

# AGENDA

PUBLIC HEALTH ADVISORY BOARD

## Public Health Equity Framework Workgroup

October 16, 2024, 2:00-3:30pm PST

### Join ZoomGov Meeting:

<https://www.zoomgov.com/j/1604064864?pwd=YkxRalFrdWRDWjljQjMzd2gyTEN6QT09>

### Workgroup members:

Name	Role	Agency	Email
Meka Webb	Screenwise	OHA	<a href="mailto:Meka.Webb@oha.oregon.gov">Meka.Webb@oha.oregon.gov</a> >
Dr. Marie Boman-Davis	LPHA , PHAB	(Washington County)	<a href="mailto:Marie_Boman-Davis@washingtoncountyor.gov">Marie_Boman-Davis@washingtoncountyor.gov</a>
Dr. Bob Dannenhoffer	LPHA , PHAB	Douglas County	<a href="mailto:rldannen@co.douglas.or.us">rldannen@co.douglas.or.us</a>
Krizia Polanco	LPHA	(Umatilla County)	<a href="mailto:krizia.polanco@umatillacounty.gov">krizia.polanco@umatillacounty.gov</a>
Rebecca Stricker	LPHA	Malheur County	<a href="mailto:rebecca.stricker@malheurco.org">rebecca.stricker@malheurco.org</a>
Jackie Leung	CBO , PHAB	(Micronesian Islander Community)	<a href="mailto:jleung@micoregon.org">jleung@micoregon.org</a>
Misha Marie	CBO	Arc of Benton County	<a href="mailto:mmarie@arcbenton.org">mmarie@arcbenton.org</a>
Jennine Smart	CBO	ORCHWA	<a href="mailto:jennine@orchwa.org">jennine@orchwa.org</a>
Faron Scissons	CBO	Inter-tribal Fish Commission	<a href="mailto:scif@critfc.org">scif@critfc.org</a>
Natalie Carlberg	CBO	Boys & Girls Clubs of PDX	<a href="mailto:ncarlberg@bgcportland.org">ncarlberg@bgcportland.org</a>
Taylor Silvey	CBO	Ecumenical Ministries of Oregon	<a href="mailto:tsilvey@emoregon.org">tsilvey@emoregon.org</a>
Christine Sanders	CBO	Neighborhood House	<a href="mailto:c.sanders@gnhcharities.org">c.sanders@gnhcharities.org</a>
Kimberly Lane	Tribe	Confederated Tribes of Siletz Indians	<a href="mailto:kimberlyl@ctsi.nsn.us">kimberlyl@ctsi.nsn.us</a>
Beck Fox	Health Equity Committee Member, CCO	Samaritan Health Plans/InterCommunity Health Network	<a href="mailto:Bfox@samhealth.org">Bfox@samhealth.org</a>
Margaret Sanger	OHA	Health Promotion and Chronic Disease Prevention	<a href="mailto:Margaret.m.sanger@oha.oregon.gov">Margaret.m.sanger@oha.oregon.gov</a>

**OHA Public Health Division staff:** Vanessa Cardona, William Blackford, Sara Beaudrault, Larry Hill, Tamby Moore

<b>Topic</b>	<b>Purpose</b>	<b>Led by</b>	<b>Time</b>
Welcome and Introductions	<ul style="list-style-type: none"> <li>Set tone and integrate new members</li> <li>What to expect today</li> </ul>	William Blackford, OHA Performance System Coordinator	5 min
Feedback loop and review of group agreements	<ul style="list-style-type: none"> <li>Center group agreements for today's discussion and discuss feedback</li> </ul>	Vanessa Cardona, OHA Equity Analyst	5 min
Oregon Tribal Public Health Modernization Community of Practice at Warm Springs	<ul style="list-style-type: none"> <li>To update the workgroup</li> </ul>	Vanessa Cardona, OHA Equity Analyst William Blackford, OHA Performance System Coordinator	10 min
Small group work	<ul style="list-style-type: none"> <li>To meet phase one deliverable</li> </ul>	William Blackford, OHA Performance System Coordinator	30 min
Break	<ul style="list-style-type: none"> <li>Rest</li> </ul>	All	5 min
Small group work	<ul style="list-style-type: none"> <li>To meet phase one deliverable</li> </ul>	All	25 min
Feedback	<ul style="list-style-type: none"> <li>Continue refining process and tools</li> </ul>	OHA Project Team Staff (in small groups)	5 min
Public comment	<ul style="list-style-type: none"> <li>Public Comment</li> </ul>	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](mailto:publichealth.policy@odhsoha.oregon.gov) at least 48 hours before the meeting.

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

**Subcommittee members present:** Krizia Polanco, Taylor Silvey, Jackie Leung, Meka Webb, Misha Marie, Kimberly Lane, Marie Boman-Davis, Rebecca Sticker, Rodrigo Aguilo

**Subcommittee members absent:** Jennine Smart, Faron Scissons, Natalie Carlberg, Sophia Hagberg, Beck Fox, Bob Dannenhoffer

**OHA Staff:** Vanessa Cardona, Larry Hill, William Blackford, Margaret Sanger, Tamby Moore, Cessa Karson

**Feedback Loop:**

- Drop off in attendance has made small group work challenging.
  - Individual outreach to workgroup members by OHA project team, ongoing.
- Negative experiences in small group discussion (e.g. contributions minimized, lack of respect)
  - Group agreements brought back to emphasize workgroup member expectations / conduct, as well as individual follow-up, ongoing.
- Worksheet roles unclear
  - Context added to roles in worksheets, shared in materials before workgroup meeting and in small groups during discussion. Ongoing, open for feedback to determine if more clarity needed.

**Group Agreements:**

- Reaffirmed the Group Agreements established for this meeting group, as discussed in previous meetings. Talked through reasoning and definitions to ensure group understanding. No comments or questions raised by group members.
  - 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

## Timeline Discussion

- Legislative Deadline: May 2025
- Number of meetings (including Oct 2<sup>nd</sup>) until end of Phase One: 6
- Number of roles this workgroup has left to review at start of Oct 2<sup>nd</sup> meeting: 46
- Tasks / Deliverables
  - Finish Health Equity and Cultural Responsiveness
  - Finish Community Partnerships
  - Review Companion Document
- “How do we stay with our timeline and gather highest quality information?”
  - Participants raised possibility of extra meetings, including after end of December deadline.
  - Other participants confident that as material becomes more familiar role reviewal may speed up.
  - Participant suggested pinning some discussion for out-of-session to ensure time during meetings to get through roles.

## Large Group Review:

- Focused on the remaining roles from Worksheet 1, roles and comments / questions noted below.
- Y. Role: Monitor funding allocation to ensure sustainable impacts on health equity.
  - Projects are short term, staffing only available for those projects, capacity building for the project to include different groups for long term sustainability. Find out where core issues emerge from, working with LPH or other partners to reach a greater population and identifying how to track areas / milestones that are not on the reporting template, as well as showing the work that’s occurring. They can recognize and honor local systems to reduce redundancies and be more efficient, magnifying effort.
  - How can we leverage data / technology to make sure that funds are helping communities? Can we think about other ways to track the work to ensure it is having an impact (some CBOs do not have funding through State/LPH?)? It can be difficult to ramp up quickly, especially with specialized staff and specialized work.
- z. Role: Increase flexible categorical and non-categorical funding to address health equity.
  - Having a broader understanding of CCOs (and need for them) – understanding larger networks and tap into them. CBOs can function as an access point for CCOs.
  - The state can help connect CBOs and CCOs to ensure smoother coordination.

- k. Role: Increase the value for meaningful and intentional cultural responsiveness in PHD and among local public health authorities.
  - No additions / changes, but participants stressed importance of shared experiences and the ways that “culture” in “cultural responsiveness” encompasses a broad range of descriptors.
  
- 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 take the opportunity to access and use data, seeing the value in data acquired. They can also maintain relationship with LPHAs in accessing and using data.
  - State and Local can provide training and assistance for CBOs to help the data interpretation process, and use language that is accessible to help more people understand what the data is actually saying. They can also outline the limitations of data from the beginning of the process.
  
- 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.
  - State and Local can ensure that everyone is on the same page in discussions about these services. They can give everyone an opportunity to respond with the most current information.

**Process and Worksheet Feedback:**

- Participant shared that they liked the conversations that occurred during the small group reviews, and emphasized the utility of the Small Group sections in the greater project.
- Other participant agreed, and stressed that having more time gives people an easier time discussing and thinking about the roles to give better results.

**Public Comment:**

- No comments from the public.

**Meeting Adjourned**

# Health Equity and Cultural Responsiveness Roles Worksheet

Sheet 3 of 4

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 **o** through **dd**
- **Group 2** – work on roles **ee** through **ii**
- **Group 3** – work on roles **jj** through **pp**

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](mailto: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	<p>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</p>	<p>-Collaborate with LPH in grant writing (named in funding). Bringing expertise and community voice into the application and verify their long-standing relationship with the community (finding an independent way to sustain and fund the work).</p>	<p>-Handle administrative burden, major insurance requirements, contracts, etc. Act as fiscal agent, collaborator.</p> <p>-Adapt to best meet the needs of partners (multi-lingual meetings, popular education approach).</p> <p>-Infrastructure development, looking for more opportunities to support</p> <p>-LPHAs listen actively, be present and go to communities (not expecting them to come to us).</p> <p>-Providing funding to address health inequities for training and meetings – making it easier for folks to show up and be present (childcare, food, transportation, etc.). Finding a way to build in these supports before the fact (not after).</p>

State	<p><b>oo.</b> Support research on the social processes and decisions that generate and maintain health inequities based on race, class, gender, disability and national origin</p>	<p>-Help OHA determine what is working from a person-centered, strength-based orientation.</p> <p>-Story-telling: learnings from oral histories and personal experiences. Access to community stories that OHA may not have due to historical and contemporary trust <i>issues</i>. Capturing the rich information in people’s experiences.</p> <p>-Community participatory research – how does an organization define their community?</p>	<p>-Looking for opportunities to improve data collection tools and methodologies (Strategic Data Plan, e.g.).</p> <p>-Is our data reflective of the changes in communities? How folks refer to themselves, how they make community, etc.</p> <p>-Push to include more qualitative data to bolster the quantitative. Community meaning-making.</p>
State and Local	<p><b>aa.</b> Promote public and private investments in community infrastructure that sustain and improve community health, such as education, childhood development, mass transit, employment, healthy design in the built environment and neighborhood grocery stores</p>		
State and Local	<p><b>bb.</b> Expand policies to require focus on health equity and cultural responsiveness in all</p>		

	funding opportunities		
State and Local	<p><b>cc.</b> Develop an ongoing process of continuous learning, training and structured dialogue for all public health staff that: i. Explores the evidence of health inequity and its sources; ii. Explains the root causes of health inequities and the changes needed to address those root causes; iii. Examines the values and needs of the community; iv. Assists in providing core competencies and skills that achieve health equity; v. Increases staff capacity to modify and improve program implementation and service delivery in response to cultural practices, values and beliefs; and vi. Strengthens staff knowledge and skills in collecting, analyzing, interpreting and applying health inequity data</p>		

State and Local	<p><b>dd.</b> Assess staff knowledge and capabilities about health inequity. Develop or use an existing training to improve staff knowledge and capabilities (For State: Make these tools available to local public health authorities)</p>		
State and Local	<p><b>ee.</b> Develop or use an existing antidiscrimination training to build a competent workforce (For State: Make training available to local public health authorities)</p>		
State and Local	<p><b>ff.</b> Commit and invest existing and additional resources in recruitment, retention and advancement efforts to improve workplace equity</p>		
State and Local	<p><b>gg.</b> Establish parity goals and create specific metrics with benchmarks to track progress</p>		
State and Local	<p><b>hh.</b> Increase awareness and practice of health equity among hiring managers and supervisors so</p>		

	<p>sensitivities to and understanding of root causes of health inequities are part of hiring. Include willingness to learn, cultural humility, creativity and listening skills to address cultural dominance</p>		
State and Local	<p><b>ii.</b> Establish greater flexibility in job classifications to tackle the root causes of health inequity</p>		
State	<p><b>jj.</b> Ensure health equity and cultural responsiveness are fully integrated in state and local strategic priorities and plans, including state and community health improvement plans</p>		
State and Local	<p><b>kk.</b> Conduct an internal assessment, of entity's overall capacity to act on the root causes of health inequities. Include organizational structure and culture and ability to deliver public health services and programs to people within the context of their cultural background</p>		

State and Local	<b>ll.</b> Ensure all PHD and local public health authority programs integrate achieving health equity as a measurable outcome through cultural responsiveness of staff and program delivery.		
State	<b>mm.</b> Develop and provide health equity and cultural responsiveness best practices, technical assistance and tools to local public health authorities		
State and Local	<b>nn.</b> Stay current with the literature on health equity, synthesize research and disseminate findings applicable to staff and the community		
State	<b>pp.</b> Conduct and disseminate research that supports and honors the value of community actions to address the fundamental environmental, social and economic causes of health inequities		

---

# PHAB Workgroup Meeting

October 16, 2024

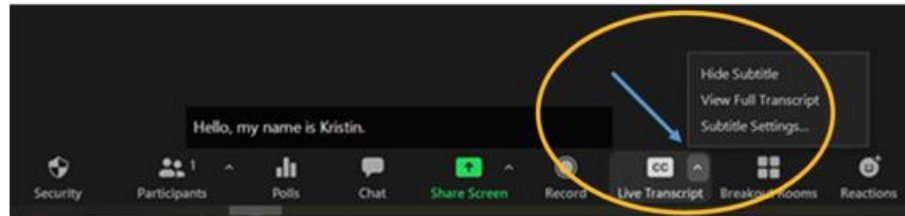
**Health Equity Framework**

The logo for the Oregon Health Authority, featuring the word "Oregon" in orange, "Health" in blue, and "Authority" in orange, all in a serif font.

Oregon  
Health  
Authority

# Real-time captioning and transcription service

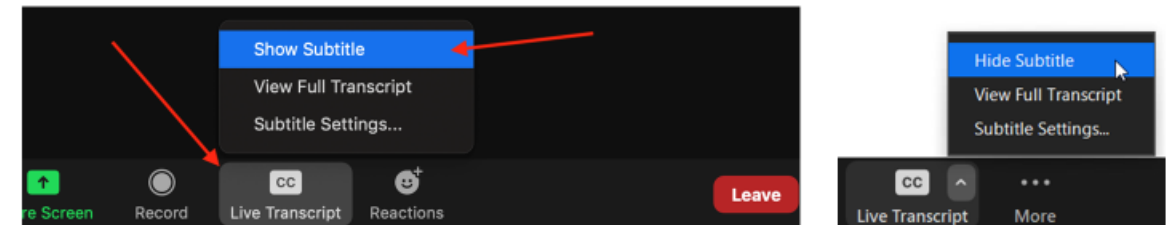
## Enabling Closed Captions



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.**

# Workgroup Agenda

Topic	Purpose	Slide #	Led by	Time
Welcome and introductions	<ul style="list-style-type: none"> <li>Set tone and integrate new members</li> <li>What to expect today</li> </ul>	1-3	William	5 min
Feedback loop and review of group agreements	<ul style="list-style-type: none"> <li>Center group agreements for today's discussion and discuss feedback</li> </ul>	4-7	Vanessa	5 min
Oregon Tribal Public Health Modernization Community of Practice at Warm Springs	<ul style="list-style-type: none"> <li>To update the workgroup</li> </ul>	8-10	Vanessa, William & Kimberly	10 min
Small group work	<ul style="list-style-type: none"> <li>To meet phase one deliverable</li> </ul>	11-13	William	30 min
Break	<ul style="list-style-type: none"> <li>Rest</li> </ul>	14	All	5 mins
Small group work	<ul style="list-style-type: none"> <li>To meet phase one deliverable</li> </ul>	15	William	25 min
Feedback	<ul style="list-style-type: none"> <li>Continue refining process and tools</li> </ul>	16	All	5 min
Public comment	<ul style="list-style-type: none"> <li>Public comment</li> </ul>	17	William	5 min

# Feedback Loop

What was shared?	What was done?	Status/Follow Up
Drop off in attendance has made small group work challenging	Individual outreach to workgroup members by OHA project team	Ongoing
Negative experiences in small group discussion (e.g. contributions minimized, lack of respect)	Group agreements brought back to emphasize workgroup member expectations/conduct; individual follow up	Ongoing
Worksheet roles unclear	Context added to the roles in the worksheet, shared in materials email before workgroup meeting and in small groups during discussion	Open to hearing if this was helpful and/or more feedback to improve role clarity

# Group Agreements (1 of 3)

- Confidentiality
- Name and account for power dynamics
- Speak your truth and hear the truth of others
- Stay engaged (e.g., move up, move back)

## Group Agreements (2 of 3)

- 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)

## Group Agreements (3 of 3)

- Expect and be okay with non-closure
- Learn from experiences and focus on moving forward
- Remember our interdependence and interconnectedness
- Share responsibility for the success of our work together

# Oregon Tribal Public Health Modernization Community of Practice Meeting

What we did:

- September 24-25<sup>th</sup> in Warm Springs
- Collected feedback from Tribal members and staff who work for Tribes (non-tribal members) on two domains:
  - Health Equity and Cultural Responsiveness
  - Community Partnership Development

# Oregon Tribal Public Health Modernization Community of Practice Meeting

## Lessons learned:

- Many creative ways to access and protect data
- Desire for funding sources to be more equitable
- Difficulty of work
- Challenges with process

# Oregon Tribal Public Health Modernization Community of Practice Meeting

## Next steps:

- Review and compile feedback
- Send back to Tribes for review
- Draft companion document for Tribes
- Send document to Tribes for final review
- Share with workgroup

# 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 Health Equity and Cultural Responsiveness and Community Partnership Development.

# Worksheet

## Domain: Health Equity and Cultural Responsiveness

Partner Type	Questions you'll be responding to:
CBOs, Federally Recognized Tribes, other Health System Partners	<ul style="list-style-type: none"><li>-What role can you play to uplift the roles outlined for state and or local public health?</li><li>-What assets or strengths do you have that could help state and local public health roles be achieved?</li><li>-What gaps might exist that you could help with?</li></ul>
State and Local Public Health	<ul style="list-style-type: none"><li>-Can you support the role outlined by CBOs, Tribes or other Health Systems Partners? What are limitations and work arounds?</li><li>-How do you work collaboratively to achieve roles in Modernization Manual?</li></ul>

# Small Group Breakouts – 30 mins

Refer to intended outcomes and worksheet questions on slide 11 and 12.

- Focus on turning response to the state/local public health role into a CBO role (third column on worksheet)
- If it's not a role and more a comment, notetaker will record in another place.

# Break time!

# Small Group Breakouts – 25 mins

Refer to intended outcomes and worksheet questions on slide 11 and 12

- Focus on turning response to the state/local public health role into a CBO role (third column on worksheet)
- If it's not a role and more a comment, notetaker will record in another place.

# Feedback

- Were the additional context/examples on the worksheet helpful?
- Can any part of this exercise be more helpful? If so, how?

# 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 Nov. 6th!