

AGENDA

PUBLIC HEALTH ADVISORY BOARD

Public Health Equity Framework Workgroup

December 4, 2024, 2:00-3:30pm PST

Join ZoomGov Meeting:

<https://www.zoomgov.com/j/1614465966?pwd=VINRWVNwSlppZk5RVnhwblZaN1Vqdz09>

Workgroup members:

Name	Role	Agency	Email
Meka Webb	Screenwise	OHA	Meka.Webb@oha.oregon.gov >
Dr. Marie Boman-Davis	LPHA , PHAB	(Washington County)	Marie_Boman-Davis@washingtoncountyor.gov
Dr. Bob Dannenhoffer	LPHA , PHAB	Douglas County	rldannen@co.douglas.or.us
Krizia Polanco	LPHA	(Umatilla County)	krizia.polanco@umatillacounty.gov
Rebecca Stricker	LPHA	Malheur County	rebecca.stricker@malheurco.org
Jackie Leung	CBO , PHAB	(Micronesian Islander Community)	jleung@micoregon.org
Misha Marie	CBO	Arc of Benton County	mmarie@arcbenton.org
Jennine Smart	CBO	ORCHWA	jennine@orchwa.org
Faron Scissons	CBO	Inter-tribal Fish Commission	scif@critfc.org
Natalie Carlberg	CBO	Boys & Girls Clubs of PDX	ncarlberg@bgcportland.org
Taylor Silvey	CBO	Ecumenical Ministries of Oregon	tsilvey@emoregon.org
Christine Sanders	CBO	Neighborhood House	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, Kendall Reese

Topic	Purpose	Led by	Time
Welcome and Introductions	<ul style="list-style-type: none"> 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	<ul style="list-style-type: none"> Center group agreements for work together 	Vanessa Cardona, OHA Lead Equity Liaison	5 min
PHAB Health Equity Framework Workgroup Compensation	<ul style="list-style-type: none"> To provide information and supports to workgroup members navigating the compensation process 	Vanessa Cardona, OHA Lead Equity Liaison	
Large group Work	<ul style="list-style-type: none"> To meet phase one deliverable 	William Blackford, OHA Performance System Coordinator	35 min
Break	<ul style="list-style-type: none"> Rest 	All	5 min
Large group work	<ul style="list-style-type: none"> To meet phase one deliverable 	William Blackford, OHA Performance System Coordinator	30 min
Next Steps & Feedback	<ul style="list-style-type: none"> To discuss next steps and collect any feedback 	Vanessa Cardona, OHA Lead Equity Liaison	5 min
Public comment	<ul style="list-style-type: none"> 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 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

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	a. Communicate with constituents about the health of their community, especially on policies and decisions relating to health equity priorities.	-Help the community identify that information is being shared with them and have feedback loops – having data available versus actually disseminating it. CBOs can help distribute this information to the community. There needs to be active communication.	-Talking to County Commissioners about what they see in their community and supporting policy change and creation to promote health equity -Actively reaching out to CBOs to make sure that they have the information they need and are able to distribute it to their communities. -Participate actively in feedback loop
State and Local	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.	-Working to bring different communities together to enhance and deepen understanding -Create spaces where people feel they can be present and feel safe to learn/teach - set and setting!	-Spectrum of learning over a long period of time -Spend time in the communities served, make connections, be a presence and get to know people. Be in kinship with us to understand us.
State and Local	c. Provide technical assistance to communities to analyze data, set priorities, identify levers of power and	-Provide assistance to State and LPHA to understand how to deliver training/information and make it	-Encourage regional work so that CBOs are included and sought out in a

	develop policies, programs and strategies.	accessible to all communities – being involved in the process early	meaningful way in assessments (CHA/CHIP, etc.) -OHSU data sharing example – making complex data/information accessible to all communities, what it means, how it will be used, etc. Know your audience!
State and Local	d. 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.	-Designing survey tools between the Arc of Benton County and LPH to serve people with disabilities, recognizing gaps in current tools and data.	-Connection/nod to state role from the work of Strategic Data Plan (not a CBO or local role b/c CBOs have already contributed feedback to inform the strategic plan) -The resources listed in state/local roles are not exhaustive, there is more to explore/share (e.g. PHAB Strategic Data Plan).
State and Local	e. 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	-Building trust and being a safe space for community members, receiving stories and making connections with other organizations	

Commented [BS1]: OHA and LPHAs work with communities and partners to collect data that is relevant to the community.

This role states that OHA and LPHAs will support people and communities to collect data or conduct research, which could be done through training, funding, access to software, etc.

This role also states that OHA and LPHAs will follow established practices for working with communities on research and data collection. The role lists CBPR and a couple community engagement principles, but there are many more than what is listed.

Commented [BS2]: Similar to the role above, this role requires that OHA and LPHAs support community-led data efforts by supporting analysis, interpretation and use of data. Like written above, this could happen by making training, funding, or resources like data platforms available.

The second part of this role requires that OHA and LPHAs track information on reported civil rights violations and that they regularly analyze and share the information.

OHA runs a statewide civil rights program which collects reports of civil rights violations:
<https://www.oregon.gov/oha/EI/Pages/Public-Civil-Rights.aspx>

	tracked findings to report ways to decrease civil rights violations.	<i>-Can more be added to this to make it more intentional? (e.g., cannot build trust without relationships, also only community can define space not just “safe space”, and receiving stories sounds transactional more than anything, what does this mean? What will you do with them? What is the end goal/what will be done?</i>	
State and Local	f. 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.	<p>-Recruit/do outreach to community members to represent task forces (Is there a possibility to incentivize participation on this task force?)</p> <p>-Also noting the place where task force meetings are held, barriers to transportation, fear of govt. buildings, etc., impact participation of community members.</p> <p>-Increase in fear of government with recent elections (something to note with previous comment).</p>	<p>Develop dashboard/platform that tells us who has been engaged, what projects/work they are a part of so that multiple state/local staff don’t ask for similar help; avoid duplication and being more efficient (more voice for community by expanding involvement)</p> <p>Possible role is to incentivize this participation.</p>

Commented [B53]: OHA and LPHAs are required to convene, support or participate in task forces focused on engaging communities.

Perhaps more commonly, OHA and LPHAs use community engagement strategies to ensure that a range of community perspectives are represented on government advisory committees, task forces, workgroups or steering committees.

The goal is to engage communities in spaces where policies, programs or decisions that affect their community are being discussed.

State and Local	g. 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.	<p>-Invite participation of CBOs and community representatives in these processes, include faith communities</p> <p>-Some methods of outreach CBOs use are email, social media, in person sharing, sharing info at sites that CBOs work with (e.g., apt. complexes), word of mouth if it was a good experience</p> <p>-Different/non-traditional sites for outreach (e.g., barbershops, places of worship)</p>	-Avoid checking a box to your one community partner that represents the disability community or queer community. Instead, establish relationships with several communities so as to not overtax one person/group, but also to include varied experiences/perspectives.
State and Local	h. Increase racial and ethnic representation on councils and committees.	<p>-Are there councils/committees that are culturally specific, for example held in Spanish? This approach might widen participation and allow more people to be a part of this work rather than have the one person who always gets tapped for these requests.</p> <p>-Same as above - Invite participation of CBOs and community</p>	Same as above - Avoid checking a box to your one community partner that represents the disability community or queer community. Instead, establish relationships with several communities so as to not overtax one person/group, but also to include varied experiences/perspectives.

Commented [BS4]: This role is related to the role above, and adds that OHA and LPHAs should consider different types of engagement strategies to reach a broader range of community members.

Commented [BS5]: Related to roles above, this role requires OHA and LPHAs to take actions to increase racial and ethnic diversity and representation on groups making recommendations or decisions that affect community.

In order to do this, OHA and LPHAs need to be able to track racial and ethnic diversity.

		<p>representatives in these processes, include faith communities</p> <p>-Some methods of outreach CBOs use are email, social media, in person sharing, sharing info at sites that CBOs work with (e.g., apt. complexes), word of mouth if it was a good experience</p> <p>-Different/non-traditional sites for outreach (e.g., barbershops, places of worship)</p>	
State	i. Work with local public health authorities when working with local communities.		<p>-Groups outside government have ability to form coalitions and invite government into those spaces, other opportunities for LPH to be present and learn.</p> <p>-Share funding lists between government state/local so that there is better coordination on projects and partners.</p> <p>-CBOs can make decision for themselves about if/how they want to engage, but state needs to provide</p>

Commented [BS6]: This role requires that OHA communicate with and involve LPHAs when working with communities in their jurisdiction. We want to provide a seamless governmental public health system when working with communities, and OHA and LPHAs sometimes work with the same partners on the same public health issues.

			<p>that info (e.g. who's involved with what work).</p> <p>-LPH can be facilitator of those relationships b/c some people have relationships with LPH, but not folks at the state or vice versa.</p> <p>-State has responsibility to find funding mechanisms for CBOs to engage (e.g., compensation for coalition work).</p>
State and Local	<p>j. 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.</p>	<p>· Tell them what they (CBOs) believe is important and needs to be changed, what does government buy-in look like and what does it look like to work with government bodies around this work</p> <p>· CBO can facilitate this work by being the connections with communities. It feels like much of what Marie suggested for the prior role we were working on applies to this (agencies actively reaching</p>	

Commented [B57]: This role requires OHA and LPHAs to communicate with decision-makers about how decisions made affect health inequities, including when policies uphold structures contributing to health inequities.

		<p>out/valuing: refer to 3rd column row i)</p> <p>· Public advocacy, bringing in other groups, organizations, and community members to have workgroups about advocacy records. Clients will also have testimonies to share</p>	
State and Local	k. Draw on the skills and knowledge of staff who are members of communities most affected by inequities.	Sounds like an internal commitment (internal work) that is happening.	
State	l. 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	m. Develop an ongoing community engagement process for recruitment.		

Commented [B58]: This OHA and LPHA role requires OHA and LPHAs to take into account the lived experience of staff members, including the skill sand knowledge they bring through their lived experience.

Commented [B59]: This role requires OHA to create positions and hire for the types of skills listed in the role.

Commented [B510]: This role requires OHA and LPHAs to engage communities when recruiting to hire. The goal is to make opportunities available more widely and to ensure a broad and diverse range of applicants.

State and Local	n. Develop relationships with high schools and colleges to ensure diverse groups of youth will join the public health workforce.		
State	o. 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).		

Commented [BS11]: This OHA and LPHA role is about developing the future public health workforce and recognizes that there are many paths to careers in public health.

Commented [BS12]: OHA should assess impacts of efforts related to health equity and make information available to others.

CLAS standards are standards for Culturally and Linguistically Appropriate Services within health settings. More info here: <https://thinkculturalhealth.hhs.gov/clas#:~:text=The%20National%20CLAS%20Standards%20are%20a%20set%20of,organizations%20to%20implement%20culturally%20and%20linguistically%20appropriate%20services.>

PHAB Workgroup Meeting

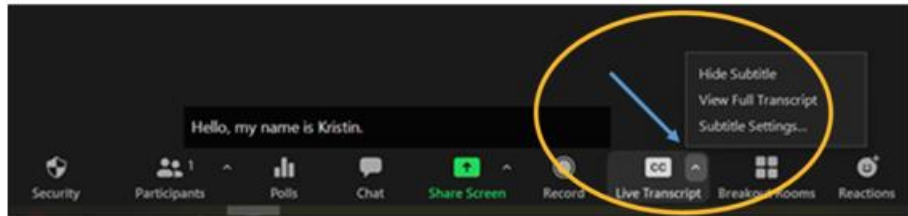
December 18, 2024

Health Equity Framework



Real-time captioning and transcription service

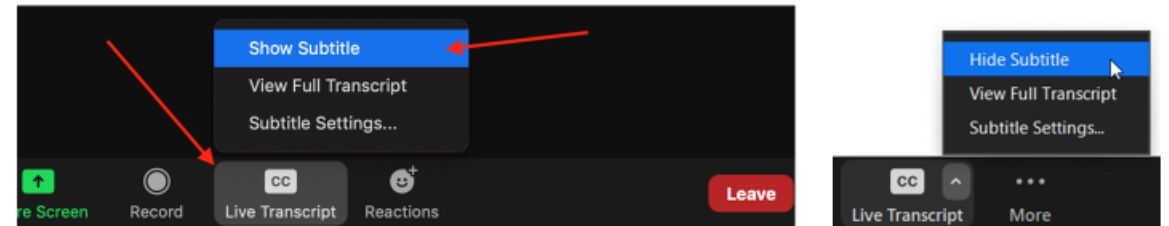
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- Haga clic en la flecha pequeña al lado del botón ‘CC Live Transcript’ para acceder a los controles de los subtítulos.
- Puede esconder los subtítulos—‘Hide Subtitle’, o mirar la transcripción completa de los subtítulos—‘View Full Transcript’.



Send a direct message to Kendall Reese 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"> Set tone and integrate new members What to expect today 	1-3	William	5 min
Feedback loop and review of group agreements	<ul style="list-style-type: none"> Center group agreements for work together 	4-7	Vanessa	5 min
PHAB Health Equity Framework Workgroup Compensation	<ul style="list-style-type: none"> To provide information and support to workgroup members navigating the compensation process 	8	Vanessa	5 min
Large group review	<ul style="list-style-type: none"> To meet phase one deliverable 	9-11	William	30 min
Break	<ul style="list-style-type: none"> Rest 	12	All	5 min
Large group review	<ul style="list-style-type: none"> To meet phase one deliverable 	13	William	30 min
Next Steps & Feedback	<ul style="list-style-type: none"> To discuss next steps and collect any feedback 	14	Vanessa	5 min
Public comment	<ul style="list-style-type: none"> Public comment 	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

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. Include “Health Equity Framework Workgroup Compensation” in subject line.
- Any questions or support needed, please email Sophie.Hagberg@oha.oregon.gov

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">-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	<ul style="list-style-type: none">-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?

Large Group Review– 30 mins

Refer to intended outcomes and worksheet questions on slide 9 and 10.

- 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!

Large Group Review– 30 mins

Refer to intended outcomes and worksheet questions on slide 9 and 10.

- 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.

Next Steps with Workgroup

- Next meeting January 15th
- Project Team will create summary document for Health Equity and Cultural Responsiveness Domain
- Review Health Equity and Cultural Responsiveness Document with Workgroup
- Give Update to PHAB in February

Feedback

- How was the large group review today?
- Any feedback you would like to provide on the process?

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 Jan. 15th!