

AGENDA

PUBLIC HEALTH ADVISORY BOARD

Public Health Equity Framework Workgroup

July 3, 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
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, Joanna Yan

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
New process and worksheet and ties to phase 1 deliverable	<ul style="list-style-type: none"> Level set for new process/tools for workgroup 	Vanessa Cardona, OHA Equity Analyst	5 min
Health Equity and Cultural Responsiveness context setting	<ul style="list-style-type: none"> Level set next domain 	Zuri Lopez, ScreenWise Program Analyst	10 min
Break	Rest	All	5 min
Instructions for small group work	<ul style="list-style-type: none"> Provide clarity for small workgroup 	William Blackford, OHA Performance System Coordinator	5 min
Small group work	<ul style="list-style-type: none"> To meet phase one deliverable 	All	35 min
Small group and worksheet feedback	<ul style="list-style-type: none"> Continue defining process and tools 	William Blackford, OHA Performance System Coordinator	10 min
Public comment	<ul style="list-style-type: none"> Public Comment 	William Blackford, OHA Performance System Coordinator	5 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

June 5, 2024, 2:00 pm – 3:30 pm

Subcommittee members present: Meka Webb, Marie Boman-Davis, Krizia Polanco, Hilda Mejia, Jackie Leung, Misha Marie, Beck Fox, Margaret Sanger

Subcommittee members absent: Bob Dannenhoffer, Jennine Smart, Faron Scissons, Natalie Carlberg, Taylor Silvey, Christine Sanders, Ruby Moon

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

Welcome and Introductions

- Brief recap of the last meeting was provided.
- Meeting agenda was added to the chat.

Feedback Loop

- More OHA staff needed in this space to understand organization's needs.
 - Follow up with workgroup member for more information.
 - Seek guidance from OHA leadership.
- The Worksheet is still confusing.
 - There is now a revised draft of the worksheet.
 - The Public Health Advisory Board (PHAB) will meet to discuss reorienting this workgroup around PHAB goals which may result in changes to the worksheet. More information to follow.
- Making connections to the domain feels difficult and the process still feels hard. Unsure what meaningful information to include.
 - William asked the group for feedback around what would make the process easier.
 - Misha shared that hearing others have a conversation around the domain makes it easier to understand, particularly if she has missed a meeting.
 - William offered to provide more meeting follow up around the conversations that took place around a specific domain.

- Beck expressed appreciation for the consistent feedback process and a quick turnaround of information. They added that the process of discussing domains as a group, reviewing it individually, discussing it in breakout rooms and then continuing that discussion with the whole group again feels redundant and confusing. They suggested streamlining the process.
- Larry stated that everyone is learning this process together as they work through it. He added that reevaluating the process is a normal step to take in order to reach an outcome that feels good for those involved.
- For breakout rooms, provide a note taking link that is accessible to non-OHA staff and allow a check box next to existing roles.
 - OHA staff are working on a solution.

Domain 2 – Emergency Preparedness Group Review of Vision and Roles

- Sara reviewed the work done around the Vision in previous meetings and requested group feedback. Refer to the meeting materials, pages 14-15 for greater detail.
 - Marie asked for clarification around “emergencies services” in bullet point 1 as it relates to emergency preparedness. She added that while they are related, they are different.
 - A suggestion was made to include “Has access to tools and resources” to bullet point 1 to expand on what preparedness means in this statement. The new bullet point 1 statement is:
 “Every human has access to public health services, knowledge, tools, and resources to be safe during a public health emergency”.
 - Misha made a suggestion to change the word “event” to “emergency” in bullet point 4.
 - Marie recommended changing “other public agencies” in bullet point 4 to “community, and other partners”. Several group members expressed agreement of this change.
 - A suggestion was made to add “equitable and inclusive” to bullet point 6.

- Misha noted the importance for the community to know their rights when accessing services. A new bullet point was added to the vision to reflect this.
- Sara reviewed the work done around the Roles of the Oregon Health Authority (OHA) in previous meetings and requested group feedback. Refer to the meeting materials, pages 16-19 for greater detail.
 - Margaret asked to include “recovery” as a training option in bullet point 6 and explained that recovery is a step often taken after an event; “preparedness” occurs before an event and “resilience” occurs largely during an event.
 - Marie offered support for clarifying the different stages of emergency preparedness and response and added that “mitigation” is another step that can be included in bullet point 6.
 - Marie pointed out that behavioral health is funded separately from public health and requested some clarity around bullet point 10.
 - Sara shared that behavioral health works as a partner to public health during emergency responses but that public health would not provide funding to behavioral health.
 - Margaret proposed changing the language of bullet point 10 to public health is “coordinating” with behavioral health and providing connections, access and referrals.
 - Larry suggested that additional research is needed to understand how behavioral health and public health intersect during an emergency. He added that research may not be done within this workgroup but the workgroup can build a pathway for behavioral health to be considered during emergency situations.
 - Margaret asked that “recovery” be added to bullet point 10 after “emergency preparedness and response”.
 - Misha suggested in bullet point 10 that “providers” be replaced with “community providers”.
- Sara reviewed the work done around the Roles of Local Public Health in previous meetings and requested group feedback. Refer to the meeting materials, page 20 for greater detail.
- Sara reviewed the work done around the Roles of Community Based Organizations (CBOs) in previous meetings and requested group

feedback. Refer to the meeting materials, pages 21-24 for greater detail.

- Misha shared that while CBOs want involvement in the emergency planning process she requested that bullet point 12 be moved to another group such as OHA or LPHAs.
- Sara suggested adding a bullet point for CBOs to participate in annual emergency planning process.
- Larry suggested including the consideration of transportation contingencies during an emergency. Misha shared support for this.

Next Steps

- Continue to discuss the Domain 2 Roles of various groups.
- Work on revising the “Vision” section of the worksheet to provide guidance on what a vision is.
- Re-orient the workgroup around its purpose and its deliverables.
- The next Public Health Advisory Board (PHAB) meeting may provide guidance for this workgroup. More to come at a future meeting.
 - All workgroup members are invited to join any future [PHAB meetings](#). Scroll halfway down the page for meeting times and dates.

Public Comment

- No public comments were given.

Next Meeting July 3, 2023, 2:00 pm – 3:30 pm

Health Equity and Cultural Responsiveness Roles Worksheet

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 **a** through **e**
- **Group 2** – work on roles **f** through **j**
- **Group 3** – work on roles **k** through **o**

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	a. Collect and maintain data that reveal inequities in the distribution of disease. Focus on the social conditions (including strengths, assets and protective factors) that influence health.		
State	b. Make data and reports available to local public health authorities, partners and stakeholders, and other groups.		
State and Local	c. Compile comprehensive data on health resources and health threats (e.g., schools, parks, housing, transportation, employment, economic well-being and environmental quality) through partnerships with relevant state and local agencies.		
State and Local	d. Identify population subgroups or geographic areas characterized by: i. An excess burden of adverse health or socioeconomic outcomes; ii. An excess burden of environmental		

	health threats; or iii. Inadequate health resources that affect health (e.g., quality parks and schools).		
State	e. Implement the Race, Ethnicity, Language and Disability (REAL+D) law (ORS 413.161), and collect and maintain meaningful, disaggregated, standardized and actionable demographic data.		
State	f. Based on REAL+D data, conduct cultural and linguistic assessments of relevant policies, programs and strategies to: i. Measure the gaps; ii. Develop continuous improvement plans; ii. Monitor and evaluate health equity outcomes; and iv. Inform implementation of policies, programs and strategies.		
State and Local	g. Develop and promote shared understanding of the determinants of health, health equity and lifelong health.		
State and Local	h. Promote a common understanding of cultural responsiveness.		

State and Local	i. Promote understanding of the extent and consequences of systems of oppression.		
State and Local	j. Make the economic case for health equity, including the value of investment in cultural responsiveness.		
State	k. Increase the value for cultural responsiveness in PHD and among local public health authorities.		
State	l. Develop or support mass media educational efforts that uncover the fundamental social, economic and environmental causes of health inequities.		
State and Local	m. 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		

State and Local	n. 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	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		

PHAB Workgroup Meeting

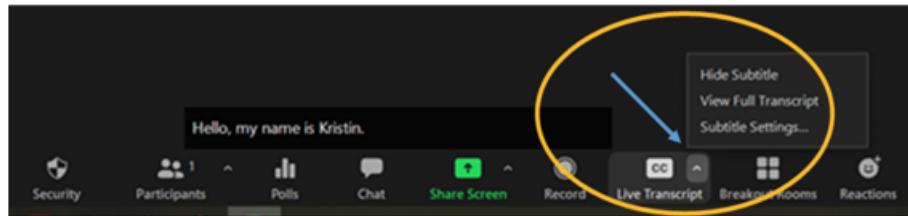
July 3, 2024

Health Equity Framework



Real-time captioning and transcription service

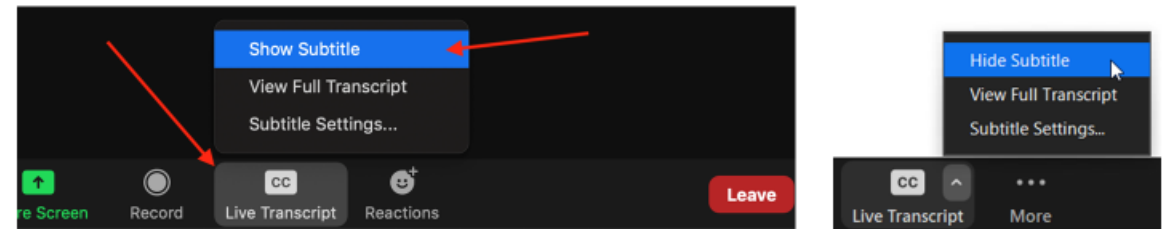
Enabling Closed Captions



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 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 used, accountability for OHA	4	Vanessa	5 min
New process and worksheet and ties to phase 1 deliverable	<ul style="list-style-type: none">Level set new process/tools for workgroup	5-6	Vanessa	5 min
Health Equity and Cultural Responsiveness context setting	<ul style="list-style-type: none">Level set next domain	7-12	Zuri	10 min
Break	<ul style="list-style-type: none">Rest	13	Vanessa	5 min
Instructions for small group work	<ul style="list-style-type: none">Provide clarity for small groupwork	14-15	William	5 min
Small group work	<ul style="list-style-type: none">To meet phase one deliverable	16	All	35 min
Small group and worksheet feedback	<ul style="list-style-type: none">Continue refining process and tools	17	William	10 min
Public comment	<ul style="list-style-type: none">Public comment	18	William	5 min

Feedback Loop

What was shared?	What was done?	Status/Follow Up
1. Worksheet is still confusing: <ul style="list-style-type: none">- Making ties to domain feels difficult- Add column for Local Public Health to check if in agreement with role	Revised the worksheet and process based on feedback from CBOs and State/Local Public Health. Built in feedback time at end of meeting.	Revised draft of worksheet completed; need feedback from the group.
2. For breakout rooms, provide a link accessible to non-OHA staff to take notes	We have a solution. Let's try it out and report back at end of meeting to see how it worked.	Solution identified; need feedback from the group.
3. More OHA staff needed in this space to understand organization's needs (e.g., Inter-Tribal Fish Commission).	Follow up with workgroup member to better understand ask to be able to follow up with leadership.	In progress, outreach to workgroup member initiated.

New Process

- Each new domain will be introduced, and examples given by OHA Project Team member
- Alternating small group work (e.g., revised worksheet) and large group discussions
- Feedback about process built in at end of each meeting

New Worksheet – What's different?

- State/Local Public Health roles embedded into worksheet to begin dialogue
- One column for CBO collaboration
- One column for State/Local Public Health collaboration
 - Focus is less on individual contributions to a domain and more emphasis on group dialogue and how all partners work together
- Feedback about worksheet built in at end of each meeting

Intended Outcomes and Deliverables

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 Community Partnership Development and Health Equity and Cultural Responsiveness.
2. A revised version of PHAB's Health Equity Policy and Procedure that is widely applicable to OHA, local public health authorities and other public health partners.

Health Equity and Cultural Responsiveness

Domain 3

Health Equity

Oregon Health Policy Board, Health Equity Committee (2019)

Oregon will have established a health system that creates health equity when all people can reach their full health potential and well-being and are not disadvantaged by their race, ethnicity, language, disability, gender, gender identity, sexual orientation, social class, intersections among these communities or identities, or other socially determined circumstances. Achieving health equity requires the ongoing collaboration of all regions and sectors of the state, including tribal governments to address:

- The equitable distribution or redistribution of resources and power; and
- Recognizing, reconciling and rectifying historical and contemporary injustices.

Cultural Responsiveness

A set of congruent behaviors, attitudes, and policies that come together in a system, agency or among professionals to enable effective work in cross-cultural situations.

It is important to note that culture is not limited to race, ethnicity. Culture includes language, gender, age, religion, sexual orientation and social class and more generally groups values, norms and beliefs.

-Office of Minority Health,
Department of Health and Human Services

Health Equity Examples

ScreenWise is a Breast and Cervical Cancer Screening Program at Oregon Health Authority. It has a grantee that offers mobile mammography quarterly sessions in rural part of the state to increase access to screening services.

- Offers transportation to and from the screening event
- Has culturally specific Community Health Worker (CHW) to assist with scheduling and advocating for patients' medical needs
- Offers wrap around services to address social factors that may prevent patient from attending a screening

Cultural Responsiveness Example

- Spanish speaking provider enrolls patient for breast screening and cervical exams, explains medical concepts and procedures
 - Same cultural background as the community member
 - Builds a relationship with patient
 - Nurtures trust
- This model leads to increased cancer screenings – 95%

Additional Resources

- [Social Determinants of Health- World Health Organization](#)
- [CDC- Health Equity](#)
- [National standards for Culturally and Linguistically Appropriate Services \(CLAS\) in Health and Health Care](#)
- [Advancing Health Equity in Rural America](#)
- [Health Equity Plan- Oregon Health Authority](#)

Break time!

Small Group Work Instructions

- 15 roles listed in Modernization Manual for Health Equity and Cultural Responsiveness
- Three groups, each group responsible for 5 roles
- Review together in large group so everyone has a chance to give input on all the roles

Going Over Revised Worksheet Together

- Column 1: State/Local Public Health Role
- Column 2: Role
- Column 3: 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?
- Column 4: 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 Modernization Manual?
- Any questions before we begin?

Small Group Work (~ 40 mins)

- Please select a note taker
- At end of small group discussion, note taker will send notes to: publichealth.policy@odhsoha.Oregon.gov
- One OHA staff will join small groups to answer questions

Process and Worksheet Feedback

- How did the process feel?
- Was the worksheet helpful?
- What was missing?

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 July 17th!