

# **PUBLIC HEALTH ADVISORY BOARD**

## **Health Equity Framework Workgroup Minutes**

**April 17, 2024, 2:00 pm – 3:30 pm**

**Subcommittee members present:** Beck Fox, Bob Dannenhoffer, Christine Sanders, Faron Scissons, Jackie Leung, Margaret Sanger, Marie Boman-Davis, Meka Webb

**Subcommittee members absent:** Jennine Smart, Krizia Polanco, Kyle Sorensen, Miranda Williams, Misha Marie, Natalie Carlberg, Taylor Silvey

**Oregon Health Authority (OHA) staff:** Cessa Karson, Larry Hill, Nettie Tiso, Tamby Moore, Sara Beaudrault, Vanessa Cardona, William Blackford

### **Welcome and Introductions**

- Vanesa Cardona was introduced as the new meeting facilitator and she provided some information on her background.
- Reviewed 4/3 meeting and today's agenda.
- Icebreaker question: What is your dream vacation destination?
  - Responses included: Patagonia; Maldives; Bali; bike ride through the north of France; cherry blossoms in Japan; Shetland Islands, Scotland; Kenya; somewhere tropical with animals and a pool; train tour of Japan; Tulum, Mexico.

### **Domain 1 Role Review**

- Vanessa presented the vision bullet points with the group that were compiled from individuals responses and from work the group did at the previous meeting. Refer to the 4/17 meeting packet for the complete list of vision points.
- Discussion around Vision
  - Bob asked if "trans-created" is a blending of the words "translation" and "creation".
  - Marie shared that transcreation is the fusion of translation and creation. She provided the example of working with communities to ensure the messages that are being created are meaningful but still maintain the original intent. She shared a [link](#) for more information about transcreation in the chat.

- Christine stated that it doesn't make sense to use the term transcreated when the group does not understand it. She referred to another vision bullet point of using language that is clear and easy to understand.
- Larry shared that sometimes there are words that culturally have a different meaning. The term transcreation is about creating messaging based on community input so that the message is relatable.
- Margaret stated the importance of capturing cultural nuances in language and agreed that the wording does not make sense to her. She suggested the group should rephrase that vision point.
- Vanessa offered to define "trans-created" as part of the vision point as it is a relatively new term. She also shared that she would remove the hyphen as someone had previously suggested.
- Christine expressed appreciation for providing an explanation and allowing others not familiar with new terms to learn them.
- Larry made a suggestion to spell things out rather than solely use acronyms (e.g., use Local Public Health Authority rather than LPHA).
- Sara asked for feedback on the process of creating the vision. Does the group prefer a list format? Would they like a brief statement? Is this the method they would like to use in working through the other domains?
- Beck stated that without knowing what the final product is going to look like, they feel it is hard to provide feedback. They shared the list is nice to see on a slide but wonder how well it will translate into the final product. Margaret expressed agreement.
- Meka shared that she is unsure of the process and asked if the workgroup is gathering ideas around each domain now and if they will go back later to refine those ideas.
- Sara replied that as the workgroup is putting together content and ideas, it is also working on determining how best to work through the process of establishing roles for each domain. That process can be changed. She shared that OHA would create an example of what the final deliverable may look like so the workgroup has a better understanding of the process.
- Larry shared that the group is trying to develop a cadence for future domains and with feedback they can make adjustments so that the group feels confident that the end product is representative of the

work the group has done. He provided the example of removing acronyms as a change of process that will be applied when working through future domains.

- Vanessa shared the compilation of roles collected from previous group work and from individual worksheet responses. Refer to the 4/17 meeting packet for the complete roles points.
  - Vanessa asked if the group would have interest in breaking into smaller groups to discuss expanding on the roles. The group shared they are ready to move onto discussing Domain 2.

## **Domain 2 Introduction**

- Introduction to Emergency Preparedness and Response (Domain 2)
  - Sara shared the current vision of Domain 2 from the Modernization Manual (page 58) with the group. She stated that this workgroup will develop its own vision of emergency preparedness and response as it relates to health equity.
  - Emergency Preparedness and Response is being done all of the time, not just during a weather-related emergency or pandemic. It allows for public health and other government agencies to work with community partners to create a structure that will already be in place when emergencies do happen.
  - There is overlap with Communications (Domain 1) as communication out during an emergency is a large part of public health work.
- Domain 2 Worksheet Question: How does each partner play a part in achieving equitable Emergency Preparedness and Response across Oregon's public health system?
  - OHA Roles:
    - Maintain, update and practice a public health preparedness plan for the State of Oregon (surveillance, medical countermeasures, communications, mass care).
    - Build partnerships with communities serving priority populations, including offering training and preparedness exercises.
    - Have financial mechanisms in place to fund county, CBO, tribal and other partner organizations quickly and accountably.
    - Recognize the way that information is shared within the community, e.g., social media platforms, radio, community

- leaders, word of mouth, community hub. Tailor information to be appropriate to individual communities.
  - Connect with a diverse set of partners. Work with folks outside of established structures and connections.
- Local Public Health Roles:
  - Maintain, update and practice a public health preparedness plan for the Jurisdiction (surveillance, medical countermeasures, communications, mass care).
  - Build partnerships with communities serving priority populations, including offering training and preparedness exercises.
  - Ensure community members are trained (community capacity and skill building). Provide trainings in multiple languages.
- CBOs Roles:
  - Participate in the development of preparedness planning and preparedness exercises.
  - Offer trainings, education, and resources to the community to increase individual and community preparedness.
  - Take materials and make them culturally relevant and sensitive for the communities for which they are intended.
- Federally Recognized Tribes Roles:
  - Maintain, update and practice a public health preparedness plan for Tribal Jurisdiction.
  - Engage with the community to provide trainings, educations and resources that increase preparedness.
  - Take materials and make them culturally relevant and sensitive for the communities for which they are intended.
- Other Health System Partners:
  - Schools/Educational Service Districts (ESDs) Roles: Maintain, update and practice preparedness plans for school community.
- Discussion
  - Bob shared that emergency preparedness needs to recognize people from where they are at, for example, having two weeks of food in your pantry for a family that is food insecure is not realistic.
  - Sara responded that it is important to understand that the information being shared is not communicated in a “one size fits all” manner and that it takes community needs into account.
  - Larry shared that during community listening sessions he heard feedback that OHA provides information to individuals from

communities it has established partnerships with, excluding other community workers that also represent the community or subcultures within that community.

- Christine agreed that this is a problem with OHA and other governmental bodies. She provided an example that one community group can receive a government grant and establish a partnership while another group doing similar work is unable to establish a partnership and enjoy the benefits and open communication that go along with that.
- Sara asked for feedback on how to work through the domain roles. Is this method helpful? Would workgroup members prefer to work on this outside of the meeting individually?
  - Christine shared that she felt that the process has already been decided. She suggested smaller groups, or multiple choices to engage with.
  - Larry showed appreciation for the feedback. He shared that he feels that OHA is trying to engage the workgroup to understand what needs to be done to move forward, to create opportunities to communicate what works and what does not work for individuals and for the group as a whole.

### **Future Planning**

- Email the Domain 2 worksheet, including the work done today, to workgroup members for individual feedback.
- Discuss Domain 2 feedback with the group at the next meeting.
- Present collective efforts of other groups related to the Health Equity Framework at a future meeting.

### **Public Comment**

- No public comments.

### **Meeting adjourned**