everyone, then it is not working for anyone. That is core to public health and we have a responsibility as a system for serving all 3 million people in the state. This is a framework for how we organize our work. Within the governmental public health system, thinking of Oregon public health authority, local public health authorities and the federally recognized tribes, we run foundational programs. We have programs for medical disease control. Think COVID and sexually transmitted infections and foodborne illnesses and public health prevention and health promotion. That describes our work to prevent chronic diseases commercial tobacco prevention, injury and violence prevention. Drug and alcohol use and all of those sorts of program areas. Environmental health, this is work related to climate and health. Preparing people and family and communities for a changing climate of how that affects health. Environmental health is also a lot of work. Inspecting restaurants . Radiation protection services, drinking water, all of that falls within environmental health were governmental public health. And access to clinical preventive services. This is about governmental public health work to make sure every person within the community has access to preventive health care services. Making sure people have access to reproductive health services or vaccines are up things like that. They have a responsibility for making sure everyone in the community has access. Those are the array of programs we run in public health. Public health modernization calls us to focus on those foundational capabilities at the bottom of the framework. Those seven capabilities really represent the knowledge and the skills that we need to have within our public health system in public health workforce for any program we are working in. So COVID response, there was communications and health equity. In public health data and emergency preparedness. We use all of those in working on commercial tobacco prevention or when were working on climate impacts on health. Those remain consistent another what we are trying to build to ensure we are strong enough . It's a very targeting framework and I apologize and pause and ask questions that we think about those foundational capabilities we recognize as governmental agencies . We do communications but we have to

be working with community partners who have those direct connections with the community they served and the medications are reaching people in the right language and the mode of communication not to make sure everyone has access this is an example of how it's necessary for public health agencies to be working with partners to make sure that public health is reaching every person in the state. I know for many of you that may be the first time you've been introduced to public health modernization. Let me stop and see if there are any questions or if anyone wants to add to this . As a build equity framework, how do we build that so edit lines, complement amplifies what we are working towards for public health modernization . Three want to pull up modernization manual so people can see it. And get a sense of what it looks like?

I'm happy to pull it up here. This is for medications here.

This is a way to prompt thinking about how this workgroup could proceed with developing a health equity framework. As part of the early public health modernization work back in 2015, state and local public health authorities worked together and developed a public health modernization manual that really describes our responsibilities as governmental public health agencies for providing public health services to community. That framework we were just looking at with four programs and seven capabilities, the manual has a chapter for each of those. I will add the link and I think maybe it was shared out with meeting materials already. Just to orient you all to what is in the manual. Every chapter of the manual starts with a vision statement. Again, it was developed back in 2016. Some still feel more true in some feel less troop really articulating the role of governmental public health . What follows next is a list of Core System functions that really describes what as a system we need to be working on. It does not say who provides it. It does not say this is what OHA does and this is what local public health does. Most of these are shared responsibilities and also is on civilities that we share with community partners. One way the group might want to proceed is by looking at these Core System functions and identify ones that feel particularly relevant to advancing our equity goals and starting a conversation there around how we can develop this further . The manual goes on and is a long list of what they need to do a local public health -- Very detailed. It's all there, great information. The information is very relevant in the document we use all the time in our work. I would just say we can use this to support as a foundation for this workgroup work. I also want to be very clear that it not the scope for this group to completely rewrite the manual. Or to do any major revisions of the manual that would be done. Through other processes with other local public health partners. Here's a resource. I know we are past due for a break I will make sure everyone has the link and will have more conversation about this.

Thanks. We put the link in the chats. I also want to call out a comment from Jackie Singer don't want to be a checkbox. I would like to see this to not be in in name only situation. Here is the proposed meeting structure. I mentioned the current timeline which is flexible based on this meeting twice a month. This is how we are proposing to work through . This is the proposed workflow for the workgroup meetings. Essentially how we envision the process happening. Next slide. And then a few

resources on the last slide , the email with the materials for today's meeting there were links to these pieces . Please take time to review them that they are of interest to you and I will stop there.

We are a little bit behind on time. We are about to take a break for about 10 minutes. We have a couple activities here. One is sort of a collaborative brainstorm looking at the ways we view collaboration and how we want to bring that into the group here. The other is looking at group agreements, talking about those and seeing what else we might want to add. Looks like we might only have time for one of those today. Can see in the chat are by any means that feel good to you. Which of those activities you might have is a preference for today before the next meeting.

I think we will go to our break and break for about 10 minutes. Feel free to put in the chat if you haven't already you have a different preference, or just state your preference. Take a break and we will come back at 12:25. . We will break until 12:25. .

Hello, this is William, welcome me --Welcoming you back from break. Hope it was needed. Got a rest and stretched her legs. As people trickle in , I will pass it on so she can get us started on the collaborative brainstorm exercise. We kind of did a trial run of it and I enjoyed it..

We hope it was a fun thing to get our brains grooving together. Before we start on the collaborative brainstorm . I wanted to take a second to go back to the conversation that we just had about the workgroup structures that have been proposed . I will share the screen again so we can visualize them. We wanted to share was that we had done some preemptive work to bring to you all some propose ideas about how you might work together. They are just ideas and really what we want is for you all to be able to dictate how it's best for you to move through this process together. I want to share it again just to see if there's any feedback about how you think this structure looks. If there's anything off-the-cuff you would change for any feedback you have right now . Hopefully this is something Eckington continue next time. Is there anything that would be helpful to clarify on this ?

I wonder if we might be able to revise sister effect conversation about equity.

I think that makes a lot of sense. This is open to everybody, is there anything specific you would like to see in that conversation ? What would be the most valuable during that conversation ?

I realize I should be raising my hand. Just building on the previous conversation and document we shared, just having opportunity to reflect on what the public health advisory board is using for health equity and how we are leading with race and what definitions we currently have and how we are hoping to operationalize those.

Absolutely. Anything else we are talking about health equity in the hall, that would be important to draw and ? It will probably come up in a conversation anyways. Just for us to prepare. Christina, I see your hand.

I would say maybe we can have some role-play and maybe we can kind of do some role-playing and we can see how weeping at these conversations and the communities and how it could go and what rebuttals we have in the back pockets if we need them. Just a role-playing situation or something regards to the conversation of health equity for community members and how that could go inflow would be nice. >> Just understand you correctly, that the conversation about how health equity is talked about different communities or how we have conversations about health equity , and other stuff?

Specifically for what I'm doing my work , I work regionally across eastern Oregon and that's a something in presenting to these communities and counties. We've done some outreach events will be two games to recognize health equity and give that correlation or we will do a movie where we bring in climate at activity. Introducing the conversation and what health equity really means. Did I answer that?

Anything anyone wants to add about this meeting structure or the the proposals? Anything you might want to see change ?

Would be helpful to read over the manual , the modernization manual before each of these meetings to discuss these topics ? Or how are you wanting us to show up for these?

That's a really good question. I think I will ask for Sarah, your support on this. I think reading the entire manual might be. I think the portions that are the most important are the parts that talk about the different roles that have already been defined. Having opportunity to look over those I think might be helpful to you all. I think also having a sense of how much time outside of this workgroup you want to spend on different tasks, whether that's something we can review together or outside committing that the decision you all would want to make together . Do you have an idea of what would be most helpful at this point? >> I'm not sure if you were going to give an overview at the meeting or if you are required to do that beforehand for each of these discussion roles ?

That's a good question. I don't think we did not plan for that quite yet. Open to any and all feedback on that and what would be most helpful. >> I was wondering if it would be helpful to the group to share screen and if we pulled up for example the first one we are going to look at in a January meeting, sometime today so we have a chance to ask questions that will help us prepare for the next meeting . >> My main concern with today's meeting is we are going to run out of time with the stuff we need to do. I think we can get rid of some of the things we planned on to prepare for the next meeting. I think we can also pause and do the review at the next meeting and kind of move around the timeline to make sure you have that time to prepare moving forward.

I very much agree. I think the next meeting we want to use that time to continue to solidify what we will be working on and the ways he will get there and she mentioned the public health procedure. Taking the time for that document just seems like it might be valuable to get more solid as a

group for we start going deeper into content areas. That's just my thoughts and we will follow the lead of workgroup members.

I feel like that makes sense. I feel it getting in some grounding and foundational work within the group would help me , just speaking from my own where I'm coming from, it would help to review that. Partly so that we can start where others have left off . It does not mean we do not do new things, but we can take advantage of where the work has been brought up to this point and just getting that foundation , thank you all. >> I appreciate the work that went into today's presentation and I appreciate the input you are all providing today . We should be able to feel as if we can bring voice . This group has great potential. Much of it will be molded into a product if we get to the point where we feel comfortable enough sharing ideas or making sure our own personal stamp on it of wherever you are representing is put into this work. But we don't want to do is what public health has traditionally done as a plan they have already pre-consumed . Those days of public modernization or public health, those days are over. It may take a little bit more time to reset as we are formulating who we are. We will come out of this better. And answer some of the questions you all have. When the input is shared , it's informed by some of the other things you asked us to put in there and we will make progress as we go.

I will reflect back if you of the things I heard. I will type them in the chat before we start the collaborative activity. What I heard is for the next meeting, we spent some time on grounding and we spent some time on preparation if we need any for the following meetings. We can talk to what we want the meeting structured to look like and the work that's been done in the past and how we might want to modify it so we have a working structure together that everybody has contributed to and bought into. I think the last thing is having a conversation about health equity and how those conversations happen. Am I missing anything? I would love to hear from you after this meeting as well. We can go through this activity together. That might take me a second to pull up. For this we are using this board and you have to go in and sign up. It's a fun Barbie have to go in and make it an account. We'll have a couple minutes to have everybody happen there. If you have any difficulty , you will be able to see a board full of virtual sticky notes. If you are on your phone and if anybody else is running into this as well, if you want to just DM me, I will add whatever it is you want to add to the board onto the slides. I plan on sharing my screen. You can also feel free to add in the chat.

Do you want someone else to take the teams from anyone who wants to provide their comments that way sense you are facilitating, I'm only offering. Whatever you prefer is great.

That would actually be fantastic. Thank you so much.

Am happy to do that as long as I can get it open. I'm doing that right now.

I will share the screen before we happen to it . I think setting the stage for this activity together , as we came together as an internal product team, reflects this workgroup as well, we had said that a couple

of people brought up earlier in the conversation that we use a lot of jargon and terminology in public health that might not necessarily be congruent to with one another. Even the word framework. You heard the word framework used five or six or seven different ways and people think of it in a lot of different ways. The same is true for the word collaboration . When I say collaboration I might have a preconceived idea of what collaboration looks like because I collaborated in different types of ways . Maybe William has experience in a completely different way . We wanted to do as he thought about what is it like to move together as a group and to be able to contribute to something together , part of that is creating shared definition and shared language. What do we mean when we say collaboration together rather than what does William mean when he says collaboration by himself ? The idea for this is going ahead and hopping in and plopping in the context for our goal, which is collaboratively defining roles and organs public health system. The goal of ending public health inequities . What do you mean when you say collaboration and what does it look like to you? I would love to hear is you are going through and typing in, do you have ideas around what great collaboration looks like to you previously and whatnot so great collaboration has looked like . And share your screen . I know we want to reserve 10 minutes at the end for public comment. We will take three minutes. We are cutting this more in half so I apologize. We can continue it later. If you just want to go ahead and type in any ideas around collaboration that you have read feel free to unmute yourself and confirm verbally as well.

I'm not sure if anybody put in already so I want to add respect watching these popular is so fun. I'm going to read some of them out loud.

I wanted to introduce myself. I am Susan's, I work with the Columbia record travel commission . To me, this means working together towards a common purpose goal or objective. And also, communication , that is such a key aspect of collaboration . Sharing ideas, information, and giving effective feedback , we cannot collaborate without communication. Thank you.

Thank you. Thanks for joining us even though this is wild out here. We appreciate you being there.

I can tell was sans about to say. He read off mine but I will say it again. Respect was one that I put an shared work and resources . I want to piggyback off of what they mentioned. I think communication is so important as well. Not to throw OHA under the bus, but I think that is where I've had past issues with OHA with a group or workshop being established. And I don't hear anything and I don't know what's happening. I understand I know there's a lot of things happening there there so many employees. I totally understand. I wish there was more of somebody reaching out to say hey, this is no longer happening or the budget has been cut or whatever the case might be.

Anybody else want to add to what they have been adding to the board? These are amazing.

Voice is inclusive a representative of individuals to find solutions which represent the local experience.

I have another one. I would say representation is important . Everybody in the board is white and I cannot seem to understand that concept of I think just shared testimonies is important in having somebody be part of the group. At least need to see one by Pok individual as part of the group. .

The original idea for the process was we would come together and look through each other's Post-it notes and look for a shared definition of collaboration we really center as part of these work agreements. It's kind of the vehicle by which we would be getting somewhere since this entire health equity framework is truly meant to be collaborative. We will not have time to do that today. But hopefully next time we can come back and with that process together. That's great and we will have more to come back to next time. Thank you for asking that question. I will share some of these quickly and we can move into public comment and wrap up. Collaborate to me means working towards a common purpose or objective. Communication is essential. Listening and empowering each other and learning for each other. Listening to the voices from our communities . Collaboration means every voice is heard. Or the focus is on working towards a common goal for change and shared experiences to provide context to working together and share to come to a common goal. Great collaboration has happened in the past. Openness and a variety of modes to contribute and discuss. Collaboration means listening, hearing, sharing, and working towards a goal. Setting a stage of respect, grace, and gratitude among the group. I hope I am not missing any . Taking time for shared understanding . Okay, beautiful. Thank you all for exhibiting to this and doing it as such a short period of time. I will stop sharing my screen. You can continue to add onto this as much as you like before the next meeting and we can revisit and discuss next time and integrate it into a group agreement if you all would like to or if this can just be a fun thing we did with sticky notes. Excellent. I'll pass up to William to start the public comment . I want to pause for any questions that might come up along the way since we will be closing out here. Okay. I will pass it to you William.

This is the time if we have any members of the public to allow 2 to 3 minutes for public comment. I will leave the floor open therefore a little bit. I believe there are no members from the public on. This is literally my first one of these some just doing what we can hear. I appreciate your patience. Should we move into the logistics piece now? We did talk a little bit about some really good discussion about what the content of the meetings will be. We want to talk logistically about the meeting cadence. We currently have scheduled every other week to have the meetings . We have a little bit of leeway to potentially change that. We really wanted to get the opinion of what you are feeling. We want to keep the scheduled meeting two weeks from now . I would love to hear from you on the chat , whether you would want to move to a once a month meeting cadence or every other week. Pros and cons to both in terms of maintaining the momentum and getting things done faster but monthly meetings is a less burden for you all. And more time to sit and think and percolate about things. There are pros and cons to both. I love to hear



from you all about what your preference is for that in the chat is fine if you want to unmute and speak that works, too. Good key motivation and discuss what was discussed in previous meetings. We have a suggestion from Sarah. Every two weeks but 90 minutes instead of two hours.

We will not decide now what the change will be but we just want to get all the feedback we can and decide what the cadence should be. Biweekly . Comments about the cadence . Seems like we are trending towards the biweekly potentially going to 90 minutes instead of two hours. If any other thoughts about that come up, feel free to contact us . Is that through the public policy email? Yes. We will take that into consideration . The last piece on this is the misleading protocol. The agenda and materials are posted on that website . In case you missed a meeting you can still review the materials were going to cover. I believe the meeting recordings are posted there as well. Is that correct? Posted in the chat that we are formalizing the feedback system. Please also reach out to need information for how to be compensated for your time on this work group. I think that brings us to the end of the meeting . I will leave the floor open for more comments or questions or suggestions. We really appreciate you taking the time to be here.

Thank you everyone. [Event Concluded]