

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

Subcommittee members present: Krizia Polanco, Taylor Silvey, Jackie Leung, Meka Webb, Misha Marie, Kimberly Lane, Marie Boman-Davis, Rebecca Sticker, Rodrigo Aguilo

Subcommittee members absent: Jennine Smart, Faron Scissons, Natalie Carlberg, Sophia Hagberg, Beck Fox, Bob Dannenhoffer

OHA Staff: Vanessa Cardona, Larry Hill, William Blackford, Margaret Sanger, Tamby Moore, Cessa Karson

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

Timeline Discussion

- Legislative Deadline: May 2025
- Number of meetings (including Oct 2nd) until end of Phase One: 6
- Number of roles this workgroup has left to review at start of Oct 2nd meeting: 46
- Tasks / Deliverables
 - Finish Health Equity and Cultural Responsiveness
 - Finish Community Partnerships
 - Review Companion Document
- “How do we stay with our timeline and gather highest quality information?”
 - Participants raised possibility of extra meetings, including after end of December deadline.
 - Other participants confident that as material becomes more familiar role reviewal may speed up.
 - Participant suggested pinning some discussion for out-of-session to ensure time during meetings to get through roles.

Large Group Review:

- Focused on the remaining roles from Worksheet 1, roles and comments / questions noted below.
- Y. Role: Monitor funding allocation to ensure sustainable impacts on health equity.
 - Projects are short term, staffing only available for those projects, capacity building for the project to include different groups for long term sustainability. Find out where core issues emerge from, working with LPH or other partners to reach a greater population and identifying how to track areas / milestones that are not on the reporting template, as well as showing the work that’s occurring. They can recognize and honor local systems to reduce redundancies and be more efficient, magnifying effort.
 - How can we leverage data / technology to make sure that funds are helping communities? Can we think about other ways to track the work to ensure it is having an impact (some CBOs do not have funding through State/LPH?)? It can be difficult to ramp up quickly, especially with specialized staff and specialized work.
- z. Role: Increase flexible categorical and non-categorical funding to address health equity.
 - Having a broader understanding of CCOs (and need for them) – understanding larger networks and tap into them. CBOs can function as an access point for CCOs.
 - The state can help connect CBOs and CCOs to ensure smoother coordination.

- k. Role: Increase the value for meaningful and intentional cultural responsiveness in PHD and among local public health authorities.
 - No additions / changes, but participants stressed importance of shared experiences and the ways that “culture” in “cultural responsiveness” encompasses a broad range of descriptors.
- m. Role: Make data and information available on health status and conditions that influence health status by race, ethnicity, language, geography, disability and income. Consider health literacy, preferred languages, cultural health beliefs and practices, and other communication needs when releasing data and information.
 - CBOs can take the opportunity to access and use data, seeing the value in data acquired. They can also maintain relationship with LPHAs in accessing and using data.
 - State and Local can provide training and assistance for CBOs to help the data interpretation process, and use language that is accessible to help more people understand what the data is actually saying. They can also outline the limitations of data from the beginning of the process.
- n. Role: Provide Public health services that are effective, equitable, understandable, respectful and responsive to diverse cultural health beliefs and practices, preferred languages, health literacy and other communication needs.
 - State and Local can ensure that everyone is on the same page in discussions about these services. They can give everyone an opportunity to respond with the most current information.

Process and Worksheet Feedback:

- Participant shared that they liked the conversations that occurred during the small group reviews, and emphasized the utility of the Small Group sections in the greater project.
- Other participant agreed, and stressed that having more time gives people an easier time discussing and thinking about the roles to give better results.

Public Comment:

- No comments from the public.

Meeting Adjourned