

AGENDA

PUBLIC HEALTH ADVISORY BOARD

December 8, 2023, 12:00-1:00 pm

Join ZoomGov Meeting

<https://www.zoomgov.com/j/1601801058?pwd=K2QwcmQ2N2FvcmdZMUhVZ0pmY1dhZz09>

Conference call: (669) 254-5252, participant code 1601801058#

Meeting objectives:

- Approve September 29 meeting minutes
- Review and discuss additional proposed changes to the PHAB Health Equity Policy and Procedure
- Discuss December presentation to the Public Health Advisory Board

12:00-12:10 pm	Welcome, introductions and group agreements	Kirsten Aird, OHA
1:10-1:20 pm	Review September 29 meeting minutes <ul style="list-style-type: none">• Review and approve minutes	PHAB members
1:20-2:10 pm	Review PHAB Health Equity Policy and Procedure <ul style="list-style-type: none">• Recap additions recommended by the OHPB Health Equity Committee• Discuss additional changes proposed by workgroup members	PHAB members
2:10-2:20 pm	Public comment	Kirsten Aird, OHA
2:20-2:30 pm	Next steps for review and approval and adjourn	Kirsten Aird, OHA

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- Identify member to provide update at the 12/14 Public Health Advisory Board meeting, prior to a Board vote
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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 Sara Beaudrault: at 971-645-5766, 711 TTY, or publichealth.policy@dhsoha.oregon.gov, at least 48 hours before the meeting.

PHAB Public Health Modernization Funding Workgroup Group agreements

- Learn from previous experiences and focus on moving forward
- **Slow down to support full participation by all group members**
- Stay engaged
- Speak your truth and hear the truth of others
- Expect and accept non-closure
- Experience discomfort
- Name and account for power dynamics
- Move up, move back
- Confidentiality
- Acknowledge intent but center impact: ouch / oops
- Hold grace around the challenges of working in a virtual space
- Remember our interdependence and interconnectedness
- Share responsibility for the success of our work together

Public Health Advisory Board (PHAB) Health Equity Policy and Procedure Workgroup

Draft Minutes

September 29, 2023, 1:00 – 2:30 pm

Workgroup members: Bob Dannenhoffer, Erica Sandoval, Marie Boman-Davis, Mike Baker

OHA Staff: Cara Biddlecom, Nandini Deo, Nettie Tiso, Sara Beaudrault, Tamby Moore

Welcome, introductions, and recap of last meetings minutes

- August 3, 2023 meeting minutes approved

Review PHAB Health Equity Review Policy and Procedure

- Cara shared that the purpose of the policy and procedure is to provide specific Board practices for health equity in alignment with its charter and bylaws. The next step is to provide an updated draft to the Public Health Advisory Board (PHAB) to be approved and adopted by PHAB.
- A suggestion was made to reference the Oregon Health Policy Board's Health Equity Committee (HEC) Charter's section on Diversity, Equity and Inclusion (DEI) on page 9.
 - The group discussed each point and adjusted the verbiage to reflect the committee's goals. Original points were removed if there was a duplication of ideas.
 - A suggestion was made to keep it general and to avoid jargon.
- The group referred to the resource "[Design Principals for Building Belonging](#)".
 - The group discussed targeted universalism and use of the word "collective" being confusing.
- At the end of the meeting, the group recommended including the following in the Policy and Procedure:
PHAB practices equity, diversity, inclusion, justice, and belonging by committing to
 - Develop and commit to using a tool that advances honest, direct, and inclusive dialogue, such as group agreements.
 - Share responsibility for helping each other to learn and grow

together.

- Support one another through connectedness, mutual respect, and relationship.
- Foster agency and inclusive co-creation.
- By intentionally focusing on health for all people in Oregon, we elevate needs of those we represent, and we use tools to co-create equitable rules and policies.
- Create and maintain a safe(er) environment for open and honest conversation.
- Recognize, celebrate and value our group's diversity, wisdom, and expertise. Recognize that we may need to facilitate different kinds of support to create an equitable place of belonging.

Next steps for review and approval

- OHA staff will edit changes to include each added item starting with an action word for consistency.
- OHA will share draft with the Health Equity Committee.
- Share draft at the next PHAB meeting on October 12th. Bob Dannenhoffer will present it.

Cara noted that there were no members of the public present to comment.

Meeting adjourned.

Purpose

The purpose of the Public Health Advisory Board (PHAB) Health Equity Policy and Procedure is to ensure PHAB is making decisions that facilitate elimination of health inequities and uphold a commitment on behalf of the public health system to lead with racial equity.

The public health system leads with race because communities of color and tribal communities have been intentionally excluded from power and decision-making.

Definition of health equity¹

Oregon will have established a health system that creates health equity when all people can reach their full health potential and well-being and are not disadvantaged by their race, ethnicity, language, disability, gender, gender identity, sexual orientation, social class, intersections among these communities or identities, or other socially determined circumstances.

Achieving health equity requires the ongoing collaboration of all regions and sectors of the state, including tribal governments to address:

- The equitable distribution or redistribution of resources and power; and
- Recognizing, reconciling and rectifying historical and contemporary injustices.

PHAB also adopts the following definitions:

Racism as defined by Dr. Camara Jones is *“a system of structuring opportunity and assigning value based on the social interpretation of how one looks (which is what we call “race”), that unfairly disadvantages some individuals and communities,*

¹ Oregon Health Policy Board, Health Equity Committee. (2019). Available at <https://www.oregon.gov/oha/EI/Pages/Health-Equity-Committee.aspx>.

unfairly advantages other individuals and communities, and saps the strength of the whole society through the waste of human resources.”² Racism “refers not only to social attitudes towards non-dominant ethnic and racial groups but also to social structures and actions that oppress, exclude, limit and discriminate against such individuals and groups. Such social attitudes originate in and rationalize discriminatory treatment”.³

Structural racism “refers to the totality of ways in which societies foster racial discrimination through mutually reinforcing systems of housing, education, employment, earnings, benefits, credit, media, health care, and criminal justice. These patterns and practices in turn reinforce discriminatory beliefs, values, and distribution of resources.”⁴

Social determinants of health are *“the conditions in the environments where people are born, live, learn, work, play, worship, and age that affect a wide range of health, functioning, and quality-of-life outcomes and risks.”⁵* Social determinants of health include access to quality education, employment, housing, health care, all of which have a direct impact on health.

Leading with racial equity

Health inequities exist and persist on historical, structural, cultural and interpersonal levels. PHAB acknowledges historic and contemporary racial injustice and commits to eradicating racial injustice through systemic and structural approaches. PHAB acknowledges the pervasive racist and white supremacist history of Oregon, including in its constitution; in the theft of land from Indigenous communities; the use of stolen labor and the laws that have perpetuated unjust outcomes among communities of color and tribal communities.

²Jones, C. (n.d.) Racism and health. American Public Health Association. Available at www.apha.org/racism.

³Calgary Anti-Racism Education Collective. (2021). Available at <https://www.aclrc.com/racism>.

⁴Bailey, Z., Krieger, N., Agénor, M., Graves, J. Linos, N. & Bassett. M. (2017). Structural racism and health inequities in the USA: Evidence and interventions. *Lancet*, 389(10077), 1453-1463. [https://doi.org/10.1016/S0140-6736\(17\)30569-X](https://doi.org/10.1016/S0140-6736(17)30569-X)

⁵Healthy People 2030, U.S. Department of Health and Human Services, Office of Disease Prevention and Health Promotion. Retrieved [date graphic was accessed], from <https://health.gov/healthypeople/objectives-and-data/social-determinants-health>

As a partner to the Oregon Health Policy Board Health Equity Committee, PHAB uplifts the Health Equity Committee’s statement that historical and current institutional and individualized acts of racism and colonization have created disadvantages for communities that are real, unjust and unacceptable. Until populations and communities most harmed by long standing social injustice and inequities share decision-making authority in our state, systems will favor the dominant culture, reinforcing institutional bias and contributing to health inequities and unjust, unfair and avoidable inequities in health outcomes.

Because of Oregon’s history of racism, the public health system, as described in the Health Equity Guide, chooses to “lead explicitly — though not exclusively — with race because racial inequities persist in every system [across Oregon], including health, education, criminal justice and employment. Racism is embedded in the creation and ongoing policies of our government and institutions, and unless otherwise countered, racism operates at individual, institutional, and structural levels and is present in every system we examine.”⁶

The public health system leads with race as described by the Government Alliance on Race and Equity: “Within other identities — income, gender, sexuality, education, ability, age, citizenship and geography — there are inequities based on race. Knowing this helps the [public health system] take an intersectional approach, while always naming the role that race plays in people’s experiences and outcomes.”⁷

To have maximum impact, focus and specificity are necessary. Strategies to achieve racial equity differ from those to achieve equity in other areas. “One-size-fits all” strategies are rarely successful.

A racial equity framework that is clear about the differences between individual, institutional and structural racism, as well as the history and current reality of inequities, has applications for other marginalized groups.

Leading with racial equity recognizes the inter-connected ways in which systems of oppression operate and facilitates greater unity across communities.

⁶ Human Impact Partners. (2023). Why lead with race. Available at <https://theequityguide.org/about/why-lead-with-race/>.

⁷ Local and Regional Government Alliance on Race and Equity. (2023). Why lead with race? Available at <https://www.racialequityalliance.org/about/our-approach/race/>.

PHAB also acknowledges that geography has a significant impact on individual and community health outcomes; often exacerbating other health injustices, including racism.⁸

“Almost all rural residents are disadvantaged by place, because of geographic barriers to resources, services, and opportunities that reflect long-standing systematic lack of investment in rural areas. But within rural populations, many people are profoundly disadvantaged both by place and by race—more precisely, by racism—and/or by economic disadvantage, which is often the result of racism.”⁹

Systemic racism has devastating impacts on health outcomes in Oregon.

- In 2020 and 2021, Black/African American and American Indian/Alaska Native people have the highest death rates from opioid overdose, despite similar rates of use across all races/ethnicities.
- In 2021 and 2022, Black/African American, American Indian/Alaska Native, Hispanic/Latino/a/x individuals experienced nearly double the proportion of heat-related deaths in Oregon.
- Between 2017-2021, infant mortality rates were more than double for Black/African American, American Indian/Alaska Native and Pacific Islander babies.

How health equity is attained

Achieving health equity requires meaningful, intersectional representation within the field of public health at all levels and authentic engagement leading to co-creation of policies, programs and decisions with the community in order to ensure the equitable distribution of resources and power. At the foundation, attaining health equity requires trust. This level of community engagement results


⁸ Singh, G, Daus, K, Allender, A, Ramey, C, Martin, E. et al. (2017). Social determinants of health in the United States: Addressing major health inequality trends for the nation, 1935-2016. *Int J MCH AIDS*; 6(2): 139–164.

⁹ Braveman P, Acker J, Arkin E, Badger K, Holm N. (2022). Advancing health equity in rural America. *Robert Wood Johnson Foundation*. Available at <https://www.rwjf.org/en/insights/our-research/2022/06/advancing-health-equity-in-rural-america.html>.

in the elimination of gaps in health outcomes between and within different social groups.

Identifying and implementing effective solutions to advance health equity demands:

- Recognition of the role of historical and contemporary oppression and structural barriers facing Oregon communities due to racism.
- Engagement of a wide range of partners representing diverse constituencies and points of view.
- Direct involvement of affected communities as partners and leaders in change efforts.

Health equity also requires that individuals who work in public health look for solutions for the social¹⁸ and structural¹⁹ determinants of health outside of the health system. This may include working with transportation, justice or housing sectors and through the distribution of power and resources, to improve health with communities. By redirecting resources that further the damage caused by white supremacy and oppression into services and programs that uplift communities and repair past harms, equity can be achieved. 

Policy

PHAB demonstrates its commitment leading with race and to advancing health equity by implementing an equity review process for all formally adopted work products, reports and deliverables. Board members will participate in an equity analysis prior to making any motions. In addition, all presenters to PHAB will be expected to specifically address how the topic being discussed is expected to affect health equity. The purpose of this policy is to ensure all PHAB guidance and decision-making will advance health equity and reduce the potential for unintended consequences that may perpetuate inequities.

¹⁸ World Health Organization. (n.d.). Social determinants of health. Available at https://www.who.int/health-topics/social-determinants-of-health#tab=tab_1.

¹⁹ The Praxis Project. (n.d.). Social determinants of health. Available at <https://www.thepraxisproject.org/social-determinants-of-health>.

Procedure

Board practices to facilitate equity, diversity, inclusion, justice and belonging

As adapted from the Oregon Health Policy Board Health Equity Committee and the Othering and Belonging Institute, PHAB practices equity, diversity, inclusion, justice and belonging by committing to:^{20, 21}

- Developing or using a tool that advances honest, direct and inclusive dialogue, such as group agreements.
- Sharing responsibility for helping each other to learn and grow together.
- Supporting one another through connectedness, mutual respect and relationship.
- Fostering agency and inclusive co-creation.
- Intentionally focusing on health for all people in Oregon, elevating needs of those we represent and using tools to co-create equitable policies.
- Creating and maintaining a safe(r) environment for open and honest conversation.
- Recognizing, celebrating and valuing our group's diversity, wisdom, and expertise. PHAB recognizes that we may need to facilitate different kinds of support to create an equitable place of belonging.

Board work products, reports and deliverables

The questions in the tool below are designed to ensure that decisions made by PHAB advance health equity. The questions below may not be able to be answered for every policy or decision brought before PHAB but serve as a platform for further discussion throughout the development of PHAB work products and prior to the adoption of any motion.

²⁰ Oregon Health Policy Board, Health Equity Committee. (April 2023). Health Equity Committee charter. Available at <https://www.oregon.gov/oha/EI/HECMeetingDocs/HEC%20Charter%20APPROVED%204.17.2023.pdf>.

²¹ Othering and Belonging Institute. (August 2023). Belonging design principles. Available at: <https://belonging.berkeley.edu/belongingdesignprinciples?emci=07bfaa71-753c-ee11-a3f1-00224832eb73&emdi=dff58124-0f3d-ee11-a3f1-00224832eb73&ceid=13607753#6>.

Subcommittees and board members will consistently consider the questions in the health equity assessment tool while developing work products and deliverables to bring to the full board, and upon any formal board action.

Upon review of a subcommittee deliverable, PHAB members may return the deliverable to the subcommittee if the product does not have the ability to address health equity through further discussion about the equity assessment questions.

Health Equity Assessment Tool

1. Which health inequity(ies) does the work product, report or deliverable aim to eliminate, and for which groups?
2. What data sources have been used to identify health inequities?
3. How was the community engaged in the work product, report or deliverable policy or decision?
4. How does the work product, report or deliverable advance health equity, lead with race and impact the community?
5. Will any groups or communities benefit from the direction or redirection of resources with this decision? Are they the people who are facing inequities?
6. What are short and long-term strategies tied to this work product, report or deliverable that will impact racial equity?
7. What data will be used to monitor the impact of this work product, report or deliverable over time?

Presentations to the Board

OHA staff will work with presenters prior to PHAB meetings to ensure that presenters specifically address health inequities and strategies to promote equity in their presentations to the board, following on PHAB's commitment to equity.

Policy and procedure review

The PHAB health equity policy and procedure will be reviewed and updated biennially by a workgroup of the Board. This workgroup will also propose changes

to the PHAB charter and bylaws in order to center the charter and bylaws in equity. Board members will discuss whether the policy and procedure has had the intended effect of mitigating injustice, reducing inequities or improving health equity to determine whether changes are needed to the policy and procedure.

