AGENDA

PUBLIC HEALTH ADVISORY BOARD

Public Health Equity Framework Workgroup

November 6, 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	Meka.Webb@oha.oregon.gov>
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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	c.sanders@gnhcharities.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	5 min
Feedback loop and review of group agreements	• Center group agreements for work together	Vanessa Cardona, OHA Lead Equity Liaison	5 min
PHAB Health Equity Framework Workgroup Compensation	• To provide information and support to workgroup members navigating the compensation process	Vanessa Cardona, OHA Lead Equity Liaison William Blackford, OHA Performance System Coordinator	10 min
Small group work	• To meet phase one deliverable	William Blackford, OHA Performance System Coordinator	15 min
Break	• Rest	All	5 min
Large group review	• To meet phase one deliverable	William Blackford, OHA Performance System Coordinator	35 min
Feedback	• Continue refining process and tools	William Blackford, OHA Performance System Coordinator	5 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 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

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	**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	-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).	-Handle administrative burden, major insurance requirements, contracts, etc. Act as fiscal agent, collaborator. -Adapt to best meet the needs of partners (multi-lingual meetings, ~~popular education approach~~). -Infrastructure development, looking for more opportunities to support -LPHAs listen actively, be present and go to communities (not expecting them to come to us). -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).

Commented [BS1]: State and Local PH need to have public and private partnerships, which are necessary for addressing health inequities

State	**oo.** Support research on the social processes and decisions that generate and maintain health inequities based on race, class, gender, disability and national origin	-Help OHA determine what is working from a person-centered, strength-based orientation. -Story-telling: learnings from oral histories and personal experiences. Access to community stories that OHA may not have due to historical and contemporary trust *issues*. Capturing the rich information in people's experiences. -Community participatory research – how does an organization define their community?	-Looking for opportunities to improve data collection tools and methodologies (Strategic Data Plan, e.g.). -Is our data reflective of the changes in communities? How folks refer to themselves, how they make community, etc. -Push to include more qualitative data to bolster the quantitative. Community meaning-making.
State and Local	**aa.** 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	-Include CBOs in the planning process for infrastructure, share the perspective of the community they serve and invite community members into that process -Collecting and sharing stories from the community in advocacy spaces	-Helping to form coalitions for advocacy -Internal promotion of cross-collaboration and flexibility in trying different best practices -Funding: flexible and equitable, leveraging opportunities -National best practices for CCOs to invest in the built environment (grocery stores, e.g.)

Commented [BR2]: Can we add "geography" here?

Commented [BS3]: OHA should contribute to, conduct or otherwise support research on health inequities. This could include community-based research

Commented [BS4]: An example here could be the work that OHA and LPHAs do to implement Community/State Health Improvement Plans. These plans are in place in every area of the state and address health priorities of the community served.

Infrastructure could include things like bringing partners together for collaboration, shared metrics among partners, shared investments, shared communications.

			-Building capacity for communities to advocate for partnerships
State and Local	**bb.** Expand policies to require focus on health equity and cultural responsiveness in all funding opportunities		-RFPs centering health equity (requirements and policy). Representation and service to the community (how this will address health equity gaps in the community?). Mitigating/addressing tokenization. -RFPs open and flexible to new ideas or ways of engaging with communities (bias in scoring) -Accountability mechanisms and training in place to examine the requirements for grants and funding -Policies for organizations to demonstrate how they are incorporating EDI, addressing health equity, etc. -Application support, technical assistance and relationship building with CBOs
State and Local	**cc.** Develop an ongoing process of continuous learning, training and structured dialogue for all public health staff that: i. Explores the	-Hiring staff from the community with diverse experience	-Hiring staff from the community with diverse experiences

Commented [BS5]: Just noting that bb through ll are internal to work that happens within OHA or LPHAs. There are still roles that CBOs can play, especially since OHA/LPHAs should be working with partners to learn what the community needs and wants from the public health authority. But it might be helpful to mention this in the breakout spaces.

For some of the roles like ii job classifications, there may not be much of a CBO role.

I didn't add descriptions for most of the internal roles because they seemed pretty clear. But let me know if any of them don't make sense.

Commented [BS6]: An example here could be that OHA now does health equity analyses of any policy-related work to assess impacts of proposed policy changes.

	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	-CBOs curating training for others (*requires funding) -Learning from cultural representatives within the organization itself, sharing culture	-Opportunity to examine the connection between funding, training, and health equity outcomes (requirement versus optional) -OHA identify statewide technical assistants to work with communities on funding and grants for free -*Funding to allow for CBOs and other culturally-specific organization to provide training to other CBOs and LPHAs -Learning from cultural representatives within the organization itself -PHAB Strategic Plan for PHD
State and Local	**dd.** 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)		-Health Equity Action Plans, developing workforce training objectives (BARHII - Bay Area Regional Health Inequities Initiative)

Commented [BS7]: This one is about workforce development for the public health workforce. It is about steps an agency takes to make sure their staff are grounded in equity principles and have the skills to apply these principles in their daily work.

Commented [BR9]: -Public health modernization incentives? Funding, etc.

Commented [BS8]: This is also about the public health workforce, through routine training and assessments.

State and Local	**ee.** Develop or use an existing antidiscrimination training to build a competent workforce (For State: Make training available to local public health authorities)	-CBOs host trainings around disability trainings for law enforcement, etc.; CBOs can inform the trainings that state/lph hold specifically how it impacts populations served (e.g., people with disabilities). -Hearing firsthand from populations served, let them share their stories, experiences firsthand (e.g., LPH working with undocumented, immigrant and Somali populations). -Emphasize that trainings should be done **with** people, build relationships with people that make up the community	-Have CBOs come to LPH staff meeting and talk about what they do, understanding misconceptions to debunk myths and establish trust -LPH being open to work with community-based orgs, community members, inviting them into a space to dialogue about community needs -LPH serve as a hub for addressing community needs but also allowing for other needs/issues to also be able to share/education on a particular issue (e.g., queer rights), find common ground across cultures, embrace intersectionality/different identities/lived experiences, -Different cultures have different viewpoints on equity issues; how do we call people in despite viewpoint/feeling?
State and Local	**ff.** Commit and invest existing and additional resources in recruitment, retention and advancement efforts to improve workplace equity	-CBOs can provide translation services with appropriate compensation for CBOs.	Douglas County PH working with consulting company to advise on recruitment, retention and advancement…maybe this could be a

Commented [CVE10]: Inserted comments from small group work on 10/2.

		-CBOs can provide paid informational training about their communities in relation to resources for recruitment, retention and advancement to improve workplace equity (broaden languages the trainings are given in and include dialects); use existing state and LPH communication channels to share this CBO resource (e.g., recordings).	role of the CBOs too if they wanted to have a part in this.
State and Local	**gg.** Establish parity goals and create specific metrics with benchmarks to track progress	-Begin with a dialogue with CBOs to ensure all are on the same page about parity goals, metrics and benchmarks (e.g., CBOs might desire qualitative metrics/goals vs. quantitative data), CBOs often see community stories that aren't quantifiable.	-Question for larger group - Communities are different sizes throughout Oregon. How is representativeness determine d, in the context of parity goals? -Are there qualitative data resources state/LPH could share with CBOs so it is in more alignment with the data they see in their work. Maybe this resource doesn't come from the state? Perhaps this resource comes from somewhere else?

Commented [BS11]: Parity goals ensure representativeness of the population served within the public health workforce, at all levels of the workforce (entry level to leadership)

State and Local	**hh.** Increase awareness and practice of health equity among hiring managers and supervisors so 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	*Can we please revisit in main group? This role needs further explanation, seems cluttered, a lot in here.	
State and Local	**ii.** Establish greater flexibility in job classifications to tackle the root causes of health inequity	- CBOs can help define the flexibility (e.g., transparency, accountability), it can look different for many communities; this can fluctuate for communities too based on who leaders are and who is trusted.	-E.g., Douglas has done away with educational requirements within job classifications -CBOs and community leaders can share what expertise, qualities (character qualities or type of experience), hiring criteria basically they would want for in between spaces where organizations meet. -Having CBOs on hiring panel (E.g., Douglas County); Question about funding mechanism that would allow for CBOs to be paid for their time on a hiring panel…what is it? (Vanessa will follow up with Dr. Bob).

State	**jj.** Ensure health equity and cultural responsiveness are fully integrated in state and local strategic priorities and plans, including state and community health improvement plans		-Plans or practice to actively engage with communities in development of SHIP (outside of public comment) -Programs integrate the results of assessments -Avenues for CBOs to give feedback on assessments, more integration
State and Local	**kk.** 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		-Be willing to make changes to organizational structure, be responsive to assessments.
State and Local	**ll.** 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.		

Commented [BS12]: Health equity should be prioritized in all OHA PHD plans in terms of goals, strategies and measures. Health equity should be prioritized in every part of developing and implementing plans like the SHIP.

Note that this role is only for OHA, so the reference to community health improvement plans is an error.

Commented [BS13]: LPHAs are required to conduct a health equity assessment and complete a health equity plan every five years. This is a requirement of the public health modernization funding LPHAs receive.

This is an internal agency assessment of capacity to improve health equity through workforce, policies, data, communications, partnerships, etc.

Commented [BS14]: OHA and LPHA programs should have health equity goals and measures , in addition to having goals and measures at the agency level.

State	**mm.** Develop and provide health equity and cultural responsiveness best practices, technical assistance and tools to local public health authorities		
State and Local	**nn.** Stay current with the literature on health equity, synthesize research and disseminate findings applicable to staff and the community		
State	**pp.** 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		

Commented [BS15]: I'd say this one is about staying current and ongoing learning. Practices for health equity are ever-evolving and public health authorities need to continue to learn and share current research.

Commented [BS16]: This one is about elevating community in research, which could be through community-based research.

PHAB Workgroup Meeting

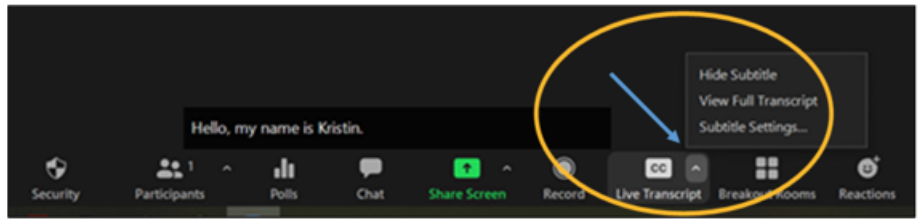
November 6, 2024

Health Equity Framework

Oregon Health Authority

Real-time captioning and transcription service

Enabling Closed Captions



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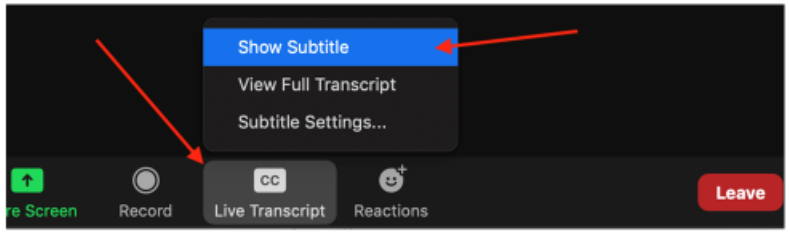

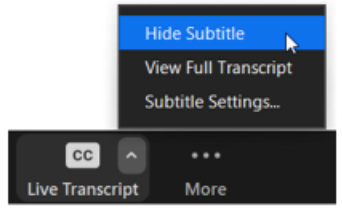

Send a direct message to Tamby Moore for support with accommodation related questions during this meeting.

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	5 min
Feedback loop and review of group agreements	• Center group agreements for work together	4-7	Vanessa	5 min
PHAB Health Equity Framework Workgroup Compensation	• To provide information and support to workgroup members navigating the compensation process	8-9	Vanessa	10 min
Small group work	• To meet phase one deliverable	10-12	William	15 min
Break	• Rest	13	All	5 mins
Large group review	• To meet phase one deliverable	14	William	35 min
Feedback	• Continue refining process and tools	15	William	5 min
Public comment	• Public comment	16	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

PHAB Compensation Process

OHA offers compensation to eligible workgroup members in line with House Bill 2922 requirements.

- As of October 1, 2024, compensation for workgroup members increased from $166 to $178 per day
- OHA Project Team will provide support with navigating compensation process.

If you'd like to start the compensation process…

- Send email to Vanessa at publichealth.policy@odhsoha.oregon.gov requesting forms for workgroup compensation. Include "Health Equity Framework Workgroup Compensation" in subject line.
- Let us know if you've already filled out a W-9
- Let us know if you need help with confirming attendance

Small Group Breakouts – 20 mins

Refer to intended outcomes and worksheet questions on slide 10 and 11.

- 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.

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.

Oregon Health Authority

Worksheet

Domain: Health Equity and Cultural Responsiveness

Partner Type	Questions you'll be responding to:
CBOs, Federally Recognized Tribes, other Health System Partners	-What role can you play to uplift the roles outlined for state and or local 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?
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?

Break time!

Small Group Breakouts – 35 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. 20th!