

**PUBLIC HEALTH ADVISORY BOARD**  
**Public Health Equity Framework Meeting**  
**September 04, 2024, 2:00-3:30 p.m. PST**

**Subcommittee members present:** Sophia Hagberg, Krizia Polanco, Kimberly Lane, Rebecca Stricker, Jackie Leung, Meka Webb

**Subcommittee members absent:** Bob Dannenhoffer, Marie Boman-Davis, Misha Marie, Jennine Smart, Faron Scissons, Natalie Carlberg, Taylor Silvey, Beck Fox

**OHA Staff:** Sara Beaudrault, Larry Hill, William Blackford, Margaret Sanger

**Welcome and Introductions:**

- No new members introduced.

**Group Agreements:**

- Reaffirmed the Group Agreements established for this meeting group.
  - 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

**Worksheet Feedback:**

- Worksheet domain is Health Equity and Cultural Responsiveness, with questions for CBOs, Federally Recognized Tribes and other Health System Partners, as well as questions for State and Local Public Health partners.
  - Focus for CBOs, Tribes and other Health System Partners: What role can you play to uplift the roles outlined for state or public health? What assets or strengths do you have that could help state and local public health roles be achieved? What gaps might exist that you could help with?

- Focus for State and Local Public Health: Can you support the role outlined by CBOs, Tribes or other Health Systems Partners? What are limitations and work arounds? How do you work collaboratively to achieve roles in Modernization Manual?

### **Small Group Work:**

- Broke into small groups and discussed worksheet questions, which were distributed across different groups, and then went on break.

### **Large Group Review:**

- After returning from break, discussed questions on the worksheet as a large group, and came to the recorded answers:
- p. Role: Partner to enhance multidisciplinary and multi-sector capacity to address health equity. Support health equity in all policies.
  - CBOs can support through verbal and written testimony, with policies shaped by local ordinances and policies. They would be invested in legislative / policy positions.
  - State and Local Public Health systems can support by sharing informational resources. They can provide education about pending legislation, inviting CBOs to meetings and listening sessions, incorporating feedback into proposals. They can also identify gaps in representation and invite them into the space, making space to allow them to be partners in the process. They can also resource / fund civic engagement efforts and other advocacy education efforts.
- q. Role: Work collaboratively across the governmental public health system on state and local policies, programs and strategies intended to ensure health equity.
  - CBO groups and local communities can lobby for policy and need to work in greater collaboration to make collective voice heard. They can also show up in spaces like Community Advisory Councils, and in doing so advocate for their communities and add perspective to policy discussions. They can also get involved in the Community Health Improvement Plan process, prioritizing health equity.
  - State and Local Public Health systems can support this role by making spaces accessible and convening workgroups that are flexible and responsive. They can also respond to feedback in ways that are dynamic, responsive, open and accessible.
- r. Role: advocate for health equity in health system reform.
  - CBOs play a role in advocacy, trying to bring equity to the communities they serve. They invite representatives of the Governor and the State and bring voice to where they are.
  - State and Local Health Plan systems can share data with communities about health and health disparities, engaging with communities on the ways that data is collected and analyzed in ways that mitigate harm. They can also engage with community early in the

process to see which ways the community engages and provides feedback, building community data groups. Health systems can also be responsive to CBO request/invites, while being available to hear community voices.

- s. Role: Play a leadership role in reducing or mitigating existing social and economic inequities and the conditions that lead to inequities, including the distribution of disease, premature death and illness.
  - CBOs can develop innovative programming that is by / for communities and their unique needs, which requires consistent and sustainable resourcing by government entities. They may also try to connect communities to resources that people may be unaware of, and can also bridge language barriers.
  - SLPH solutions can form and conduct workgroups that inform documents / processes that will be elevated to State agencies and be incorporated throughout the system. They can support in the development in CBO programming, and build trust in community members / CBOs through long term commitment to services. Health systems can also address system-wide issues by reducing bureaucracy and moving things through the system in a more efficient manner. They can advocate for sustainable funding, making funding opportunities impactful, as well as advocating for initial investments to allow for more organizations to be part of the work. Through strengthening cross-sector partnerships, they can also get at structural / economic determinates of health, such as housing.
- t. Role: Use existing evidence-based measures or develop public health measures of neighborhood conditions, institutional power and social inequalities that lead to prevention strategies focused on the social and environmental determinants of health.
  - CBOs can identify historical barriers, including language barriers that have prevented communities from accessing / understanding available services. They can also hold workshops to help communities to understand what services are available and what rights they have. They can provide different perspectives on how best to reach out, communicate and connect to the communities they serve.
  - State and Local Public Health Systems can provide education, awareness and outreach about what inequities exist and how social determinates of health influence overall health. They can connect and engage with communities in ways that makes sense to them, gracious space of understanding and empathy. They can also connect with CBOs doing the work that LPHAs don't offer and partner with outreach events to help refer people to services. They can perform outreach in natural access points to the population and work on simplifying language used to ensure clear understanding. LPHAs also have the capacity to work on measures relating to neighborhood conditions (e.g. water / air quality, grocery accessibility / affordability, access to natural spaces, walkability wrt/ exercise and safe transport and noise pollution.)
- u. Role: Advocate for comprehensive policies that improve physical, environmental, social and economic conditions in the community that affect the public's health.

- CBOs have some collaboration work groups. While elected leaders have been invited to these work groups to hear concerns, but CBOs try to collectively build a voice to express these concerns and advocate for their needs.
- LPHAs can advocate alongside local leaders, assisting in connections and developing leaders to advocate for training for connection with the legislative / decision-making processes. They can share opportunities with CBOs, supply information on methods and avenues for advocacy as well as existing data on built-environmental health impacts. This data must be considered in zoning and development decisions made at the local level, empowering community members.
- v. Role: Ensure routine review and revisions of statutes that govern PHD and other regulations and codes to ensure nondiscrimination in the distribution of public health benefits and interventions.
  - CBOs are in a unique position to report on discrimination and the inequity of distribution, and report on how policies should be re-evaluated for effectiveness and unintended outcomes. CBOs can let the communities they serve know that they can speak up on issues affecting them.
  - LPHAs can ensure that people have the information to speak on topics in an appropriate manner, providing training and education on what things mean for everyone in drafting and implementing regulations. LPHAs can also perform legal and ethical reviews for compliance, establishing committees independently tasked with regularly reviewing these regulations with a diverse board. They can promote transparency, with reliable feedback loops for collecting and integrating information. They can ensure work is happening to make corrections to statutes, making the avenues for feedback transparent. LPHAs can also inform CBOs on what kinds of information are needed and how this information will be used, and can cross-check evaluations and feedback with CBOs / community coalitions to ensure accessibility.
- w. Role: Monitor relevant issues under discussion by governing and legislative bodies.
  - Client advisory boards give feedback to police and advocacy team, is there a way this can be modeled with CBOs and state/lph. CBOs can inform feedback loop and information pipeline.
  - Clearly identify where CBOs can get in touch with State / Local regarding community feedback/advocacy needed for program improvement, policy and legislation.
- x. Role: Increase flexible categorical and non-categorical funding to address health equity.
  - CBOs can work with OHA to determine how funding is used, how it is made available to community organizations.
  - State can create more broad funding opportunities that lean into coordination, novel and creative approaches.
- k. Role: Increase the value for meaningful and intentional cultural responsiveness in PHD and among local public health authorities.
  - Community can help define what the cultural responsiveness needs to be.

- State and Local Health can leave space for communities to articulate concerns and what cultural responsiveness means to them and recognize interconnectedness at play. This work would need to be designed with people from these populations to actually inform useful metrics.
- 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 contact people inside communities and report back, allowing tribal nations sovereignty in how the data is collected without exploitation or skewing.
  - State and Local health can take an active effort to ensure data is properly represented and explained. They can incorporate data and information into stories to convey information effectively to communities. They can also make opportunities available for community partners to provide feedback / input on data and information before final distribution, including what data is collected and what distribution looks like, through involvement at every step. To help individuals and communities input data, State and Local can develop an interactive tool or survey and launch targeted public health campaigns to address disparities. GIS can also be used as a tool to create detailed maps / aggregate data.
- 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.
  - CBOs can build relationships with individuals and communities, building and maintaining trust / understanding with communities to provide services in a thoughtful way.
  - State and Local Public Health can ensure people providing services should be aware and culturally responsive. They can hire staff from diverse backgrounds, provide flexible service delivery and multi-lingual services to meet community needs and schedules. They can also collaborate with CBOs to increase outreach, community engagement and trust.

**Feedback:**

- Review ran long and no formal feedback offered.

**Public Comment:**

- No comments from the public.

**Meeting Adjourned**

