AGENDA

PUBLIC HEALTH ADVISORY BOARD

February 17, 2022, 2:00-5:00 pm

Join ZoomGov Meeting
https://www.zoomgov.com/j/1602414019?pwd=MWtPYm5YWmxyRnVzZW0vZkpUV0lEdz09

Meeting ID: 160 241 4019
Passcode: 577915
One tap mobile
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Meeting objectives:
- Approve January meeting minutes
- Hear update on funding to community-based organizations
- Hear update on legislative session
- Discuss public health modernization planning for 2023
- Continue racial equity capacity building trainings with Health Resources in Action

2:00-2:10 pm	**Welcome, updates and agenda review** • Introductions and member transitions • ACTION: Approve January meeting minutes	Veronica Irvin, PHAB Chair
2:10-2:20	**Legislative session** • Hear update on public health priorities for 2022 legislative session	Cynthia Branger Muñoz, OHA
2:20-2:50 pm	**Public health modernization planning for 2023** • Continue to develop PHAB priorities	Sara Beaudrault and Cara Biddlecom, OHA

2:50-3:00 pm	**CBO funding** • Hear about public health modernization and other funding to CBOs	Christine Rankin, OHA
3:00-3:10 pm	**BREAK**	
3:10-4:50 pm	**Health equity capacity building**	Brittany Chen and Ben Wood, Health Resources in Action All
4:50-5:00 pm	**Public comment**	Veronica Irvin, PHAB Chair
5:00 pm	**Next meeting agenda items and adjourn**	Veronica Irvin, PHAB Chair

PUBLIC HEALTH ADVISORY BOARD (PHAB) MEETING MINUTES
January 20, 2022, 2:00-5:00 pm

Attendance
Board members present:
Kelle Little, Dr. Bob Dannenhoffer, Dr. Veronica Irvin, Dr. David Bangsberg, Sarah Poe, Dr. Sarah Present, Carrie Brogoitti, Jocelyn Warren, Dr. Jeanne Savage, Michael Baker, Dr. Dean Sidelinger

Board members absent:
Rebecca Tiel, Rachael Banks, Erica Sandoval (excused)

Oregon Health Authority (OHA) staff:
Lisa Rau, Tamby Moore, Sara Beaudrault, Victoria Demchak, Kusuma Madamala, Margaret Braun, Tim Holbert, Susan Otter

Meeting objectives:

- Approve December meeting minutes
- Discuss public health modernization plans for 2023-25
- Continue racial equity capacity building trainings with Health Resources in Action

2:00-2:10 pm   Welcome, updates and agenda review
Veronica Irvin, *PHAB Chair*

- *Introductions*
- *Welcome:* PHAB subcommittee members
- *Update on recruitments*
  - Governor's Office continues its recruitment for PHAB's vacant positions.
  - Two seats are open, and two applicants are under consideration.
  - New members should be joining the PHAB shortly.
- *Request from OHA to complete a Member Survey*
  - Members were encouraged to complete this optional survey
  - The survey will provide baseline demographic information.
- *Approve December meeting minutes*
  - Minutes were unanimously approved.
- *Identifying members to serve on various committees:*
  - There are three PHAB subcommittees
    - Accountability Metrics - Needs additional members. Jocelyn Warren agreed to join.
    - Incentives & Funding – will begin early 2022. Needs additional members. Mike Baker agreed to join.
    - Strategy Data – on hold for a few months until discussion to determine future needs and actions.
    - *NEW* Evaluation Advisory Committee – will provide overall direction and guidance to Public Health Modernization evaluations and methodology. This is not a subcommittee of PHAB but is connected to PHAB's work. Being led by Kusuma Madamala. Needs 1-2 PHAB members. Sarah Poe volunteered. Veronica volunteered to serve as a second member if needed.

2:10-2:45 pm   Public Health Modernization planning for 2023-25
Sara Beaudrault, *OHA Staff*

Each biennium, PHAB sets the direction for new investments in public health modernization.
  - ➢ PHAB's role is essential.
  - ➢ OHA, LPHAs, Tribes and CBOs build from the direction set by PHAB to develop goals, descriptions of work and intended outcomes.

> ➢ OHA submits a Policy Option Package to Governor & then on to the Legislative session.
> ➢ There are phases for implementation and a timeline in place.

Discussion questions:

1. PHAB has made a commitment to equity and leading with race. In what ways can public health modernization investments in the 2023-25 biennium facilitate PHAB's vision for racial equity?
2. What have you heard at PHAB about priorities for public health?
   a. From CBOs
   b. From LPHAs
   c. From Tribes
   d. From survey modernization partners
3. How can a focus on foundational capabilities build sustainable public health system infrastructure?
4. What are your recommended next steps?

A discussion ensued. Some points made were:

> ➢ Topics above are too vague, need success stories to model after
> ➢ Make sure money is focused on projects committed to health equity outcomes
> ➢ Investigate how we got to inequities
> ➢ Determine the role of Public Health in the future—we need to be clear
> ➢ How do we take what we learned from COVID and how do we apply it
> ➢ Need data and data systems that support sharing data and using data to make decisions
> ➢ Need to pivot from greatest good for the greatest number of people to eliminating health inequities
> ➢ Still having trouble understanding what modernization really means and how it applies to individual programs. People on the ground also need to understand this.
> ➢ Focus on health promotion. Public health is for everyone.
> ➢ Feedback needs to be given in a positive way—be careful not to make it a "should" because every LPHA and community is different.

> ➤ Mobile clinic units have been successful for rural communities. Mobile clinics can be strategies for equity and health promotion while also providing clinical services.

2:45 – 2:50   Break

2:50-4:50   Health Equity Capacity Building
Brittany Chen and Ben Wood, *Health Resources in Action*

Continuation of racial equity capacity-building work, building on previous discussions and training.

This is Session 3 of 4. Next month's meeting will be the final session.

4:50 – 4:55 pm   Public comment
Veronica Irvin, *PHAB Chair*

No requests for public comments were made prior to the meeting or during this time. Public comments section was closed.

4:55 -5:00 pm   Next meeting agenda and adjourn
Veronica Irvin, *PHAB Chair*

- February will be the last month of the Health Resources in Action training.
- Discussions will continue about public health modernization planning and priorities.

Next meeting will be Thursday, February 17, from 2-5 pm.

Meeting adjourned at 5:00 p.m.

Oregon Health Authority
Public Health Advisory Board
2022 Legislative Update

February 17, 2022

Cynthia Branger Muñoz, OHA Government Relations

Health Equity

- OHA's strategic goal is to **eliminate health inequities** in Oregon by 2030

- 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, age, 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.

- As part of realizing this goal, OHA's legislative requests will continue to be shaped by community partner input and feedback

Government Relations Team

GR Team	Policy Area
Holly Heiberg	Government Relations Director
Cynthia Branger Muñoz	Public Health, Cross-Agency Initiatives, Tribes, Shared/Central Services
Tristan Fernandez	Behavioral Health
Matthew Green	Budget, GR Communications
Jamie Hinsz	COVID-19 Response and Recovery Unit
Marybeth Mealue	Executive Assistant
Isela Ramos Gonzalez	Medicaid, Oregon State Hospital, Substance Use Disorder, M110 Implementation
Jeff Scroggin	Health Policy and Analytics, Equity & Inclusion

2022 Legislative Calendar

- Feb 1   First day of session
- Feb 7   First chamber posting deadline*
- Feb 14   First chamber work session deadline**
- Feb 18   Second chamber posting deadline*
- Feb 24   Second chamber work session deadline**
- Mar 7   Constitutional Sine Die (may end earlier)

* Bills must be scheduled for a work session by this date

** Bills must be voted on by a committee in work session by this date

Some committees are exempt from these deadlines

Oregon Health Authority

Number of Active Bills

- Total bills: 219
- Bills related to health (OHA is tracking): 113
- Public Health bills tracked: 81
- Public Health Division high priority bills: 19

Public Health Active Bills

- HB 4052: Mobile Health Units
  - Follow up on declaration from 2021 session
  - Would create mobile health units pilot
  - Focus on serving priority populations with histories of poor health or social outcomes.
  - Creates affinity group task forces to make further recommendations

- SB 1554: After Action Report on COVID response
  - OHA study public health system response to COVID-19 pandemic using a neutral third party to conduct the study
  - All Levels of government response
  - A series of three reports

Public Health Active Bills

- HB 4099: Racial Equity and Youth Justice Collaborative
  - Majority of council members must be between ages 11 and 21
  - At least 70% from underserved racial and ethnic groups
  - Initial responsibilities include:
    - working with OHA and ODE on surveys and examining initiatives and practices related to youth
    - Student engagement at Oregon Department of Education, Oregon Health Authority, and the Youth Development Division

- HB 4045: Community violence prevention
  - Expansion of Hospital-Based Violence Intervention Programs (HVIPs)
  - These programs have been shown to decrease post-traumatic stress and violence recidivism.
  - Gives grants to community partners

Public Health Active Bills

- HB 4077: Environmental Justice Council
  - Renames task force to council
  - Redefines membership
  - Includes an environmental justice mapping tool

- HB 4098: Opioid Settlement Prevention, Treatment and Recovery Fund (OSPTR Fund)
  - puts part of ADPC strategic plan into statute
  - OHA to establish and administer an Opioid Settlement Prevention, Treatment and Recovery Board
  - Board would allocate moneys as directed by the board

Public Health Active Bills

- HB 4081: Naloxone prescribed by pharmacists

- HB 4034: Technical Fix bill

- HB 4068: Emergency Preparedness

- HB 4109: Newborn Blood screen

- SB 1512: Background checks

- SB 1530: Fertility Services

Public Health Active Bills

- SB 1562: ASL Interpreter Licenses

- SB 1529: Volunteer Health Care Providers

- SB 1549: Temporary Staffing Agency Licensing

- SB 1585: COVID Workers Compensation

Thank you!

Public Health Advisory Board
Priorities for 2023-25 public health modernization investments – for discussion
February 9, 2022

1. **Ensure investments accelerate work toward racial equity.**
   Discussions from 1/20 PHAB meeting:
   - *Fund projects with specific equity outcomes at both the community and policy/systems level.*
   - *Ensure public health priorities are guided by the communities we serve.*
   - *Support an intentional pivot from a system that is set up to provide the "greatest good for the greatest number" to one that focuses on people experiencing health inequities.*
   - *Need to be able to measure equitable health status.*

2. **Ensure investments support long-term COVID recovery and resilience.**
   Discussions from 1/20 PHAB meeting:
   - *Community partners will help Oregon come out of the pandemic. We can't do it alone and are casting a wider net.*

3. **Continue to build a sustainable public health system that is nimble, community-based and equity-centered.**
   Discussions from 1/20 PHAB meeting:
   - *Need data systems that collect the right data that is actionable; data sharing across partners.*
   - *Identifying and focusing on our priorities should be our priority.*
   - *Increase the public health workforce pipeline.*
   - *Clarify roles of the governmental public health system and broader public health system and leverage roles to address community needs. We need to make sure the system is in place for the next public health emergency.*
   - *Recognize the differences among counties and avoid "one size fits all" approaches or "shoulds".*

4. **Continue and expand investments in communicable disease control and environmental health. With additional funds, invest in prevention and health promotion.**
   Discussions from 1/20 PHAB meeting:
   - *Public health is inherently about health promotion. Public health is for everyone.*
   - *Public health has become the safety net of the safety net.*
   - *Preventive health services are a mechanism toward equity and health promotion.*

Meet Your Grant Support Team!

Dolly

Larry

Christine

Josillia

Carina

Allison

Lianne

Shariff

Nathan

Dani

Jody

Sue

Our Public Health Goals

- Investing in communities to co-create solutions to public health issues
- Continued development of culturally and linguistically responsive community engagement
- Partnership with Public Health to identify and connect with hard-to-reach populations
- Healthier Together Oregon goal of eliminating health inequities by 2030
- Centering the values of
  - Equity and social justice
  - Community Empowerment
  - Authentic community input
  - Accountability

8 Program Areas for Funding

▶ HIV/ STI Prevention and Treatment

▶ Environmental Public Health & Climate Change

▶ Communicable Disease Prevention

▶ Emergency Preparedness

▶ Commercial Tobacco Prevention

▶ Adolescent and School Health

▶ Overdose Prevention

▶ ScreenWise: Breast And Cervical Cancer Prevention

Oregon Health Authority

Program Areas

Total Funding Amounts

Environmental Public Health & Climate Change Communicable Disease Prevention Emergency Preparedness	$8.6 million	Collectively Funded under Public Health Modernization

Commercial Tobacco Prevention	$20 million	
Adolescent and School Health	$2 million	Individually Funded
HIV/ STI Prevention and Treatment	$225,000	
Overdose Prevention	$140,000	
Breast And Cervical Cancer Prevention	$100,000	

Oregon Health Authority

"Opt-In" to Respond to Public Health Emergencies

▶ Funding <u>may</u> become available for culturally-specific responses to public health emergencies.

▶ Examples of potential emergencies: Communicable disease outbreaks, wildfire, extreme heat, etc.

▶ CBOs that want to be eligible for this funding must check the box on the application.

Applications

OHA received 275 applications from CBOs statewide

- ❑ Modernization (EPH, HSPR, ACDP): 175

- ❑ Commercial Tobacco Prevention: 105

- ❑ Adolescent and School Health: 89

- ❑ HIV and STI Prevention and Treatment: 37

- ❑ Overdose Prevention: 34

- ❑ ScreenWise: 25

Advancing Equity through Systems Change

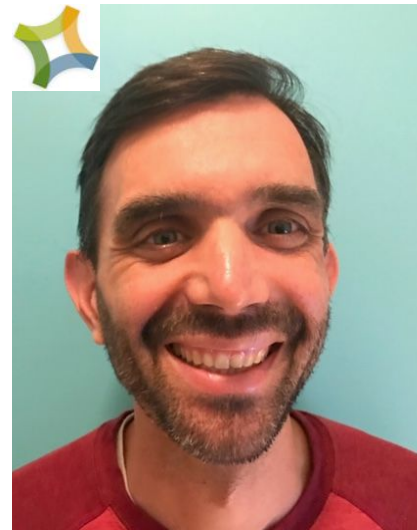*OR Public Health Advisory Board - Session 4*

February 17, 2022 from 2:50-4:50 PM

Our Team

Brittany Chen
Managing Director, Health Equity

Ben Wood
Senior Director, Policy and Practice

Training Overview and Grounding

Session 4 objectives

I. Build additional relationships and connection with one another

II. Review and practice operationalization of shifts in practices and actions proposed through Session 2 and the Survey Modernization Retreat

III. Prepare for next steps to embed systems change and deep equity practice in PHAB work planning

Agenda

5 min — Welcome, introduction, and grounding

10 min — Session reflections

20 min — Community building

45 min — Practicing taking action

5 min — Break

25 min — Looking forward: Embedding equity into work planning

10 min — Evaluation & Close

Group agreements

- Be present
- Take space, make space
- Challenge by choice, but do challenge yourself
- Bold humility
- Listen deeply
- Join by video, if you can!
- Have fun!

What else would you like to add?

Our approach to learning

There is a conversation in the room that only these people at this moment can have. Find it.
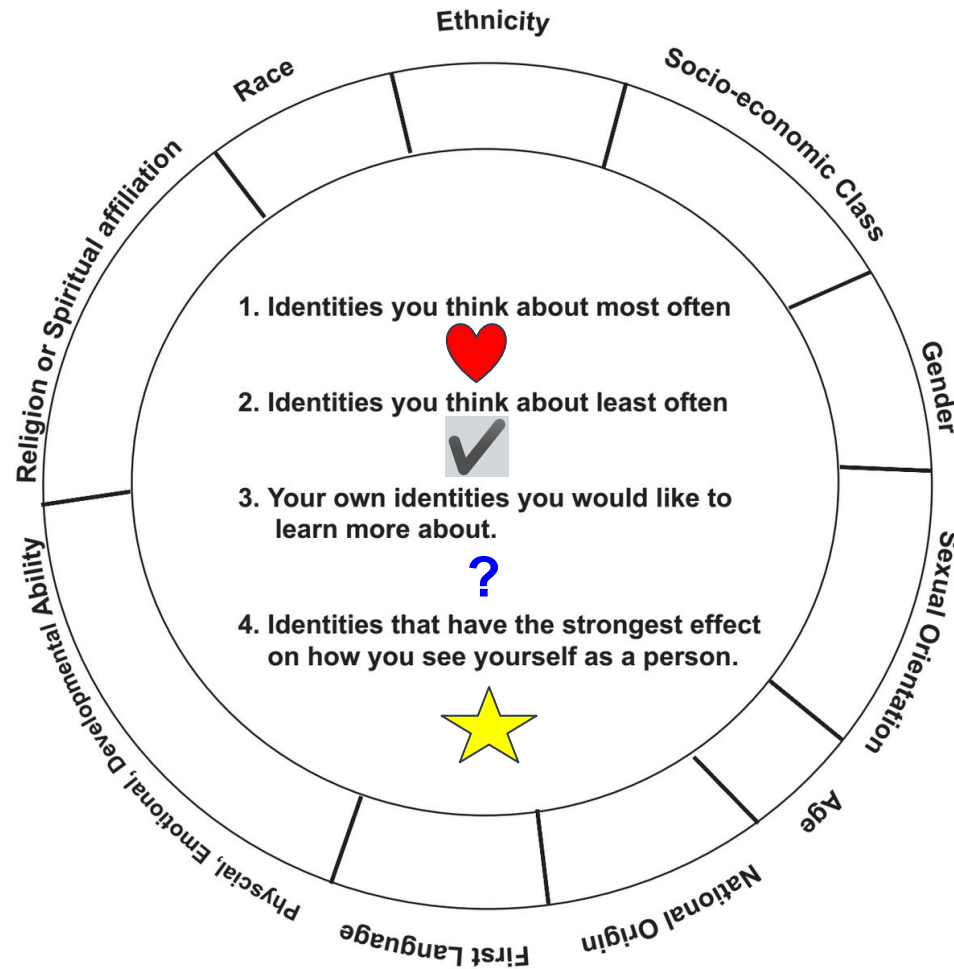
emergent strategy
adrienne marie brown

Community Building

Mental Model Kaleidoscope: Who are we?

The kaleidoscope wheel with segments labeled: Ethnicity, Socio-economic Class, Gender, Sexual Orientation, Age, National Origin, First Language, Physical, Emotional, Developmental Ability, Religion or Spiritual affiliation, Race.

Inside the circle:

1. Identities you think about most often ❤️

2. Identities you think about least often ✔️

3. Your own identities you would like to learn more about. ?

4. Identities that have the strongest effect on how you see yourself as a person. ⭐

Intersectionality: A lens through which you can see where power comes and collides, where it interlocks and intersects.

-Kimberlé Crenshaw

Equity-Centered Systems Change

PHAB Learning Journey Goals

★ **Build relationships and trust** for connection amongst PHAB members and with the Public Health Division (PHD) and identify sustainable systems to maintain it (for existing and future members).

★ Come to a **shared understanding** of health equity, racial equity, and related concepts.

★ Collectively **reflect upon, unpack, and explore** application of the **Health Equity Review Policy and Procedure** as a guiding tool to support implementation of equity related practices.

★ **Identify possible priority areas** that PHAB may **proactively focus on** to support PHD's efforts to advance health equity.

What do we mean by "systems change"?

A fish is swimming along one day when another fish comes up and says, *"Hey, how's the water?"*

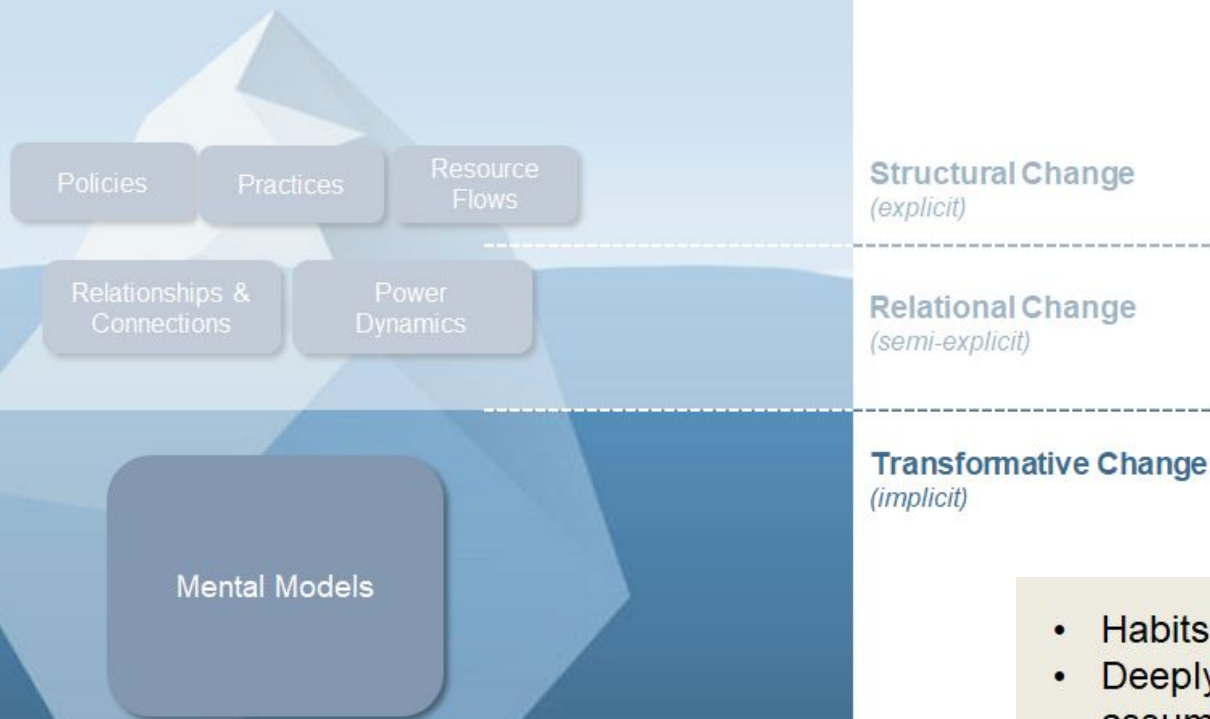*The first fish stares back blankly at the second fish and then says,* *"What's water?"*

THE LONGER YOU SWIM IN A CULTURE, THE MORE INVISIBLE IT BECOMES

Image source:
DismantlingRacism.org

Defining mental models

Six Conditions of Systems Change

Policies | Practices | Resource Flows

Structural Change *(explicit)*

Relationships & Connections | Power Dynamics

Relational Change *(semi-explicit)*

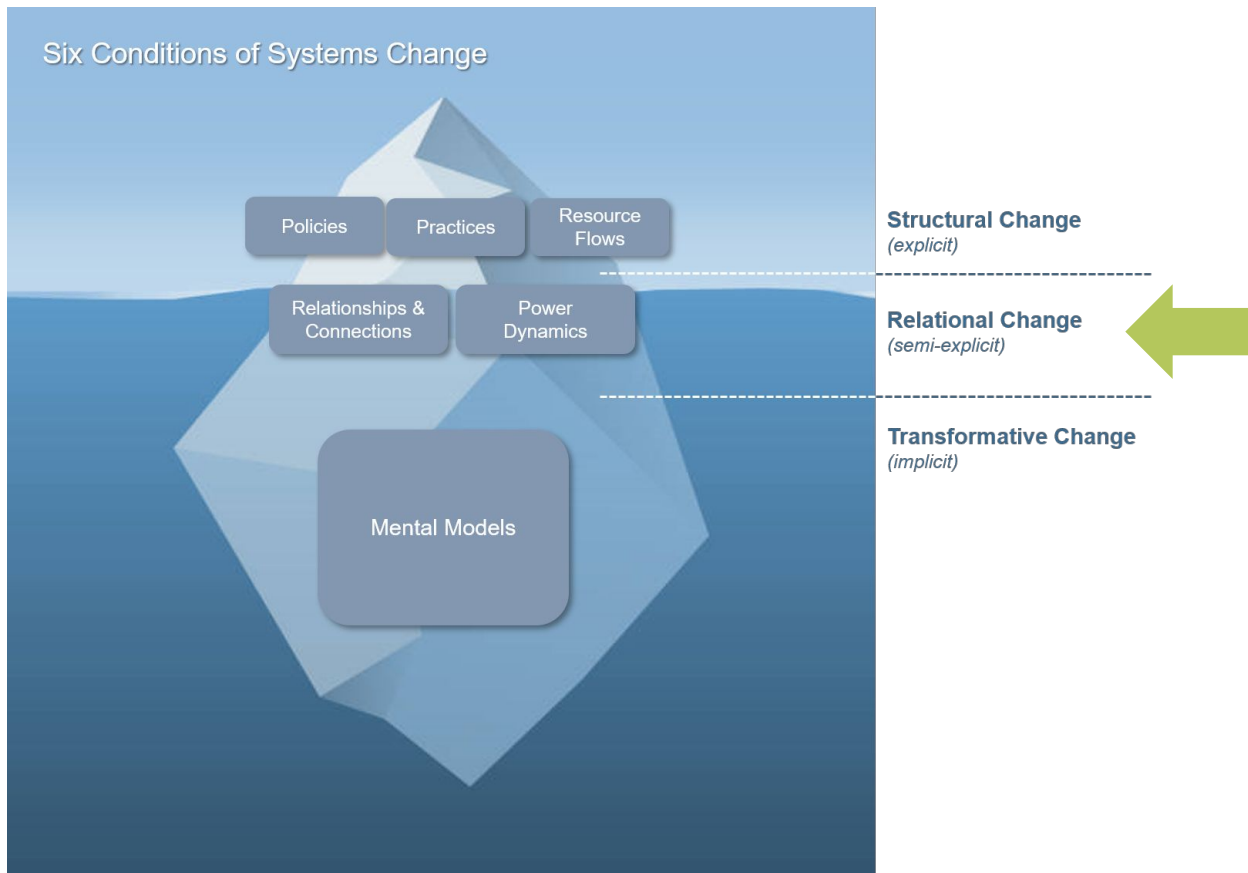Mental Models

Transformative Change *(implicit)*

- Habits of thought
- Deeply held beliefs and assumptions
- Taken-for-granted ways of operating that influence how we think, what we do, and how we talk

Moving Towards Relational Change

Six Conditions of Systems Change

Policies | Practices | Resource Flows

Relationships & Connections | Power Dynamics

Mental Models

Structural Change *(explicit)*

Relational Change *(semi-explicit)*
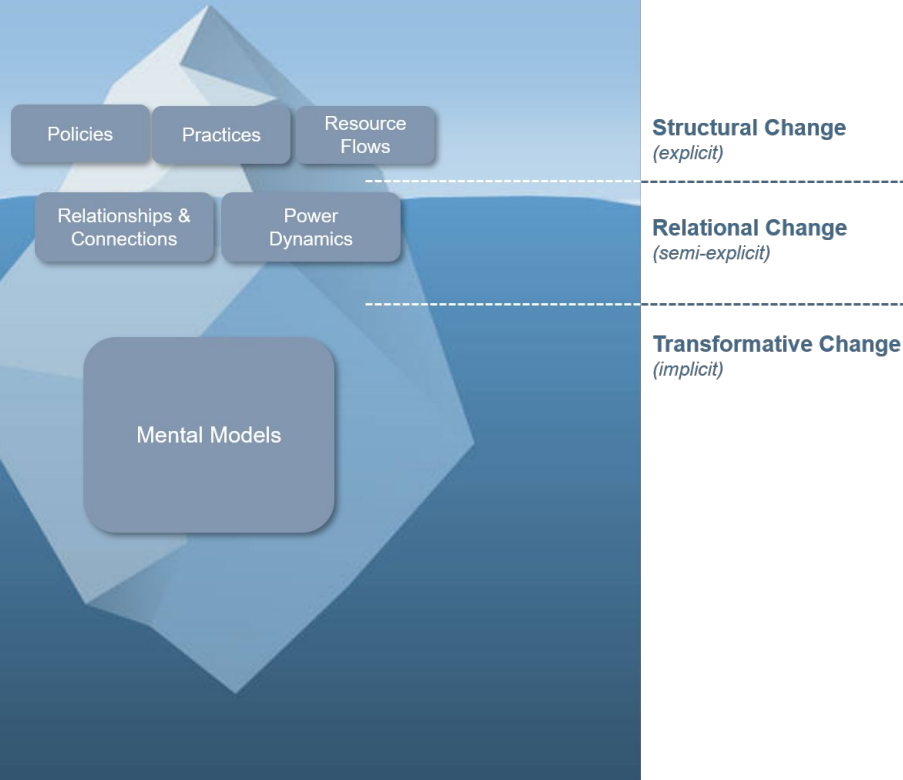
Transformative Change *(implicit)*

Relationships & Connections: Quality of connections and communication occurring among actors in the system, especially among those with differing histories and viewpoints

Power Dynamics: The distribution of decision-making power, authority, and both formal and informal influence among individuals and organizations

Refresher: Equity-centered Systems change

Six Conditions of Systems Change

Policies · Practices · Resource Flows

Structural Change *(explicit)*

Relationships & Connections · Power Dynamics

Relational Change *(semi-explicit)*

Mental Models

Transformative Change *(implicit)*

Policies: Government, institutional and organizational rules, regulations, and priorities that guide the entity's own and others' actions.

Practices: Espoused activities of institutions, coalitions, networks, and other entities targeted to improving social and environmental progress. Also, within the entity, the procedures, guidelines, or informal shared habits that comprise their work.

Resource Flows: How money, people, knowledge, information, and other assets such as infrastructure are allocated and distributed.

Getting to the Roots of Structural Change

Getting to the Roots of Structural Change

Practicing Equity-Focused Shifts

Proposed Internal Actions Expressed by the PHAB

1 **Practice self-evaluation, dialogue, feedback**

Create time and processes for PHAB to practice self-evaluation, dialogue, feedback from all members, from the public, and from OHA/PHD.

2 **Set its own agenda**

Create the conditions necessary for the PHAB to set its own agenda, informed by but not always led by OHA/PHD.

3 **Inclusive, equitable participation**

Create opportunity for all PHAB members to participate in PHAB activities and discussions equitably and fully through intentional onboarding and regular check-ins with all members.

4 **Definition of community**

Develop consensus on a working definition of community for the PHAB (who is the PHAB community?).

Proposed Internal Actions Expressed by the PHAB

5 **Definition of community participation**

Develop a process of defining community participation along a continuum for PHAB activities (from community informed to community led) and to include accountability processes.

6 **Process for community engagement**

Develop a process to define which actions of the PHAB require community engagement and at what level on the continuum.

7 **Charter and bylaws**

Revise the PHAB charter and bylaws if constraining any desired actions.

Proposed External Actions Expressed by the PHAB

1 **Stronger connection between PHAD, OHA & other state agencies**

Develop a process for PHAB members to participate in and have representation at other OHA and state agency meetings (especially those with influence over SDOH).

2 **Communication messages and approaches**

Develop and implement communication messages and approaches to make the role and work of PHAB more compelling/understandable (why should people care and participate?).

3 **Address public health mistrust**

Create a role for PHAB to address the critically important issue of mistrust in information and public health.

Proposed External Actions Expressed by the PHAB

4 **Baseline and equitable funding**

Revisit the LPHA funding formula to account for baseline and equitable funding that provides adequate capacity, support for community-centered work, and support for evaluation and reporting on outcomes.

5 **Public health cost assessment**

Create a new public health cost assessment that more fully recognizes the cost of delivering equitable public health services.

6 **Accountability to community need**

Support LPHAs, OHA and others serving the community with redefining accountability to community need

Spotlight: Connections across agencies

1

Stronger connection between PHAD, OHA & other state agencies

Develop a process for PHAB members to participate in and have representation at other OHA and state agency meetings (especially those with influence over SDOH).

Spotlight: Connection across agencies

Defining the issue

1) **What is the inequity we are trying to resolve? Why does it matter? What are the root causes?**

2) **What is our vision for change?**

Spotlight: Connecting across agencies

To make progress in shifting PHAB practice:

1) **What mental models need to be challenged?**

2) **Who needs to be involved? Who has not yet been involved, but should be?**

3) **What power dynamics are at play? What needs to be shifted?**

4) **What is the next practical step that needs to be taken (e.g., policies, practices, and/or resource flows)?**

Take a 5 minute stretch break
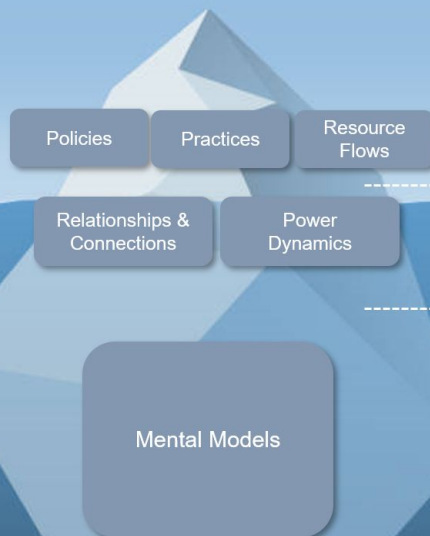
Looking forward: Leading with Equity

What's Next for PHAB

Centering equity in the:

- PHAB Charter Review
- Health Equity Review Policy and Procedure

Six Conditions of Systems Change

Policies | Practices | Resource Flows

Structural Change *(explicit)*

Relationships & Connections | Power Dynamics

Relational Change *(semi-explicit)*

Mental Models

Transformative Change *(implicit)*

Key Questions

- *What mental models need to be challenged?*
- *Who needs to be involved? Who has not yet been involved, but should be?*
- *What power dynamics are at play? What needs to be shifted?*
- *What is the next practical step that needs to be taken (e.g., policies, practices, and/or resource flows)?*

Feedback and Close

Thank you!