

# AGENDA

## PUBLIC HEALTH ADVISORY BOARD

### Public Health Equity Framework Workgroup

November 20, 2024, 2:00-3:30pm PST

#### Join ZoomGov Meeting:

<https://www.zoomgov.com/j/1604064864?pwd=YkxRaIFrdWRDWjljQjJMzd2gyTEN6QT09>

#### 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>
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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>
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**OHA Public Health Division staff:** Vanessa Cardona, William Blackford, Sara Beaudrault, Larry Hill, Kendall Reese

Topic	Purpose	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>	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 work together</li> </ul>	Vanessa Cardona, OHA Lead Equity Liaison	5 min
PHAB Health Equity Framework Workgroup Compensation	<ul style="list-style-type: none"> <li>To provide information and support to workgroup members navigating the compensation process</li> </ul>	Vanessa Cardona, OHA Lead Equity Liaison	5 min
Large group review	<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>	Vanessa Cardona, OHA Lead Equity Liaison	30 min
Feedback	<ul style="list-style-type: none"> <li>Continue refining process and tools</li> </ul>	Vanessa Cardona, OHA Lead Equity Liaison	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.

# 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>-Evaluating the effectiveness of strategies. Are the strategies actually effective in breaking through inequities in their particular community?</p> <p>- CBOs could offer early feedback on proposed strategies</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>	<p>-Include CBOs in the planning process for infrastructure, share the perspective of the community they serve and invite community members into that process</p> <p>-Collecting and sharing stories from the community in advocacy spaces</p>	<p>-Helping to form coalitions for advocacy</p> <p>-Internal promotion of cross-collaboration and flexibility in trying different best practices</p> <p>-Funding: flexible and equitable, leveraging opportunities</p> <p>-National best practices for CCOs to invest in the built environment (grocery stores, e.g.)</p>

			<ul style="list-style-type: none"> <li>-Building capacity for communities to advocate for partnerships</li> <li>-Public and private investments in affordable housing</li> </ul>
State and Local	<b>bb.</b> Expand policies to require focus on health equity and cultural responsiveness in all funding opportunities	-Involve CBOs in the building of RFP processes (innovative, equity-focused RFPs). Provide perspective as folks who are living and working in community and prospective applicants to make funding more accessible.	<ul style="list-style-type: none"> <li>-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.</li> <li>-RFPs open and flexible to new ideas or ways of engaging with communities (bias in scoring)</li> <li>-Accountability mechanisms and training in place to examine the requirements for grants and funding</li> <li>-Policies for organizations to demonstrate how they are incorporating EDI, addressing health equity, etc.</li> <li>-Application support, technical assistance and relationship building with CBOs</li> </ul>

			<ul style="list-style-type: none"> <li>-Accountability of follow-up. Ensuring fairness in scoring. Transparency for applicants to see why they did not receive funding.</li> <li>- More robust TTA (training and technical assistance) for local grant applicants.</li> </ul>
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</p>	<ul style="list-style-type: none"> <li>-Hiring staff from the community with diverse experience</li> <li>-CBOs curating training for others (*requires funding), Implementing regular learning sessions within the community and with community partners (lunch learning sessions, for example)</li> <li>-Expanding offering of training to organizations and departments within the community (*nice to have some funding to cover expense)</li> <li>-Learning from cultural representatives within the organization itself, sharing culture</li> </ul>	<ul style="list-style-type: none"> <li>-Hiring staff from the community with diverse experiences</li> <li>-Opportunity to examine the connection between funding, training, and health equity outcomes (requirement versus optional)</li> <li>-OHA identify statewide technical assistants to work with communities on funding and grants for free</li> <li>-*Funding to allow for CBOs and other culturally-specific organization to provide training to other CBOs and LPHAs</li> <li>-Learning from cultural representatives within the organization itself</li> </ul>

	in collecting, analyzing, interpreting and applying health inequity data		-PHAB Strategic Data Plan for PHD: synthesis of community input
State and Local	<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)	-Provide training and share experiences based on their community	-Health Equity Action Plans, developing workforce training objectives (BARHII - Bay Area Regional Health Inequities Initiative)
State and Local	<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>-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).</p> <p>-Hearing firsthand from populations served, let them share their stories, experiences firsthand (e.g., LPH working with undocumented, immigrant and Somali populations).</p> <p>-Emphasize that trainings should be done <b>with</b> people, build</p>	<p>-Have CBOs come to LPH staff meeting and talk about what they do, understanding misconceptions to debunk myths and establish trust</p> <p>-LPH being open to work with community-based orgs, community members, inviting them into a space to dialogue about community needs</p> <p>-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,</p>



		relationships with people that make up the community	<p>embrace intersectionality/different identities/lived experiences,</p> <p>-Different cultures have different viewpoints on equity issues; how do we call people in despite viewpoint/feeling?</p> <p>-Definitions or measures for competency? Are these applied to staff?</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>	<p>-CBOs can provide translation services with appropriate compensation for CBOs.</p> <p>-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).</p>	<p>Douglas County PH working with consulting company to advise on recruitment, retention and advancement...maybe this could be a role of the CBOs too if they wanted to have a part in this.</p> <p>-How can LPHAs interact with their local community partners (and how can State empower LPHAs) to do this work for which there is unspent funding - Funding and staff capacity</p> <p>-What policies <i>can</i> we change related to workplace and workforce equity? Equitable pay.</p>

State and Local	<b>gg.</b> 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 determined, 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?
State and Local	<b>hh.</b> 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	<b>ii.</b> 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	-E.g., Douglas has done away with educational requirements within job classifications

		<p>communities; this can fluctuate for communities too based on who leaders are and who is trusted.</p>	<p>-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.</p> <p>-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).</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>	<p>-Input through Community Advisory Council on Community Health Improvement Plan</p> <p>-Community Audits: surveying community members and invite them to audit programs, priorities, and plans</p>	<p>-Plans or practice to actively engage with communities in development of SHIP (outside of public comment)</p> <p>-Programs integrate the results of assessments</p> <p>-Avenues for CBOs to give feedback on assessments, more integration</p> <p>-Engage CBOs to help create CHA &amp; CHIP</p>

State and Local	<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	<ul style="list-style-type: none"> <li>-Have CBOs administer and/or oversee the assessments, provide their expertise and perspective.</li> <li>-Being Subject Matter Experts in their community</li> <li>-Collaborating with community members to bring them into the process</li> </ul>	<ul style="list-style-type: none"> <li>-Be willing to make changes to organizational structure, be responsive to assessments.</li> <li>-Equitably compensate SME from the community</li> <li>-Collaborate with CBOs who have expertise and perspective unique to their communities</li> </ul>
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.	<ul style="list-style-type: none"> <li>-Opportunity to guide LPHA in their goals, especially in reference to the specific populations that CBOs serve. Consulting.</li> </ul>	<ul style="list-style-type: none"> <li>-Inviting CBOs to the table, to an inclusive environment</li> <li>-Technical assistance to fine-tune goals, establish common language and expectations. Cross-collaborative.</li> <li>-Organizations that set the requirements are also providing technical assistance in understanding how to meet them.</li> </ul>
State	<b>mm.</b> Develop and provide health equity and cultural responsiveness best practices, technical assistance and tools to local public health authorities	<ul style="list-style-type: none"> <li>-Coordinate with CBOs to come up with culturally relevant/responsive materials for Tribes and other groups.</li> </ul>	<ul style="list-style-type: none"> <li>-(similar to above)</li> <li>-Helping CBOs understand what it is we are looking for in these tools.</li> </ul>

			*Adding a role that prefaces this work to help define what cultural responsiveness is in order to move into this work with greater understanding
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	<ul style="list-style-type: none"> <li>-Resource sharing upstream from CBOs to state/lpha</li> <li>-Try to stay current on changes to laws/benefits and communicate this to community</li> <li>-Note (not a role): More clarity/transparency from CCOs about which CBOs they've chosen to work with regarding waiver 1115. This information is needed because CBOs need to know where to send community members who need resources (another CBO also seconded this sentiment).</li> </ul>	Create receptive mechanisms for receiving and integrating information/resources shared by CBOs
State	<b>pp.</b> Conduct and disseminate research that supports and honors the value of community actions to address the fundamental environmental, social	-Include CBOs in the research process, be invited to partner in research, have a role in selecting what questions to ask	

	and economic causes of health inequities	- CBOs can identify areas that need more research, more data, more understanding - on the ground reporting of what they're seeing in terms of gaps in research (seconded by a CBO).	
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# Health Equity and Cultural Responsiveness Roles Worksheet

Sheet 4 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 **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](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)?
Local	<b>a.</b> Communicate with constituents about the health of their community, especially on policies and decisions relating to health equity priorities.		
State and Local	<b>b.</b> Learn about the culture, values, needs, major concerns and resources of the community. Respect local community knowledge and seek to understand and formally evaluate it.		
State and Local	<b>c.</b> Provide technical assistance to communities to analyze data, set priorities, identify levers of power and develop policies, programs and strategies.		
State and Local	<b>d.</b> Enhance people's capacity to conduct their own research and participate in health impact assessments based on the principles		



	of Community-Based Participatory Research, CDC's Community Engagement Principles and the National Environmental Justice Advisory Council's community collaboration principles.		
State and Local	<b>e.</b> Support the community's analysis of and advocacy for policies and activities to eliminate health inequities. Share, discuss and respond to feedback from people on civil rights law implementation using tracked findings to report ways to decrease civil rights violations.		
State and Local	<b>f.</b> Support community engagement task forces to develop and recommend strategies to engage low income, racial/ethnic and disabled community members in state and local government.		
State and Local	<b>g.</b> Routinely invite and involve community members and representatives from community-based organizations in public health		

	authority planning, procedures, evaluation and policies. Offer means of engagement to suit the unique cultures of community members.		
State and Local	<b>h.</b> Increase racial and ethnic representation on councils and committees.		
State	<b>i.</b> Work with local public health authorities when working with local communities.		
State and Local	<b>j.</b> Engage in dialogue with people, governing bodies and elected officials about governmental policies responsible for health inequities, improvements being made in those policies and priority health issues not yet being adequately addressed.		
State and Local	<b>k.</b> Draw on the skills and knowledge of staff who are members of communities most affected by inequities.		
State	<b>l.</b> Hire staff with the skills, knowledge and abilities to take part in		

	community organizing, negotiation and power dynamics, and who can mobilize people, particularly those from communities served.		
State and Local	<b>m.</b> Develop an ongoing community engagement process for recruitment.		
State and Local	<b>n.</b> Develop relationships with high schools and colleges to ensure diverse groups of youth will join the public health workforce.		
State	<b>o.</b> Evaluate and disseminate knowledge of findings and efforts on health equity (e.g., conduct ongoing assessments of the organization's CLAS-related activities and integrate CLAS-related measures into measurement and continuous quality improvement activities).		

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# PHAB Workgroup Meeting

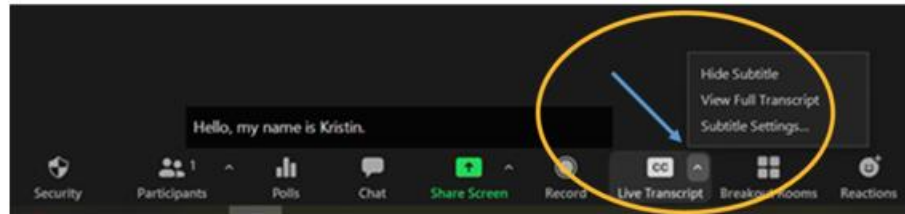
November 20, 2024

## Health Equity Framework



# Real-time captioning and transcription service

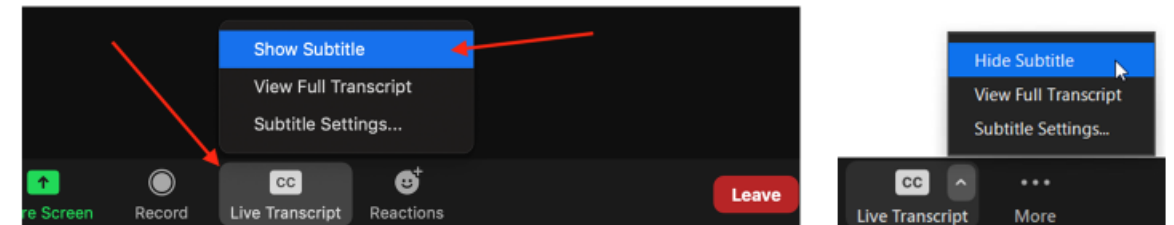
## Enabling Closed Captions



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"><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 work together</li></ul>	4-7	Vanessa	5 min
PHAB Health Equity Framework Workgroup Compensation	<ul style="list-style-type: none"><li>To provide information and support to workgroup members navigating the compensation process</li></ul>	8	Vanessa	5 min
Large group review	<ul style="list-style-type: none"><li>To meet phase one deliverable</li></ul>	9-11	William	30 min
Break	<ul style="list-style-type: none"><li>Rest</li></ul>	12	All	5 mins
Small group breakouts	<ul style="list-style-type: none"><li>To meet phase one deliverable</li></ul>	13	Vanessa	30 min
Feedback	<ul style="list-style-type: none"><li>Continue refining process and tools</li></ul>	14	Vanessa	5 min
Public comment	<ul style="list-style-type: none"><li>Public comment</li></ul>	15	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
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.

- Updated compensation forms emailed to workgroup on 11/20.
- Send completed compensation forms to [publichealth.policy@odhsoha.oregon.gov](mailto:publichealth.policy@odhsoha.oregon.gov). Include “Health Equity Framework Workgroup Compensation” in subject line.
- Any questions or support needed, please email [Sophie.Hagberg@oha.Oregon.gov](mailto:Sophie.Hagberg@oha.Oregon.gov)

# Large Group Review – 30 mins

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

- We review as a large group because this ensures every workgroup member gets the opportunity to give feedback on roles not discussed in their small group.

# 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>

# Break time!

# Small Group Breakouts – 30 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.



# Feedback

- Were the additional context/examples on the worksheet helpful?
- Is something else needed?

# 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 Dec. 5th!