

# AGENDA

## PUBLIC HEALTH ADVISORY BOARD

March 14, 2023, 2:00-3:30 pm

Join ZoomGov Meeting

<https://www.zoomgov.com/j/1608216198?pwd=ajgxbUQ2VDJNK3FFREwwQmtoa29rZz09>

Meeting ID: 160 821 6198

Passcode: 855301

One tap mobile

+16692545252,,1608216198# US (San Jose)

Meeting objectives:

- Review framework for PHAB Health Equity Review Policy and Procedure
- Recommend changes to the PHAB Health Equity Review Policy and Procedure
- Discuss next agenda items

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**2:00-3:10 pm**

**Welcome, introductions, group agreements and agenda review**

- Workgroup members will introduce themselves and respond to the icebreaker question: what calls you to do health equity work?

Cara  
Biddlecom,  
OHA

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**2:10-3:15 pm**

**Review PHAB Health Equity Review Policy and Procedure**

- Review and provide recommendations for purpose, structure and content

PHAB  
members

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**3:15-3:25 pm**

**Public comment**

Cara  
Biddlecom,  
OHA

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**3:25-3:30 pm Next meeting agenda items and adjourn**

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Cara  
Biddlecom,  
OHA

Everyone has a right to know about and use Oregon Health Authority (OHA) programs and services. OHA provides free help. Some examples of the free help OHA can provide are:

- Sign language and spoken language interpreters.
- Written materials in other languages.
- Braille.
- Large print.
- Audio and other formats.

If you need help or have questions, please contact Cara Biddlecom: at 971-673-2284, 711 TTY, or [publichealth.policy@dhsoha.oregon.gov](mailto:publichealth.policy@dhsoha.oregon.gov), at least 48 hours before the meeting.

## **Background**

The Public Health Advisory Board (PHAB), established in ORS 431.122, serves as the accountable body for governmental public health in Oregon. PHAB reports to the Oregon Health Policy Board (OHPB) and makes recommendations to OHPB on the development of statewide public health policies and goals. PHAB is committed to centering equity and using best practices to inform its recommendations to OHPB on policies needed to address priority health issues in Oregon, including the social determinants of health.

## **Definition of health equity**

Oregon will have established a health system that creates health equity when all people can reach their full health potential and well-being and are not disadvantaged by their race, ethnicity, language, disability, gender, gender identity, sexual orientation, social class, intersections among these communities or identities, or other socially determined circumstances.

Achieving health equity requires the ongoing collaboration of all regions and sectors of the state, including tribal governments to address:

- The equitable distribution or redistribution of resources and power; and
- Recognizing, reconciling and rectifying historical and contemporary injustices.

## **Equity framework**

Identifying and implementing effective solutions to advance health equity demands:

- Recognition of the role of historical and contemporary oppression and structural barriers facing Oregon communities due to racism.
- Engagement of a wide range of partners representing diverse constituencies and points of view.

- Direct involvement of affected communities as partners and leaders in change efforts.

### **Leading with racial equity**

Racism is defined by Dr. Camara Jones as *“a system of structuring opportunity and assigning value based on the social interpretation of how one looks (which is what we call “race”), that unfairly disadvantages some individuals and communities, unfairly advantages other individuals and communities, and saps the strength of the whole society through the waste of human resources.”*<sup>1</sup>

PHAB acknowledges historic and contemporary racial injustice and commits to eradicating racial injustice. PHAB acknowledges the pervasive racist and white supremacist history of Oregon, including in its constitution; in the theft of land from indigenous communities; the use of stolen labor and the laws that have perpetuated unjust outcomes among communities of color and tribal communities.

Because of Oregon’s history of racism, the public health system, as described in the Health Equity Guide, chooses to *“lead explicitly — though not exclusively — with race because racial inequities persist in every system [across Oregon], including health, education, criminal justice and employment. Racism is embedded in the creation and ongoing policies of our government and institutions, and unless otherwise countered, racism operates at individual, institutional, and structural levels and is present in every system we examine.”*<sup>2</sup>

The public health system leads with race because communities of color and tribal communities<sup>i</sup> have been intentionally excluded from power and decision-making. The public health system leads with race as described by the Government Alliance on Racial Equity: *“Within other identities — income, gender, sexuality, education, ability, age, citizenship and geography — there are inequities based on race. Knowing this helps the [public health system] take an intersectional approach, while always naming the role that race plays in people’s experiences and outcomes.*

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<sup>1</sup> Jones, C. (n.d.) Racism and health. American Public Health Association. Available at [www.apha.org/racism](http://www.apha.org/racism).

<sup>2</sup> Health Equity Guide. (2019). Why lead with race. Available at <https://healthequityguide.org/about/why-lead-with-race/>.

*To have maximum impact, focus and specificity are necessary. Strategies to achieve racial equity differ from those to achieve equity in other areas. “One-size-fits all” strategies are rarely successful.*

*A racial equity framework that is clear about the differences between individual, institutional and structural racism, as well as the history and current reality of inequities, has applications for other marginalized groups.*

*Race can be an issue that keeps other marginalized communities from effectively coming together. An approach that recognizes the inter-connected ways in which marginalization takes place will help to achieve greater unity across communities.”<sup>3</sup>*

## **How health equity is attained**

Achieving health equity requires engagement and co-creation of policies, programs and decisions with the community in order to ensure the equitable distribution of resources and power. This level of community engagement results in the elimination of gaps in health outcomes between and within different social groups.

Health equity also requires that public health professionals look for solutions outside of the health care system, such as in the transportation, justice or housing sectors and through the distribution of power and resources, to improve health with communities. By redirecting resources that further the damage caused by white supremacy and oppression into services and programs that uplift communities and repair past harms, equity can be achieved.

## **Policy**

PHAB demonstrates its commitment to advancing health equity by implementing an equity review process for all formally adopted work products, reports and deliverables. Board members will participate in an equity analysis prior to making any motions. In addition, all presenters to the Board will be expected to specifically address how the topic being discussed is expected to affect health

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<sup>3</sup> Government Alliance on Racial Equity. (2020). Why lead with race? Available at <https://www.racialequityalliance.org/about/our-approach/race/>.

disparities or health equity. The purpose of this policy is to ensure all Board guidance and decision-making will advance health equity and reduce the potential for unintended consequences that may perpetuate disparities.

## **Procedure**

### *Board work products, reports and deliverables*

The questions below are designed to ensure that decisions made by PHAB promote health equity. The questions below may not be able to be answered for every policy or decision brought before PHAB but serve as a platform for further discussion prior to the adoption of any motion.

Subcommittees or board members will consistently consider the questions in the assessment tool while developing work products and deliverables to bring to the full board.

Subcommittee members bringing a work product will independently review and respond to these questions. PHAB members will discuss and respond to each of the following questions prior to taking any formal motions or votes.

Staff materials will include answers to the following questions to provide context for the PHAB or PHAB subcommittees:

1. What health inequities exist among which groups? Which health inequities does the work product, report or deliverable aim to eliminate?
2. How does the work product, report or deliverable engage other sectors for solutions outside of the health care system, such as in the transportation or housing sectors?
3. How was the community engaged in the work product, report or deliverable policy or decision? How does the work product, report or deliverable impact the community?

PHAB members shall allow the questions to be discussed prior to taking a vote. Review questions should be provided to the Board with each vote.

OHA staff will be prepared to respond to questions and discussion as a part of the review process. Staff are expected to provide background and context for PHAB decisions that will use the questions below.

The PHAB review process includes the following questions:

1. How does the work product, report or deliverable:
  - a. Contribute to racial justice?
  - b. Rectify past injustices and health inequities?
  - c. Differ from the current status?
  - d. Support individuals in reaching their full health potential
  - e. Ensure equitable distribution of resources and power?
  - f. Engage the community to affect changes in its health status
2. Which sources of health inequity does the work product, report or deliverable address (race/racism, ethnicity, social and economic status, social class, religion, age, disability, gender, gender identity, sexual orientation or other socially determined circumstance)?
3. How will data be used to monitor the impact on health equity resulting from this work product, report or deliverable?

### *Presentations to the Board*

OHA staff will work with presenters prior to PHAB meetings to ensure that presenters specifically address the following, as applicable:

1. What health inequities exist among which groups? Which health inequities does the presenter and their work aim to eliminate?
2. How does the presentation topic engage other sectors for solutions outside of the health care system, such as in the transportation or housing sectors?
3. How was the community engaged in the presentation topic? How does the presentation topic or related work affect the community?
4. How does the presentation topic:
  - a. Contribute to racial justice?
  - b. Rectify past health inequities?
  - c. Differ from the current status?
  - d. Support individuals in reaching their full health potential

- e. Ensure equitable distribution of resources and power?
  - f. Engage the community to affect changes in its health status
5. Which sources of health inequity does the presentation topic address (race/racism, ethnicity, social and economic status, social class, religion, age, disability, gender, gender identity, sexual orientation or other socially determined circumstance)?
  6. How will data be used to monitor the impact on health equity resulting from this presentation topic?

### Policy and procedure review

The PHAB health equity review policy and procedure will be reviewed annually by a workgroup of the Board. This workgroup will also propose changes to the PHAB charter and bylaws in order to center the charter and bylaws in equity. Board members will discuss whether the policy and procedure has had the intended effect of mitigating injustice, reducing inequities or improving health equity to determine whether changes are needed to the policy and procedure.

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<sup>i</sup> PHAB acknowledges that terminology that communities wish to use is evolving. PHAB recognizes the need to regularly update the language included in this policy and procedure based on community input.