AGENDA

PUBLIC HEALTH ADVISORY BOARD

April 18, 2023, 2:00-3:30 pm

Join ZoomGov Meeting
https://www.zoomgov.com/j/1609907165?pwd=WlRiVGRTK0NYMkNacFFtU2tMSGdBdz09

Meeting ID: 160 990 7165
Passcode: 102580
Conference call: (669) 254-5252; participant code 1609907165#

Meeting objectives:

- Approve March 30 meeting minutes
- Discuss connection with Health Equity Committee
- Review and recommend additional changes to the PHAB Health Equity Review Policy and Procedure
- Discuss next agenda items

2:00-2:10 pm	**Welcome, introductions, group agreements and recap last meeting** • Workgroup members will introduce themselves and respond to the icebreaker • Discuss next steps for joint meeting with the Health Equity Committee	Joyleen Mabika, OHA
2:10-2:15 pm	**Review March 30 meeting minutes** • Review and approve minutes	PHAB members
2:15-3:15 pm	**Review PHAB Health Equity Review Policy and Procedure** • Review changes to date • Recommend additional changes	PHAB members

3:15-3:25 pm	**Public comment**	Cara Biddlecom, OHA
3:25-3:30 pm	**Next meeting agenda items and adjourn**	Cara Biddlecom, OHA

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 Cara Biddlecom: at 971-673-2284, 711 TTY, or publichealth.policy@dhsoha.oregon.gov, at least 48 hours before the meeting.

Public Health Advisory Board

Health Equity Review Policy and Procedure Workgroup

Meeting Minutes

March 30, 2023, 1:00-2:30 pm

PHAB members in attendance: Mike Baker, Meghan Chancey, Erica Sandoval, Marie Boman-Davis

OHA Support Staff: Cara Biddlecom, Joyleen Mabika, Tamby Moore

Other attendees: Donneshya Stone, Cintia Vimieiro, Muthoni Ehmann, Carissa Bishop, Sarah Lochner, Andrea Boachie, Chakila Scott

Approval of Minutes:

- PHAB members approved the March 14 workgroup minutes

Reviewing recommended literature from Marie and Mike

- Marie and Mike reviewed literature about rural health inequities with CLHO
- Marie:
    - We were talking about whether it is useful to meet with OHPB to review their definition
        - Mike and Marie attended PHAO with CLHO and presented toolkits and articles to the group to ask whether they should reach out to OHPB to edit their health equity definition.
        - The answer was a resounding yes – work collaboratively with OHPB to create a new recommendation
    - Meghan: someone else in the meeting wanted to add age to the health equity definition
    - Joyleen: Who would be working collaboratively, PHAB? Or this group specifically collaborating with OHPB to suggest definition changes.
        - Marie: This group specifically, not PHAB

Review of edits made since the last meeting:

- Marie is grateful and feels that the edits made reflect what they wanted. Other members agreed.

- Cara: where would you all like to start? With the bridging statement about geographic equity?
- Erica: Marie, what are your recommendations about which citation to include? Both articles?
- Marie: One reference from 1935-2016 article which acknowledges that it will be difficult to find a robust updated article. Michael – anything else?
    - Michael: I don't have the solution or wording – aside of a full update of OHPB's definition, this section needs to be strong and highlight that. I don't want to make it longer just for the sake of having words in it
        - This document says that Rural inequities amplify all other inequities. I.e., if you are experiencing inequities, whatever they are is worse if you are rural
- Marie: if the group is comfortable with this citation, we can just put the citation there and keep the wording the same. https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5777389/
- Marie: would the group still like to explore the concept of a bridging statement? Or have we satisfied the need to include geography?
    - Meghan: Did we want to include age, as requested in the CLHO meeting?
- Cara: Let's use Mike's language about intersectionality-> Geographic inequities exacerbate other inequities
    - Erica: increases the risk to health (there is a slide that describes this as well)
    - Cara: Place, rural v urban, and within those by race and class https://www.rwjf.org/en/insights/our-research/2022/06/advancing-health-equity-in-rural-america.html
        - Michael: "amplify" vs exacerbate
            - More language from OHA press release OHA Press release: "New national report shows where you live influences how long you live."
            - https://www.oregon.gov/oha/erd/pages/oregonlifeexpectancycanvaryfromneighborhoodtoneighborhood.aspx)
- Chakila: what does class mean in this context?
- Marie: SES doesn't always mean social class, acknowledged the impacts of the caste system. Maybe this is something we can recommend to OHPB

Leading with racial equity section:

- Chakila: “racism is defined by Dr. Camara Jones” makes it sound like she defines racism
    - Michael: is vs as
    - Erica: This is the definition we are choosing for PHAB?
        - Michael: This is the definition chosen by APHA
            - Dorey in chat: “Racism is typically defined with words such as discrimination, prejudice, etc. this definition seems a little nice and somewhat minimize the word in my opinion.”
- Marie: does the group want to explore other definitions of racism? Should we consider APHA may not be the only option for us?
    - Acknowledging that they don’t work only within governmental public health so it might be good to acknowledge other authors who might be more community centered and have better definitions.
- Erica: Shared language that can be used for communities as well
- Cara: Health equity committee is bringing charter forward to OHPB for approval – can make sure the group has access to their information.
    - Cara will find the draft charter
    - Chakila calls for the explicit calling out of indigenous communities and stolen labor from Black and African American communities
        - Marie: HEC Charter’s definition
- Marie: Wants to honor the work of others holistically. Looking for specific call outs of groups that have been specifically harmed by groups in the state so look at what the HEC has already been able to.
    - I’m open to alignment with what already exists, instead of creating something new.
- Cara: Is the recommendation to have OHA staff suggest edits that more align with work already being done?
    - Marie: Maybe we could align with HEC? IS HEC representing communities? This is my assumption that HEC is representative. If it isn’t, where is that space?
    - Cintia: I’m wondering if there are other ways to describe communities besides the word “marginalized”? I’ve heard from community members that the word is demeaning
        - Marie: Strengths-based or people-first language

- Erica: There isn't representation – we're planning for representation on the board. Can we write what we think and then change it based on feedback from the new members who will be coming onto the team? We need community voice
    - Cara: our goal was to make updates here and focus on it for PHAB's retreat this summer (1–3-year strategies)
        - We will have new board members in 2024 so it'll be a good time to reflect, improve and refine
- PHAB members to share their own findings and insights to the PHP email.

How health Equity is attained section

- Chakila: This doesn't say anything about building trust with communities
    - Marie: authentic engagement
- Cintia: 2nd paragraph doesn't include the diversity of public health staff
- Erica: It's a nonlinear spectrum: Should we reference back to make sure there is room for more

Meeting follow up and next steps

- We have all committed to bringing resources/references back to this group by emailing them to Public Health Policy (Alternative definitions of racism
- OHA will follow up on representation levels within HEC.

Public Comment:

- Carissa: something that crossed my mind is that nonprofits fill the gap. SB 606 is currently active, and I wanted to bring it to your attention. If anyone can lobby or advocate it is a workforce retention fund making it more equitable for nonprofits to participate by not just making funding reimbursed

Meeting adjourned at 2:27 pm.

Public Health Advisory Board
Health equity review policy and procedure
~~**October 2020**~~ **March 2023 working draft**

Background

~~The Public Health Advisory Board (PHAB), established in ORS 431.122, serves as the accountable body for governmental public health in Oregon. PHAB reports to the Oregon Health Policy Board (OHPB) and makes recommendations to OHPB on the development of statewide public health policies and goals. PHAB is committed to centering equity and using best practices to inform its recommendations to OHPB on policies needed to address priority health issues in Oregon, including the social determinants of health.~~

The purpose of the Public Health Advisory Board (PHAB) is to advise and make recommendations for governmental public health in Oregon. The role of the PHAB includes:

- A commitment to leading intentionally with racial equity to facilitate public health outcomes.
- A commitment to health equity for all people as defined in OHPB's health equity definition.
- Alignment of public health priorities with available resources.
- Analysis and communication of what is at risk when there is a failure to invest resources in public health.
- Guidance for Oregon Health Authority, Public Health Division strategic initiatives, including the State Health Assessment and State Health Improvement Plan.
- Support and alignment for local governmental strategic initiatives.
- Connect, convene and align LPHAs, Tribes, CBOs and other partners to maximize strengths across the public health system and serve community identified needs.
- Support for state and local public health accreditation and public health modernization

Commented [MJ1]: Cross-reference the charter and include that language in this section

Commented [BCM2R1]: Background copied and pasted from 11/22 PHAB charter.

Definition of health equity[1]

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.

Equity framework

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.

The Public Health Advisory Board acknowledges that geography has a significant~~n~~ impact on individual and community health outcomes; often exacerbating other health inequities.[2] Pervasive inequities in health outcomes and other social determinants of health have been observed among different racial and socioeconomic groups residing in rural areas.[3]

[1] Oregon Health Policy Board, Health Equity Committee. (2019). Available at https://www.oregon.gov/oha/EI/Pages/Health-Equity-Committee.aspx.
[2] 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.
[3] 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.

Commented [MJ3]: If possible to meet with OHPB and recommend changes, include geography and age

Commented [MJ4R3]: Also discuss the nuances of "social class" vs socioeconomic status or caste system

Commented [BCM5]: Mike to provide a citation and more verbiage about the role of geography in health inequities.

Commented [MJ6]: Include citation here

Commented [MJ7R6]: https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5777389/

Commented [MJ8R6]: Include terminology/quote from https://www.rwjf.org/en/insights/our-research/2022/06/advancing-health-equity-in-rural-america.html about how geographic inequities exacerbate/amplify other inequities

Commented [MJ9R6]: Check language/data in recent county health rankings

Commented [MJ10]: Potential addition from Advancing HE in Rural America:

"..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"

Leading with racial equity

Racism ais defined by Dr. Camara Jones ias *"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, unfairly advantages other individuals and communities, and saps the strength of the whole society through the waste of human resources."*[4]

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".*[5]

PHAB acknowledges historic and contemporary racial injustice and commits to eradicating racial injustice. 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.

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 because communities of color and tribal communities[i] have been intentionally excluded from power and decision-making. The public health system leads with race as described by the Government Alliance on Racial Equity: *"Within other identities — income, gender, sexuality, education, ability, age, citizenship and geography — there are inequities based on race.*

[4] Jones, C. (n.d.) Racism and health. American Public Health Association. Available at www.apha.org/racism.
[5] Calgary Anti-Racism Education Collective. (2021). Available at https://www.aclrc.com/racism.
[6] Health Equity Guide. (2019). Why lead with race. Available at https://healthequityguide.org/about/why-lead-with-race/.

Commented [MJ11]: Find a spot to include a bridging statement to expand definition of Health Equity to include geography/rurality

Commented [MJ12]: As defined by

Commented [MJ13]: Change language to reflect minutes

Commented [BCM14]: Workgroup may select a different definition, this is an example that includes more detail about the individual and system-level impacts of racism.

Commented [BCM15]: Potential additions from the HEC charter:

Health inequities exist and persist on historical, structural, cultural, and interpersonal levels. HEC acknowledges historic and contemporary racial injustice and colonialism, including the white supremacist history of Oregon: in its explicitly exclusionary and violent constitution3 ; 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.

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 decisionmaking 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. HEC commits to playing its role in eradicating racial injustice.

Commented [MJ16]: Calling out specific communities, reference HEC Charter draft https://www.oregon.gov/oha/OHPB/MtgDocs/4.0%20Health%20Equity%20Committee%20(HEC)%20Final%20Draft%20Charter%20April%202023.pdf

Commented [MJ17R16]: Link to HEC presentation about the charter https://www.oregon.gov/oha/OHPB/MtgDocs/4.1%20Health%20Equity%20Committee%20(HEC)%20Charter%20Presentation%20April%202023.pdf

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.

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.

~~Race can be an issue that keeps other marginalized communities from effectively coming together. An approach that~~Leading with racial equity recognizes the inter-connected ways in which ~~marginalization~~ systems of oppression ~~takes place will help to achieve greater unity across communities~~operate and facilitates greater unity across communities.~~"~~[7]

How health equity is attained

Achieving health equity requires meaningful representation within the field of public health at all levels and ~~-~~authentic engagement leading to~~and~~ 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 in the elimination of gaps in health outcomes between and within different social groups.

Health equity also requires that ~~public health professionals~~individuals who work in ~~the field of~~ public health look for solutions for the social[8] and structural[9] determinants of health outside of the health ~~care~~ system.~~, such as in the~~This may include working with transportation, justice or housing sectors and through the distribution of power and resources, to improve health with communities. By

Commented [MJ18]: Is there better terminology to use here instead of the word marginalized? Strengths-based or people-first language to avoid normalizing terminology that could be harmful

Commented [MJ19]: Representation of staff within the public health field/system

Commented [MJ20]: Include building trust as foundational

Commented [MJ21R20]: "Authentic" engagement

Commented [MJ22]: Some terminology needs to be defined here

Commented [MJ23]: As part of the public health system vs in the field

[7] Government Alliance on Racial Equity. (2020). Why lead with race? Available at https://www.racialequityalliance.org/about/our-approach/race/.
[8] World Health Organization. (n.d.). Social determinants of health. Available at https://www.who.int/health-topics/social-determinants-of-health#tab=tab_1.
[9] The Praxis Project. (n.d.). Social determinants of health. Available at https://www.thepraxisproject.org/social-determinants-of-health.

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 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 the Board will be expected to specifically address how the topic being discussed is expected to affect ~~health disparities or~~ health equity. The purpose of this policy is to ensure all Board guidance and decision-making will advance health equity and reduce the potential for unintended consequences that may perpetuate inequ~~dispar~~ities.

Procedure

Board work products, reports and deliverables

The questions below are designed to ensure that decisions made by PHAB promote 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 prior to the adoption of any motion.

Subcommittees or board members will consistently consider the questions in the assessment tool while developing work products and deliverables to bring to the full board.

Subcommittee members bringing a work product will independently review and respond to these questions. PHAB members will discuss and respond to each of the following questions prior to taking any formal motions or votes.

Staff materials will include answers to the following questions to provide context for the PHAB or PHAB subcommittees:

1. What health inequities exist among which groups? Which health inequities does the work product, report or deliverable aim to eliminate?

2. How does the work product, report or deliverable engage other sectors for solutions outside of the health ~~care~~ system, such as in the transportation or housing sectors?
3. How was the community engaged in the work product, report or deliverable policy or decision? How does the work product, report or deliverable impact the community?

PHAB members shall allow the questions to be discussed prior to taking a vote. Review questions should be provided to the Board with each vote.

OHA staff will be prepared to respond to questions and discussion as a part of the review process. Staff are expected to provide background and context for PHAB decisions that will use the questions below.

The PHAB review process includes the following questions:

1. How does the work product, report or deliverable:
    a. Contribute to racial justice?
    b. Rectify past injustices and health inequities?
    c. Differ from the current status?
    d. Support individuals in reaching their full health potential
    e. Ensure equitable distribution of resources and power?
    f. Engage the community to affect changes in its health status
2. Which sources of health inequity does the work product, report or deliverable address (e.g., race/racism, ethnicity, social and economic status, geography, social class, religion, age, disability, gender, gender identity, sexual orientation or other socially determined circumstance)?
3. How will data be used to monitor the impact on health equity resulting from this work product, report or deliverable?

Presentations to the Board

OHA staff will work with presenters prior to PHAB meetings to ensure that presenters specifically address the following, as applicable:

1. What health inequities exist among which groups? Which health inequities does the presenter and their work aim to eliminate?

2. How does the presentation topic engage other sectors for solutions outside of the health ~~care~~ system, such as in the transportation or housing sectors?
3. How was the community engaged in the presentation topic? How does the presentation topic or related work affect the community?
4. How does the presentation topic:
    a. Contribute to racial justice?
    b. Rectify past health inequities?
    c. Differ from the current status?
    d. Support individuals in reaching their full health potential
    e. Ensure equitable distribution of resources and power?
    f. Engage the community to affect changes in its health status
5. Which sources of health inequity does the presentation topic address (race/racism, ethnicity, social and economic status, geography, social class, religion, age, disability, gender, gender identity, sexual orientation or other socially determined circumstance)?
6. How will data be used to monitor the impact on health equity resulting from this presentation topic?

Policy and procedure review

The PHAB health equity review policy and procedure will be reviewed annually 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.

[i] PHAB acknowledges that terminology that communities wish to use is evolving. PHAB recognizes the need to regularly update the language included in this policy and procedure based on community input.