

AGENDA

PUBLIC HEALTH ADVISORY BOARD Strategic Data Plan Subcommittee

May 18, 2021

12:30-2:00

Join ZoomGov Meeting

<https://www.zoomgov.com/j/1618680158?pwd=YytqUFIPSXJiWFhMM1VjMTB6WmhNdz09>

Meeting ID: 161 868 0158

Passcode: 481766

One tap mobile: (669) 254-5252

Subcommittee members: Alejandro Queral, Eli Schwarz, Eva Rippeteau, Gracie Garcia, Hongcheng Zhao, Rosemarie Hemmings, Veronica Irvin

12:30-12:45	Welcome and Review of April 28, 2021 Meeting Minutes	Diane Leiva, Oregon Health Authority
12:45-12:55	Strategic Data Subcommittee Charter <ul style="list-style-type: none">Review changes made and how to incorporate health equity process and procedure framework into the Charter and the work ahead.Discuss work to date	All
12:55-1:15	PHAB Health Equity Review Policy and Procedures <ul style="list-style-type: none">Discuss how the Strategic Data Plan can reflect PHAB values related to equity	Cara Biddlecom, Oregon Health Authority
1:15-1:50	Values and approach to Strategic Data Plan development <ul style="list-style-type: none">Discuss centering approach to public health data and plan development on equity and data justiceDiscuss resources and processes that need to be reflected in planning	All

1:50-2:00

Public comment

2:00

Adjourn

**Public Health Advisory Board (PHAB)
Strategic Data Plan Subcommittee
April 28, 2021
DRAFT Meeting Minutes**

Attendance

Subcommittee members present: Dr. Eli Schwarz, Dr. Rosemarie Hemmings, Veronica Irving, Hongcheng Zhao, Gracie Garcia, Alejandro Qural, Eva Rippeteau

Board members absent:

Oregon Health Authority (OHA) staff: Cara Biddlecom, Diane Leiva

Welcome and Agenda Review

Cara Biddlecom (OHA)

Cara welcomed the PHAB Strategic Data Plan (SDP) Subcommittee to the meeting. The meeting began with introductions and members sharing their views of what is important about Public Health data followed by a review of the draft PHAB SDP Charter.

Discussion on Charter

(All)

Alejandro noted some comments around the language in the charter and asked whether there was a strategic data plan already in place. Additionally, he inquired what will happen to the feedback? Are they recommendations? The implication is that the recommendations will be implemented by OHA which implies more of a directive than recommendations. So, the question is who would approve these recommendations.

Diane noted that there is not a plan yet. Based on the information we receive from the Subcommittee; we will draft, and you will approve the Strategic Data Plan. In terms of feedback that you provide, it will be based on the current data

that we have. What you are seeing and what you are not seeing. So, the question may be, for example, let's say, we have surveillance data and the question may be how is race and ethnicity being reflected or analyzed in this data. Up until now, the data that we have may have those gaps as far as how the data is being analyzed. Is it really responding to community health care needs? This is how your feedback is going to inform the development of this strategic data plan.

Eli shares the relationship between the accountability committee and this new committee? How will we delineate the tasks for the two committees, particularly around accountability? The second issue is around the metrics and scoring committee and accountability committee and this committee as well as the subcommittee around health inequities which was set up a few years ago and was not able to measure health inequities. Some of the eternal problems were the lack of data on race and ethnicity. Because we are unable to capture that data in our systems, are people are unwilling to share that background which was proven in the COVID-19 presentation. Dr. Sidelinger mentioned that only 40% of the information we have is lacking on race and ethnicity. If we tell OHA that this is unacceptable we need to do something effective that could be considered feedback, but it can also be a message that we cannot work with this lack of information. We are unable to make right decisions without this information.

Diane noted that this is precisely the needs we need to address. At the OHA we have the Real-D which is a mandate and is currently meeting with people from all over OHA on how to address this and this is a first step. At the PH level we need this type of feedback. No so much of how we collect data but how it is being analyzed and whether these variables are being included in that analysis.

Alejandro agrees with what Eli said and defining how the subcommittee is going to work is also important. I suggest we change the language in the charter that this subcommittee will be responsible for helping create through our recommendations and feedback ultimately our deliverable, a strategic data plan. I feel that that wasn't clear in the language that I read in the document. I would also like to discuss what we mean around accountability and monitoring process and how the data plan will be developed and implemented. The series of steps about providing feedback to staff, that feedback being incorporated and decision

needing to be made about what is doable or not doable. What is the process like? Need a clearer sense. If the process were more nuanced it would be helpful for us to be a bit more succinct in how we described that.

Diane addressed Eli comments on accountability and deferred to Cara on the process of how it will feed into the PHAB Accountability Subcommittee. Cara provides background information on how we got to this point starting with data visualization and how can we make public health data more available to the public through tools such as Tableau and Power BI. We did a lot of work on visualization. But for those who have been on the Public Health Advisory Board for some time, we also have our Survey Modernization work, which is really based in community, where the community decides what questions to ask, how to collect the data, how to use the data. They own the data. So, we have that work going on too. We need to talk about public health data from the moment the data are collected; all the way through visualization and how the data are used to inform policy change, etc. To do that we need to work with our partners and engage communities throughout that process. This opportunity ties all that together into a cohesive hold. To the point that Alejandro just made, for some of these things we may not have resources or be technologically possible with the resources we have right now. The reason to link this with the PHAB is that we can go back and provide information about what is happening with this plan, how it is being implemented and resourced, and where there are barriers along the way so we can correct and make changes as to how the plan is developed and evolves over time.

Hongcheng noted that we aren't only talking about data itself, but we also need the specifications of the data, lots of work to do with data collection and how you want to analyze before you use Tableau to present the data. To me, data collection and the quality of the data matters the most. Otherwise, everything you build on that can be garbage. It is a challenge for this group as far as what we are going to deliver, and what we are going to accomplish. We really need to know that. I hope that at the end of this endeavor we have something accomplished. Something that we can implement.

Diane thanks Hongcheng for his comments and notes that he is correct on so many accounts. She adds that the purpose of the group, as the Subcommittee, is to develop the plan first before we start talking about what data we are going to collect, the quality of data, technology, we need to develop the plan. After the plan has been developed and approved by the Subcommittee, then we can talk about what type of technology and resources we are going to need so we can get into the details of carrying out this plan. So, for this purpose, where we are right now is that we need to develop the plan.

Dr. Hemmings indicates that it is her understanding that this is not a new subcommittee. Hasn't this subcommittee been around for a while? I thought I heard Eli say that he has been on it for six years.

Cara notes that half of the subcommittee members are members of the Public Health Advisory Board that has been in existence since 2016, but this is a new subcommittee of that board. For all our subcommittees we have both members and non-members of the PHAB so that we can include more voices and experience in the work that is happening in the PHAB.

Dr. Hemmings inquires whether this subcommittee is new as of April 2021? So that is why you don't have a plan. Now I understand.

Cara continues that as we continue to go through the charter there might also be new plans that we need to look at, what are the principles for the decision making and the framework for the plan to dig more deeply into the whole continuum of how the questions and data collection are set up on how we share or utilize and use data for decision. The challenge is to keep that at a high enough level so that when we have changes at the public health data level, the way that we can collect data, ways to use data, that we are still relevant with the potential for those types of things to shift over a shorter horizon.

Diane goes on to discuss the stakeholders in the charter. Dr. Hemmings asks whether the stakeholders in the charter are also on the PHAB? Cara responds that we do have local public health officers and administrators on the PHAB. We have a healthcare representative that covers a couple of those and a CCO

representative. Diane asks the Subcommittee that if there is a stakeholder that is not represented in this list to provide this information for inclusion.

Eli suggests the **population at large?** He adds that not every person in the state is member of a community-based organization. He adds that when listening to hearing at the Legislature, there are many individuals that simply present by themselves and are simply users of public health data.

Dr. Hemmings adds that when OHA puts out COVID-19 information, there is public health data they put out as well. So, population at large are stakeholders for information.

Alejandro indicates that he doesn't disagree, but it would be helpful to understand the purpose of defining stakeholders in this context. In other words, **under deliverable #2 it states our deliverable is to pose a set of recommendations on engaging with partners and key stakeholders.** I am not seeing any other reference to stakeholders, so the question is, **if it is about engagement of stakeholders what do we then mean, from a practical perspective, what does the general public mean?** For me, engaging the general public through these proxies, whether it is community-based organizations, health centers and clinics, may be a way of narrowing the field a bit from a practical perspective. If it is about engagement, how do we do it?

Dr. Hemmings, aren't these meetings open to the public? Isn't there a public comment period?

Diane responds that this is a public meeting and adds that it is open to the populations at large, but is trying to visualize how that would be possible? We do want this to be manageable and by no means is this going to be set in stone. This is a live document that will hopefully be improved over time, referring to the plan. This is on the table for further discussion. But at this juncture, what we have discussed, is that we have wanted to focus on the health aspect and not so much on the policy aspect. Although obviously policy is going to be directly impacted by the outcome of the plan and how the data is collected and analysis. Diane defers to Eli for suggestions on how to add the population at large?

Eli indicates that the comments made by Dr. Hemmings and Alejandro are valid and re-reads the section and notes in a sense this would be the understanding that by mentioning these stakeholders we would have made it all encompassing so I'm not sure. Referring to Alejandro's point, I am not sure why we have a list of stakeholders. Unless we will go out to these stakeholders and invite particular comments and/or suggestions that this is going to be the circle of people that we will ask for people for comments on the data plan that we are discussing. Because maybe we should just try and the public comment period of the meeting would be the open invitation to everybody.

Veronica remarks that she was agreeing as to the logistics of adding the population. We have the public comment period here, but is there a public comment period of time so than when we have the data plan drafted we could share among our different community partners on the stakeholder list and get their members feedback on the plan at that point.

Cara indicates that she feels that to some degree that is in the deliverables in terms of asking from you some input/advice on the engagement strategy of the subcommittee and the plan itself.

Diane notes that in addition to the subcommittee we also have an internal team within Public Health where we have people who are liaison, not necessarily representatives, within Public Health that have direct communication with local public health authorities, CCO and that is also one of the venues of communication with the stakeholders that we have detailed here. Because at this point to try to reach out to the population at large ... ideally the goal is, and we will look at the timeline, the goal is to have the plan developed and approved by you by December of this year. That might also be a constraint depending on schedule and depending on what we come across. But please do know that those stakeholders that we have outlined here, they do have a person within public health that is the liaison to them.

Veronica suggests whether we should include other government organizations who might be using the data. For example, K-12 other groups in government that routinely have access to the data and have opinions on what data is missing.

Diane responds that this had been considered and that other organizations could be added such as local and state government, but for this particular effort we had thought of really focusing on healthcare and not so much policy. Once we have this down open it up to other government organizations. What are your thoughts?

Veronica notes that perhaps as part of our plan we can reach out to some of them to see what they thought was missing this last year particularly with COVID. All the different times the group have reached out. Perhaps adding them to our list of stakeholders?

Diane reads out the deliverables for the subcommittee. The list we saw before is by no means inclusive. Additionally, shares what work is out of scope as well as Subcommittee responsibilities and request that if members are unable to attend to have assign someone in their place.

Dr. Hemmings asks whether recommendations of engagement with partners and key stakeholders, how does the communication channel work?

Diane responds that one of the documents still being worked on is the Communication Management Plan with all of you. Not only through meetings, but through emails...this is one of the things we need to discuss. What is your preferred method of communication with the subcommittee? As far as communication with the other stakeholders that we talked about, that is going to be something that the liaison within Public Health will have to define for us.

Discussion on Group Agreements

(All)

Diane reads through the Subcommittee Group Agreements and asks whether there are any additions.

Eva request to add a grace, not only in the challenges of working in a virtual space, but while we get to know one another. It does match with the acknowledge intent and impact and oops and ouch. I love having grace and giving it and receiving it. Forgot about the bullet right above it. Diane acknowledges the request and indicates she will add something and sent it to the group to vet and approve.

Dr Hemmings notes that holding grace around the challenges of sharing a virtual space, so were you asking for that to be added? Eva agrees and asks for the addition. The ouch and oops may cover that already.

Discussion on Modernization Framework

(All)

Diane goes over Modernization Framework of our Governmental Public Health Services , primarily the goals of our foundational capabilities which have to do with leadership and organizational competencies, health equity and cultural responsiveness, community partnership, assessment and epidemiology, policy and planning, communications and emergency preparedness responsiveness.

Discussion on the Strategic Data Plan Timeline

(All)

Diane notes that what is being presented is an excerpt of the timeline. This is our kick-off meeting. We did introductions in our initial meeting at the beginning of April. In May through July, we are going to review background information, information that is collected to date and what is missing. So, a lot of the work that is going to be presented to you will be coming out of the contributions from our Internal Team in Public Health and advice on process for collecting feedback from the stakeholders. As part of the project management plan and communication plan I have been working on developing, one of the things that will be included is a feedback log and a decision log of those decision that are being proposed. Our timeline for the review of our draft plan is going to be from August through October. There we will also develop metrics and milestones. The finalized plan will be probably in November (probably because November is a

short month). The final approval from the PHAB will be in December. This is an aggressive timeline based on everything we need to look at, cover and discuss. Questions, comments?

Hongcheng inquires on who is going to work on those plans? Subcommittee members will only wait for the plan to be drafted and give the comments? Or we are going to be assigned work on different parts of the plan?

Diane responds that she would love it to be what you just mentioned, but no. The person is actually going to be myself amongst other people in Public Health and our Internal Team. We are the ones that are going to draft the plan out and will be constantly sending you updates for your review.

Cara adds that this is a really important point. It is not that we are going to make you sit down and write the plan. But more through our regular monthly meetings and conversations and what the engagement looks like around this, we would be drafting it, and synthesizing it into writing. You would be reviewing and responding, adding, and we would have an iterative process.

Hongcheng mentions that that is what he had in mind. In order for us to give meaningful comments, we should be given sufficient information and resources including the current landscape of the data or the infrastructure of the data collection, analysis and implementation to have some clue of what is going on and what we have right now, know the direction and what is next.

Diane agrees with Hongcheng and notes that part of the work we are collecting now through our Internal Team is precisely that. We are collecting our current state, what is the data we currently have and will be in the process of developing a new data inventory, not only for this particular strategic data plan, but also to present to you so that you have an accurate picture of what is the data that we have available.

Eli inquires whether we consider the State's surveillance program part of the Public Health's database?

Diane confirms. On this new data inventory, we are getting ready to reach out to a number of people that will include not only the data that we have and have had in the past. Our last data inventory was done in 2016, so it is not only an update of that data, but this will also include COVID data, CRRU (COVID Response Recovery Unit) data, Vaccine Project Planning data; everything that you are actually seeing when you go to the Public Health COVID dashboard; all of that is going to be included in that data inventory.

Diane adds that this is a lot of information we have gone over and hopes that the Subcommittee will take this opportunity to get back to us if there are any questions and/or suggestions; this is an ongoing open conversation between us.

Cara notes that she has one additional process question for the Subcommittee before we can go back up to the agenda. In the May through July timeframe, are you also interested in developing the overarching principles that we want to be using to make decisions and/or frame up the plan and if that something we should be putting on our timeline? And if so, probably something we would want to put on for May.

Eli asks for clarification. What does that mean? We have worked in PHAB, we have our principles of decision making, but I have never seen that practiced in Subcommittee of Accountability because it doesn't become relevant until it comes back to PHAB, because it is PHAB that makes the decisions.

Cara responds that what we could do at our next meeting is go back through our Health Equity Policy and Procedure and maybe start there as a place for ongoing conversation. I just want to make sure that working on something that is this big, that we are working from the same scope.

Eva notes that having some principles particularly if we are taking something and having them align with the overarching PHAB principles, but then having somethings that may be missed around equity, inclusion, improving services to communities that haven't been reached. I know we have language on that but seeing how we can better connect on the front end and instead of having it sent back to us by the large group and realizing we missed something.

Alejandro inquires on the relationship between your question and the Health Equity Policy and Procedure that we have. It does refer to Subcommittees and the application of procedures in our decision-making process?

Cara suggests that maybe we should take some time at our next meeting and go through the Health Equity Policy and Procedure to make sure that as we are having these discussions, as it relates to the Strategic Data Plan, we are reflecting and using those principles. Perhaps there is one layer down of how do those principles apply to Public Health data and we might want to be thinking about this when writing the plan? It should be in the beginning part of what frames it up.

General Discussion on Upcoming Meetings

(All)

Cara reverts to the agenda. This meeting was really hard to schedule and we probably need to schedule something in ongoing cadence. Just to say that we will be following up to try to get some ongoing meetings on our calendar so that we can continue to move this work. This particular date and time will probably not be the best time for everybody every month?

Typically, what we do at each full PHAB meeting which are open to the public is that we welcome everyone who is on the line today to attend. We typically have a PHAB member provide an update at one of those meetings so I was wondering if anyone would be willing to share back at the May 20th PHAB meeting.

Alejandro offers to provide update that the next full PHAB meeting.

Cara inquires on what other things are on the mind of the participants? Additionally, we will be sending an updated version of the Charter and updated Group Agreements with all of the things we talked today, and all of the feedback members provided and will follow-up with a meeting scheduling request.

Eli notes that we don't know when the next meeting will be?

Cara confirms.

Eli asks Diane how far ahead are we with the first basic overview of the data situation?

Cara responds that we certainly haven't brought it to you yet. So I think that what we will need to do is prepare some of that background and also at our next meeting we will talk through out Health Equity Policy and Procedures and also think about how the principles within apply to Public Health data and our decision-making as a Subcommittee. So those will be our May agenda items.

Public Comments

Cara Biddlecom (OHA)

Cara opens the floor to the person attending for any questions or feedback to the Subcommittee.

Carissa Bishop notes on the importance to include the community and any stakeholders throughout the process from planning through implementation and evaluation to ensure equity, including various stakeholders in all aspects of the planning process.

Cara thanks Carissa and notes that is some pretty good framing for matching up our values against equity with the work of Public Health data.

Cara thanks for the participants and asks to get back to her or Diane with any questions and/or edits to the material that will be sent out. In the meantime, also be looking out for meeting scheduling email which we hope works for everybody.

If you would like these minutes in an alternate format or for copies of handouts referenced in these minutes, please contact Lisa Rau at lisa.k.rau@dhsosha.state.or.us. For more information and meeting recordings please visit the website: healthoregon.org/phab/subcommittee

Public Health Advisory Board Strategic Data Plan subcommittee

I. Background

The Public Health Advisory Board (PHAB) is established by ORS 431.122 as a body that reports to the Oregon Health Policy Board (OHPB). The purpose of the PHAB is to be the accountable body for governmental public health in Oregon.

The role of the PHAB includes:

- 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.
- Oversight for Oregon Health Authority, Public Health Division strategic initiatives, including the State Health Assessment and State Health Improvement Plan.
- Oversight for governmental public health strategic initiatives, including the implementation of public health modernization.
- Support for state and local public health accreditation.

Since 2016, PHAB has established subcommittees that meet on an as-needed basis in order to comply with statutory requirements and complete deliverables. PHAB currently has three subcommittees:

- 1. Accountability Metrics Subcommittee**, which reviews existing public health data and metrics to propose biannual updates to public health accountability measures for consideration by the PHAB.
- 2. Incentives and Funding Subcommittee**, which develops recommendations on the local public health authority funding formula for consideration by the PHAB.
- 3. Strategic Data Plan Subcommittee**, which makes recommendations for a public health system plan for the collection, analysis and reporting of population health data.

This charter defines the purpose, scope, and deliverables for the PHAB Strategic Data Plan Subcommittee.

II. Purpose:

In October 2020, PHAB adopted its current [Health Equity Review Policy and Procedure](#), which reflects PHAB's values and a commitment for the public health system to lead with racial and ethnic equity.

Public health data are used to make program, policy and funding decisions. Public health data are needed to identify and eliminate health inequities. A primary function of state public health is to collect and report public health data for these purposes. Public health data are used by federal, state, local and Tribal public health authorities, health care, researchers, community-

based organizations, other government agencies, and community members. Therefore, data must be accurate, accessible, and reflect community values and wisdom.

The PHAB Strategic Data Plan Subcommittee will be responsible for helping to create, through recommendations and feedback, a strategic data plan. The goal of this plan is to successfully address public health data needs and gaps to inform policy as well as provide recommendations for collection, analysis, reporting, visualization and of public health data.

Subcommittee recommendations will be taken to OHA and the Internal Subcommittee Team for review and prioritization based on Public Health's resources. OHA and Public Health will communicate to the Subcommittee what recommendations may be implemented at short, mid, and long term establishing an implementation timeline. These recommendations will be implemented by OHA and will form the foundation of the 2023 State Health Assessment and other data infrastructure projects.

An accountability and ongoing monitoring process will be developed within the Strategic Data Plan to ensure that the recommendations provided by the Subcommittee will be implemented in the Strategic Data Plan as well as in the plan's execution. The PHAB Accountability and Metrics Subcommittee will provide oversight and monitoring of the process.

III. Stakeholders

A Stakeholder is: "Individuals and organizations who are actively involved in the project, or whose interest may be positively or negatively affected as a result of the project execution or successful project completion."¹

For the purpose of this effort, the following stakeholders have been identified as users of Public Health data and will include community members representing people with disabilities, immigrants and refugees. ²

The following stakeholders have been identified for this effort:

- Local Public Health Authorities
- Community-based Organizations
- Health Centers and Clinics
- Hospitals
- Coordinated Care Organizations
- Federally Qualified Health Centers

¹ Project Management Institute, 1996, accessed 9 April 2021, https://www.google.com/search?q=pmi+definition+of+stakeholder&rlz=1C1GCEA_enUS867US867&oq=PMI+definition+of+stakeholder&aqs=chrome.0.0j0i22i30l2j0i390.9542j0j7&sourceid=chrome&ie=UTF-8

² The PHAB Strategic Data Plan Subcommittee is a public meeting and provide a voice to community members and the population at large.

- Oregon Academic Entities
- Other Government Organizations

Oregon Tribes are also potential users of public health data, and OHA will engage with Tribes formally on public health data and through the representative of Oregon Tribes on the Public Health Advisory Board.

IV. Deliverables

1. Recommendations on a Strategic Data Plan, to be implemented by Oregon's public health system.
2. Recommendations on engagement with partners and key stakeholders throughout the plan development process.
3. Recommendations on how to transform our data systems to center on equity and data justice.

Items that are out of scope for this subcommittee:

- information technology infrastructure
- Recommendations on individual public health data systems or data sets

V. Subcommittee member responsibilities

- Regularly attend meetings and communicate with OHA staff to the subcommittee when unable to attend on a regular basis;
- To the extent possible, review meeting materials ahead of time and come prepared to participate in discussions.
- Share relevant information with one's own organization or with other groups as relevant.

V. Resources

This subcommittee is staffed by the OHA Public Health Division:

- Cara Biddlecom, Deputy Public Health Director and Director of Policy and Partnerships
- Diane Leiva, Public Health Division Data Interoperability Coordinator
- Other leaders, staff, and consultants as requested or needed.

**Public Health Advisory Board
Health equity review policy and procedure
September 2020**



Background

The Public Health Advisory Board (PHAB), established by House Bill 3100 (2015), 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 using best practices and an equity lens to inform its recommendations to OHPB on policies needed to address priority health issues in Oregon, including the social determinants of health.

Definition of health equity

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.

Leading with racial equity

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 within and different social groups.

Health equity also requires that public health professionals look for solutions outside of the health care system, such as in the 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 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 disparities.

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 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 using the questions below.

The PHAB review process includes the following questions:

4. 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
5. Which sources of health inequity does the work product, report or deliverable address (race/racism, ethnicity, social and economic status, 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 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, 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 ground 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.

Resources

The City of Portland, Parks and Recreation. [Affirmation of Equity Statement](#).

Multnomah County Health Department (2012). [Equity and Empowerment Lens](#).

Oregon Health Authority, Office of Equity and Inclusion. Health Equity and Inclusion [Program Strategies](#).

Oregon Education Investment Board. [Equity Lens](#).

Oregon Health Authority, Office of Equity and Inclusion. [Health Equity Policy Committee Charter](#).

Jackson County Health Department and So Health-E. [Equity planning documents and reports](#).