

AGENDA

PUBLIC HEALTH ADVISORY BOARD Strategic Data Plan Subcommittee

June 20, 2023
1:00 - 2:00 PM

Join ZoomGov Meeting

<https://www.zoomgov.com/j/1605421162?pwd=Y24rL0hJUmFGV1hzdjNjSVJFZzNmZz09>

Meeting ID: 160 542 1162

Dial by your location

+1 669 254 5252 US (San Jose)

Subcommittee members: Jackie Leung, Hongcheng Zhao, Rosemarie Hemmings, Veronica Irvin, Kelle Little, Jawad Khan, Dean Sidelinger, Marie Boman Davis

OHA staff: Victoria Demchak, Virginia Luka, Cara Biddlecom

1:00 – 1:15pm	Welcome and Introductions <ul style="list-style-type: none">• Welcome members• Approve May meeting minutes	Virginia
1:15 – 1:30 pm	Debrief PHAB conversation <ul style="list-style-type: none">• Important aspects to the PHAB• Should language be more specific? Recommendations?• Other questions or responses?	Victoria, Dr. Sidelinger
1:25 – 1:50	Report review <ul style="list-style-type: none">• What feels important to review and engage?• Implications of recommendations or actions: are there specific things that this group would like to prioritize, such as funding in certain areas, or investments in certain areas?	All

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- Discussion/ presentation of overlaps with DMI report
 - Share emerging themes.
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1:50 – 2:00 **Public comment**

2:00 **Adjourn**

MINUTES

PUBLIC HEALTH ADVISORY BOARD Strategic Data Plan Subcommittee

May 16, 2023

1:00 - 2:00 PM

Subcommittee members: Hongcheng Zhao, Jackie Leung, Jawad Khan, Veronica Irvin, Dean Sidelinger

Subcommittee members excused: Marie Boman-Davis, Kelle Little

OHA staff: Victoria Demchak, Cara Biddlecom

Welcome and introductions

- Victoria welcomed subcommittee members and subcommittee members and OHA staff introduced themselves.
- Subcommittee members approved the March 2023 meeting minutes.

Updates from OHA – related initiatives

- Participatory Budgeting Oregon/DRIVE Project
 - Victoria shared that the DRIVE project aims to share power with community members by soliciting ideas for how federal funds should be invested in public health data modernization efforts.
 - A community-based steering was created first, and ideas were generated.
 - From here, the steering committee will recommend proposals for funding. This includes community-specific investments for one year at \$200,000 each (Asian; Pacific Islander; Latino/a/x; Black/African American; American Indian/Alaska Native)
 - Hongcheng participated in the Participatory Budgeting Oregon meeting yesterday and commented that \$1,000,000 is a good start and a challenge to CBOs and the system. Hongcheng noted that these systems needs should be addressed.
- Data modernization initiative
 - Dean shared that “data modernization initiative” is CDC terminology for interconnectedness of public health data.
 - OHA is completing a data modernization assessment as a deliverable for CDC funding.

- The OHA data modernization assessment will help identify areas of focus across public health programs
- Ali shared that OHA programs are interested in aligning around data justice and equity
- Victoria proposed that the data modernization assessment findings be shared with the Strategic Data Plan subcommittee. Dean shared that the assessment will be ready after July.

Draft outline discussion

- Victoria introduced the Strategic Data Plan outline and shared her screen.
- Veronica asked who the plan is directed to – PHAB, OHA, other partners?
- Veronica suggested that the report include a very clear purpose.
- Victoria read the definitions included in the plan.
 - Hongcheng mentioned the challenges and opportunities tied to Artificial Intelligence (AI).
 - Jawad suggested that data equity ‘requires actively addressing equity gaps with comprehensive and representative information’.
 - Victoria noted that much of what Jawad stated aligns with the OHA and OHPB health equity definition, and specifically rectifying historical and contemporary injustices.
 - Veronica suggested that AI be included in Section 2: “Identify different paradigms of data collection and advocate for future data efforts.”
 - Dean noted that AI needs to be taken into account with data because there is a significant risk for perpetuating inequities. Dean suggested its own call out.
- Victoria opened the draft plan up for comments.
 - Hongcheng asked what “sortable data” means in the report. Cara offered “aggregated” and “disaggregated” as alternative language.
 - Victoria shared that the draft Strategic Data Plan priorities have been used by OHA to provide context and priority for other areas.

Public comment

- No members of the public were present and no members of the public commented.

Next steps

- Victoria summarized the meeting: that it is helpful to provide updates about public health data efforts across OHA; draft plan is heading in the right direction with the edits provided today.
- Cara suggested that subcommittee members review the draft plan independently between now and the June meeting, and that the subcommittee also discuss engagement with other partners (example: local public health) at the next meeting.
- Hongcheng suggested that the subcommittee meet in person to work through the document.
- Veronica asked for clarification about reporting out at the June PHAB meeting. Subcommittee members suggested taking more time and reporting out at a future meeting. The June PHAB meeting would just include an update about today's meeting. Veronica asked for three slides to share what is included in the plan and that she will present it to PHAB.
- Victoria suggested a workshop with the PHAB accountability metrics subcommittee.
- Cara suggested that OHA staff work on an in-person meeting concept that considers the desire to connect the strategic data plan with public health accountability metrics and add this to the June meeting agenda.
- The June meeting agenda includes:
 - Review of feedback on draft strategic data plan
 - Partner engagement related to draft plan
 - In-person subcommittee convening

Meeting adjourned at 2:02 pm.

PHAB Strategic Data Plan Recommendations against the Data Modernization Initiative Findings

Oregon Health Authority’s Public Health Division received funding from CDC to investigate readiness for financial and data infrastructure investments. This work is essential to PHD’s Data Modernization Initiative by which PHD seeks to secure high quality data, efficient workflows, and an innovative approach to data collection, analysis, and data sharing to ensure a proactive approach to the health and wellbeing of Oregonians. By July 2023, PHD will have ready a current state assessment of public health informatics and data systems including perspectives on goals, challenges, and opportunities to design and advance a data modernization strategy for the Division. The vision for this initiative includes work with communities and other partners to move in a direction that best represents community needs and aspirations and makes data more accessible.

Data equity		
Recommendation	Activity	DMI Findings Alignment
1. Accessible data that are community or culturally specific. Data should be sortable, as far as possible, by REALD, SOGI, geography and faith-based proxies.	<p>BRFSS data Provide navigable BH and MH data, including indicators and geographically specific work</p> <p>Youth health Sortable by</p> <ul style="list-style-type: none"> ○ REALD, cultural communities ○ SOGI ○ Geography ○ Faith-based proxies? <p>Transparency and communication on the data collected and published, including their limitations, how they are used, collected, analyzed, and their presentation and context.</p>	<p>Data infrastructure</p> <ul style="list-style-type: none"> • System interoperability <ul style="list-style-type: none"> ○ Different data standards OHA does not control all data formats. • Data sharing and access. Often data sharing is determined by legislature and has varying levels of restriction for sharing. <p>Data justice</p> <ul style="list-style-type: none"> • Current federal and state requirements for which data are collected and how they are collected are not necessarily aligned with data justice

	Develop online and other tools that help data users navigate data systems and develop data requests.	<p>Context for recommendation: Like OHA, community partners also experience data use limitations due to varying data standards and quality, data system navigation, and efficiency of data requests.</p> <p>The list of activities identifies areas of highest priority for improving data usability and clarifies context for community-specific data.</p>
2. Develop working definitions of “actionable data” to direct community engagement	Identify partners and convene discussions to understand data priorities and needs, then share actionable data at appropriate levels (Tribal, cultural community, geographic, etc.)	
3. Develop toolkits for data work at all levels of use	<p>Develop a toolkit of best practices for governmental public health to support access to data, analysis, and framing, including being critical of dominant ways of working with data, questioning existing assumptions, questioning objectivity, incorporating qualitative data, and assuming that data does not communicate for itself.</p> <p>Develop a parallel toolkit for community-based organizations and community researchers. In both, incorporate data limitations: representation, methods, who is excluded and demographic definitions. Incorporate how context and qualitative data can add nuance.</p>	<p>System interoperability</p> <ul style="list-style-type: none"> • Data sharing and access <p>Context for recommendation: Lack of quality communication, standards, and technical assistance is a multi-level barrier that limits the use public health data for both CBOs and OHA staff who use and communicate data to LPHAs and CBOs.</p> <p>Data toolkits for internal and external use directly responds to needs identified by both communities and OHA staff. Parallel development of these toolkits for both internal and external audiences bring workflows and guidelines into alignment</p>

	Demonstrate approach presently used with the public, including in state and community health assessments.	and supports systematic and tactical use of public health data by OHA, LPHAs, communities, and other external partners.
Data Justice		
4. Data rights and governance	Describe governance for data quality, visualization, technology, etc. Develop community governance model for how data are collected, used, reported and how governance should be conducted	Data governance <ul style="list-style-type: none"> • Data ownership and governance activities • Governance evaluation Context for recommendation: OHA identified a lack of clarity around data ownership and access in general. Developing a community data governance model creates a roadmap for systematically implementing community-led data.
5. Elevate community-identified issues	Work to leverage existing resources that address the health needs raised in this work.	Data infrastructure <ul style="list-style-type: none"> • External partner data • Data sharing and access
Community Engagement		
6. Develop a framework to incorporate community-developed data	Crosswalk community-identified community health factors to state public health plans.	System interoperability <ul style="list-style-type: none"> • Data sharing and access Context for recommendation: Crosswalking community-identified health factors with state public health plans expands interoperability with external partners and explicitly connects community public health priorities to public health data.
7. Ongoing engagement	Invite community feedback regarding the data modernization assessment and inventory.	n/a

	Proxies for culturally or religiously based communities?	
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Long term recommendations

These were identified as longer-term recommendations because they may require additional investments, multi-year investments, or conversations with state and national organizations that define or receive this data.

Data Equity		
1. Invest in different data collection strategies, including Census-style methods	Engage and defer to community-based organizations and /or regional health equity coalitions in survey administration, including Tribal and Native American organizations	Data justice <ul style="list-style-type: none"> Data justice capacity and expertise Context for recommendation: Directly addresses need to focus on increasing community partner engagement to broaden data equity work within PHD.
2. Identify different paradigms of data collection and advocate for future data efforts.	Investigate county health rankings and BIPOC data hubs as possible conceptual frameworks for data collection. Conduct a minimal BRFSS – explore lessons from the CA Health Interview Survey (CHIS). Continue long-term sustained, compensated community-led data collection. Call upon OHA as a grant recipient to advocate for changes in the national framework for BRFSS and other national health survey administration to achieve greater flexibility from federal requirements.	Data justice <ul style="list-style-type: none"> Data justice work requires a shift from public health status quo Context for recommendation: Activities listed are community-identified opportunities to begin shifting the public health system through community leadership and collaboration.

Commented [HAK1]: This can benefit from using technology. For example, are focus groups or social media analytics better to find out certain information (e.g., if youths are concerned about climate change)

	Develop possibilities for changes in data practices from federal funders to alter the BRFSS questions and/or methods to respond to community needs.	
3. Improve survey translations	Establish a survey translation advisory committee	<p>Data justice</p> <ul style="list-style-type: none"> Data justice work requires a shift from public health status quo <p>Context for recommendation: Brings community leadership to a process where improvement is needed and has not historically invited community partners to leverage their experiences.</p>
4. Improve communication on survey activities	Demonstrate transparency in how BRFSS and OHT data are used by OHA and by others	<p>System interoperability</p> <ul style="list-style-type: none"> Data sharing and access
5. Add community-responsive questions to existing surveys	Incorporate non-western questions about health and health care in surveys Include questions on protective factors, particularly involvement in tribal and community activities.	<p>Data justice</p> <ul style="list-style-type: none"> Data justice capacity and expertise
Data Justice		
6. Data sovereignty and governance	<p>Protect tribal data and sovereignty with data access requirements, tracking posting and publishing of data analyses and reports, ensure transparency and oversight by tribal and AI/AN communities.</p> <p>Have the Oregon Health Authority's Public Health Division and Pacific Islander leaders enter a project evaluation period to assess the effectiveness of the community-led research model, including Data Sovereignty Agreement and design the next phase of this critical body of work.</p>	<p>Governance</p> <ul style="list-style-type: none"> Data ownership and governance activities <p>Data justice</p> <ul style="list-style-type: none"> Data justice work requires a shift from public health status quo <p>Context for recommendations: Creates clearly defined space and accountability for community ownership and governance of community public health</p>

	Support ongoing community governance model for data collection, use, and reporting.	data. Also builds on the need to explore ways to shift more power over data to community partner leadership.
7. Data collection oversight	<p>Continue data project teams and ensure team members include people who share experiences of those being “researched.” Let those teams shape the next steps of survey modernization work.</p> <p>Build in time and resources necessary for relationship development between governmental public health and community partners in data.</p> <p>Integrate community leadership in survey development, administration, analysis and use.</p> <p>Re-engage the health equity researchers of Oregon (HERO) group</p>	<p>Data justice</p> <ul style="list-style-type: none"> • Data justice capacity and expertise
Community engagement		
8. Workforce and data engagement	<p>Invest in community-based organizations and governmental public health to increase capacity for data engagement, analysis and collection.</p> <p>Build a stronger workforce within existing organizations</p> <p>Build a workforce that represents the communities who are most impacted by this work by celebrating and uplifting the knowledge in community.</p>	<p>Data justice</p> <ul style="list-style-type: none"> • Data justice capacity and expertise <p>Context for recommendation: New competencies for staff in data justice and community engagement are needed to advance data justice work within PHD. It also requires broader engagement with community-based organizations to understand data needs, actionable data and community specific concerns.</p>