AGENDA

PUBLIC HEALTH ADVISORY BOARD
Public Health Modernization Funding Workgroup

May 18, 2023, 3:30-5:00 pm

Join ZoomGov Meeting
https://www.zoomgov.com/j/1609095050?pwd=ZnRMeWlQUHZvUGpyMlhGL20yTGhsUT09

Meeting ID: 160 909 5050
Passcode: 491732
One tap mobile
+16692545252,,1609095050# US

Meeting objectives:

- Review group agreements, workgroup purpose and background
- Hear about current planning for funding community-based organizations (CBOs) in the 2023-25 biennium
- Begin discussion on strategies and benchmarks to ensure new funding to CBOs reaches communities currently underserved by CBO public health equity funds

3:30-3:40 pm	**Welcome, introductions and agenda review** • Welcome, workgroup member introductions and icebreaker question: What do you love public health?	Cara Biddlecom, OHA Deputy Public Health Director
3:40-3:55	**Group agreements** • Review proposed group agreements • Review PHAB Health Equity Review Policy and Procedure • What do members need to be successful in this workgroup? At the	Cara Biddlecom

	end of this workgroup, how will we know if we have been successful?	
3:55-4:10 pm	**Workgroup overview** • Discuss workgroup purpose and background • Discuss ways in which the outcomes from this workgroup will contribute to long-term funding and priorities • Review timeline for discussions	Cara Biddlecom
4:10-4:25 pm	**Current planning for CBO funding in 2023-25** • Hear about current planning and timelines for funding	Dolly England, OHA Community Engagement Manager
4:25-4:50 pm	**Strategies and benchmarks to ensure equitable funding strategies** • Review current distribution of CBO funding and known gaps • Review recommendations from 2022 rural set-aside funding workgroup • Discuss ideas for strategies to ensure equitable distribution of funding	Cara Biddlecom and Sara Beaudrault, Strategic Initiatives Manager
4:50-4:55 pm	**Public comment**	Cara Biddlecom and Sara Beaudrault
4:55-5:00 pm	**Next meeting agenda items and adjourn** • Continued discussion on strategies and benchmarks for equitable distribution of funding.	Sara Beaudrault

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@odhsoha.oregon.gov at least 48 hours before the meeting.

Public Health Advisory Board
Public Health Modernization Funding Workgroup

May 18, 2023

Oregon Health Authority

Agenda for today's meeting

- Welcome, icebreaker and group agreements
- Workgroup overview
- Current planning for funding to CBOs in 2023-25
- Strategies for equitable funding strategies
- Wrap up and next steps

PHAB public health modernization funding workgroup objectives

- Make recommendations for system improvements in the allocation of additional public health modernization funds to CBOs for the 2023-25 biennium.
- Bring together CBO leaders, LPHA officials and PHAB members to discuss and make recommendations for system improvements.
- Establish a transparent planning process that respects and uplifts the differing roles of partners across the public health system and confirms the value that each partner provides.

Public Health Advisory Board
Health equity review policy and procedure
October 2020

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.

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

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, unfairly advantages other individuals and communities, and saps the strength of the whole society through the waste of human resources."*[1]

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."*[2]

The public health system leads with race because communities of color and tribal communities[i] 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.*

[1] Jones, C. (n.d.) Racism and health. American Public Health Association. Available at www.apha.org/racism.
[2] Health Equity Guide. (2019). Why lead with race. Available at https://healthequityguide.org/about/why-lead-with-race/.

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.

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."[3]

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 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

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

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 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 (race/racism, ethnicity, social and economic status, 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, 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.

PHAB Accountability Metrics
Group agreements

- Stay engaged
- Speak your truth and hear the truth of others
- Expect and accept non-closure
- Experience discomfort
- Name and account for power dynamics
- Move up, move back
- Confidentiality
- Acknowledge intent but center impact: ouch / oops
- Hold grace around the challenges of working in a virtual space
- Remember our interdependence and interconnectedness
- Share responsibility for the success of our work together

Group agreements

What changes would members like to propose to these agreements?

How should these agreements be used to support respectful and inclusive discussions?

OHA values inclusion and participation by everyone on the workgroup. Please directly contact OHA meeting co-hosts with any feedback throughout the meeting, or Danna Drum after the meeting.

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Workgroup member engagement

- How can OHA staff support workgroup members to be successful in this workgroup?

- At the end of this workgroup, how will we know if we have been successful?

Workgroup overview

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Workgroup purpose and background

- In February and March, OHA and county governments agreed to shared actions for continuing our work toward eliminating health inequities and partnering meaningfully with LPHAs and CBOs through additional, new funding for public health modernization.

- In March, Oregon's Public Health Advisory Board requested that OHA reconvene its Public Health Modernization Funding Workgroup to make recommendations for how to implement shared actions.

PHAB's charter and expanded role with CBOs

PHAB's November 2022 charter:

- Connect, convene and align **LPHAs, Tribes, CBOs and other partners to maximize strengths** across the public health system and serve community-identified needs
- Make recommendations on the **roles and responsibilities** of partners, including LPHAs, Tribes, CBOs, OHA and others to the governmental public health system
- Develop **recommendations** for how the OHA shall distribute funds to **local public health authorities and community-based organizations**. Continue to evaluate and update funding recommendations.

PHAB's charter is posted at www.healthoregon.org/phab

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OHA's values related to funding the public health system:

- **Equity:** ensuring that financial resources are directed to communities that are most disproportionately impacted by health inequities, including communities at the intersections of multiple identities.
- **Partnership:** to meaningfully engage LPHAs, CBOs, Tribes and community partners in all aspects of the funding process.
- **Transparency:** sharing information clearly and transparently.
- **Inclusion:** individuals, local communities and local partners that are most impacted by health inequities are a part of developing ideas and solutions and making decisions.
- **Accountability:** quickly identifying issues, communicating in a timely fashion, achieving health equity objectives, and working to ensure local PHM efforts are complimenting each other.

Workgroup topics and recommendations

1. Strategies and benchmarks to ensure new funding to CBOs serves communities currently underserved by CBO public health equity funds (ex: geography, population size, burden of poor health outcomes, etc.)

   Recommendations and proposed benchmarks for equitable funding distribution finalized.

2. Strategies to improve information-sharing, coordination and other system improvements to address community health priorities.

   Recommendations finalized.

3. LPHA involvement in making funding decisions about new CBO awardees in 2023-25.

   Recommendations finalized.

PHAB will review final recommendations.

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Timeline and feedback process

Meeting dates	Topics
May 18	Introductions and overview of workgroup tasks. Topic #1: Strategies and benchmarks to ensure new funding to CBOs serves communities currently underserved by CBO public health equity funds
May 31	Topic #1: Strategies and benchmarks to ensure new funding to CBOs serves communities currently underserved by CBO public health equity funds
June 12	Topic #1: Strategies and benchmarks to ensure new funding to CBOs serves communities currently underserved by CBO public health equity funds (recommendations and proposed benchmarks finalized) Topic #2: Strategies to improve information-sharing, coordination and other system improvements to address community health priorities.
June 20	Topics #2: Strategies to improve information-sharing, coordination and other system improvements to address community health priorities. (recommendations finalized) Topic #3: LPHA involvement in making funding decisions about new CBO awardees in 2023-25. (recommendations finalized at this meeting or a future meeting)
Additional meetings likely to be scheduled in July	

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Current planning for CBO funding in 2023-25

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Will community partners have more money in the next biennium (2023-2025)?

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Bridge Approach

What We Learned

- Listen to our community partners. They know what they need
- Trust is something we earn
- The power of community can shift mountains
- It’s our job to both support and stay out of the way

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What's Next?

- Working on maintaining and building out relationships
- Creating more opportunities to connect community based organizations and local public health authorities
- Improving state infrastructures to better support community partners
- Staffing changes
- Legislative budget

Current distribution of CBO awardees and known gaps

- Counties that are disproportionately underserved by CBO funding
- Specific populations
  - Disability community

Strategies and benchmarks to ensure equitable funding strategies

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Recommendations from the 2022 set-aside funding workgroup

- Recognizing gaps in CBO coverage with initial funding to CBOs, OHA and LPHAs developed an initial approach to begin to close gaps.

Rural set-aside funding:

- Process for prioritizing and allocating up to $25,000 to CBOs to cover population and geographic gaps.
- Developed methodology for identifying underserved regions and counties.
- Developed CBO application re-review strategy and outreach strategy

Public Health Modernization Funding Formula

- Designed for local public health authorities

- Calculation based on county population and rank of specific county on certain indicators that are weighted.

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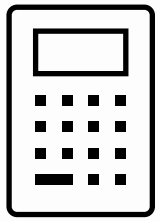
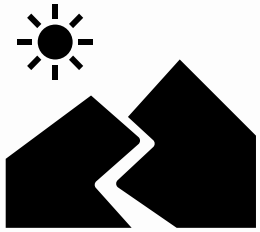
Public Health Modernization Funding Formula

- Indicators (weight):
  - **Burden of disease:** premature death (5%)
  - **Health status:** quality of life (5%)
  - **Racial and ethnic diversity:** % of population not categorized as “white alone” (18%)
  - **Poverty:** % of population below 150% FPL (18%)
  - **Education:** % of population age 25 years+ with less than high school graduate education level (18%)
  - **Limited English Proficiency:** % of population age 5 years+ that speaks English less than “very well” (18%)
  - **Rurality:** % of population living in rural area (18%)



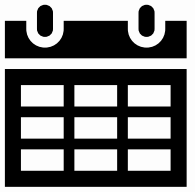
Group brainstorm



- What would equitable distribution of funding look like?

- What benchmarks could we use?

Meeting review and next steps



- Next meeting is May 31 from 2:00-3:30.

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