

AGENDA

PUBLIC HEALTH ADVISORY BOARD

Public Health Equity Framework Workgroup

October 2, 2024, 2:00-3:30pm PST

Join ZoomGov Meeting:

<https://www.zoomgov.com/j/1614465966?pwd=VINRWVNwSlppZk5RVnhwblZaN1Vqdz09>

Workgroup members:

Name	Role	Agency	Email
Meka Webb	Screenwise	OHA	Meka.Webb@oha.oregon.gov >
Dr. Marie Boman-Davis	LPHA , PHAB	(Washington County)	Marie_Boman-Davis@washingtoncountyor.gov
Dr. Bob Dannenhoffer	LPHA , PHAB	Douglas County	rldannen@co.douglas.or.us
Krizia Polanco	LPHA	(Umatilla County)	krizia.polanco@umatillacounty.gov
Rebecca Stricker	LPHA	Malheur County	rebecca.stricker@malheurco.org
Jackie Leung	CBO , PHAB	(Micronesian Islander Community)	jleung@micoregon.org
Misha Marie	CBO	Arc of Benton County	mmarie@arcbenton.org
Jennine Smart	CBO	ORCHWA	jennine@orchwa.org
Faron Scissons	CBO	Inter-tribal Fish Commission	scif@critfc.org
Natalie Carlberg	CBO	Boys & Girls Clubs of PDX	ncarlberg@bgcportland.org
Taylor Silvey	CBO	Ecumenical Ministries of Oregon	tsilvey@emoregon.org
Christine Sanders	CBO	Neighborhood House	c.sanders@gnhcharities.org
Kimberly Lane	Tribe	Confederated Tribes of Siletz Indians	kimberlyl@ctsi.nsn.us
Beck Fox	Health Equity Committee Member, CCO	Samaritan Health Plans/InterCommunity Health Network	Bfox@samhealth.org
Margaret Sanger	OHA	Health Promotion and Chronic Disease Prevention	Margaret.m.sanger@oha.oregon.gov

OHA Public Health Division staff: Vanessa Cardona, William Blackford, Sara Beaudrault, Larry Hill, Tamby Moore

Topic	Purpose	Led by	Time
Welcome and Introductions	<ul style="list-style-type: none"> Set tone and integrate new members What to expect today 	William Blackford, OHA Performance System Coordinator	10 min
Feedback loop and review of group agreements	<ul style="list-style-type: none"> Center group agreements for today's discussion and discuss feedback 	Vanessa Cardona, OHA Equity Analyst	5 min
Oregon Tribal Public Health Modernization Community of Practice at Warm Springs	<ul style="list-style-type: none"> To update the workgroup 	Vanessa Cardona, OHA Equity Analyst	3 min
Timeline Discussion	<ul style="list-style-type: none"> To adjust expectations/timelines for the project based on needs of the group 	William Blackford, OHA Performance System Coordinator	10 min
Large group review	<ul style="list-style-type: none"> To meet phase one deliverable 	William Blackford, OHA Performance System Coordinator	20 min
Break	<ul style="list-style-type: none"> Rest 	All	5 min
Small group work	<ul style="list-style-type: none"> To meet phase one deliverable 	All	30 min
Feedback	<ul style="list-style-type: none"> Continue refining process and tools 	OHA Project Team Staff (in small groups)	2 min
Public comment	<ul style="list-style-type: none"> Public Comment 	William Blackford, OHA Performance System Coordinator	3 min

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 Vanessa Cardona at publichealth.policy@odhsoha.oregon.gov at least 48 hours before the meeting.

Health Equity Framework Workgroup

Meeting Summary 9/18/2024

Please see outcome column to learn what took place during the meeting.

Topic	Purpose	Outcome
Welcome and Introductions	Set tone and integrate new workgroup members, share what to expect today	Welcome and review of agenda. No new workgroup members today.
Feedback Loop and review of group agreements.	Show workgroup members how their feedback is used, accountability for OHA	<p>We introduced three new pieces of feedback:</p> <ol style="list-style-type: none">1. Drop off in attendance creating challenges for small group work.2. Importance of seeing everyone's small contributions as valid.3. Worksheet roles need more explanation, not written in plain language. <p>We asked about barriers to attendance, but no info was readily provided. We introduced ground rules to emphasize #2 above. Project Team re-worded and provided examples to roles for further clarification (we didn't get to</p>

		use that added support because we didn't move into small group work this meeting).
Large group review	Level set new process/tools for workgroup	We reviewed as a large group. We had a good amount of discussion and engagement from the group that we decided to keep moving through the large group review for the remainder of the meeting.
Break	Rest	We rested. :)
Small group work	To meet phase one deliverable	We didn't get to the small group work (see outcome for "large group review" above).
Feedback	Continue refining process and tools	We didn't get to this during the meeting. The part we were seeking feedback on (added explanation/examples to roles) was tabled.
Public Comment Period	Public comment	No public comment.

Health Equity and Cultural Responsiveness Roles Worksheet

Sheet 3 of 4

Below you will find a table with state and or local public health roles from the Modernization Manual. In your small groups, review the role type and role and engage in a conversation to fill out the questions in the two columns (more explanation below).

How do CBOs support this role? – What role can CBOs play in the State and Local Public Health roles from the Modernization Manual? What strengths and or assets does a CBO have that could help state and local roles be achieved?

How do State and Local Public Health support the roles in the previous column (CBO roles)? – Can State and Local Public Health support CBO roles in column #3? If so, how? How can State and Local Public Health collaborate with CBOs to achieve roles from the Modernization Manual?

Breakout Room Groups

- **Group 1** – work on roles **o** through **dd**
- **Group 2** – work on roles **ee** through **ii**
- **Group 3** – work on roles **jj** through **pp**

If your group finishes early, please feel free to work on other roles before we come back to the large group.

Please send completed worksheets to publichealth.policy@odhsoha.oregon.gov

1. Role Type	2. Role	3. How do CBOs support this role?	4. How do State and Local Public Health support the roles in the previous column (CBO roles)?
State and Local	o. Support, implement and evaluate strategies that tackle the root causes of health inequities through strategic, lasting partnerships with public and private organizations and social movements		
State	oo. Support research on the social processes and decisions that generate and maintain health inequities based on race, class, gender, disability and national origin		
State and Local	aa. Promote public and private investments in community infrastructure that sustain and improve community health, such as education, childhood development, mass transit, employment, healthy		

	design in the built environment and neighborhood grocery stores		
State and Local	bb. Expand policies to require focus on health equity and cultural responsiveness in all funding opportunities		
State and Local	cc. Develop an ongoing process of continuous learning, training and structured dialogue for all public health staff that: i. Explores the evidence of health inequity and its sources; ii. Explains the root causes of health inequities and the changes needed to address those root causes; iii. Examines the values and needs of the community; iv. Assists in providing core competencies and skills that achieve health equity; v. Increases staff capacity to modify and improve program implementation and service delivery in response to cultural practices, values and beliefs; and vi. Strengthens staff knowledge and skills		

	in collecting, analyzing, interpreting and applying health inequity data		
State and Local	dd. Assess staff knowledge and capabilities about health inequity. Develop or use an existing training to improve staff knowledge and capabilities (For State: Make these tools available to local public health authorities)		
State and Local	ee. Develop or use an existing antidiscrimination training to build a competent workforce (For State: Make training available to local public health authorities)		
State and Local	ff. Commit and invest existing and additional resources in recruitment, retention and advancement efforts to improve workplace equity		
State and Local	gg. Establish parity goals and create specific metrics with benchmarks to track progress		

State and Local	hh. Increase awareness and practice of health equity among hiring managers and supervisors so sensitivities to and understanding of root causes of health inequities are part of hiring. Include willingness to learn, cultural humility, creativity and listening skills to address cultural dominance		
State and Local	ii. Establish greater flexibility in job classifications to tackle the root causes of health inequity		
State	jj. Ensure health equity and cultural responsiveness are fully integrated in state and local strategic priorities and plans, including state and community health improvement plans		
State and Local	kk. Conduct an internal assessment, of entity's overall capacity to act on the root causes of health inequities. Include organizational structure and culture and ability to deliver public health services and programs to		

	people within the context of their cultural background		
State and Local	II. Ensure all PHD and local public health authority programs integrate achieving health equity as a measurable outcome through cultural responsiveness of staff and program delivery.		
State	mm. Develop and provide health equity and cultural responsiveness best practices, technical assistance and tools to local public health authorities		
State and Local	nn. Stay current with the literature on health equity, synthesize research and disseminate findings applicable to staff and the community		
State	pp. Conduct and disseminate research that supports and honors the value of community actions to address the fundamental environmental, social		

	and economic causes of health inequities		
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PHAB Workgroup Meeting

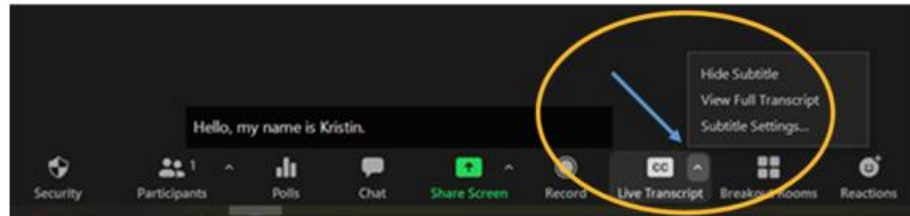
October 2, 2024

Health Equity Framework



Real-time captioning and transcription service

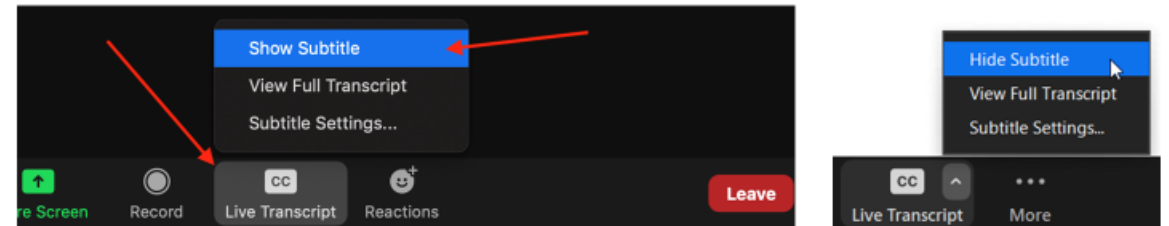
Enabling Closed Captions



Click the small arrow next to “CC Live Transcript” to access caption controls. You can hide the subtitles or view the full transcript.

Cómo habilitar los subtítulos en Zoom

- Haga clic en el botón ‘CC Live Transcript’ para activar los subtítulos.
- Haga clic en la flecha pequeña al lado del botón ‘CC Live Transcript’ para acceder a los controles de los subtítulos.
- Puede esconder los subtítulos—‘Hide Subtitle’, o mirar la transcripción completa de los subtítulos—‘View Full Transcript’.



Send a direct message to Tamby Moore for support with accommodation related questions during this meeting.

Workgroup Agenda

Topic	Purpose	Slide #	Led by	Time
Welcome and introductions	<ul style="list-style-type: none"> Set tone and integrate new members What to expect today 	1-3	William	10 min
Feedback loop and review of group agreements	<ul style="list-style-type: none"> Center group agreements for today's discussion and discuss feedback 	4-7	Vanessa	5 min
Oregon Tribal Public Health Modernization Community of Practice at Warm Springs	<ul style="list-style-type: none"> To update the workgroup 	8	Vanessa	3 min
Timeline Discussion	<ul style="list-style-type: none"> To adjust expectations/timelines for the project based on needs of the group 	9	William	10 min
Large group review	<ul style="list-style-type: none"> To meet phase one deliverable 	10-12	William	20 min
Break	<ul style="list-style-type: none"> Rest 	13	All	5 mins
Small group work	<ul style="list-style-type: none"> To meet phase one deliverable 	14	All	30 min
Feedback	<ul style="list-style-type: none"> Continue refining process and tools 	15	All (in small groups)	2 min
Public comment	<ul style="list-style-type: none"> Public comment 	16	William	3 min

Feedback Loop

What was shared?	What was done?	Status/Follow Up
Drop off in attendance has made small group work challenging	Individual outreach to workgroup members by OHA project team	Ongoing
Negative experiences in small group discussion (e.g. contributions minimized, lack of respect)	Group agreements brought back to emphasize workgroup member expectations/conduct; individual follow up	Ongoing
Worksheet roles unclear	Context added to the roles in the worksheet, shared in materials email before workgroup meeting and in small groups during discussion	Open to hearing if this was helpful and/or more feedback to improve role clarity

Group Agreements (1 of 3)

- Confidentiality
- Name and account for power dynamics
- Speak your truth and hear the truth of others
- Stay engaged (e.g., move up, move back)

Group Agreements (2 of 3)

- Slow down to support full participation by all group members
- Hold grace around the challenges of working in a virtual space
- Experience discomfort
- Acknowledge intent, but center impact (ouch/oops)

Group Agreements (3 of 3)

- Expect and be okay with non-closure
- Learn from previous experience and focus on moving forward
- Remember our interdependence and interconnectedness
- Share responsibility for the success of our work together

Oregon Tribal Public Health Modernization Community of Practice Meeting

- September 24-25th in Warm Springs
- Collected feedback from Tribal members and staff who work for Tribes (not tribal members) on two domains:
 - Health Equity and Cultural Responsiveness
 - Community Partnership Development
- More detailed share out next meeting (10/16)

Timeline Discussion

- Number of meetings until end of Phase One: **6** (including today)
- Number of roles to review: **32**
- Tasks/Deliverables
 - Finish Health Equity and Cultural Responsiveness
 - Finish Community Partnerships
 - Review Companion Document

How do we stay with our timeline and gather the highest quality information?

Large Group Review– 20 mins

Refer to intended outcomes and worksheet questions on slide 11 and 12.

- Review Sheet 2 (last 5 roles)
- Still working on Health Equity and Cultural Responsiveness Domain

Intended Outcomes and Deliverables

Public Health Advisory Board (PHAB) Health Equity Framework

Intended outcomes

Shared understanding of:

1. The role of CBOs as part of Oregon's public health system, separate and distinct but in concert with governmental public health.
2. How governmental public health and community partners work together to serve community and achieve health equity.

Deliverable

A health equity framework that includes:

1. A companion document to the Public Health Modernization Manual that describes the role of CBOs to fulfill the foundational capabilities of Health Equity and Cultural Responsiveness and Community Partnership Development.

Worksheet

Domain: Health Equity and Cultural Responsiveness

Partner Type	Questions you'll be responding to:
CBOs, Federally Recognized Tribes, other Health System Partners	<ul style="list-style-type: none">-What role can you play to uplift the roles outlined for state and or local public health?-What assets or strengths do you have that could help state and local public health roles be achieved?-What gaps might exist that you could help with?
State and Local Public Health	<ul style="list-style-type: none">-Can you support the role outlined by CBOs, Tribes or other Health Systems Partners? What are limitations and work arounds?-How do you work collaboratively to achieve roles in Modernization Manual?

Break time!

Small Group Breakouts – 30 mins

Refer to intended outcomes and worksheet questions on slide 11 and 12.

- Focus on turning response to the state/local public health role into a CBO role (third column on worksheet)
- If it's not a role and more a comment, notetaker will record in another place

Process and Worksheet Feedback

- How would you describe the conversation in the small groups?
- How is this feeling?
- How did it feel to review as a large group?
- Can any part of this be more helpful? If so, how?

Public Comment

- Please introduce yourself for the record.
- Please keep comments under 3 minutes.

Thank You!

We hope to see you for our next meeting on Oct. 16th!