

**Public Health Advisory Board (PHAB)
Health Equity Ad-hoc subcommittee
April 11, 2017
Draft Meeting Minutes**

Attendance:

Board members present: Jeff Luck, Alejandro Queral

Oregon Health Authority (OHA) staff: Cara Biddlecom, Kati Moseley, Tim Noe, Angela Rowland

Members of the public: Mariotta Gary-Smith, Christina Lacy, Kelly McDonald, Maria Tafolla, Terresa White, Darren Yesser

Welcome and introductions

-Jeff Luck, PHAB chair

The goal of this meeting is to make a recommendation on the Public Health Advisory Board (PHAB) definition of health equity and the PHAB health equity policy. The policy will be used to ensure that decisions made by the PHAB are promoting health equity.

Health equity definition

-PHAB members

Alejandro proposed creating three sections:

1. Definition of health equity
2. How health equity is attained
3. Policy

As far as the sample health equity definitions, the CDC and Braveman definitions were most favored.

Tim Noe and Kati Moseley provided background on the creation of the PHD health equity definition for the PHD health equity work group. This definition was created in an internal PHD lens and wasn't considered it would be communicated externally. The process of aligning the work group members around the definition will allow the work to move in sync. Kati noted that no community input was gathered.

The PHD definition of health equity should not conflict with the PHAB's definition. Tricia had appreciated the "isms" added in the PHD definition as it is more accurate.



The group discussed Eli's concern with the Public Health Division (PHD) definition regarding the negative aspect of health equity. The second sentence in the definition which defines health equity in negative terms will be removed.

The Oregon Health Policy Board (OHPB) is establishing a health equity committee. The PHAB's health equity policy will likely be of interest to the OHPB.

Alejandro asked if there is value in having separate health equity definitions among every board, or should there be one definition for all to help stay aligned across sectors. Tim appreciates the synergy between the Boards and suggests PHD adapt the PHAB definition.

The definition was shortened to include the Braveman and World Health Organization definitions for full Board review. Portions of the original PHD definition were shifted to the second section on how health equity is attained.

Health equity exists when all people can reach their full health potential and are not disadvantaged from attaining it because of their social and economic status, social class, racism, ethnicity, religion, age, disability, gender, gender identity, sexual orientation or other socially determined circumstance.¹

Health equity is also defined as the absence of unfair, avoidable, or remediable difference in health among social groups.²

Health equity policy

-PHAB members

The proposed procedure questions are more aligned with the updated proposed health equity definition.

1. How is the work product, report or deliverable different from the current status?
2. What health disparities exist among which groups? Which health disparities does the work product, report or deliverable aim to eliminate?
3. How does the work product, report or deliverable support individuals in reaching their full health potential?
4. Which source of health inequity does the work product, report or deliverable address (social and economic status, social class, racism, ethnicity, religion, age, disability, gender, gender identity, sexual orientation or other socially determined circumstance)?
5. How does the work product, report or deliverable ensure equitable distribution of resources and power?

¹ Braveman, P, (2006). Health Disparities and Health Equity: Concepts and Measurement. Annual Review of Public Health 27: 167-94.

² World Health Organization, Commission on Social Determinants of Health, (2007). A Conceptual Framework for Action on the Social Determinants of Health.

6. 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?
7. 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?
8. How will data be used to monitor the impact on health equity resulting from this work product, report or deliverable?

Proposal

- Propose an up or down vote on the new definition of health equity to the Board.
Determine if the World Health Organization definition be included.
- The questions in procedures are consistent with health equity and could be tested out for presenters in the May PHAB meeting.

Public Comment Period

No public testimony was provided in person or on the phone.

Closing

The meeting was adjourned.

If you would like these minutes in an alternate format or for copies of handouts referenced in these minutes please contact Angela Rowland at (971) 673-2296 or angela.d.rowland@state.or.us. For more information and meeting recordings please visit the website: healthoregon.gov/phab