AGENDA

PUBLIC HEALTH ADVISORY BOARD

September 29, 2023, 1:00-2:30 pm

Join ZoomGov Meeting
https://www.zoomgov.com/j/1608001671?pwd=RWVjZmQ4dlNPTXN6emFKL1J0Qmt0dz09
Conference call: (669) 254-5252, participant code 1608001671#

Meeting objectives:

- Review and approve August 3 meeting minutes
- Review and recommend additional changes to the PHAB Health Equity Review Policy and Procedure as related to equity, inclusion and belonging on the board
- Discuss timeline for finalizing draft for Health Equity Committee review and PHAB review and approval

1:00-1:10 pm	**Welcome, introductions, group agreements and recap last meeting** • Workgroup members will introduce themselves and respond to the icebreaker	Cara Biddlecom, OHA
1:10-1:20 pm	**Review August 3 meeting minutes** • Review and approve minutes	PHAB members
1:20-2:10 pm	**Review PHAB Health Equity Review Policy and Procedure** • Review changes to date • Recommend additional changes • Discuss inclusion of board operations to facilitate equity, inclusion and belonging	PHAB members
2:10-2:20 pm	**Public comment**	Cara Biddlecom, OHA

2:20-2:30 pm	**Next steps for review and approval and adjourn** • Discuss timing for sharing draft with the Health Equity Committee • Discuss timing for sharing draft with PHAB	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

DRAFT Meeting Minutes

August 3, 2023

Workgroup members in attendance: Marie Boman-Davis, Meghan Chancey, Jeanne Savage, Jackie Leung

OHA staff support: Cara Biddlecom, Ilana Kurtzig, Tamby Moore

Review meeting minutes:

- June 1, 2023 meeting minutes approved (Motion: Meghan; second: Marie)

Health Equity Review Policy and Procedure update

- Cara gave an overview of edits made throughout the full document to date.
- The workgroup reviewed the entire document again. Most are added in the August 3 version of the document itself with a few additional points/questions below:
    - Question from Jeanne about length and duplication of items in the document. Could the document be streamlined?
    - Should the document include statements on EDIB (Equity, Diversity, Inclusion, Belonging) for the board members and the board itself?
    - The workgroup could add something in the policy and procedures on how the board operates (as it flows with a procedure) or wait for the charter and go from there.
        - Recommendation for this group to review the HEC Charter, which was sent by email following the August 3 meeting and is available online at https://www.oregon.gov/oha/EI/HECMeetingDocs/HEC%20Charter%20APPROVED%204.17.2023.pdf.

- By the end of the meeting only two members were present, therefore, next steps:
    - Share the edited document and the HEC Charter with the group and develop draft language.

- Members should review the information and be ready for conversations at the next meeting.
- Recommendation is one more meeting before taking the document to the HEC and then to PHAB in October or later.

Public comment period was open and closed with no public comments.

Meeting adjourned.

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

~~Purpose:~~

The purpose of the Public Health Advisory Board (PHAB) Health Equity Review Policy and Procedure is to ensure PHAB is making decisions that facilitate elimination of health inequities and ~~show a commitment by the PH system to lead with race, etc.~~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.

~~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.~~

Commented [KIS1]: Then equity framework and then the work.

Commented [MJ2]: Cross-reference the charter and include that language in this section

Commented [BCM3R2]: Background copied and pasted from 11/22 PHAB charter.

Commented [KIS4]: Add a header section that describes what the group is trying to achieve with this document? A purpose. This would replace the background.

~~• Guidance for Oregon Health Authority, Public Health Division strategic initiatives, including the State Health Assessment and State Health Improvement Plan.~~

~~• To sSupport and alignment for local governmental strategic initiatives.~~

~~• To cConnect, convene and align LPHAs, Tribes, CBOs and other partners to maximize strengths across the public health system and serve community identified needs.~~

~~• To sSupport for state and local public health accreditation and public health modernization.~~

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.

PHAB also adopts the following definitions:

Commented [MJ5]: If possible to meet with OHPB and recommend changes, include geography and age

Commented [MJ6R5]: Also discuss the nuances of "social class" vs socioeconomic status or caste system

Commented [KIS7]: Or some language to this end.

All of the following definitions together (can they be rolled up or combined?) and then following with the equity framework – this is how the definitions fit into the framework.

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

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, 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.

~~**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.~~

[2] Jones, C. (n.d.) Racism and health. American Public Health Association. Available at www.apha.org/racism.
[3] Calgary Anti-Racism Education Collective. (2021). Available at https://www.aclrc.com/racism.
[4] Bailey, 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
[5] Healthy 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

Commented [MJ8]: As defined by

Commented [MJ9]: Change language to reflect minutes

Commented [BCM10]: Workgroup may select a different definition, this is an example that includes more detail about the individual and system-level impacts of racism.

Commented [MJ11]: Lacking systemic/environmental/policy/structural aspects of this definition

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- ~~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.~~

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.

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 because communities of color and tribal communities have been intentionally excluded from power and decision-making.~~

Commented [KIS12]: Lead with this – move up in the document. If leading with race then lead with race.

[6] Human Impact Partners. (2023). Why lead with race. Available at https://healthequityguide.org/about/why-lead-with-race/.

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.

~~The Public Health Advisory Board~~PHAB also acknowledges that geography has a significant~~n~~ impact on individual and community health outcomes; often exacerbating other health injustices, including racism~~equities~~.[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."

~~Pervasive inequities in health outcomes and other social determinants of health have been observed among different racial and socioeconomic groups residing in rural areas.~~[9]

Commented [BCM13]: Mike to provide a citation and more verbiage about the role of geography in health inequities.

Commented [MJ14]: Include citation here

Commented [MJ15R14]: https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5777389/

Commented [MJ16R14]: 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 [MJ17R14]: Check language/data in recent county health rankings

Commented [MJ18]: 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"

[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/.
[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.

~~Leading with racial equity~~ Additional dDefinitions:

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.~~"*[10]

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~~".*[11]

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.~~"*[12]

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.~~"*[13] 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~~

PHAB acknowledges historic and contemporary racial injustice and commits to eradicating racial injustice through systemic and structural approaches. Health

[10] Jones, C. (n.d.) Racism and health. American Public Health Association. Available at www.apha.org/racism.
[11] Calgary Anti-Racism Education Collective. (2021). Available at https://www.aclrc.com/racism.
[12] Bailey, 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
[13] Healthy 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

Commented [MJ19]: Find a spot to include a bridging statement to expand definition of Health Equity to include geography/rurality

Commented [MJ20]: As defined by

Commented [MJ21]: Change language to reflect minutes

Commented [BCM22]: Workgroup may select a different definition, this is an example that includes more detail about the individual and system-level impacts of racism.

Commented [MJ23]: Lacking systemic/environmental/policy/structural aspects of this definition

Commented [MJ24]: Find a spot to include a bridging statement to expand definition of Health Equity to include geography/rurality

Commented [BCM25]: 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 [BCM26]: The Praxis Project notes that an important tool for eradicating racism is building community power and using a healing and culture-centered approach. https://www.thepraxisproject.org/social-determinants-of-health Add?

inequities exist and persist on historical, structural, cultural, and interpersonal levels. 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.[14]

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 decisionmakingdecision-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.*[15]

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."*[16]

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. 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.*

Commented [MJ27]: 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 [MJ28R27]: 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

Commented [BCM29]: From Oregon House Resolution 6 (2021), should PHAB want to add text directly: *Whereas Oregon has deep roots of racism, including the Donation Land Act of 1850 that made it legal to steal land from Native American tribes, the 1887 murder of Chinese miners, Black exclusionary laws with lashing as punishment, Japanese internment camps during World War II, segregation in education and real estate red-lining that drove down values and reduced home ownership in the Black community*

[14] Oregon Legislature. (2021). House Resolution 6 Enrolled. Available at https://olis.oregonlegislature.gov/liz/2021R1/Downloads/MeasureDocument/HR6.

[15] Oregon Health Policy Board, Health Equity Committee. (2023). Health equity committee charter. **ADD FINAL URL WHEN OHPB APPROVED**

[16] Health Equity Guide. (2019). Why lead with race. Available at https://healthequityguide.org/about/why-lead-with-race/.

~~*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.~~"[17]~~

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~~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. ~~**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.
-

Commented [MJ30]: 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 [MJ31]: Representation of staff within the public health field/system

Commented [MJ32]: Include building trust as foundational

Commented [MJ33R32]: "Authentic" engagement

~~[17] Government Alliance on Racial Equity. (2020). Why lead with race? Available at https://www.racialequityalliance.org/about/our-approach/race/.~~

Health equity also requires that ~~public health professionals~~individuals who work in ~~the field of~~ public health look for solutions for the social[18] and structural[19] 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 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 ~~the Board~~PHAB 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~~ PHAB guidance and decision-making will advance health equity and reduce the potential for unintended consequences that may perpetuate inequ~~dispar~~ities.

Procedure

~~Commitment to EDIJB~~Board practices to facilitate equity, diversity, inclusion, justice and belonging

PHAB practices equity, diversity, inclusion, justice and belonging by committing to:

Board work products, reports and deliverables

[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.

Commented [MJ34]: Some terminology needs to be defined here

Commented [MJ35]: As part of the public health system vs in the field

Commented [MJ36]: Potentially add "Political determinants of health" https://www.press.jhu.edu/books/title/12075/political-determinants-health

Discuss further with full group in the next meeting

Commented [BCM37]: Need to add that these questions were adapted from the Big Cities Health Coalition-Human Impact Partners tool https://www.bigcitieshealth.org/health-equity-tool/ and the Minnesota Department of Health tool https://view.officeapps.live.com/op/view.aspx?src=https%3A%2F%2Fwww.health.state.mn.us%2Fcommunities%2Fpractice%2Fresources%2Fequitylibrary%2Fdocs%2FTool-RacialEquityWorksheetFINAL.docx&wdOrigin=BROWSELINK

Commented [KIS38]: HE committee has done some work in this area and may have some suggestions.

Commented [MJ39]: align both questions sets that live under this heading

Commented [MJ40R39]: Subheading to reflect intention of this section. Maybe: "health equity lens that leads with race"

The questions in the tool below are designed to ensure that decisions made by PHAB ~~promote~~ 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.

Subcommittees and ~~or~~ 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 above-listed equity review questions.~~:~~

Health Equity Assessment Tool

~~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. Which ~~What health inequities exist among which groups? Which~~ health inequit(ies) does the work product, report or deliverable aim to eliminate, and for which groups?
2. ~~1.~~2. What data sources have been used to identify health inequities?
3. ~~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?
4. How does the work product, report or deliverable advance health equity, lead with race and impact the community?~~:~~~~?~~

~~How does the work product, report or deliverable:~~

~~Contribute to racial justice?~~

Commented [MJ41]: Make this a subheading to clarify exactly what the assessment tool is (the questions)

Commented [MJ42]: Make room in this process for subcommittee members to potentially not have all the answers (And also what will happen if there is no subcommittee)

Commented [MJ43]: Clarification is needed: "prior to PHAB board members making decisions" or "During subcommittee meetings," or "at every step/level of the process, subcommittee members or PHAB members will first review and respond…"

Commented [MJ44]: Potentially remove this whole paragraph for redundancy,

~~Rectify past injustices and health inequities?~~

~~Differ from the current status?~~

~~Support individuals in reaching their full health potential?~~

~~Ensure equitable distribution of resources and power?~~

~~Engage the community to affect changes in its health status?~~

Commented [KIS45]: Remove from this document and provide as an example/tool guide separately.

~~3.~~ Will any groups or communities ~~disproportionately~~ benefit from the direction or redirection of resources with this decision? Are they the people who are facing inequities?

Commented [MJ46]: Potentially rephrase to make intention more clear:
"redirection of resources" or
"disproportionate investment with the goal of benefit"

5.

6. What are short and long-term strategies tied~~s~~ to this work product, report or deliverable that will impact racial equity?

~~4.~~ What data will be used to monitor the impact of this work product, report or deliverable over time?

~~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 above-listed equity review questions.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:~~

~~How does the work product, report or deliverable:~~

~~Contribute to racial justice?~~

~~Rectify past injustices and health inequities?~~

~~Differ from the current status?~~

~~Support individuals in reaching their full health potential~~

~~Ensure equitable distribution of resources and power?~~

~~Engage the community to affect changes in its health status~~

~~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)?~~

~~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:~~ health inequities and strategies to promote equity in their presentations to the board, following on PHAB's commitment to equity.

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

1. ~~How does the presentation topic engage other sectors for solutions outside of the health care system, such as in the transportation or housing sectors?~~
2. ~~How was the community engaged in the presentation topic? How does the presentation topic or related work affect the community?~~
3. ~~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~~
4. ~~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)?~~
5. ~~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 and updated bienni~~annual~~ly by a workgroup of the Board. This workgroup will also

Commented [MJ47]: Clarify "external" or "non-PHAB member" presentations

Commented [MJ48]: Potentially remove detail in this section, and put something more broadly here about how the presentations align with the work PHAB is doing or guidance that has already been given

Commented [BCM49]: Review annually, update how often?

Commented [MJ50]: Biennially – and in an aligned review effort with HEC members' Charter review timeline

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.

Commented [BCM51]: Add anything to the policy and procedure related to board processes that are rooted in inclusion and anti-oppressive approaches?

Commented [BCM52]: Workgroup will need to determine interest in adding a new section about equity, inclusion and belonging on PHAB and in PHAB subcommittees.

Commented [BCM53]: August PHAB workgroup – please inform whether a section should be added to address how PHAB would like to practice equity, inclusion and belonging as a board.

[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.~~