

Test test test test test test test do you guys need the link for the live captioning website okay give okay okay hold on one second I'll get that for you that's a straight link you can click on in the chat now so sorry the first one the first one would not even load for me and I think it's because I'm on VPN and eyes never done that to me before so my tech guy gave me the link and that's it right there

Good morning.

Good morning.

Good morning. >> Were going to give it a few moments and let everyone arrive. Good morning, everyone. We are admitting people into the virtual room. Give it a few seconds to allow people to settle in and arrive, and we will get started soon. You have arrived at the PHAB Public Health System Workforce Workgroup. We are so happy that you are here. Welcome. I think we still have a few more popping in. Give just a little more time for people to arrive. Okay. I am going to get started. First and foremost, I will start with a logistical note about our accommodation and accessibility. We have real-time captions and transcription services happening. To access in English, there is a -- I'm going to pause and ask Mike colleague to share your screen and bring up the sides. The information I am sharing can be available in that way. Thank you. A couple of more people just joined. We are here at the PHAB Public Health System Workforce Workgroup meeting. At the top, I would like to let everyone know that we have captioning that is human generated, real-time transcription services going on right now. In English and in Spanish. To access the English language closed captioning, you want to go into your closed captioning icon with your functions and features, on the screen there is an image of this icon showing on display. It looks like a box with CC. There is a carrot that you can press . It is an upward facing triangle. You can select transcript or hide transcript and show captions. You have different options there. For the Spanish language captioning service, there is a link that will be posted in the chat. It will say, to access Spanish-language captioning, please follow the link. That will open up into a separate platform that is run by our captioning service provider. If you have any questions at all, please send I direct for support for any combination. And then I'm going to the next slide. And similarly for any alternate format requests, this is our standard statement for everyone to know that everyone has the right to know about and use the programs and services. We provide free help. We have materials that can be made available in written and other languages. Braille, large print, audio and other formats. Sign language and spoken language interpreters. To request an alternate format or make accommodation requests, you would contact me, Kari Christensen at 971-601-0298. Or, by sending an email to the email address. At least 48 hours before the meeting. I will ask for the next slide, please. All right. Here we are. We have arrived. I want to welcome all of you to the workgroup. I'm excited to get to know you and work together in this space. We are going to kick off the meeting with a review of what we have in store today. We will review the project and our meeting cadence. For today, we have a short review of what we have in store and then we will shift into introductions so we can meet each other. I will do a quick overview. We will touch on our work group agreements. These agreements

came from PHAB. These are standard agreements that are in use within the PHAB space. We will take a short break and then we will invite to the work group meeting our contractor that is working with the public health division to do an analysis of the public health workforce. In Oregon. We will get an update on where that is at and what all of the sources that are being included in that analysis work --let me admit someone to our space. And then we will have 10 minutes for public comment and move into a closing. Let me share --I'm going to introduce myself. Before I do that, we have features and functions in this platform. I want to make sure everyone is familiar. This is how you can engage in the space. We have a chat function at the bottom of my screen. I suppose it depends on what version of Zoom you are using and if you are accessing your phone or mobile device. You should have a chat feature. We will share information inside of that chat that is relevant to what we are speaking about today. This is also how you can ask questions, share comments. Another option for speaking and asking questions and sharing comments, is by using the raised hand function. You will find that if you click on the reaction icon that looks like a smiley face in mojito. In that feature you can raise your hand, you can also do things like click a reaction. I just clicked the heart Modi. Without further to, let's find out who is here. I will start. I will roll model this and I will ask Mike colleague Kim Townsend, if you would copy and paste the prompt for what we should share into the chat. As we share, we are going to move to the next slide. Which is fun. And I will ask Nettie Tiso -- thank you. Today with introductions, we will be challenged. We have one minute to do introductions. We have 19 people here. Here is 20. That is one minute per person. Let me see if I can meet this challenge. My name is Kari Christensen. I use she/her pronouns. My physical description is, I am wearing a black sweater with shoulderlength brown hair. I am a white woman with green eyes. I'm wearing a headset. I am in my home office. Behind me is a wall with a painting that one of my children did. I work for the public health division. I am a strategist. There is a sheep scale in front of me asking me how I feel today, and why. Today, I'm going to say that I will pick number nine. And the reason I feel that way, is because I had a lot of child energy and excitement this morning before we started this meeting. My youngest daughter is going on a field trip to the bakery. She seemed like she was jumping like a little sheep. I think I caught some of that. I'm happy to have that here today. I'm going to pass to Mike colleague, Kim Townsend. And we are going to go around like this until we get to know everyone here. When you are done, just pick someone else. Thank you.

Hello, everyone. My name is Kim Townsend. I use she/her pronouns. I am off-camera. You will just see my box with my name and a black background. I am a project manager with the OHA. I am the colleague of Kari Christensen on this project. I'm going to piggyback and I also feel like number nine. I don't know why. I feel like I have a lot of energy. I know our team is excited to get this work off the ground. It is good to be with y'all today as sheep number nine. With that, I will kick it to my colleague, Nettie Tiso.

Hello, everybody. I am Nettie Tiso. She/her pronouns. I have a couple of skateboards in the back today. I have dark hair, bangs, wearing a gray shirt and a headset on. I am here with OHA. I am a project manager. In

the policy and partnerships center. I will support this meeting by taking down some of our action items, next steps, anything else we need to follow up on. It is great to be here with you all. I'm going to go with number six. I like the springtime vibes. I'm trying to channel that as we have this gloomy Oregon weather today. I will go with number six. And, I will pass it on to Angela.

Good morning, everyone. Angela is what I go by. University of Oregon. She/her pronouns. I am sitting my office at the University of Oregon, and I have a row of ducks you can see behind me that symbolize the Oregon ducks but also [Indiscernible] I have blonde hair with bangs. And sometimes, I feel like sheep number three. Because I have thick hair that is short cropped. And maybe in the mornings, before I have a chance to get ready. But today, I do feel like sheep number six as well. Nettie Tiso. I like to wear scarves. I connect with this cute sheep that looks like a lot of the sheep that I see on the grass fields as we go from Eugene to Portland. And, my role at the University of Oregon is director of public health practices for the University health services. But, I am also director of the Oregon public health core which is a group of students that we are preparing for public health and related health and well-being careers. Glad to be here. Thank you. >> Thank you, Angie. I could just pick once --one next. Would you like to go next? >> Good morning. Wendy Polulech. I use she/her pronouns. I am a light skinned person who has currently dark hair that changes from season to season. I wear eyeglasses. I am coming to you from the Portland State office building. My background is blurred. There is nothing exciting going on back there anyway. I am Senior operations manager at the public health division and have worked with many of you in the past. It is good to see familiar faces. Today, I have to say, I am feeling like number two. I love the expression on that face. I am feeling today unexplainably inexplicably calm and hopeful. And I will pick Bonnie.

Thanks. Good morning, everyone. Bonnie Lerner. I go by pronouns she/her. I am a white woman with a dark, thick, brown hair and I wearing a fluffy Oscar the grout green sweater. I'm with a newer organization. We were founded in 2021. I am the operations director and our organization focuses on promoting and enhancing well-being and mental health of the Latino community across the state of Oregon. We have multiple components that I can share later. I'm excited to be in the space with you all. I love this sheep scale. I feel like number eight today. Since coming back to the new here, everyone is just -- everything is coming at me fast. A lot of work, a lot of exciting things going. Also, I have two very young kids. An 18 month old and a four-year-old. They really keep me on my toes. It is good to be here and see everyone. I'm going to go with Kirsten Aird.

Hello. Good morning, everyone. I use she/her pronouns. I am the interim deputy director for the public health division and the sponsor for this initiative with PHAB. I am a white woman with longish, past my shoulders hair and I wear glasses. I have a big sweater today to keep me warm and my backdrop is my fuzzy office. I cannot see anyone else. Kari Christensen? Bonnie, so good to see you. Oh, my gosh. >> Before I do that, would you like to identify a sheep?

I am three. I am three, because sometimes, I can see, and sometimes I can't. My hair gets in my way sometimes. A

Got it. I'm going to pass to Meghan Chancey.

Hello. She/her pronouns. I am a white female, hair in a ponytail, glasses, wearing an orange sweater. And my office with windows in the background. I am the director for the health department. I feel like I am and eight today. I was running late trying to bring my daughter to day care and things like that. I feel a little bit everywhere at the moment. Let's see, I will go to Laura Daily next.

Thank you, Megan. Hello, everyone. I use she/her pronouns. I am a white woman with darkish, shoulder length blonde hair. I have an office behind me with lots of plants. I'm in my home office in Beaverton. I would be Oregon coalition of health officials. I am the senior program manager. We represent 33 local public health offices. I am number five today. I'm very sleepy. I want to be under a blanket today. Just a very low energy. So, I apologize in advance to everyone here. If I'm very quiet and sedate. That is how I am. I'm going to pass it to Veronica.

Good morning. My name is Veronica Irving. I am a member of the public health advisory board, PHAB. I am faculty at Oregon University in the College of health. I use she/her pronouns. I am a white woman with long brown hair and I made it to my office. The background is the office I'm in. I'm in a very old building on the fourth floor. I'm also sheep number eight. Because everyone was talking about running late with kids. Same with me. I have middle school kids. It is difficult to get to school on time. I'm happy to be here. I'm looking forward to talking with many of you. I'm going to dash back I see Nettie Tiso. >> Hello. I went earlier. Maybe I missed some people?

Sorry.

It is okay. Hello, again. Is there anyone here that has a [Indiscernible]

Public members and contracted state workers allowed to introduce themselves?

I would say at our PHAB we have that. We do not have public but we have contracted state members.

Okay. I qualify as both. My name is Suzanne. I am contracted with the state through the industries temporary services. As administrative support. I have worked recently in the Oregon public health laboratory. I am like complected and wearing my usual. I like to wear sweaters overpants. Sweater and dress with pants. I am in my own home office because I'm between assignments at this time. You might see this painting on the wall that is very special to me. It is handed down to me from our -- from my great grandfather. And also, I am really excited to meet and hear all of what is going on here. I'm very impressed so far with what I have seen. Take you for welcoming the public and contracted workers like

myself into the meeting. Right now, I can tell you, I'm a little bit of two and a little bit of seven and four. I go by she pronouns.

I think you, Suzanne. I see Elizabeth next.

Good morning. I am Elizabeth Barth. I go by she/her pronouns. I am a middle-aged, half Asian, half white woman with long, I guess it used to be black --brownish, black hair. And, I have a green turtleneck on and a cozy jacket, because I just came in from rushing out to take my kids at grandmas so she can take them to school so I could get there on time. I'm definitely feeling like number eight, like all of the other parent doing the kid shuffle this morning. Just trying to make life and work happen. It is great to be here with you all. I didn't say my title, I think? I am the workforce development coordinator at public health and I learned a new trick. It helps with people identifying with introducing themselves. If you have not gone already, if you use the hand raised function, that might help identify who still hasn't introduced themselves. And then you can take her hand down. I don't know if that is helpful. It seems to help with these giant meetings. Yes, I said my sheep. Clearly still in number eight zone.

Thank you, Elizabeth. I am always open for the tips and tricks inside of Zuma. Feel free if you haven't used that function. That is and reactions. I think I have a good -- I am kind of tracking. I believe Dr. Sandra, you can go next? And for anyone who has joined late, we are doing names, ethical descriptions to your comfort level, your organization and maybe roll, and on the screen we have a picture depicting nine different sheep with different expressions or ways of being in life. We are asking people to identify which is you during this introduction time. Thank you. Go ahead. >> Jonathan has his hand up.

You are right. Thank you. Let's let Jonathan go first.

I'm going to be brief. I'm actually getting over my second cold. I feel really rotten. I'm glad to be here with you all. He/him. I made ball headed shiny ball headed guy with salt and pepper hair. I've glasses. I'm an epidemiologist at Portland State School of Public Health and I work with OHA and others on public health practice works. We place students to support OHA [Indiscernible] It is great to be with you all.

I will go ahead since I work with him. I am an author. I do more the day-to-day supervision of our student workers who are mostly placed with the organ health authority. I'm happy to be here. I am a bit of an introvert. That looks spot on to my personality. Thank you for having us here today. >>

Thank you. It is great to be here. I am the director of the Latinas international. A nonprofit organization almost at the state line but several counties at least. Laurel and other counties as well. We train doulas in linguistic ways. We serve pregnant mothers. Especially low income, pregnant mothers. I have been working with OHA for about 15 years in different projects. Since the beginning of all of the health equity and ideas and traditional workers commission, I am part of the committees there. And today, I am kind of a seven. Even though, I could be nine

sometimes. Three as well. It is a mix. And my description, I would just say, I have reddish, brown and longhair. And light skin. I'm a woman. Thank you. Happy to be here. >> Thank you. Cynthia? Have you gone?

Good morning, everyone. My name is Cynthia. [Indiscernible] I have a turtle sweater and a scarf. In Oregon we have a snow day today. I am a [Indiscernible] My hair is pulled back. Probably looks similar to number three. I am the director of operations for voluntary medicine at Oregon. We provide services for underserved [Indiscernible]

Thank you, so much. If I am tracking correctly, we have four people left. I'm going to just call on Patty Toombs. Would you like to go next? >> Good morning. I am Patty Toombs. I use she/her pronouns. I am a cofounder at chief financial officer. I am a Hispanic female with all of I am a Hispanic female with the skin. My grandkids say I have super black eyes. I think they are dark brown. My sheep would be four. Just because, I am new to this. There's a bucket over my head. It suits me better right now. Thank you. >> Thank you. Next, we have Karina.

[Indiscernible] I use she/her pronouns. My sleep --sheep number is three. Thank you. >> Thank you. And Carol?

Hello everyone, my name is Carolyne Achienza. I am an African woman. Black, obviously. I am working from home today. So, my bedroom is my couch. I am using she/her pronouns. I am here to represent community --I am a community organizer. A previous recipient of a grant from the state. I am using it to mobilize community and reach out that grassroots level. Today, I am feeling like a two and a little bit of an eight. I have a packed schedule today. Literally, I have no space between my schedule. I feel ready. I feel a little bit of a two but also an eight. I know it's going to be a wild morning. Thank you.

Thank you, Carol. Lei Kaula? >> Hello. She/her pronouns. I am here in our office here. [Indiscernible] I want to say, I was trying to pick my sheep. I feel a little bit of all of them today. So sorry. That is where I am today. >> I feel you. Thank you, so much. I'm going to go ahead and record now. My apologies. I did not do that from the start.

To develop a statewide, public health workforce plan ready for implementation by June of 2025. In this light, there is a link to more information about the investment for public health modernization funding. https://www.oregon.gov/oha/PH/ABOUT/TASKFORCE/Documents/OHA_053023_Invest.pdf . On the screen, there's a screenshot of a part of the information available online at this link. That's really just describing what I just shared. Nettie Tiso? Can you go to the next slide. My colleague dropped the link to the document about the modernization investment into the chat. Feel free to grab that there is well. In terms of what we are here to do together as a workgroup, for this project, we are launching here in January of 2024. Work group. You are all here because of that. In this meeting today, we will just be orienting to the workforce analysis that is currently happening right now. Excuse me. We have several sources of information about the public health workforce in Oregon. Many of you have authored those or helped to compile them. We, being OHA Public health division, and me in specific, have been working

with contractor, WYSAC , who you will meet, who has been pulling together all of the different resources we are aware of. That you have all made us aware of, that we have been made aware of because of contributing to reports, analyses --you will find in the second half of the meeting what all of those sources of information are. There will be an opportunity for you -- excuse me. To share if there are other sources of information about the public health workforce that you think should be included in this analysis. The analysis -- that WYSAC is doing, is meant to help this workgroup understand what we know right now about the public health workforce in Oregon. Stitching together all of the different pieces of fabric , if you will, that creates this blanket of knowledge. We know there is a lot of information. Let's pull together and summarize it, and see where we are. That is what WYSAC is here to do. One second. I'm going to mute myself. Okay. Our next meeting will be in February. We meet monthly for two hours. We have the option to spend more time than the two we have in the meeting, to review information that we will be discussing in the meeting, or to provide input into those materials that are being developed. In this initial phase. Learn what we know about the public health workforce, and when we shift into phase two, create a plan together that will serve the entire public health workforce across the entire state. A lot of our members --you did meet them. I didn't want to call out that we have work group members from all of the public health system. We have our local public health authorities in. At the county level or Tri-County level. And in one case, we have our community-based organizations. They are contributors to the public health system. We have a workgroup representative here that will be speaking to tribal, public health. We have academia here. And so, we have really pulled in this group to try to reflect the numerous partners that play critical roles in the public health system for Oregon. It is novel. This plan that we will be creating together. As partners together. It is a unique and novel approach. I have not seen a whole at out there that provides a map to how to do this together. Maybe that is why am feeling like sheep nine. I am very excited to be here to do this work. In February when we meet again, at that point the contractor doing this analysis of all that is known is going to present a preliminary report with preliminary findings. They will create materials all of us can use for our various constituencies and interests about what we know about the public health work force in Oregon. They will share with us takeaways on what they are finding. In March, we are still in this analysis phase. We will receive the final report and the related materials. At that point, this workgroup will shift into creating recommendations for what we think is needed for the public health system from eight workforce perspective. Based on what we have learned from the first two months of meeting, getting the final report, and synthesizing what is currently known, and then you all taking that information in. And then began creating recommendations together. In May, we plan to have the work group provide recommendations for our plan today public health advisory board. Those recommendations will be for future investments. If we can go to the next slide, please? For phase two, that work is tentatively looking like it will start sometime in June of this year. And roll until June of the following year. And, this is a time where we will be co-developing and creating, and finalizing a statewide public health workforce plan that is tied to this legislative requirement. I want to pause. And see if anyone has questions? Before I start diving into milestones and deliverables. >> May I ask a question?

This is Bonnie. I am curious how we define for these purposes, the public health workforce. I understand the different systems and sectors that make up the public health workforce, but are we also including -- what types of professions that are actually delivering services in the community? Or, are we talking more infrastructure pieces or both?

That is a great question. That will require more discussion. Where I would like to take that is, the second tab of the meeting, we will have WYSAC, the contractor working on the analysis, providing a review of what they have found so far and all of the existing studies and reports of the public health systems workforce. I think what we will learn from them is, what they are seeing as what has been defined as the public health workforce. And maybe there are components that are missing that this worker would like to bring forth in a recommendation. Thank you for that question. I'm going to move to the next slide.

Really quick, I put in chat. How does this work with the public health professional workforce development coalition? [Indiscernible]

We will capture both of these. Great questions. This could roll into further discussion and even recommendations. That is what it sounds like you are saying, recommending that this workgroup works with this other workgroup or workforce coalition? We have definitely captured that. We can get that in the follow-up. Kim? Were you calling my attention to the chat?

Yes.

Take you. For milestones and deliverables, we have work group members, J, us. Here we all are. That is a milestone. Glad we are kicking this off. We have a draft analysis of a public health workforce report that will be shared with his work group. This plan will be shared today. One of the deliverables from that milestone of work happening with the analysis is that, the workgroup will receive the final report with a full summary of all that we currently know from existing information out there. You will all have the opportunity to recommend other resources and sources of information to be folded into that analysis. And then we will use the final report from that to create recommendations together. And accomplish what we are being required to do. But also, what I found from the activity in the beginning of the meeting, we have a lot of passionate and excitement together. Which is to create the plan. We don't know what that looks like yet. I have heard two great questions about how we can continue to build both partnerships in that and how we defined who is the workforce that we are talking about. I'm happy to hear, and please continue to bring comments like this forth. This is all going to be ingredients into a recipe that we are creating together. We are definitely noting all of this and we will bring into the future meetings when we can dive in further to the discussion about some of these. Next slide, please. Actually, you know what? Can you go back one slide, please? I want to have an opening for anyone who had questions about milestones and deliverables. I ended up summarizing the information. Just want to pause to see if anyone has questions. I am not hearing any so we will go to the next slide. The next I think is our workgroup agreement. As a workgroup, we will establish norms together how we work. These

agreements came to me from Sarah Boudreau. I believe these agreements are probably familiar to people who are working within that public health advisory workspace. We have inherited these agreements. We don't need to keep all of them. We could change them but this is the starting point. I'm going to read the agreements. Beginning with the first one. Learned from previous experiences and focus on moving forward. Slow down to support full's --speak your truth and hear the truth of others. Expect and accept non-closure. Experience discomfort. Name and account for power dynamics. Move up, and move back. Confidentiality. Acknowledge intent but center impact. It is an out/hoops --there is another way of talking about this. Impact and intent. Intent versus impact. Hold grace around the challenges of working in a virtual space. Remember our interdependence and interconnectedness. Share responsibility for the success of our work together. With those agreements, I want to open it up to the work group for any additional or any conversation or discussion about these agreements. All right. We are going to take a short break. I want to ask, could you please go back to the timeline phase one slide. It is number 10. Thank you. One thing I did not say when reviewing the cadence, right now we have a plan to meet once a month. I believe the appointments that you have received goes through June of 2024. It is going to be after that time that this workgroup will shift into phase two. I think this group can decide how you want to support that shift in terms of composition. I want to leave it up to all of you to determine whether or not you want to be engaged both in phase one and phase two or if you would like to open the group up for renewed numbers. If you want to step off and have someone else step in, that kind of thing. For now, what we're talking about is phase one. Which is January through May meeting monthly. I just wanted to clarify that. I know we talked about this in two phases. I didn't want anyone to feel nervous like you had to be here until June of 2025. Let's go ahead and go to the break slide. When we come back, we have 10 minutes allocated. Please go take care of yourself and take a bio break or check email. We will come back at 10:00 and we will be joined by Emily and Lena Dechert who are from the Wyoming analysis service center. WYSAC. To give us a presentation about where they are at with the analysis. Please, enjoy your break and we will be back at 10:00. Thank you. I am just welcoming you back. This is Kari Christensen. It is 10:00 a.m. We are coming back from break. Welcome back, everyone. I'm giving you a moment to settle back in. If you have returned, if you could let us know by either turning on your camera, or dropping a note in the chat using one of the reaction icons, I see Dr. Sandra with the thumbs up reaction. Thank you. Cynthia. Welcome, Lena Dechert. Bonnie is back. Excellent. And Emily is in the waiting room. We are going to let her in. All right. Welcome back, everyone. If we could go to the next slide, please. We are at the time in our planned agenda to shift over to a presentation from WYSAC about the workforce analysis and at this time, I would like to invite Emily and Lena Dechert to introduce yourselves. In the beginning of the meeting, --I'm going to go ahead and put a prompt in here. For how we introduced ourselves. That way you can follow the way of introduction, if that is okay. We just did names, pronouns as optional, a physical description to your comfort level. And then launching into your presentation. Welcome back, everyone in the workgroup. Members of the public who are joining us. I'm going to transition now to Emily. Thank you. >> Hello everyone, my name is Dr. Emily Grant. I'm a senior research scientist at the University of Wyoming. My pronouns are C/her. I

have never given a physical description. I think that is cool. I have brown hair that is a little past my shoulders. And brown eyes. I do not typically wear glasses. I often wear darker colored clothing. And often, you will see me in a box on zoom. About two by two inches. I work with the University of Wyoming. In the statistical analysis center. I have been there since 2011. And have been partnering with Oregon communities the entire time. What sheep I would be? And why? The first thing that comes to mind, I don't know. Not necessarily loss, but coming back I suppose.

I love it. You are add live. I love the spirit we actually have a sheep scale we can show you. You just pulled one. I like that. By chance, can you show that so she can share where he/she is at? [Laughter] I was just going to go with random things anyway.

I can actually share my screen. I have it up as well. Here are our sheep. Can you see the slide?

[Laughter] I think I am sheep number eight. That feels like me today.

Okay. And the important thing is, why?

Why? That's sheep looks like it's having a good time and being silly. The center of the frame. The tags look like flowers.

Great. Thank you. Lena Dechert? >> I can introduce myself quick. My name is Lena Dechert and I am a research scientist at WYSAC and I work with Emily on her project now. I guess my visual description I have, a little bit longer than shoulder length blonde hair. Tonight --today will be the only day I am not wearing something black. It is a big deal. I actually have colors on. I work at the WYSAC center. I typically work on criminal justice project but I have been working with Emily on her Oregon projects. It has been a blast. I keep getting looped in on more. It is fun. On the sheep scale, I am sheep number eight but is because I have drunk a lot of coffee and I have not eaten. I am ready to go like sheep number eight.

Thank you. I will pass it to you for the next 40 minutes. >> Can we hit record? >> Thank you, so much. Yes. Here we go.

I am sorry I could not be here in the first hour. I had another meeting but I would've loved to hear your introduction. I do have slides. Can you see my slides? >> Not yet.

Okay. Okay. How about now?

Yes.

Okay. Like I said, I am Emily Grant. Let's go to the next. That did not work. Like we briefly said, we are team of two that is working with you on this project. The organization we work at within the University of Wyoming, WYSAC, have quite a few more people that work in it. We split into our areas and further into our projects. This project, we will meet with you for the next couple of months. And that is Lena Dechert and I. I

have been at the University of Wyoming since 2011. 2011 and 2012 when I started working with communities. I have partnered with multiple counties. Online tribes. Worked at the state level. I am very familiar with Oregon. I am visiting a site in cicada. I really love Oregon. We are happy to continue the relationship with you as you create a fantastic public health system to meet the needs of Oregonians. Over the years, our needs assessments, we have done a lot of work related to opioids, suicide prevention. We have helped with planning the organization low level all the way up to state level. We have worked in evaluation. Sometimes they are short, project-based and other times it is a five year evaluation of a federal grant. We're tracking those outcomes. We provide technical assistance in it variety of different ways. We have done research on novel approaches to substance abuse reduction or capacity building and provided data in a lot of different ways. When we had the opportunity to come and work on the public announces, that was something that was right up her alley. We are excited to work on these things. Let me tell you about our role and how we will work with you. The Oregon health authority , has provided us with a lot of background information. One thing that I love about working in Oregon, is the focus that Oregon has on research and data informed practices. That is really apparent in the materials package that we were given when we started this process. We have quite a few sources of information. We are reviewing all of the reports that have been done in the past that are related to workforce. We have access to existing data sources. Like the public health data that look at scales and things like that. We are not collecting any new data as part of this project. We are synthesizing and reviewing all of the sources. To distill that down into a manageable thing that you guys in your workgroup can look at. I believe she looked it up before. I meant to write it down. It is hundreds of pages of documents. We are really looking at the similarities that they found. Some of the reports begin in 2016. Just published at the end of last year in 2023. What are the commonalities across the years? What are some of the differences? And, just taking all of that into a manageable way that that can be digested so you can make important decisions for your workforce. And the last bullet point is, -- the important part you will see. The first three of the background information at what we are doing on our computer screens at home. What you will see is, the plain language document you are able to use in a group that you are able to share with partners. It is meaningful and manageable. So, some of the sources that we are using our here. They go back from 2016 to 2023. There are a variety of different reports that were done by different contractors in work relations. Like the group that some of you are familiar with with REDE. OSU. The needs assessment they put out. That is a very big source. There are legislative documents that have talked about the need for the funding requests and where the gaps are and how that will be used. Like I said, it is a variety. We are looking at how all of these things work together. What can be illuminated about the public health workforce, and what the needs are and so forth. My next slide is about research questions. Lena Dechert will take that on. We do have a time at the end for question. Feel free to raise your hand, and we can take questions.

With the help back in November, we put together this list of what we were calling research questions that we are hoping that we can shed some light on. This list, I will tell you, has evolved considerably from where we

started. It is much more condensed. We are confident these are the questions we really want to answer. We are excited about how it is taking shape. You can see that we have two main categories. The first when understanding the capacity of the public health work or system and the second highlighting the accomplishments and recommendations throughout the system. Question number one, we have broken down into these five subcategories that you can see. I hope it really is to synthesize all of the information documents to create a more robust understanding of these different categories. And then question number two is broken down to help us highlight the similarities and differences in the source materials like she was talking about. Especially in terms of recommendations. If we open two different documents, we want to know, what is similar about the things being recommended and how do they change looking for different themes and patterns? And then, again, to highlight the accomplishments and successes. That is always exciting. And help identify the challenges and see what the next steps will be. If we could go to the next slide, please? This is what we have been up to. Emily created this beautiful table to help show everything that we have been working on and the direction this has taken us. And you can see on the left, we have our sources and across the top, these are the research session subcategories broken down. The one in front being one and that the income of the second. Each of these bubbles are blue check marks, or to confirm when we are feeling like a research question is being answered by a particular source. For example, we felt like the two reports were really touching on all of the subparts of our questions. Each of those we have checked off. In contrast, if you look down to the accomplishments, you can see we have only been pulling information about staffing, identify gaps, and accomplishments. Which is important. It is showing the way the sources kind of hit on different parts of the project. So then, looking at this, you might be wondering, how the table will further pertain to your specific area of the work force or partner category. Which will then lead to the next slide that Emily also created. In this one, you can see the top row is no longer for the research questions but instead, describes the different areas. The goal of this table is to show how we are mapping the sources across the work horse to see what is especially relevant in each area. For example, you can see the state public health workforce has touched on nearly every one of the sources. With the exception being the accomplishments. If you see the check mark for the LPHA category. We liked this visualization, because it helps you to see if you look over for the tribal area of the Lubbock health workforce, the only one where funny information in the --one of the big goals with this table is to have you all look today and see if there is anything pertaining to your category or in general, that you think should be changed or is missing. You think a bubble should be in a different spot. One should be added or removed. If you see anything at all, we would love to hear your thoughts on that when we get to the questions section of the presentation. We truly want to caption all of the information we can to make sure we have the best understanding. And with that, that will take us to our last slide. Which we added to give you a visual representation of the duration of our involvement with this project. Back in December, we finalized contracting and began obtaining source materials and documents. We started to look at the documents, spending the whole month get our head wrapped around the project and honing in on what we wanted our questions to be and deciding what it is we could actually do. Currently, we are in

the second phase of the project. Reading through each one of the source materials and sorting out our findings in terms of the research questions. The first table we showed you, that is where we are at. Making sure we have everything mapped into the right category and synthesizing the hundreds of pages of information, which is great, down into something that is a bit more digestible. We will continue with that through the rest of the month. And in March, we will move on to the interpretation phase. We will develop findings and key takeaways. And in April, we plan to draft all of the findings and key takeaways into a condensed, plain language report. And condensed into six something short and sweet you can read and understand the work that has already happened. And what has already been done and what still needs to be done, and all of that. And finalization will take place in May. With that, I will turn it back over to Emily.

Can I ask a quick question? >> Yes.

I think there are a lot of acronyms. Seems like we are supposed to know them and what they stand for. Or is it something that will be clarified later? I think data is only as good as you can interpret.

Absolutely. I apologize for having too many in here. When we started working on it, that was something that we said, oh, boy, there are so many. We made ourselves a dictionary of source. I am not familiar with how much you know about the acronyms. That is a very important thing for us to write down, to be sure especially with our goal is to make this digestible. I did take out the Ackerman's -- acronyms . Was there a particular slide you would like me to go back to?

It would be helpful to go back to the slide where you looked at the data. That one. We do not have that in our deck. This one. That is correct. And my question is related. Is there a bibliography or link for all of these reports? I am from academia and I'm interested in the fact that we really have two bubbles indicated. We would love to have access --a quick assess so I can have a quick see. Thank you for bringing back the slide.

I think that might be a carry question on how we can share documents. And how that process would work. Thinking about the timeline we just showed, I know this is your first meeting as a group. We are not terribly far in front of you. We began about six weeks ago. It is our initial review. As we get deeper in, --actually in this report, academia was mentioned in the section. That might change as we go through. Right now, we wanted to show you our first look. This is where it is. If there is something that stands out, that you know --this was covered --maybe there is not a report on the list that we need to look at. We would love to know.

Thank you. >> Veronica?

This is where we can add input about other sources. You mentioned very few of the tribal associations or discussions around tribal health. I wondered if you or they have reached out to put in the Northwest Portland area Indian board. I know they work in the space. They present a lot at our meetings. Maybe checking in with them? I put a link in there to see if they had reports or briefs they could share to be included.

My name is Maranda Williams. [Indiscernible] I can also communicate that back as well.

Thank you. Nice to meet you, Maranda.

Nice to meet you all, too. >> Wanted to say thank you. This is informative, and useful. There is a lot here. And underline the point made before. I am trying to absorb this. I know it sounds like we all are. I will say that what I am seeing does track. When we have gone for this type of information, this tracks. It would be great to have access to these. So that we can familiarize ourselves. It can be a little daunting seeing all of this. Just sort of knowing what these resources are, and how familiar we are to be with them. I am also in academia. So what are goals are, maybe we are figuring that out. I don't want to put the cart before the horse. I tried to figure out what I should be looking for. I be prepared with feedback. If you just keep that in mind? As we go forward.

Actually. I can go back to my timeline. We have come to these meetings with the intention of being collaborative. Our next meeting in February we plan to come with preliminary findings. And structure for how we plan on presenting information. Feedback from all of you, is that something you think works? Would it be a better with a fact sheet rather than a 10 page report? A collaborative process in developing what the final tools would be most appropriate. Most usable. And when we get to March, that is when we plan to have a lot of our analysis done. At that point, we want to share it with you. I cannot give a great example. We're looking at LPHA, and how would you interpret this? The three reports say, this is a major gap. And this one found something different. Bringing that back as a group to talk about, how do we interpret that information and recognizing all of your equities in all of this, and then, writing at the final products based on where we came in our collaborative process, and then we save time in May for finalization. Everyone gets a final look. That is usually when we tweak with clients. We don't like that font color, or that is not A.D.A. compliant or small adjustments like that. We want to be sure it is a product that is usable at all levels of this process. Hopefully, that gives you insight on how we plan on working with this group. That timeline is my last slide. We are officially into the question portion. Veronica?

This was a question that was raised earlier. You may not have been here. This was raised by Bonnie. The question is, how are you defining the public health work system workforce? Maybe you can expand on that. What is the definition of the public health system that you are using? >> We are looking at the fixed partner categories right now. We relied on conversations with Carrie and Victoria. To hear their perspective. Who are we looking at? Oh, no. I have ruined my presentation. The fixed partner categories were the ones that were across the top. We had the state system. LPHA. The local public health authorities. The community-based organizations. Tribal services, and then academic partners as well. And the public health advisory board.

Do you feel there is anything missing?

Do you mind reassuring the slide? I was also looking at the previous that was sent out. I realized those had changed.

Yes. After talking yesterday, we thought we could clear it up a bit. So I made a few last-minute changes. We are back. Is this the one? >> No, the next slide. This one. You are including nongovernmental. Okay. That sounds great. Thank you.

Like I said, this is very collaborative. If there is something missing, in research, partner categories, resources. We want to add those in. Our phase, where we are collecting and reviewing --we want to have as much information as possible.

Emily and everyone, I wanted to acknowledge the chat comment from Jonathan. Another preliminary question. And one we might answer together. Who are the end user/audience for the products? I can share a bit about what I know at this point. Which is, all of us. I know for the main line of this workgroup, having a deliverable of recommendations to put forth based on what we glean from this summary, of information from the sources that they're working to. To compile and summarize for us, that those recommendations that this group comes up with, will go to the public health advisory board. That is when audience. I think the report and the materials that are produced are intended to be meaningful to every partner category for the purposes that you may have in forming your constituency or other partners in your sphere of public health work about what the workforce needs are as they pertain to the Oregon trust. Your interests, the system interest, from the state perspective, the Oregon Public health division, we are interested in knowing what it is, what we currently know about our work or system. Not just governmental public health. Contributions, but also academia and student workers and community-based organizations. And tribal partners. Am I missing someone? The local public health governmental -- where are these inputs and capacity coming from? Where are the gaps? Where are we having great successes that we want to build more of? Where we funding that we have a lot of limitations? Maybe we want to inform funders around, or seek funding to build capacity in those areas. That is my attempt at answering what your question is there, Jonathan. And anyone else, please, we are all defining this as we go. If there are other perspectives out there, I would love to hear what everyone thinks.

Yes. I would love to ask an extension to his question, if I can. Because I am a little new to the broader public health advisory board and how they work and what they are designated to take action on. Or the sphere of influence they have. The report that we hope to get in the hands of other stakeholders, the recommendations, do they have the ability to take that and then make a recommendation to OHA. Does it go back to legislature? I saw that there is -- the intent is to fund and do something with the recommendation. I would love clarity in terms of how that process works a little bit.

Thank you, Bonnie. I see her hand raised. I don't know if it is in response to her comments or not.

It is to both. I want to circle back to remind folks, this is a legislative deliverable. This is a requirement. When we were looking at who is the audience, it is all of the people in this room and the partners we represent. But also, it is being conducted at the behest of the legislature. We are giving you this money. What are you doing with it? That is a really important piece. And yes to your question Bonnie, about the initial outline, going to inform? I don't want to speak out of term desperate turn. As far as the authority that PHAB has. It is meant to inform what we are asking for from the legislature in the next biennium. Here's what you have identified that is needed from the workforce. Within the scope of this. How do we need to fund that? What is the public health division asking for? What have you done? Where are we at? Hopefully, that helps. But I will say, if you look at the link they put, it was one of the early slides where we talked about this project, the language is pretty scant in terms of what we are doing and what is the legislature going to do with it? They're not a ton of answers. It's an opportunity for this group to say, here's what we have and this is what we think you need to do with this. Both to the legislature and PHAB. Hopefully that helps.

I think I saw Carol next.

Yes. I had a recommendation or something to add. In building the framework of this work, there has to be intentional effort to include diversity, equity, and inclusion. And maybe get data where we have been. And where we want to be. That would help us. In building this moving forward. The recommendations are going to shape the narrative of this regarding public health for the next 10 years. We have to intentionally think about this up-front. So maybe some research data on how we have been doing the past and where we are going to be going. >> That was excellent. Thank you very much. I know that it is something that has been addressed in the reports. We do have data. And how other entities have looked at it. We can definitely be thoughtful about how we include that. Because right now, that isn't something we have specifically. Angie?

Guess. Thank you. I want to echo what Carol just said. I think they embedded [Indiscernible] There is all sorts of additional aspects we need to look at. It could be a whole another dimension. Since she is back on the screen, I just want to say, it would be so helpful to us to have access to this data. Is there a way that we can get take clickable bibliographies so that we can look at it? Also, a way to maybe address this? I love the way this slide puts it all together. By category or type of input for the workforce, if you can call it that. Maybe there are subgroups that can look at particular ways. For instance, my academic colleagues here on the -- in the workgroup, we could work together to maybe look at that and provide feedback. In a unified way going forward. Having that data available to us and other data, would be very helpful.

Emily, I can respond to Angie. During the break, I was already on that. We do have all of them. They are clip local --clickable. You can have access to all of these. That is our homework. One of the follow-ups we will do.

Thank you.

That is excellent. I really liked hearing about the subcommittees to review. Through a certain lens. That is a great idea moving forward.

Happy to help coordinate that or whatever we need to do.

I am thinking based on Carol and other people uplifting her comment about capturing which of these sources are looking at the components, maybe the prior slide, we could add a column that depicts which of these sources are analyzing workforce diversity? Equity inclusion. The variables. Yes.

I agree. I think that is a wonderful addition.

Will I see that?

I want to thank you. Thank you in the workgroup for your thoughts and contributions moving forward. We have homework noted for a follow-up. I really appreciate the engagement of everyone. Did you want to --do you have parting words? We are going to open it up for eight 10 minute public comment after this. I hope you can both say.

Think of for having us. We are really excited to work with you over the next few months on this project. If any questions come up for us, after this, we can be sure that you have our email addresses.

Thank you, so much. A couple of things I am noting. We will get back to you with notes on the follow-up we are doing. Definitely making all of the resources available. Having a resource sheet that spells out the acronyms so we can define those and hopefully --I will commit myself to trying to catch up and catch the conversations where we are using acronyms. There was something else. I might be forgetting. Also, this meeting is being transcribed word for word. We will have very detailed minutes. The transcription will be posted to the website as well as the recording. Looking at time, I would like to go ahead and shift into public comment time. We have 10 minutes reserved. And open up to anyone who is not a work group member formally who is joining us from the public. Does anyone have comments from the public? So far, I am not hearing any comment from anyone from the public. I'm going to give it a little more time. I do not get in uncomfortable in moments of silence. I really like them. I invite you to take comfort in the stillness and quiet. As we open it up for public comment and give it longer in case we have any. Okay. I'm not receiving any comment from our public comment time. Were going to move to the next part of the agenda. I want --before you share your screen, I'm going to share mine. There was a lot of interest in learning more about the public health advisory board. Workgroup convened in the structure of the public health advisory board. I am sharing my screen. Could someone let me know, if you can see the public health advisory worksite? Yes.

We can. >> They could. This link --it has been shared in the chat. I encourage you all to take time in this website to familiarize with the public health advisory board, this is the public health advisory board that serves to the Oregon health authority and advises the health authority on policy matters related to public health programs. Provides

review of statewide issues and participate in public health policy development. If you scroll down, you will be able to see a list of who the public health advisory board members are. And their bios. We do actually have members of this work group who are also members of the public health advisory board. Which brings me to my next thing I want to share. Which is a roster for this workgroup. Let me change my view. This workgroup is comprised of project staff for OHA. We also have work group members. You have all introduced yourselves. From different partner categories. Something -- I'm going to share slides since I'm already here. If that's okay? I want to advance to after the public comment period. I want to review a bio request. Acknowledging that we had some changes in the content and material that was shared with you all in the presentation from the Wyoming survey and announces center. WYSAC. I'm going to switch back over to the public health advisory website briefly. I am scrolling down here. To show you where our public health work group is for the public health workforce. [Indiscernible] Today, on January 10th, we have our agenda and meeting packet which has all of the presentations. The most updated copies of those presentations, the agenda as well. In the agenda, you all received a bio request. This request is so that you can all get to know each other better. We had that brief moment in the opening of this meeting. Not everyone was here. There's probably something that you may want to share about the agency or organization. Your partnership category. Your current role or function. What it is that you have passion for around the public works health force. As a follow-up, I am inviting you to join me in this bio request by sending me a headshot photo. It is totally optional. But, information. This is all articulated in this request that I sent. It is also available on the public health advisory board website. If you could all please do that, at the next meeting, we will continue to familiarize ourselves with each other and hopefully, this will help nurture and build partnerships across our public health system as we venture into the work together. I'm going to pause and see if there any questions about that. I'm also going to check out chat. Yes, we do. It is part of the agenda I'm going to send out. I'm going to send out the meeting details. And also, anyone turning from the public, the information shared is all available publicly on the PHAB website under the agenda and meeting packet. I think, with that said, our next meeting is on February 14th. 9-11 a.m. I don't have anything further. Does anybody have any parking words? Any last comments you would like us to know for the follow-up? Open up for the closing. Okay. I thank you for being here. Thank you to our contractors at WYSAC for the presentation. Thank you to the work group members for your thoughtful comments and guidance. As the project team, we will have follow-up to do. I will get back to you by email with a list of all of the resources that are clickable and accessible for you to see those source materials directly. As well as updated meeting materials. Thank you. I hope you have a good rest of your day. >> Thank you. Nice to meet you.

Thank you.

Nice to meet you all.

Thank you to our captioners. My apologies. Thank you, so much.

Thank you, captioners. Everything looks great. [Event concluded] [Event
Concluded]