AGENDA

PUBLIC HEALTH ADVISORY BOARD
Strategic Data Plan Subcommittee

February 21, 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, Rose Harding.

Time	Item	Lead
1:00 – 1:15pm	**Welcome and Introductions** • Welcome members • Approve January meeting minutes	Virginia
1:15- 1:25 pm	**Review feedback received so far** • The document includes comments from the committee and survey modernization responses • Consider accessible and actionable data	Victoria, Rose
1:25 – 1:50	**Priority-setting discussion** • Objective: develop a short-list for short-term and long-term activities that OHA should scope. Refine questions and outcomes. • OHA will investigate and provide a framework for the recommendations	All
1:50 – 2:00	**Public comment**	

2:00   **Adjourn**

PUBLIC HEALTH ADVISORY BOARD
Strategic Data Plan Subcommittee

January 17, 2023
1:00 - 2:00 PM

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

Subcommittee members excused: Kelle Little

OHA staff: Victoria Demchak, Virginia Luka, Cara Biddlecom, Rose Harding, Ali Hamade, Crystal Weston

Welcome and Introductions
Dean introduced Rose Harding, OHA's new Data Justice and Equity Coordinator, who will be supporting the subcommittee. Dean also introduced Crystal Weston and Ali Hamade who are working on a PHD data inventory.

The subcommittee voted to approve the November 2022 minutes. Dean and Marie abstained.

The subcommittee voted to approve the December 2022 minutes.

Review materials from December: Behavioral risk factor surveillance survey (BRFSS) and survey modernization projects.
- BRFSS and survey modernization work
- Lingering questions

Dean provided a recap of the discussion about the Behavioral Risk Factor Surveillance System Survey (BRFSS) and the goal to improve representation within the survey through alternative survey methodologies.

Hongcheng shared reflections about the accuracy of public health data.

Marie shared about her experience working with BRFSS data and she reflected on the difference between health disparities and health inequities. BRFSS identifies health disparities.

Dean reflected that BRFSS will continue to exist for awhile, but OHA has tried other ways to make the survey more representative of Oregon's diverse communities. He asked what the best way is to collect data and measure health inequities so that public health can respond.

Marie shared that how we analyze existing data, with what lens, combined where, contextualized where- all have significant impacts on racial equity. Just flipping a question can go from a deficit to a strengths-based assessment that can lessen harm. Guide, toolkit with best practices.

Hongcheng agreed with the conversation and pushed for the courage to make these changes. We need to think out of the box for new solutions and make the data valuable.

Victoria summarized that the subcommittee is pushing for both adding context and new ways of collecting public health data. Sometimes what makes an inequity is the story and the why- how people engage in the system can be the difference between neutral to justice or an injustice and may not show up in BRFSS.

Thematic Discussion
- **Based on our BRFSS and other discussions and supplemental materials:**
  - **What are some themes or patterns that have emerged?**
  - **What clarifying questions do you have?**
  - **What resources can we provide?**

Victoria shared a draft outline for what would be included in a framework for modern public health data.

Veronica wanted to add a section to the outline of how public health data are used. Veronica also asked about the state health assessment and how the subcommittee's work is linked.

Dean shared that PHD will be updating its State Health Assessment. He shared that public health data is not always deeply inclusive of structural inequities. Community members and partners will participate in the effort.

Public comment
No members of the public commented.

Victoria asked for future agenda items and closing comments.
Dean asked what the subcommittee would like to see between now and the next meeting.

Marie asked if the questions provided for the thematic discussion would be the place to start for the February meeting.

Adjourn

Short term recommendations:

Accessible data	- Increased access to community/ culturally specific BRFSS data
	- Provide navigable, community/ culturally specific BH and MH data
	- Mental and behavioral health (indicators/ community or geographically specific work)
	- Youth health
	- Sortable by
	     o REALD, cultural communities
	     o SOGI
	     o Geography
	     o Faith-based proxies?
	- Transparency and communication on the data collected and published, including its limitations, how data is used, collected and analyzed, and presentation and context.

Determine our values within our data	- Define "actionable data": by identifying partners and convene discussions to understand data priorities/ needs, then share actionable data at appropriate levels (Tribal, cultural community, geographic, etc.) - Data equity - Data justice - Community engagement

Support for data work at state, local and community-based organization levels:	- State: Toolkit of best practices for OHA and/or LPHAs 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.
	- Toolkit for the same for community-based organizations and community researchers.
	- Information on how to best analyze and share data
	     o Context
	     o Qualitative data
	     o Reminder of how data is presently used, including the SHA and other methods
	- Have online and other tools that help data users navigate data systems and develop data requests
	- Incorporate limitations of data – who it represents, its methods, who is excluded, some of the demographic definitions.

Ongoing community engagement regarding data	- Invite community feedback regarding the data modernization assessment and inventory. - Proxies for culturally or religiously based communities?
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
Develop a framework to incorporate community-developed data	- Map PI HEAL Assessment community health factors to the State Health Improvement Plan to leverage existing resources and being immediately addressing the health needs raised in this work.

Long term recommendations

Invest in different data collection strategies, including Census-style methods	- Partnering with community partners to disseminate survey - Partner with tribes and tribal/ urban AI/ AN organization to increase BRFSS participation and educate community members on BRFSS/ OHT - Support tribes in conducting Tribal BRFSS surveys - Engage and defer to community-based organizations and /or regional health equity coalitions in survey administration
Consider different paradigms of data collection and advocate for BRFSS change	- 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. - Develop possibilities for changes in data practices from federal funders to alter the BRFSS questions and/or methods to respond to community needs.
Improve survey translations	- Establish a survey translation advisory committee
Improve communication on survey activities	- Demonstrate transparency in how BRFSS and OHT data is used by OHA and by others
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.
Data sovereignty and governance	- 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. - 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. - Support ongoing community governance model for data collection, use, and reporting.
Data collection oversight	- Continue data project teams and ensure team members are made up of folks who share experiences of those being "researched." Let those teams shape the next steps of survey modernization work - Build in time and resources necessary for relationship development between governmental public health and community partners in data - Integrate community leadership in survey development, administration, analysis and use - Re-engage the health equity researchers of Oregon (HERO) group
Workforce and data engagement	- Continue to celebrate, uplift and invest in the vast brilliance of the people of Oceania.