

**Public Health Advisory Board (PHAB)
Strategic Data Plan Subcommittee
July 20, 2021
DRAFT Meeting Minutes**

Attendance

Subcommittee members present: Dr. Rosemary Hemmings, Alejandro Queral, Hongcheng Zhao

Subcommittee members absent : Gracie Garcia, Eli Schwarz, Eva Rippeteau, Veronica Irvin,

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

Welcome and Agenda Review

Diane Leiva (OHA)

Due to limited attendance and the fact that members present were not at the June 15, 2021 meeting, approval of meeting minutes will be postponed to the next meeting.

The focus of today's meeting will be to review changes to the charter incorporating more community goals and mission as well as laying out an outline of what the strategic plan will look like.

Meeting Minutes

(All)

Alejandro – Is the goal to approve this charter with the revisions mentioned?

Diane – It is more to discuss the sections of the charter that were changed and see if there is anything missing, or the language that needs to be changed and whether it reflects the goals and mission of the community.

Alejandro – After we review the content and language, what would happen?



Cara – Let’s take a step back from the charter and talk about where we are today, especially after last week’s PHAB meeting. We have community partners that have been doing this work on our Public Health Surveys and they are in the process of finalizing the reports with some recommendations about public health data that are important for this work on the strategic data plan. We talked at this Subcommittee, at the Public Health Advisory Board, and our community partners that have been doing this work too, on changing how we collect public health survey data beyond the Behavioral Risk Factor Surveillance Survey (BRFSS) which is a random digit dial survey. BRFSS is not community centered, the questions really aren’t relevant for Oregon, and we aren’t getting good results and participation. The participation tends to skew much older than Oregon’s demographic, Whiter, and doesn’t necessarily reflect the context or issues that are most important for community. We have had that work going on and we anticipate the reports from our Community-based partners will be finalized in the next month or two. We will then have recommendations that are coming from communities that will inform a lot of what the strategic data plan is. That work is happening, and it has been a bit of challenge to be having this conversation when we know that work is happening, and it’s so directly related to what we are doing.

We also have an annual retreat for the Public Advisory Board where we focus on what the future looks like, where do we want to put our energy, what do we want to work on and develop a work plan. We haven’t had one this year due to COVID and some appointments that haven’t happened from the Governor’s Office, so we were down a couple of members until late.

What we talked about in our last Public Health Advisory Board meeting with all the members was could we get together in the Fall, include all our Subcommittee members and our Community-based partners that are doing the survey modernization work and have that be a focus. We are talking about the recommendations and what do we do next, what does this mean for accountability metrics, for incentives, what does this mean about how we fund public health. If we start with data, that impacts everything else. If we back up, what are some learning opportunities that we want to have as PHAB, specifically working with the community, leading with equity to help us be in a good place for that conversation. All that is some of the context that we are working in. It’s been



hard for me knowing that this critical work is happening, and we are also doing this work too. But it is a potential pathway forward for us to think about what the strategic data plan looks like and build and support implementing recommendations that are coming from communities specific around how we ask communities about health.

Dr. Hemmings – Is equity being included in the redesign of the survey plan?

Cara – That is an important question. What our partners, that have taking the Behavioral Risk Factor Surveillance system survey data and the survey itself, have come up with have been where do these questions come from, are they relevant to communities, are we translating surveys that completely loses the context or meaning of questions, and what does that actually means for different cultures and languages too. All those things coming together is having us, state Public Health, think about not doing our surveys that way. Maybe let's work with communities directly and have communities ask the questions that are relevant to community in the languages, in the form and manner that makes sense; provide a lot more context around the data that's collected, and also be focused on strengths and values instead of the way that often times these surveys create a deficit in terms of articulating inequities which is important but also loses the other piece of that bigger context. But I am only able to speak at that level and really look forward to the opportunity for all of us to engage directly with the folks that have been doing this work because it is incredible work.

I am not making a recommendation but wanted the Subcommittee to inform what the next steps should be.

Dr. Hemmings – It sounds fragmented the way it is right now. I think that anything that we do right now may not be fully informed by what else is happening. If we are going to include in the charter the Community-based piece, I think we should wait.

Hongcheng – The question is what is the timeline for the survey? Will we wait until we have something from the survey?

Cara – So there are reports from each of the community specific projects that we are anticipating will be finalized in the next couple of weeks – 4 to 6 weeks-. Then we would get together as partners with our Community-based organizations that have been leading this work to start to unpack what is in the recommendations and then how does the Public Health Advisory Board help to support them. I do think that supporting and advancing piece – a lot of that work will fall back on this Subcommittee from a strategic data plan perspective. There might be “we recommend doing the Behavioral Risk Factor Surveillance Survey this way and funding community to do these things or expanding community work to do...” and those could be things that this Subcommittee formalizes in terms of a plan. That would be likely this Fall that we would be getting together, October is the timeframe by which we could all get together.

Hongcheng – I missed last month’s meeting. In reference to Legislative Bill 4212, we know there is missing data at the community level and that it is not used much at the provider level. *Unable to complete feedback due to bad connection.*

Alejandro – In terms of where to go from here, and do we need to make a decision as committee on the charter so that we can move to the other steps that follow including those that require other dependencies to happen that are outside of our control?

Changes to Charter were read out to the Subcommittee.

Hongcheng – There is a lot of emphasis on the groups mentioned in the charter who have been neglected or ignored over time. By emphasizing those, it sounds like we are only talking about the BIPOC community and people with disabilities. Does it give others the impression that this only addresses BIPOC communities?

Dr. Hemmings – But it does say “includes” representatives, so it is not exclusive of BIPOC communities. I think you need to call out communities that have been disenfranchised or bore the burden of the impact of disparities that exist and who are often times not necessarily included in the data that we use to figure out who gets services, e.g. the most vulnerable among us.

Diane – Adding the language of disenfranchised communities includes a lot of people and I can see where, for example, Asian communities, where do we fall in this language. Any other suggestions on how can it be more inclusive?

Alejandro – I think the language is important in how we describe these communities. I know that “historically marginalized communities” is a more accurate term. I know that some of the terms that have been used in the past have been considered offensive by some communities. So, beware that the language that we use may matter and historically marginalized could fit the bill better. I would suggest, additionally, in that section on Community-based participation, the paragraph begins “to this effort” so what does that effort mean? Is the effort the Community-based participation or the accountability and metrics monitoring process? There are a lot of efforts throughout the charter so to have “Community-based participation inform this process, these partners have been identified as purveyors and users,” that is one that I recommend. The second is that “include representatives from the BIPOC community.” I don’t find that very useful as there is not a BIPOC community. We are already referencing historically marginalized communities and I would suggest language such as “includes, but is not limited to or must include...” I want to be a little more specific. So, historically marginalized communities get at that. The other effort I was going to offer was naming out communities such as communities of color: Black, Latino. BIPOC community is not very accurate.

Why are separating Oregon Tribes? I think I understand the jurisdictional rationale, but I am not sure that perception-wise that separation would go over well or could lead to misrepresentation. Can we talk a bit out that?

Cara – I can try to answer that, Alejandro. That is trying to not distinguish Tribes as a stakeholder and upholding them as Tribes as a sovereign nation. We could specifically say that upholding OHA’s government to government relationship with Oregon Tribes. There are also differing governing rules around data, so we wanted to separate Tribes from the other entities.

Diane – But aren’t Tribes included in BIPOC?

Cara – We have received feedback from Tribes not seeing themselves within the term BIPOC. Some Tribes have recommended BIPOC AI/AN (American Indian/Alaskan Native). But OHA has not done a formal Tribal consultation so typical use the term Communities of Color and Tribal Communities which is inclusive of different types of American Indian Alaskan Native populations.

Hongcheng – I also echo Alejandro’s point for the rule of Community-based participation. In the end, we really don’t want Community-based organizations to be consumed with whatever we are going to do here. We really want to clarify and identify the role of communities and organizations.

Dr. Hemmings – May I also suggest that we spell out BIPOC if we decide to use that term? That has been a new trend now, to spell it out rather than using the acronym.

Of the significant change that was done was to include Community-based organizations and language around that?

Diane – Correct. This is based on our last meeting and the previous PHAB meeting where we had the presentation from the Survey Modernization group. I tried to bring them into the language of the charter. But we need to be more specific.

If you think that it is worthwhile and you would like to put some language into the charter, we can do that, and I will circulate it amongst the Subcommittee members.

Additionally, we need to decide whether we are going to have a meeting next month.

Cara – For context, we talked at our last meeting with a Health Equity Training and Technical Assistance provider at OHA. We started to roll out some training for Public Health and OHA staff first, but we have had them available for the Public Health Advisory Board to engage them in learning opportunities before we have our retreat where we would do that in concert with our Survey Modernization partners. In the interim, all our Subcommittee members are invited to participate in that if you wish. That would be another way for us to be connecting if we didn’t

want to meet between now and the October retreat which would be a bit more of that foundation.

Dr. Hemmings – I am just thinking about what Alejandro said and looking at this community members include representatives from BIPOC etc., community members, although not all inclusive represent those from... and I'm not sure that "marginalized" may be the right term to use – I have some issues with that – but if it said "community members includes those from "marginalized populations such as" and then you list out.

Diane – My concern is that we out bound to leave somebody out.

Dr. Hemmings – I hear what he is saying. Who is the BIPOC community? It is not a monolithic group. It is open to interpretation by the reader. Who is the reader of this document?

Diane – It is the public.

Dr. Hemmings – It should be reflective and a representation of what their understanding is. We should be speaking to the public and not to ourselves. You have to think of the audience. I'm just not sure that "marginalized" is the right term to use.

Alejandro – I completely agree. I am not convinced that "marginalized" captures it as it is such a complex issue.

Cara – One way we have tried to not use the term "marginalized" is to call out "experience of racism, ableism and other types of oppressions".

Dr. Hemmings – Sounds good.

Hongcheng – I think we don't need to get involved with politics. I think BIPOC is okay, but with "marginalized" you are trying to make a political argument. It is a fact, but it is not something we should discuss here in this document. I like adding "such as". On the next line, "additionally" is somewhat weird. We can drop "additionally".

Alejandro (added in the chat) – Communities subject to historic and systemic oppression.

Dr. Hemmings – That includes your farm workers, your rural communities.

Diane – With regard to Oregon Tribes, when we spell out BIPOC, and include American Indian and Alaska Native. We will leave the language on Oregon Tribes at the end of the section.

Hongcheng – The word entities could be changed to something else.

Dr. Hemmings – Are we meeting in August?

Diane – It will depend on attendance for the August meeting.

Hongcheng – August 7th Chinese Festival in Pioneer Square from 12:00 – 7:00PM.

Cara – If we do some work with Health Resources in Action in August, September that would be a way for us to get together.

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