

AGENDA

PUBLIC HEALTH ADVISORY BOARD

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

Join ZoomGov Meeting

<https://www.zoomgov.com/j/1604635881?pwd=MmZ5cFhxSUY2ZWWh4V2VjcW5VSUdOdz09>

Meeting ID: 160 463 5881

Passcode: 956609

(669) 254-5252, participant code 1604635881#

Meeting objectives:

- Approve March 14 meeting minutes
- Review and recommend additional changes to the PHAB Health Equity Review Policy and Procedure
- Discuss making updates to PHAB at April 13 meeting
- Discuss next agenda items

1:00-1:10 pm	Welcome, introductions, group agreements and recap last meeting <ul style="list-style-type: none">• Workgroup members will introduce themselves and respond to the icebreaker	Joyleen Mabika, OHA
1:10-1:15 pm	Review March 14 meeting minutes <ul style="list-style-type: none">• Review and approve minutes	PHAB members
1:15-2:15 pm	Review PHAB Health Equity Review Policy and Procedure <ul style="list-style-type: none">• Review changes to date• Recommend additional changes	PHAB members
2:15-2:25 pm	Public comment	Cara Biddlecom, OHA

2:25-2:30 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

Draft Meeting Minutes

March 14, 2023, 2:00PM-3:30PM

PHAB workgroup members present: Michael Baker, Erica Sandoval, Meghan Chancey, Marie Boman-Davis

PHAB workgroup members excused: Robert Dannenhoffer, Jeanne Savage

OHA support: Cara Biddlecom, Joyleen Mabika, Tamby Moore

Other attendees: Muthoni Ehmann

Welcome, introductions, group agreements and agenda review:

- Background by Cara: PHAB established in 2016, and members wanted to establish key definitions for health equity. Prior to OHPB, PHAB had come up with their own definitions. In 2019 the OHPB came up with the definition of health equity that we use today. In 2020 this version of the policy went through a significant update.
 - New PHAB charter and bylaws reference back to the most current health equity policy and procedure.
 - Bylaws workgroup: conversations about how the board itself operates to foster equity and inclusion and whether this should be addressed in the health equity policy and procedure.
- Marie: Am I to understand that formatting aside, that pieces of this document are not going to be incorporated into the bylaws, but it's an operating document in partnership to the bylaws?
 - Cara: Yes, these are separate documents being able to cite each other's most updated version.
- Cara: would love to hear some reflections by members about what you think we need to focus on changing before we start making actual changes to the document itself.
 - Marie: I just joined the board in January and haven't seen application of it yet, so I have yet to experience it.

- Cara: The last time the procedure was used was in the motion to recommend new membership on the PHAB.

Review PHAB Health Equity Review Policy & Procedure document

- Mike: Although this isn't found in the original definition, where you live has a high impact on equity (specifically call out that rural-frontier communities are disproportionately impacted)
 - Cara: while we can't change the definition of health equity here we can do this in other parts of the document.
- Marie: Acknowledgement that there should be a transition statement between Background and Definition of HE
 - "PHAB is aligned in this and also recognizes geography and rurality"
 - Also, are we cross-refencing with the Public Health Modernization Manual to stay consistent and elaborating as needed?
- Meghan: Can geography be a dot point in the Equity Framework?
- Cara: The Public Health Modernization Manual was written in 2015- this policy was last updated in 2020. In 2020 PHAB made a commitment to leading with racial equity.
- Marie: Consider incorporating OHPB's information in a different way (clearly cite and differentiate)
 - Since we have a new Governor, do they review OHPB documents and make recommendations to the board?
 - Cara: annually or biennially, the Governor will write a letter to the board outlining key recommendations. Equity has frequently been at the center of key recommendations.
- Cara: 2020 Workgroup wanted to make sure the board was explicit in acknowledging and making a commitment to doing something about that – Leading with Racial Equity is also where geography is brought in
 - Mike: This definition isn't identifying geography as leading to inequities – It's saying it is based on race. Living in a rural in and of itself has its own barriers, including all of these things that lead to disproportionate impacts.
 - Marie: If the previous PHAB workgroup wanted to lead with race, they aligned with this definition to lead with race in their definition of health equity.

- Mike: I'm not stating that we don't lead with race, just in this document it doesn't go into the other indicators of health inequities, it's just that if you live in this community, it means it's an indicator. I don't have an alternative definition, but I'd be happy to find something and bring that back.
- Erica: Where can we put a bridging comment since we can't change the definition? I am seeing an inverted triangle – broad to more specific.
- Marie: are there any already procedures to connect PHAB and OHPB to make recommendations for a new definition.
- Michael: The Governor's plan to visit around the state some of these rural issues will be updated.
- Cara: connections would be between OHPB Health Equity Committee within OHPB prior to finalizing
 - Marie: Opportunities for connection and collaboration would be helpful.
- Marie will need to reflect on the "How health equity is attained" section
 - Is the language inclusive? Or Exclusive? Is it broad enough? Also – outside of the healthcare system – it strikes me as very limiting. Maybe this document needs some definitions.
 - Erica – Are they just describing SDOH?
- Cara: There's nothing stopping PHAB from making as many iterations of this as necessary – updates pre-Summer 2023 retreat and then we can come back to it.
- Policy section:
 - Cara: how well are we doing with this do far?
 - Erica: what are we talking about "equity review process?"
 - Marie: NACCHO put out new definitions for these things:
 - We need to clearly define things like health disparities etc. and make it clear which definition and source we want to use
- Procedure section:
 - Cara: Consistently through development of work products, deliverables etc., these 3 questions are being considered. Responses to the last 3 questions should be reported to PHAB.

- Cara: Trying to adhere to all of this is something we haven't done a good job of consistently.
 - Staff have responded to the questions, but it's something this workgroup could recommend being different
- Marie: reading it feels impactful, meaningful, and also like another part-time job. How do we know we've done enough? How do we operationalize it in a way that is still meaningful but also balances the workload. If it's OHA staff capacity, how can we balance what that looks like.
 - Cara: as someone who wrote responses to these questions, there was no way to tell if changing board composition will contribute to racial justice or health inequities etc. Do you have idea about how to close that loop and make sure it's directionally correct, recognizing we may not have all of the data we need to evaluate at this time?
- Mike: The section "How health equity is attained" is weak in comparison to exactly how HE is attained.
- Marie: Process impact is worth evaluating – Would it be possible to leverage that most recent experience as a case study. How would it really make a change? Is it possible to get a working case study.
 - Cara: Subcommittees generate most of the products, example could be with the next set of accountability metrics? Or guiding values and principles in the Strategic Data Plan subcommittee?
- Presentations to the board
 - Cara: when folks have wanted to come to PHAB to talk about something specifically, this isn't something that always happens.
 - Erica: Framed a tiny bit differently – the expectations are the same as the PHAB work, just framed a little bit differently
 - Cara: Personal reflection: These 2 bodies of work are intersecting – if PHAB's work products coming to the board, then they already should meet the criteria established earlier.
 - There may not be many things that come to the board that don't relate to the things at the top of the inverted triangle top.

- Marie: Wondering, is there a visual representation of the kind of flow or body of work or areas of focus that might be useful to reference as we look at this document?
 - This originally referenced PHAB work products, vs presentations to the board, what are we anticipating coming to the board? What is in the scope of who's coming to the board? Or does this need to be retired? Maybe we can come back and refine it later.
 - Cara: In the past, program-specific topics would come to the board so this guidance was meant for presenters to share details about equity impacts (REALD, SOGI, etc.). Currently, PHAB is hearing more about updates and work that has come as a result of its decisions – for example, the current PHAB external presentations are from groups funded by public health modernization priorities set by PHAB in Winter 2020. This allows PHAB to see the arc of their impact and validate how their own focus on equity is producing local results.

Amendments of HE Policy & Procedure document:

- See March 30, 2023 meeting materials for the first set of proposed changes.

Public Comment:

- Noni Ehmann shared that this has been a very informative discussion. Results of health inequity are the same whether in rural communities or otherwise. The reasons that lead to the inequity are different in rural vs minority communities.

Decisions made:

- If we use other people's definitions – Make it clear and review for consideration
- Create a bridging sentence between

Follow-up Items for March 30th:

- Mike and Marie will find a source for rurality and health equity and send to Joyleen and Cara.
- Marie: Would be great to see proposed changes based on comments made today before we launch into any case-studies.



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 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.

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 an impact on individual and community health outcomes.

Leading with racial equity

Racism is defined by Dr. Camara Jones as *“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,*

Commented [BCM3]: Mike to provide a citation and more verbiage about the role of geography in health inequities.

Commented [MJ4]: Find a spot to include a bridging statement to expand definition of Health Equity to include geography/rurality

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

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.”³*

The public health system leads with race because communities of color and tribal communities¹ 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.*

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.

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

³ Health Equity Guide. (2019). Why lead with race. Available at <https://healthequityguide.org/about/why-lead-with-race/>.

Race can be an issue that keeps other marginalized communities from effectively coming together. An approach that recognizes the inter-connected ways in which marginalization takes place will help to achieve greater unity across communities.”⁴

How health equity is attained

Achieving health equity requires engagement and co-creation of policies, programs and decisions with the community in order to ensure the equitable distribution of resources and power. 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 and structural 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.

Commented [MJ5]: Some terminology needs to be defined here

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 ~~inequid~~ disparities.

⁴ Government Alliance on Racial Equity. (2020). Why lead with race? Available at <https://www.racialequityalliance.org/about/our-approach/race/>.

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.