

AGENDA

PUBLIC HEALTH ADVISORY BOARD

Public Health Equity Framework Workgroup

June 5, 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
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Dr. Bob Dannenhoffer	LPHA , PHAB	Douglas County	rldannen@co.douglas.or.us
Krizia Polanco	LPHA	(Umatilla County)	krizia.polanco@umatillacounty.gov
Hilda Mejia	LPHA	Malheur County	hilda.mejia@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	csanders@nhpdx.org
Miranda Williams	Tribe	Confederated Tribes of Siletz Indians	MirandaW@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 Recap of last meeting, what to expect today 	William Blackford, OHA Performance System Coordinator	10 min
Feedback Loop	<ul style="list-style-type: none"> Show workgroup members how their feedback is used Accountability for OHA 	Vanessa Cardona, OHA Equity Analyst William Blackford, OHA Performance System Coordinator	5 min
Domain 2 – Emergency Preparedness Group Review of Vision and Goals	<ul style="list-style-type: none"> To finish reviewing/editing as a large group 	Vanessa Cardona, OHA Equity Analyst	40 min
Break	Rest	All	5 min
Health Equity Resources and Future Meeting Conflicts	<ul style="list-style-type: none"> Review resources requested by workgroup Update group regarding 6/19, 7/3 	William Blackford, OHA Performance System Coordinator	8 min
Updates to worksheet and process	<ul style="list-style-type: none"> Share how feedback about worksheet and process have been incorporated, explain next steps with both 	William Blackford, OHA Performance System Coordinator	8 min
Domain #3 Preview	<ul style="list-style-type: none"> Introduce new domain for next meeting 	William Blackford, OHA Performance System Coordinator	4 min
Public comment	<ul style="list-style-type: none"> Public Comment 	William Blackford, OHA Performance System Coordinator	10 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.

PUBLIC HEALTH ADVISORY BOARD

Health Equity Framework Workgroup Minutes

May 15, 2024, 2:00 pm – 3:30 pm

Subcommittee members present: Jennine Smart, Taylor Silvey, Faron Scissons, Christine Sanders, Krizia Polanco, Hilda Mejia, Misha Marie, Bob Dannenhoffer

Subcommittee members absent: Meka Webb, Ruby Moon, Jackie Leung, Beck Fox, Natalie Carlberg, Marie Boman-Davis

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

Introductions and warm up

- Welcome to Hilda Mejia from Malheur County Public Health.
- Brief recap of the last meeting was provided.
- Current agenda was added to the chat.

Feedback Loop

- Putting “transcreation” in plain language.
 - Status: Draft definition to be voted on later in the meeting.
- Reduce the number of OHA staff in the workgroup meetings.
 - Status: Completed.
- The Domain worksheet is still confusing.
 - Status: Conversation to follow at the 6/5/2024 meeting.
Conversation prompts will be sent out via email before the meeting.
- Making ties to the domain feels difficult, not sure what to write that is meaningful.
 - Status: Conversation to follow at the 6/5/2024 meeting.
Conversation prompts will be sent out via email before the meeting.
- For breakout rooms, provide a link accessible for non-OHA staff to take notes, allow a check box next to existing roles, and add new roles.
 - Status: Solution to follow by the 6/5/2024 meeting.

Fist to 5 (Consensus voting)

- A voting system that allows for multiple choices, rather than a yes or no vote. If the majority of the group vote a 3 or higher, the vote passes. Refer to the meeting materials (page 22) for a chart of what each votes means.
- William shared the definition for transcreation attached to the bullet point from the vision section of Domain 1:

“Transcreation is the process of adapting messages from one language and culture to another, while maintaining its intent, style, tone and context. Transcreation is more than translation.”
- William asked the group to provide their vote on the transcreation definition in the meeting chat.
 - The votes were 4s and 5s for those present.
 - Subcommittee members not present will get a chance to vote at a later date.

Domain 2 Roles – Emergency Preparedness

- Group Review and Discussion of the Vision
 - Taylor requested an addition at the end of bullet point 1, “... and knows how to prepare themselves”.
 - Margaret asked for the addition of “good planning and preparation resources” to bullet point 1.
 - Misha would like to see a reference to the organizations responsible for emergency preparedness and response. Faron requested that tribes be added. A new bullet point was created:
 - “Local public health, Tribes, and other public agencies work together to prepare for emergencies so that there is minimal harm to communities during public health events”.
 - Misha asked if there could be a list of agencies that would be involved with emergency preparedness and response so the community is aware before an emergency occurs. A new bullet point was created:
 - “Working with organizations to coordinate response (schools, fire department, county sheriff’s office, etc.)”.
 - Vanessa added that there is a list of public health system partner types that the group could include in the vision of Domain 2.

- Sara provided in the chat definitions of the partners involved in the public health system that the public health advisory board (PHAB). Partners include community based organizations (CBOs), regional health equity coalitions, healthcare and behavioral healthcare providers, public safety agencies, faith-based institutions, schools, environmental agencies, and the business sector.
- Larry suggested an additional bullet point:
 - “Access to information and guidance at its earliest points to move towards service being rendered amount myriad communities sooner than later”.
- Group Review and Discussion around Roles
 - Taylor stated that she understood that the roles of tribes would not be made by this workgroup and asked if the tribes feedback would be included in the end product.
 - Sara replied that OHA is working with tribal government to determine how they want to be involved in this work. She suggested the group could make additions to tribal roles until the tribes have decided what type of involvement they want to have.
 - Christine asked what group community leaders would fall into.
 - Vanessa shared that community leaders would most likely fall under community based organizations but offered that they could also be placed under health system providers.
 - Christine shared that in her experience community leaders work with but are not attached to a community based organization. She suggested community leaders having their own subject line.
 - Sara suggested the group could provide clarification around community leaders in the final document.
 - Vanessa stated that next time they will work through the group roles in a different order and reiterated that OHA is not more important and does not need to be discussed first each meeting.
- Group Review and Discussion of the Roles for the Oregon Health Authority (OHA)
 - Vanessa shared the OHA roles the group created in a previous meeting. Refer to the meeting materials for the list of OHA roles (pages 26-28).

- Misha inquired about point 3 and asked who is involved in discussing recovery support for community.
- Sara responded that this would specifically refer to the OHA public health division.
- Christine referred to bullet point 2 and asked what the purpose of community advisory groups are and if the information provided by the community advisory groups would be utilized by OHA?
- Sara proposed rather than having an OHA sponsored community advisory group, OHAs role could be to engage with and listen to communities around what they want/need from OHA before, during and after emergencies.
- Larry shared in the chat that OHA could have a better understanding of CBOs that have a pulse of their communities but may not often get called upon because of the image of CBO coverage by go-to CBOs even when community does not agree that OHA chosen CBOs represent their populations in a comprehensive and thoughtful manner.
- Misha suggested in bullet point 5 that CBOs and local public health work with OHA to host trainings. This was added.
- Vanessa asked the group if they wanted to specify what type of trainings OHA should be hosting.
- Taylor proposed that the reference to trainings should be broad to include multiple emergency situations and suggested the addition of "host trainings related to emergency preparedness and community resilience".
- Christine stated that in bullet point 4 "enforce" emergency orders sounded too aggressive. Enforce was changed to implement.
- Sara shared that for bullet point 9 OHA does not have the authority to increase funding for behavioral health services. That budget is determined by the state legislature.
- Margaret suggested changing the word "increase" to "prioritize" funding. She also would like to see trauma-informed training added to bullet point 9. Both the addition and change were made.
- Taylor pointed out in bullet point 7 that public health does not have the authority to rebuild new homes following an emergency and would like to change that statement as it is misleading.

- Larry suggested wording bullet point 7 to include that public health can act as a connection to other agencies that can assist in new housing opportunities.

Next Steps

- Continue to discuss the Domain 2 roles of various groups.
- Introduce Assessment and Epidemiology.
- Explain worksheet next steps.

Public Comment

- No public comments were given.

Meeting Adjourned

PHAB Workgroup Meeting

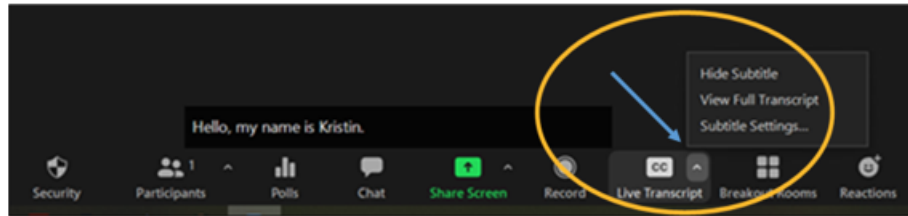
June 5, 2024

Health Equity Framework



Real-time captioning and transcription service

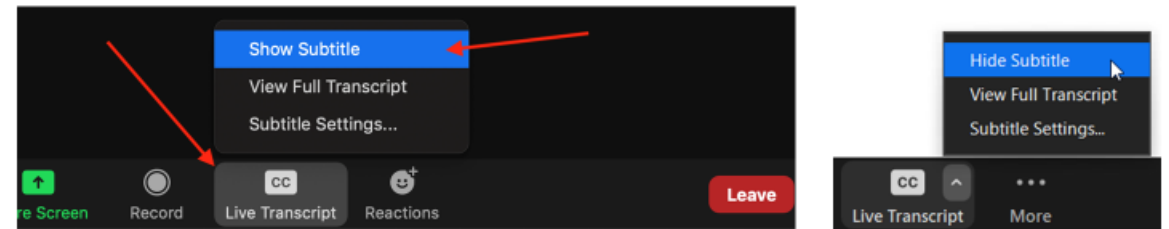
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Cómo habilitar los subtítulos en Zoom

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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 membersRecap of last meeting, what to expect today	1-3	William	10 min
Feedback Loop	<ul style="list-style-type: none">Show workgroup members how their feedback is usedAccountability for OHA	4	Vanessa	5 min
Domain 2 – Emergency Preparedness Group Review of Vision and Roles	<ul style="list-style-type: none">To finish reviewing/editing as a large group	5-20	Vanessa	40 min
Break	<ul style="list-style-type: none">Rest			5 min
Health Equity Resources and update to future meeting conflicts	<ul style="list-style-type: none">Review resources requested by workgroupUpdate group regarding 6/19, 7/3	22	William	8 min
Updates to worksheet and process	<ul style="list-style-type: none">Share how feedback about worksheet and process have been incorporated, explain next steps with both	23-24	William	8 min
Domain #3 Preview	<ul style="list-style-type: none">Introduce new domain for next meeting	25	William	4 min
Public comment	<ul style="list-style-type: none">Public Comment	26	William	10 min

Feedback Loop

What was shared?	What was done?	Status/Follow Up
1. More OHA staff needed in this space to understand organization's needs (e.g., Inter-Tribal Fish Commission).	Follow up meeting with workgroup member, ask for more guidance from leadership	In progress/leadership guidance needed
2. Worksheet is still confusing.	We have a revised draft of the worksheet. Let's have a conversation about what is still missing.	Pending convo with larger workgroup
3. Making ties to the domain feels difficult, not sure what to write that is meaningful. Process still feels hard.	Let's have a conversation about what would make this process easier	Pending convo with larger workgroup
4. For breakout rooms, provide a link accessible to non-OHA staff to take notes, allow a check box next to existing roles	Revised draft of worksheet.	In progress, more input welcomed from workgroup

Finish Domain 2 Roles

Emergency Preparedness and Response

Vision

Domain 2- Emergency Preparedness and Response

- Every human has access to emergency services as needed, *good planning and preparation resources, and knows how to prepare themselves*
- Meet needs in ways that are useful to people
- Response is trauma informed
- *Local public health, Tribes, and other public agencies work together to prepare for emergencies so that there is minimal harm to communities during public health events*

Vision

Domain 2- Emergency Preparedness and Response

- *Working with organizations to coordinate response (schools, fire department, county sheriff's office, etc.)*
- *Access to information and guidance at its earliest points to move towards service being rendered among myriad communities sooner than later*

Roles for Oregon Health Authority (OHA)

Domain 2 - Emergency Preparedness and Response

- Provide funding to develop community messaging campaigns on emergency preparedness. Funding would go to community-based organizations (CBOs), those working in communities that have been historically left out of the funding loop would be prioritized for funding.
- Develop community advisory group focused on emergency preparedness
- *Regularly engaging with and listening to communities about how they want/need OHA to show up before, during & after emergencies*
- Discuss (ensure/provide) recovery support for community

Roles for Oregon Health Authority (OHA)

Domain 2 - Emergency Preparedness and Response

- Issue and *implement* emergency health orders
- Collaborate with Local Public Health *and Community Based Organizations* to host trainings *related to emergency preparedness and community resilience*
- Provide information/media kits for local public health, CBOs, etc. to be able to share out accurate messaging that is consistent, clear, *and timely*. Information should be in multiple formats and utilize universal design principles *with language that is appropriate and accessible to all communities*.

Roles for Oregon Health Authority (OHA)

Domain 2 - Emergency Preparedness and Response

- Emphasize strategies for recovery and resilience in the aftermath of emergencies (e.g., ensure that individuals who *are impacted by* natural disasters *are able to access/connected with programs that provide* accessible, equitable, and expeditious resources and supports to rebuild or obtain new housing).
- Provide workforce development and expand availability of services

Roles for Oregon Health Authority (OHA)

Domain 2 - Emergency Preparedness and Response

- *Prioritize funding and trauma-informed training for behavioral health services and providers as a vital part of emergency preparedness and response*

Roles for Local Public Health

Domain 2 - Emergency Preparedness and Response

- Share with CBOs, Federally Recognized Tribes, other Public Health Systems and community members standard and best practices to be prepared
- Share emergency health orders with community, CBOs, and other Public Health Systems
- Facilitate trainings and allow participation from CBOs, Federally Recognized Tribes, other Public Health Systems

Roles for Community Based Organizations (CBOs)

Domain 2 - Emergency Preparedness and Response

- Build relationships with local, grassroots, culturally-specific organizations serving priority populations; collaborate and support their work in serving communities
- Connect with neighborhood associations and animal shelters
- Tailor to community for standard and best practices of emergency preparedness
- Provide outreach opportunities to share with community

Roles for Community Based Organizations (CBOs)

Domain 2 - Emergency Preparedness and Response

- Consider recovery support for community
- Tailor emergency health orders to community
- Outreach for volunteers to support CBO emergency response
- Resource and asset directory in community (skillset, infrastructure, supplies, volunteers, faith organizations)

Roles for Community Based Organizations (CBOs)

Domain 2 - Emergency Preparedness and Response

- Training for specific populations
- Tailor supplies to specific community needs
- Build relationships with local public health and other public health groups
- Include CBOs in annual emergency planning process

Roles for Community Based Organizations (CBOs)

Domain 2 - Emergency Preparedness and Response

- Emergency kits for natural disasters, what to do if x happens infographics, provide information on how to prepare for a disaster to community members (for example, the Great Shakeout or installing smoke detectors). All of the efforts above are made possible through funding from the State of Oregon; CBOs would provide the trainings, education sessions and resources.

Roles for Federally Recognized Tribes

Domain 2 - Emergency Preparedness and Response

Roles for Other Health System Providers

Domain 2 Emergency Preparedness and Response

- Consider recovery support for community members
- Other areas to develop relationships in the community – school districts, local city officials, Dept. of Human Services and Social Services, ODOT, community leaders, hospital leaders/members from the hospital and clinic systems, housing groups, food retailers

Roles for Other Health System Providers

Domain 2 Emergency Preparedness and Response

- Build relationships with local public health and CBOs
- CCOs: Fund community driven grassroots projects that support community preparedness, education and resilience in culturally specific ways.
- CCOs: Develop and maintain effective information-sharing pathways to share preparedness information and resources from the state to regional partners and CCO members, as well as timely and accurate information in response to emergency situations.

Roles for Other Health System Providers

Domain 2 Emergency Preparedness and Response

- Work with the American Red Cross, Neighborhood Associations, Animal Shelters
- Work with faith-based groups, smaller non-profit organizations, Boys and Girls Clubs, libraries, school districts, local city officials, Department of Human and Social Services, Oregon Department of Transportation (ODOT), community leaders, hospital leaderships, members from the hospital and clinic systems, housing groups, food retailers

Break time!

Tabled items from 5/1

- Health Equity Resources and Initiatives (shared in 5/01 meeting packet)
 - Is this what folks had in mind?
 - Would folks like to see this info used in another way?
- Update to future meeting conflicts (6/19 and 7/3)

Next Steps with Worksheet

- Revised “Vision” section
- Move to responding to an existing role for OHA/LPHA and/or creating new roles for CBOs, Federally Recognized Tribes and Health System Partners
- Will be completed in the workgroup meeting with other workgroup members and through dialogue
- Other changes you’d like to see?

Next Steps with Process

- Each new domain will be introduced, and examples given by OHA Project Team subject matter expert.
- Alternating small group (worksheet) work and large group discussions.
- Other changes you'd like to see?

Next Steps with Domains

- Next domains to be covered are:
 - [Health Equity and Cultural Responsiveness](#) (pg. 20 in manual)
 - [Community Partnership Development](#) (pg. 28 in manual)

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 June 19th!