

PUBLIC HEALTH ADVISORY BOARD
Public Health Equity Framework Meeting
September 18, 2024, 2:00-3:30 p.m. PST

Subcommittee members present: Krizia Polanco, Taylor Silvey, Jackie Leung, Meka Webb, Beck Fox, Bob Dannenhoffer

Subcommittee members absent: Marie Boman-Davis, Misha Marie, Jennine Smart, Faron Scissons, Natalie Carlberg, Sophia Hagberg, Kimberly Lane

OHA Staff: Vanessa Cardona, Larry Hill, William Blackford, Margaret Sanger, Tamby Moore, Sara Beaudrault

Feedback Loop:

- 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, as well as individual follow-up, ongoing.
- Worksheet roles unclear
 - Context added to roles in worksheets, shared in materials before workgroup meeting and in small groups during discussion. Ongoing, open for feedback to determine if more clarity needed.

Group Agreements:

- Reaffirmed the Group Agreements established for this meeting group, as discussed in previous meetings. Talked through reasoning and definitions to ensure group understanding. No comments or questions raised by group members.
 - Confidentiality
 - Name and account for power dynamics
 - Speak your truth and hear the truth of others
 - Stay engaged (e.g., move up, move back)
 - 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)
 - 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

Large Group Review:

- Re-centered deliverables as established in previous group meetings.
- As Worksheet had already been filled out in previous meetings, group primarily discussed previous roles and findings, discussing any alterations and

Large Group Review:

- Reviewed Sheet 2 as a group, discussing Roles and how State / Local / CBOs can work together as previously noted on Sept 04th Framework Group Meeting. Discussed Roles and any comments / questions noted below.
- p. Role: Partner to enhance multidisciplinary and multi-sector capacity to address health equity. Support health equity in all policies.
 - No new comments / questions raised.
- q. Role: Work collaboratively across the governmental public health system on state and local policies, programs and strategies intended to ensure health equity.
 - Questions raised on clarity with regard to what collaboration between State/ Local and CBOs would look like. Participant noted that CBOs would have a very important role locally and as advocates in the context of this role, with OHA / LPHAs being able to provide opportunities, information and spaces as needed. Worries raised that this may just create spaces where discussion occurs without further action, and pointed out need for more consistency with CHIP involvement.
- r. Role: advocate for health equity in health system reform.
 - Questions asked whether staff at the State level would provide access to templates and datasets, as well as helping determine data needed. Additionally, data access as a process may be too opaque from the outside (i.e. CBOs etc). Participant pointed to interactive dashboards and designated contacts as possible tools to help provide free access, and re-assured that the State level will not charge for information access, even if certain data may have more constraints for access. Other participant pointed to previous examples when the State was able to bring in CBOs and other local partners to address needed reforms and outlined the methods the Equity Office has been utilizing to try and work towards these goals.
 - Question raised towards clarification of who “CBOs” are in the context of work in the Equity office, as well as in relation to OHA’s work, and raised concerns for the abilities that information is disseminated to people. OHA staff reaffirmed goal and work towards providing information, and the collaborative efforts in outreach work.

- s. Role: Play a leadership role in reducing or mitigating existing social and economic inequities and the conditions that lead to inequities, including the distribution of disease, premature death and illness.
 - No new comments / questions raised.
- t. Role: Use existing evidence-based measures or develop public health measures of neighborhood conditions, institutional power and social inequalities that lead to prevention strategies focused on the social and environmental determinants of health.
 - No new comments / questions raised.
- u. Role: Advocate for comprehensive policies that improve physical, environmental, social and economic conditions in the community that affect the public's health.
 - No new comments / questions raised.
- v. Role: Ensure routine review and revisions of statutes that govern PHD and other regulations and codes to ensure nondiscrimination in the distribution of public health benefits and interventions.
 - Participant stressed importance in ability for CBOs to be involved in planning / implementation, and provide evaluations and feedback, positive and negative. Questions were also raised about processes for reporting, including in situations where there are concerns about possible revoking of future grant opportunities or if they feel unsafe providing feedback.
- w. Role: Monitor relevant issues under discussion by governing and legislative bodies.
 - Participant clarified role as relating to public health authorities needing to track the conversations and changes that will affect public health in their served communities. Pointed out that the state / local contacts would have to be a case-by-case assignment, and that public forum opportunities do exist for members of the community to engage in process.
- x. Role: Increase flexible categorical and non-categorical funding to address health equity.
 - Participant raised greater accessibility requirements (e.g. language interpreters) and other resource development.

Feedback:

- Feedback offered that this session had a clarity of general purpose, but unsure how things would be implemented. While there is access to community partners, but limited capacity for implementation when actual labor hours considered. Other participant stressed the usefulness of information being received, but acknowledged material concerns.
- Participant who missed last meeting felt like this was useful catch-up, and thought group worked better as whole when number of participants was lower (as in this meeting). Larry Hill stressed importance of persisting when asking State and Local systems for information as part of the process for getting leverage for proper future methods.

Public Comment:

- No comments from the public.

Meeting Adjourned