AGENDA

PUBLIC HEALTH ADVISORY BOARD

Public Health Equity Framework Workgroup

July 17, 2024, 2:00-3:30pm PST

Join ZoomGov Meeting:

https://www.zoomgov.com/j/1614465966?pwd=VlNRWVNwSlppZk5RVnhwblZaN1Vqdz09

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
Rebecca Stricker	LPHA	Malheur County	rebecca.stricker@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
Kimberly Lane	Tribe	Confederated Tribes of Siletz Indians	kimberlyl@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	• Set tone and integrate new members • What to expect today	William Blackford, OHA Performance System Coordinator	10 min
Feedback Loop	• Show workgroup members how their feedback is used • Accountability for OHA	Vanessa Cardona, OHA Equity Analyst William Blackford, OHA Performance System Coordinator	5 min
Summary of new process and worksheet + phase 1 deliverable	• Level set for new process/tools for workgroup	Vanessa Cardona, OHA Equity Analyst	5 min
Instructions for small group work	• Level set next domain	William Blackford, OHA Performance System Coordinator	5 min
Break	Rest	All	5 min
Small group work	• To meet phase one deliverable	All	30 min
Process and worksheet feedback	• Continue defining process and tools	Vanessa Cardona, OHA Equity Analyst	15 min
Begin to review as a large group (time permitting)	• To allow everyone the chance to inform all the roles	William Blackford, OHA Performance System Coordinator	10 min
Public comment	• 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.

Health Equity Framework Workgroup

Meeting Summary 7/3/2024

Please see outcome column to learn what took place during the meeting.

Topic	Purpose	Outcome
Welcome and Introductions	Set tone and integrate new workgroup members, share what to expect today	Welcome Kimberly Lane, new workgroup member from the Confederated Tribe of Siletz Indians.
Feedback Loop	Show workgroup members how their feedback is used, accountability for OHA	We discussed feedback about the worksheet still not meeting needs of workgroup members. Revised worksheet to incorporate specific feedback from workgroup members.
New process and worksheet, ties to phase 1 deliverable	Level set new process/tools for workgroup	Went over changes to the worksheet as well as to the process. We are moving away from individual work on the worksheet to a small group dialogue involving different partner types.
Health Equity and Cultural Responsiveness context setting	Level set next domain	Zuri Lopez, staff from ScreenWise, a cancer screening program at OHA presented how health equity and cultural responsiveness strategies in her program account for a 95% screening rate for communities of color.

Break	Rest	
Instructions for small group work	Provide clarity for small group work	We reviewed the new worksheet and described directions for small group work.
Small group work	To meet phase one deliverable	We worked in small groups with different partners for about 30 minutes. Two OHA Project Team staff sat in the groups and took notes.
Small group and worksheet feedback	Continue refining process and tools	No feedback given from the group. We will revisit again once we've had more practice with the new worksheet and process.
Public Comment Period	Public comment	No public comment.

PUBLIC HEALTH ADVISORY BOARD
Health Equity Framework Workgroup Minutes
July 3, 2024, 2:00 pm – 3:30 pm

Subcommittee members present: Marie Boman-Davis, Beck Fox, Kimberly Lane, Jackie Leung, Misha Marie, Margaret Sanger, Taylor Silvey, Mika Webb
Subcommittee members absent: Natalie Carlberg, Bob Dannenhoffer, Hilda Mejia, Krizia Polanco, Christine Sanders, Faron Scissons, Jennine Smart, Miranda Williams
OHA staff: Sara Beaudrault, William Blackford, Vanessa Cardona, Larry Hill, Joanna Yan, Zuri Lopez

Welcome and Introductions

- Welcome to new workgroup member Kimberly Lane, a Siletz tribal member and manager of diabetes and interpersonal violence.

Feedback Loop

- Worksheet is still confusing
  - The worksheet has been revised based on workgroup feedback.
  - Time has been built in for feedback at the end of this meeting.
- Non-OHA staff are unable to take notes in breakout rooms
  - Word document worksheet will be used to take notes and will be utilized today.

New Domain Process

- An Oregon Health Authority (OHA) project team member that works in the area of focus for each domain will introduce and provide examples before the workgroup discusses the domain.
- Initially, workgroup members will discuss the domain in small groups using the revised worksheet. At the following meeting, the whole group will review and discuss the notes that had been previously taken by the smaller groups. The goal is to support various communication styles.
- Feedback about the process will be built in at the end of each meeting.

New Domain Worksheet

- Refer to pages 8-12 of the meeting materials for more detail.
- Current State and Local Public Health roles from the Modernization Manual have been added to the revised worksheet as a starting point to discuss how other groups can support specific roles and to determine what may be missing from a health equity perspective.
- Column added to address how Community Based Organizations (CBOs) can support specific roles.
- Column added to address how State and Local Public Health can support CBO roles.
- Feedback about the revised worksheet will be built in at the end of each meeting.

Public Health Advisory Board (PHAB) Health Equity Framework Intended Outcome and Deliverables

- Intended Outcomes – a shared understanding of:
  1. The role of CBOs as part of Oregon's public health system.
     - The workgroup is currently focused on this outcome.
     - This outcome will be due in Fall 2024.
  2. How government public health and community partners work together to serve community and achieve health equity.
- Deliverables – 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 (Domains or topic areas).
     - In part, PHAB wants clarification of roles and a better understanding of how public health system partners work together to inform decisions around providing funding to CBOs.
  2. A companion document to support PHAB's Health Equity Policy and Procedure as it relates to CBOs.

Health Equity and Cultural Responsiveness Domain Introduction

with Zuri Lopez, equity access coordinator with OHA ScreenWise (breast and cervical cancer screening program)

- Health Equity

    - Refer to page 21 of the meeting materials for a complete definition by the Oregon Health Policy Board, Health Equity Committee.
    - Example – a ScreenWise CBO grantee provides:
        - Transportation to and from screening events.
        - Culturally specific Community Health Worker (CHW) to assist with scheduling and advocating for patients' medical needs.
        - Wraparound services are offered to address social factors that may prevent patients from attending a screening.
- Cultural Responsiveness
    - Refer to page 22 of the meeting materials for the complete definition by the Department of Health and Human Services, Office of Minority Health.
    - Example – Spanish speaking provider enrolls patients for breast screenings, cervical exams, and explains medical concepts and procedures.
        - This model lead to a 95% follow up cancer screening rate with this CBO.
- Additional Resources
  Health Equity - U.S. Centers for Disease Control and Prevention (CDC)
  Social Determinants of Health - World Health Organization (WHO)

Domain worksheet in small groups

- Workgroup members were divided into three breakout rooms. Each group reviewed, discussed and took notes for five different roles from the "Health Equity and Cultural Responsive Roles Worksheet".
- One OHA staff member joined each breakout room to answer questions.
- At the end of the small group discussion, the note taker sent group notes to: publichealth.policy@odhsoha.oregon.gov

Next Steps

- OHA project team members will sort through the small group notes and present them to the workgroup for discussion at the next meeting.

Public Comment

- No public comments were given.

Next Meeting July 17, 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.	CBOs may be able to help access and build the bridges to collect data from communities. Also this is true in terms of harm reduction. Building trust is difficult and critical. Figuring out what data is valuable and how to collect data in a respectful non-transactional way is important. Examples include needle exchanges, data around drug use, etc., etc. CCOs have regional health assessments that gather data about our communities and have a responsibility to do that in ways that are equitable and responsive, invite and use feedback from community members. Data gathering processes community informed and community inclusive.	Opportunities for larger systems (LPHAs, OHA, universities, etc.) to support CBOs in guidance, tools, best practices, financial, how to use data, etc. How are we working together and not duplicating efforts and also not overburdening, and being sure that those who need/want the info know it's available, how to get it and how to use it.
State	**b.** Make data and reports available to local public health authorities, partners and stakeholders, and other groups.	CBOs may have access to data and reports that are very specific, maybe niche, kind of reports. CBOs maybe able to share more easily through their partners and relationships. They interface, are	Need to invite CBOs to participate. To do the necessary legwork. Where/how/when can LPHA show up with the community? Repeated asks to show up at the larger organizations and agencies but need to do the

		involved to different degrees of connections with boards, workgroups, etc.	reverse, reciprocate in showing up in CBO spaces.
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.	Frame as strengths based. CBOs have lots of resources and opportunities, and know about these resources. Larger organizations often look at deficits and less at resources/strengths. Social capital can be found within and by CBOs.	
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).	Many CBO work directly to address these issues so connecting with them can be informative in learning about adverse health and social resources.	Provide CBOs with $ (another resources) to do community needs/resource mapping. Let CBOs, in partnership with those they work with, determine what data is needed and how to collect it. Find ways within our institutions to advocate for data and types of data to be legitimized (example of oral data, stories). Uplift and value different sources and forms of data. Have a responsibility to see that data is returned to communities and there is joint ownership of data. THIS is important in all of these categories! Need to explain the why and what and how, transparency super super

			important. How will larger organizations involve communities as collaborators.
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.	This kind of data is very deep, intrusive, time consuming - not person centered and user friendly. Need to explain why this is needed, what will be done with it. Unexplored opportunities to work with CBOs to partner on collecting this data. Need a better way to collect and not traumatizing people in the process. Need trauma informed process.	
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.	-Community connectors for people who fall through cracks, counties may not do this in the same way/have barriers doing this.	-Learner, support role, should not be leader of community/telling community what to do, may not have all the answers -If leads, should be with great community input. -Notify CBOs if gaps in data for certain communities (works other way too, partners can share gaps they are seeing in case state/local doesn't identify that). -Overlaps and disconnect by LPH, especially with tribal community

			members, can cause more harm and difficulty doing public health work. -Humility, listen, able to acknowledge mistakes, know role of allyship in work with communities -Role is more of a partner vs. "authority" -Explain what this data actually means, break it down so it's understandable and tangible -Share data with community -Community funded data projects where community owns data -Access to have data and capacity to work with it -Tribes have ability to get data better than other state/LPH, -Cold data is prioritized over qualitative work, this is what community leaders who know their population/are of the population do best. -Raw data at community level may be better communicated to agency level sponsors with perspective and analysis.

			-Amplify and accelerate public health data through qualitative data
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.		- Humility, listen, able to acknowledge mistakes, know role of allyship in work with communities -Role is more of a partner vs. "authority" -Slowing down in state/LPH system, push back so in more alignment with community partners
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

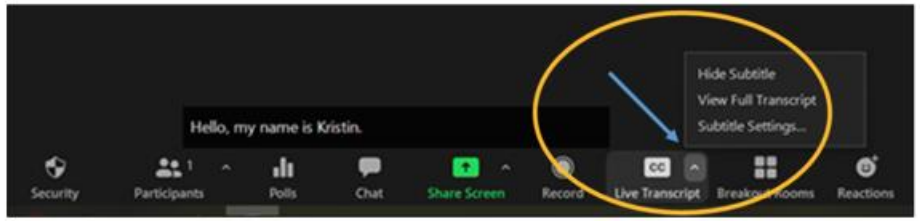
July 17, 2024

Health Equity Framework

Oregon Health Authority

Real-time captioning and transcription service

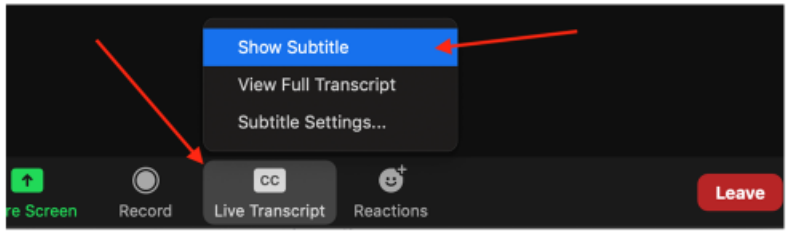
Enabling Closed Captions

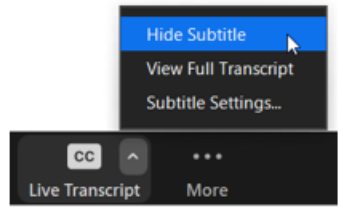


Click the small arrow next to “CC Live Transcript” to access caption controls. You can hide the subtitles or view the full transcript.

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.

Oregon Health Authority

Workgroup Agenda

Topic	Purpose	Slide #	Led by	Time
Welcome and introductions	• Set tone and integrate new members • What to expect today	1-3	William	10 min
Feedback Loop	• Show workgroup members how their feedback is used, accountability for OHA	4	Vanessa	5 min
Summary of new process and worksheet + phase 1 deliverable	• Level set new process/tools for workgroup	5-6	Vanessa	5 min
Instructions for small group work	• Provide clarity for small groupwork	7-11	William	5 min
Break	• Rest	12	All	5 min
Small group work	• To meet phase one deliverable	13	William	30 mins
Process and worksheet feedback	• Continue refining process and tools	14	Vanessa	15 min
Begin to review as a large group (time permitting)	• To allow everyone the chance to inform all the roles	15	William	10 min
Public comment	• Public comment	16	William	5 min

Feedback Loop

What was shared?	What was done?	Status/Follow Up
1. Worksheet is still confusing: - 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 started

Changes to Process and Worksheet

Before	Now
▪ Individual work on worksheet (outside meeting)	▪ Dialogue in small groups
▪ Review roles in large group	▪ Alternate between small group dialogue and large group dialogue
▪ Refer to Modernization Manual, separate from worksheet	▪ Roles from Modernization Manual embedded directly into worksheet
▪ Some domains had an introduction to the topic	▪ Every domain will have some context to ensure we are all on the same page
▪ Feedback welcomed, but not consistently built into our meeting	▪ Feedback built into the end of every meeting

Intended Outcomes and Deliverables

Public Health Advisory Board (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.

Oregon Health Authority

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

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.		

Going Over Revised Worksheet Together

Column 2: Role

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.		

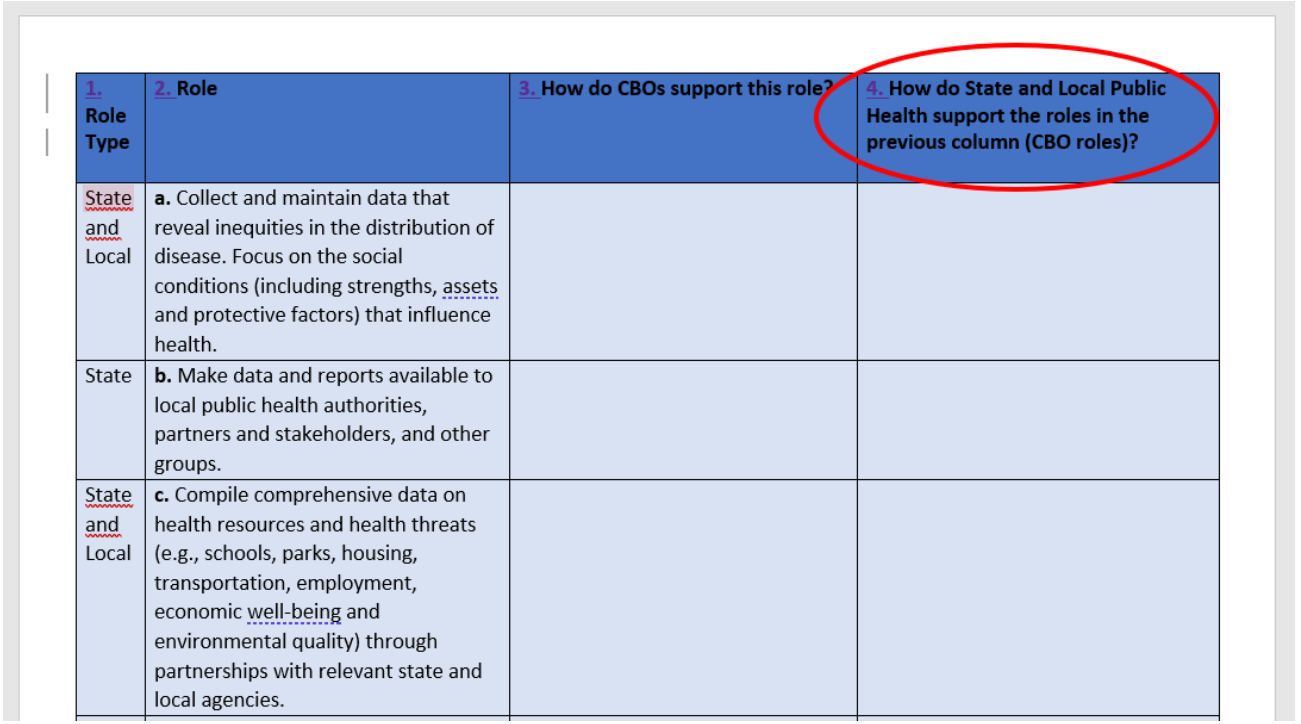
Going Over Revised Worksheet Together

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?

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.		

Going Over Revised Worksheet Together

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?



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.		

Break time!

Small Group Work (~ 30 mins)

- Please select notetaker (OHA staff available to help)
- At end of small group discussion, note taker will send notes to: publichealth.policy@odhsoha.Oregon.gov

Process and Worksheet Feedback

- How did the small group dialogue feel?
- What about the worksheet was helpful?
- What was missing?

Review as a large group

- Would anyone else like to ask for clarification?
- Would you like to add other points?

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 August 7th!