AGENDA

PUBLIC HEALTH ADVISORY BOARD

November 9, 2023, 3:00-5:30 pm

Join ZoomGov Meeting
https://www.zoomgov.com/j/1614044266?pwd=ekpYekxaMm92SHN0dngzTW9ZeldsUT09

Meeting ID: 161 404 4266
Passcode: 938425
One tap mobile
+16692545252,,1614044266#

Meeting objectives:

- Approve October meeting minutes
- Finalize PHAB Strategic Data Plan
- Hear subcommittee and workgroup updates
- Discuss new member onboarding

3:00-3:20 pm	**Welcome, board updates, shared agreements, agenda review** • Welcome and board member introductions • Share group agreements and the Health Equity Review Policy and Procedure • OHA opioid overdose and polysubstance use listening sessions update • OHPB member update • OHA Director search update • Required trainings • ACTION: Approve October meeting minutes	Veronica Irvin, PHAB Chair
3:20-3:40 pm	**Strategic Data Plan** • Review and discuss the plan • ACTION: Approve Strategic Data Plan	Veronica Irvin and Marie Boman Davis, Strategic Data

		Plan Subcommittee
3:40-4:20 pm	**Subcommittee and Workgroup Updates** • Hear update on the Health Equity Policy and Procedure • Hear update on accountability metrics • Hear about joint meeting of the Accountability Metrics and Strategic Data Plan subcommittees • Hear update on final Public Health Modernization Funding Workgroup Recommendations • Hear update on planning for Public Health Workforce Plan and Health Equity Framework workgroups	Subcommittee and workgroup members
4:20-4:30 pm	**Break**	
4:30-4:50 pm	**New member onboarding** • Update on recruiting new members • Discuss onboarding plans and opportunities to build connections between current and new members • Discuss PHAB retreat in 2024	Veronica Irvin, PHAB Chair
4:50-5:00 pm	**Public comment**	Veronica Irvin, PHAB Chair
5:00 pm	**Next meeting agenda items and adjourn** • Adopt accountability metrics process measures • Approve Health Equity Policy and Procedure	Veronica Irvin, PHAB Chair

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 Sara Beaudrault: at 971-645-5766, 711 TTY, or publichealth.policy@odhsoha.oregon.gov at least 48 hours before the meeting.

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

PHAB Strategic Data Plan Review

Purpose of the Strategic Data Plan

- Engage with content and recommendations from Oregon culturally specific reviews of public health survey data
- Develop a set of strategies and activities to improve accessibility, accuracy and usability of data
- Support ongoing accountability

What does the plan do?

1. Determine a set of priorities for PHD's anticipated data investments
2. Develop a set of definitions with community partners and public health leaders
3. Identify a set of questions and activities for the Division to report to the PHAB on a biannual basis

What does this mean for the PHAB?

- Supporting PHD's ongoing implementation of strategies toward data equity, data justice and community engagement
- Biannual review of PHD's progress with the following prompts:
  - How is OHA engaging or investing time and resources in community participatory research, qualitative research, or community engagement?
  - What are the existing and prospective opportunities for collaboration with statewide and regional data collection and analysis systems, including health care?
- Staff should identify process measures for accountability on activities and progress.

Recommendation to the PHAB

1. Accept the report of the Strategic Data Plan subcommittee

2. Commit to biannual review of State Public Health's data activities in the SDP's domains and recommended activities

Public Health Advisory Board
Recommendations for strategic data initiatives for state public health
November 2023

These recommendations were developed by a subcommittee to the Oregon Public Health Division to provide strategic direction to the Public Health Division (PHD) and the Oregon Health Authority (OHA) to support changes in data systems, processes and methods to make data accessible, reflective and useful for community members.

Subcommittee Membership

- Marie Boman-Davis, Conference of Local Health Officials and Public Health Advisory Board (PHAB)
- Dr. Rosemarie Hemmings, community member
- Veronica Irvin, PHAB Chair
- Jackie Leung, Micronesian Islander Community and PHAB member
- Kelle Little, Coquille Indian Tribe and PHAB member
- Jawad Khan, Muslim Education Trust and PHAB member
- Marjorie G. McGee, OHA Equity and Inclusion Division
- Dean Sidelinger, OHA Public Health Division
- Hongcheng Zhao, Oregon Chinese Coalition

Purpose

This document identifies a set of practices for data collection, use and analysis and advocate for future public health data efforts within Oregon. This builds on and should be used along with the PHAB health equity policies and procedures. While this is not exhaustive, these recommendations require Public Health Division to stay apprised of different methodologies and technologies with potential to be used for misinformation, mischaracterization and bias, including artificial intelligence.

Acknowledgements

Partners with the survey modernization process were foundational in developing these recommendations and determining next steps for the Public Health Division. Their work products with the Public Health Division are linked below and we appreciate their wisdom and commitment to this work.

Background

The Public Health Division of the Oregon Health Authority has been reviewing the usefulness, accessibility and validity of its data to represent Oregon's rapidly changing population. This is consistent with Public Health Modernization, the model of public health alignment and investments to improve the public health system across Oregon's public health partners. These efforts were implemented in 2015 with legislative authority for public health modernization

and the advent of the Public Health Advisory Board (PHAB) to advise and direct strategic change.

In 2019, Program Design and Evaluation Services (PDES), an interagency research and evaluation unit with the OHA Public Health Director's Office, launched culturally specific project teams with community members, leaders, researchers, and organizations to modernize the ways we collect, analyze, and report population health data in Oregon. The overall goals of the project include addressing the roots of inequality in data collection, providing a community-centered critique of survey design and purpose, and developing actionable recommendations for OHA for engaging with communities from design, analysis, and reporting data. This project started with consolidating and reviewing racial data from two large statewide surveys: the Behavioral Risk Factor Surveillance Survey (BRFSS) and the Student Health Survey (SHS).

Lead Organization	Communities	Project Goals	Link to Report
Coalition for Communities of Color (CCC)	African American African Immigrant and Refugee Latinx	• Review existing data • Conduct participatory analysis • Communities design additional data collection	Engaging Communities in the Modernization of a Public Health Survey System
Northwest Portland Area Indian Health Board (NPAIHB)	American Indian Alaska Natives	• Review existing data • Conduct participatory analysis • Collect additional data to provide context, but in this case, the team uses Tribal BRFSS data.	Oregon Tribal Survey Modernization Project
Oregon Pacific Islander Coalition (OPIC)	Pacific Islander	• Establish community centered methodology to collect original data	This is the Way We Rise: Pacific Islander Data Modernization in Oregon

This work to better identify and represent Oregonians has not been isolated to public health. Other initiatives across the Oregon Health Authority and the Oregon Department of Human Services have increased disaggregated data collection on race, ethnicity, language and disability; on sexual orientation and gender identity; and screenings on housing instability and food insecurity have spread across health and human services settings. Overall, investments in data quality and collection have been widespread and have had two areas of focus: improving disaggregated demographic data on community and developing categories that better define individuals as they define themselves.

This document is designed to be a living document, where the Public Health Advisory Board (PHAB) will provide updates on assumptions and priorities as this work proceeds. This subcommittee recommends that the PHAB review this set of recommended actions on **a biannual** basis. This field of work is new to the Public Health Division and thus is starting in a space of questions. As staff and Board members learn more, this document will become more specific and responsive to the needs of community members and the PHAB.

Values for modern public health data

In reviewing work from across the Public Health Division and the expertise this subcommittee brings from across Oregon, the following values have been determined to be central:

- Data justice
- Data equity
- Community engagement

The Strategic Data Plan Subcommittee has advised the PHAB that to achieve the primary goal of data justice, the Public Health Division must invest in community engagement and practices that promote data equity.

Recommended activities

These activities have been recommended by the committee's discussion and generally build on the collaborative work between the Public Health Division and community-based organizations. The timeframe for the work reflects the degree of resources required: long-term require a significant separate funding, staffing or time to develop alternative methodologies, such as with the CDC

These recommendations are sorted by the primary domain of the work: data equity, data justice or community engagement. Each domain includes a working definition that the committee developed, the context for that definition, and a set of strategic recommendations and activities that would advance PHD's work in this domain. Recommendations and activities were sourced from the committee and from prior feedback and conversations with community partners and Tribal governments.

I. Data justice

Definition: "Data justice recognizes that the types of data the government collects and relies on are insufficient for understanding community needs, experiences and, equally important, desires. These data do not represent communities in ways that communities would represent themselves – and government data often entirely erases some communities due to "the problem" of small sample size (e.g., Pacific Islanders) or using too broad, and ultimately meaningless, categories (e.g., Asian)." - Coalition of Communities of Color, in consultation with OHA's REALD & SOGI Team

Context

Data justice must be a central value as OHA works to advance data equity for all Oregonians. OHA and communities must work together to define a new data governance model that divests from data practices that have harmed historically marginalized communities, empowers community leadership in how data are used and stories are told, and ultimately better serve all Oregon communities. Data justice requires OHA to build trust with all Oregon communities so that deep, lasting community engagement can serve as the foundation for decision-making that is both reflective of all Oregonians and creates formal pathways for communities to elevate issues to OHA leadership.

A good example of this work is OHA's partnership with Pacific Islander communities to produce and share the PI Heal project, a Pacific Islander data modernization project that was community led, researched, and reported. Lessons learned from that project can be used to develop community engagement and governance models and generalize data justice centered practices.

Short Term Data Justice Goals	**Activities**
1. Define and commit to data rights and governance	• Describe governance for data quality, visualization, technology, and other methods that make data usable. • Develop community governance model for how data are collected, used, reported and how governance should be conducted
2. Elevate community-identified issues	• Work to leverage existing resources that address the health needs raised in this work.
Long Term Data Justice Goals	**Activities**
3. Support data sovereignty and governance	• Protect Tribal data and sovereignty with data access requirements, tracking posting and publishing of data analyses and reports, ensure transparency and oversight by Tribal and native communities. • Have the Oregon Health Authority's Public Health Division and Pacific Islander leaders enter a project evaluation period to assess the effectiveness of the community-led research model, including Data Sovereignty Agreements and design the next phase of this critical body of work. • Support ongoing community governance models for data collection, use, and reporting.

II. Data equity

Definition: To achieve equitable data representation for diverse communities, we must work to dismantle historic and ongoing systems of oppression in data science. Communities must be engaged at all levels of planning, implementation, and evaluation of data systems and power must be shared through transparency and accountability measures whenever possible.

Moreover, promoting data equity requires the recognition and rectification of historical biases and data gaps that disproportionately affect marginalized communities. Efforts should be made to collect and analyze data that accurately reflects the lived experiences, challenges, and aspirations of diverse populations. By actively addressing data gaps and improving data collection methods, we can ensure that decision-making processes are based on comprehensive and representative information, reducing the perpetuation of systemic biases[1].

Context

Data equity is a set of practices that are necessary to achieving data justice. These range from access to data representing specific communities and sharing information for other organizations to better understanding the data desires for specific communities. As the producer and collector of data, it falls to the Public Health Division to develop tools and resources that increase the ability for partner organizations to access and use the data. Without these steps, it is difficult for data and organizational partners to understand, analyze and use the data collected on Oregon residents.

Short Term Data Equity Goals	Activities

1. Provide accessible data that's community or culturally specific. Data should be sortable, as far as possible, by race, ethnicity, disability, language, sexual orientation, gender identity, geography, and proxies for faith and other statuses/ experiences.	• Large-scale public health data, such as behavioral risk factor surveillance system (BRFSS) data
	• Provide navigable behavioral and mental health data, including indicators and geographically specific work
	• Youth health
	• Disaggregated by
	  ○ Race, ethnicity, language, disability and cultural communities, existing or new categories since this is dynamic.
	  ○ Sexual orientation and gender identity
	  ○ Geography
	• Research available methods to gather data on faith-based communities and others that are not clearly identified through existing data categories.
	• Transparency and communication on the data collected and published, including its limitations, how data is used, collected, analyzed, and its presentation and context.
	• Develop online and other tools that help data users navigate data systems and develop data requests.

2. Develop working definitions of "actionable data" to direct community engagement	• Identify partners and convene discussions to understand data priorities/ needs, then share actionable data at appropriate levels (Tribal, cultural community, geographic, etc.)

[1] This working definition draws heavily from "Data Feminism", Catherine D'Ignazio and Lauren F. Klein. Cambridge, MA and London, England: the MIT Press, 2020.

Long Term Data Equity Goals	Activities
3. Develop toolkits for data work at all levels of use	• Develop a toolkit of best practices for governmental public health to support access to data, analysis, and framing, including being critical of dominant ways of working with data, questioning existing assumptions, questioning objectivity, incorporating qualitative data, and assuming that data does not communicate for itself. • Develop a parallel toolkit for community-based organizations and community researchers. • In both, incorporate data limitations: representation, methods, who is excluded and demographic definitions. Incorporate how context and qualitative data can add nuance. • Demonstrate how is presently used with the public, including in state and community health assessments.
4. Invest in different data collection strategies, including Census-style methods	• Engage and defer to community-based organizations and /or regional health equity coalitions in survey administration, including Tribal and Native American organizations
5. Identify different paradigms of data collection and advocate for future data efforts.	• Investigate county health rankings and BIPOC data hubs as possible conceptual frameworks for data collection • Conduct a minimal BRFSS – explore lessons from the CA Health Interview Survey (CHIS) • Continue long-term sustained, compensated community-led data collection • Call upon OHA as a grant recipient to advocate for changes in the national framework for BRFSS and other national health survey administration to achieve greater flexibility from federal requirements. • Develop possibilities for changes in data practices from federal funders to alter the BRFSS questions and/or methods to respond to community needs.
6. Improve survey translations	• Establish a survey translation advisory committee
7. Improve communication on survey activities	• Demonstrate transparency in how BRFSS and OHT data is used by OHA and by others
8. Add community-responsive questions to existing surveys	• Incorporate non-western questions about health and health care in surveys • Include questions on protective factors, particularly involvement in tribal and community activities.
9. Develop data collection oversight	• Continue data project teams and ensure team members are made up of folks who share experiences of those being “researched.” Let those teams shape the next steps of survey modernization work

	• Build in time and resources necessary for relationship development between governmental public health and community partners in data • Integrate community leadership in survey development, administration, analysis and use • Re-engage the health equity researchers of Oregon (HERO) group

III. Community engagement

Definition:
Community engagement in data science is a pluralistic approach that seeks out and values diverse perspectives in all phases of data processes. To prevent the suppression of community voices in data, we must find more ways to uplift community perspectives in our methods without constraining them for the sake of long-standing and outdated misconceptions of clarity and control. Embracing pluralism in data science means we strive to adopt and diffuse diverse methods for the collection, analysis, and dissemination of public health data.

Context
Based on lessons learned through our survey modernization projects and feedback from community members, leaders, researchers, and organizations, we must invest in community engagement. We need to be willing to share power and invite our community partners to participate in processes that guide our work. We must fund community partners directly and sufficiently for their time and expertise including adult and youth partners. We should provide transparent and flexible budgets and timelines to allow sufficient time and resources for relationship building and avoid overburdening community partners.

Short Term Community Engagement Goals	**Activities**
1. Develop a framework to incorporate community-developed data	• Crosswalk community-identified community health factors to state public health plans.
2. Provide ongoing engagement	• Invite community feedback regarding the data modernization assessment and inventory.
Long Term Community Engagement Goals	**Activities**
3. Support workforce and data engagement	• Enhance investments in community-based organizations and governmental public health to increase capacity for data engagement, analysis and collection. • Strengthen the workforce within existing organizations

	• Build a workforce that represents the communities who are most impacted by this work by celebrating and uplifting the knowledge in community.

Conclusion and biannual commitments

This committee recommends the following practices to check on progress and operationalize these values. These practices should be taken as an accountability practice for the Public Health Division and should be performed at least biannually.

The commitments from 2023 for 2025 are to:

- Review whether OHA should be engaging in or investing more time/ resources in community participatory research, qualitative research, or community engagement toward these ends.
- Review existing and develop additional opportunities for collaboration with statewide and regional data collection and analysis systems, including health care.
- Request staff to include process measures for accountability on activities and progress during the next review.
- Ensure staff provide updates on these and aligned projects from the Public Health Division.

Public Health Advisory Board
Health equity policy and procedure
October 2023 working draft

Purpose

The purpose of the Public Health Advisory Board (PHAB) Health Equity Policy and Procedure is to ensure PHAB is making decisions that facilitate elimination of health inequities and uphold a commitment on behalf of the public health system to lead with racial equity.

The public health system leads with race because communities of color and tribal communities have been intentionally excluded from power and decision-making.

Definition of health equity[1]

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.

PHAB also adopts the following definitions:

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

[1] Oregon Health Policy Board, Health Equity Committee. (2019). Available at https://www.oregon.gov/oha/EI/Pages/Health-Equity-Committee.aspx.

unfairly advantages other individuals and communities, and saps the strength of the whole society through the waste of human resources."[2] Racism "*refers not only to social attitudes towards non-dominant ethnic and racial groups but also to social structures and actions that oppress, exclude, limit and discriminate against such individuals and groups. Such social attitudes originate in and rationalize discriminatory treatment*".[3]

Structural racism *"refers to the totality of ways in which societies foster racial discrimination through mutually reinforcing systems of housing, education, employment, earnings, benefits, credit, media, health care, and criminal justice. These patterns and practices in turn reinforce discriminatory beliefs, values, and distribution of resources."*[4]

Social determinants of health are *"the conditions in the environments where people are born, live, learn, work, play, worship, and age that affect a wide range of health, functioning, and quality-of-life outcomes and risks."*[5] Social determinants of health include access to quality education, employment, housing, health care, all of which have a direct impact on health.

Leading with racial equity

Health inequities exist and persist on historical, structural, cultural and interpersonal levels. PHAB acknowledges historic and contemporary racial injustice and commits to eradicating racial injustice through systemic and structural approaches. 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.

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[2]Jones, C. (n.d.) Racism and health. American Public Health Association. Available at www.apha.org/racism.
[3]Calgary Anti-Racism Education Collective. (2021). Available at https://www.aclrc.com/racism.
[4]Bailey, Z., Krieger, N., Agénor, M., Graves, J. Linos, N. & Bassett. M. (2017). Structural racism and health inequities in the USA: Evidence and interventions. *Lancet*, *389*(10077), 1453-1463. https://doi.org/10.1016/S0140-6736(17)30569-X
[5]Healthy People 2030, U.S. Department of Health and Human Services, Office of Disease Prevention and Health Promotion. Retrieved [date graphic was accessed], from https://health.gov/healthypeople/objectives-and-data/social-determinants-health

As a partner to the Oregon Health Policy Board Health Equity Committee, PHAB uplifts the Health Equity Committee's statement that historical and current institutional and individualized acts of racism and colonization have created disadvantages for communities that are real, unjust and unacceptable. Until populations and communities most harmed by long standing social injustice and inequities share decision-making authority in our state, systems will favor the dominant culture, reinforcing institutional bias and contributing to health inequities and unjust, unfair and avoidable inequities in health outcomes.

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."[6]

The public health system leads with race as described by the Government Alliance on Race and 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."[7]

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.

Leading with racial equity recognizes the inter-connected ways in which systems of oppression operate and facilitates greater unity across communities.

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[6] Human Impact Partners. (2023). Why lead with race. Available at https://healthequityguide.org/about/why-lead-with-race/.

[7] Local and Regional Government Alliance on Race and Equity. (2023). Why lead with race? Available at https://www.racialequityalliance.org/about/our-approach/race/.

PHAB also acknowledges that geography has a significant impact on individual and community health outcomes; often exacerbating other health injustices, including racism.[8]

"Almost all rural residents are disadvantaged by place, because of geographic barriers to resources, services, and opportunities that reflect long-standing systematic lack of investment in rural areas. But within rural populations, many people are profoundly disadvantaged both by place and by race—more precisely, by racism—and/or by economic disadvantage, which is often the result of racism."[9]

Systemic racism has devastating impacts on health outcomes in Oregon.

- In 2020 and 2021, Black/African American and American Indian/Alaska Native people have the highest death rates from opioid overdose, despite similar rates of use across all races/ethnicities.
- In 2021 and 2022, Black/African American, American Indian/Alaska Native, Hispanic/Latino/a/x individuals experienced nearly double the proportion of heat-related deaths in Oregon.
- Between 2017-2021, infant mortality rates were more than double for Black/African American, American Indian/Alaska Native and Pacific Islander babies.

How health equity is attained

Achieving health equity requires meaningful, intersectional representation within the field of public health at all levels and authentic engagement leading to co-creation of policies, programs and decisions with the community in order to ensure the equitable distribution of resources and power. At the foundation, attaining health equity requires trust. This level of community engagement results

[8] Singh, G, Daus, K, Allender, A, Ramey, C, Martin, E. et al. (2017). Social determinants of health in the United States: Addressing major health inequality trends for the nation, 1935-2016. *Int J MCH AIDS*; 6(2): 139–164.
[9] Braveman P, Acker J, Arkin E, Badger K, Holm N. (2022). Advancing health equity in rural America. *Robert Wood Johnson Foundation*. Available at https://www.rwjf.org/en/insights/our-research/2022/06/advancing-health-equity-in-rural-america.html.

in the elimination of gaps in health outcomes between and within different social groups.

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.

Health equity also requires that individuals who work in public health look for solutions for the social[18] and structural[19] determinants of health outside of the health system. This may include working with transportation, justice or housing sectors and through the distribution of power and resources, to improve health with communities. By redirecting resources that further the damage caused by white supremacy and oppression into services and programs that uplift communities and repair past harms, equity can be achieved.

Policy

PHAB demonstrates its commitment leading with race and 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 PHAB will be expected to specifically address how the topic being discussed is expected to affect health equity. The purpose of this policy is to ensure all PHAB guidance and decision-making will advance health equity and reduce the potential for unintended consequences that may perpetuate inequities.

[18] World Health Organization. (n.d.). Social determinants of health. Available at https://www.who.int/health-topics/social-determinants-of-health#tab=tab_1.
[19] The Praxis Project. (n.d.). Social determinants of health. Available at https://www.thepraxisproject.org/social-determinants-of-health.

Procedure

Board practices to facilitate equity, diversity, inclusion, justice and belonging

As adapted from the Oregon Health Policy Board Health Equity Committee and the Othering and Belonging Institute, PHAB practices equity, diversity, inclusion, justice and belonging by committing to:[20, 21]

- Developing or using a tool that advances honest, direct and inclusive dialogue, such as group agreements.
- Sharing responsibility for helping each other to learn and grow together.
- Supporting one another through connectedness, mutual respect and relationship.
- Fostering agency and inclusive co-creation.
- Intentionally focusing on health for all people in Oregon, elevating needs of those we represent and using tools to co-create equitable policies.
- Creating and maintaining a safe(r) environment for open and honest conversation.
- Recognizing, celebrating and valuing our group's diversity, wisdom, and expertise. PHAB recognizes that we may need to facilitate different kinds of support to create an equitable place of belonging.

Board work products, reports and deliverables

The questions in the tool below are designed to ensure that decisions made by PHAB advance 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 throughout the development of PHAB work products and prior to the adoption of any motion.

[20] Oregon Health Policy Board, Health Equity Committee. (April 2023). Health Equity Committee charter. Available at https://www.oregon.gov/oha/EI/HECMeetingDocs/HEC%20Charter%20APPROVED%204.17.2023.pdf.
[21] Othering and Belonging Institute. (August 2023). Belonging design principles. Available at: https://belonging.berkeley.edu/belongingdesignprinciples?emci=07bfaa71-753c-ee11-a3f1-00224832eb73&emdi=dff58124-0f3d-ee11-a3f1-00224832eb73&ceid=13607753#6.

Subcommittees and board members will consistently consider the questions in the health equity assessment tool while developing work products and deliverables to bring to the full board, and upon any formal board action.

Upon review of a subcommittee deliverable, PHAB members may return the deliverable to the subcommittee if the product does not have the ability to address health equity through further discussion about the equity assessment questions.

Health Equity Assessment Tool

1. Which health inequit(ies) does the work product, report or deliverable aim to eliminate, and for which groups?
2. What data sources have been used to identify health inequities?
3. How was the community engaged in the work product, report or deliverable policy or decision?
4. How does the work product, report or deliverable advance health equity, lead with race and impact the community?
5. Will any groups or communities benefit from the direction or redirection of resources with this decision? Are they the people who are facing inequities?
6. What are short and long-term strategies tied to this work product, report or deliverable that will impact racial equity?
7. What data will be used to monitor the impact of this work product, report or deliverable over time?

Presentations to the Board

OHA staff will work with presenters prior to PHAB meetings to ensure that presenters specifically address health inequities and strategies to promote equity in their presentations to the board, following on PHAB's commitment to equity.

Policy and procedure review

The PHAB health equity policy and procedure will be reviewed and updated biennially 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.

Steps and timeline to finalize accountability metrics

October 2023

Develop framework for public health accountability metrics - Framework shifts - Metrics selection criteria - PHAB vote	April 2021 – June 2022
Finalize health outcome indicators - CLHO metrics workgroups - LPHA consultation - PHAB vote	March 2022 – June 2023
Finalize process measures - CLHO metrics workgroups - LPHA consultation - CBO engagement - PHAB vote	October – December 2023
Establish benchmarks and measurement strategy - Indicators and process measures - Strategy to measure reduction of inequities - Strategy to measure improvement in process measures	October – December 2023
Develop data collection methods, timelines and standards - Develop process measure guides - Develop data collection instruments where there isn't an existing data source - Standardize indicator data to the extent possible	October 2023-February 2024
LPHA, CBO and OHA implementation - LPHA, CBO and OHA work plans - LPHAs select process measures to be used for incentive payment eligibility	January 2024-ongoing

Collect and report data - Collect and analyze data - Publish 2024 accountability metrics report	March – June 2024
Communicate and build alignment - PHAB opportunities to meet with related groups, such as CCO Metrics and Scoring Committee - Publish preliminary and annual metrics reports	January 2024-ongoing
Award LPHA incentive payments based on 2023-25 performance - **Review and update LPHA funding formula methodology** - Collect and analyze 2023-25 performance	January 2024-June 2025

Public Health Advisory Board
Public Health Modernization Funding Workgroup

Summary of Deliverables

October 16, 2023

Workgroup topics and deliverables

Topic 1. Key questions to build understanding of our current and future system, and lessons from first round of funding from CBOs **Deliverables: Key questions to support shared understanding (Complete)**
Topic 2. Strategies and benchmarks to ensure new funding to CBOs serves communities currently underserved by CBO public health equity funds. **Deliverables: Recommended strategies; benchmarks for equitable funding distribution. (Complete)**
Topic 3. Strategies to improve information-sharing, coordination and other system improvements to address community health priorities. **Deliverable: Recommended strategies (Complete)**
Topic 4. LPHA involvement in making funding decisions about new CBO awardees in 2023-25 **Deliverable: Recommended strategies (Complete)**

Topic 1. Key questions to build understanding of our current and future system, and lessons from first round of funding from CBOs.

- Between May and August 2023, PHAB public health modernization funding workgroup members gained a baseline understanding of current the CBO Public Health Equity grant program.
- Questions and responses were compiled and shared with all workgroup members and posted publicly.

Topic 2. Strategies and benchmarks to ensure new funding to CBOs serves communities currently underserved by CBO public health equity funds.

On August 18, the PHAB workgroup agreed to the following approaches to ensure equitable distribution of public health modernization funds for CBOs through the new 2023-25 Request for Grant Applications:

- Use LPHA public health modernization funding formula as a guide to inform equitable distribution of CBO regional and county funding.
- Suggest a minimum biennial base funding level for CBOs so that CBOs can build staffing and infrastructure. Also establish a cap on CBO award amounts.
- Expand the list of underserved priority counties for the 2023 CBO RFGA, considering both number of CBOs operating in the county and per capita investments. Ensure CBOs are funded to provide services in every county, excluding statewide CBOs.
- Begin with prioritizing CBOs that are serving locally for selection, based on the definition of local included in the RFGA. This does not preclude funding for regional or statewide CBOs overall.

Topic 3. Strategies to improve information-sharing, coordination and other system improvements to address community health priorities.

On October 16, the PHAB workgroup agreed to the following statewide strategies to improve coordination between CBOs, LPHAs and OHA:

- Convene a first meeting with newly-funded Public Health Equity CBOs, the LPHA and OHA. From there, work to determine the most appropriate ongoing collaboration spaces for those partners, based on the work (may be an existing meeting or something new; may include breakouts for program-specific coordination). Encourage periodic in-person meetings.
- Offer memoranda of understanding (MOUs) as a tool to align CBO and LPHA work, but not require MOUs.
- OHA staff will align CBO and LPHA progress reporting as it makes sense to do so, and in alignment with CBO and LPHA work plan templates.
- OHA will offer training and technical assistance opportunities for CBO, LPHA and OHA staff.
- OHA will work with LPHA Administrators to determine if the CBO contact list can continue to be used to share CBO-specific updates.

Topic 4. LPHA involvement in making funding decisions about new CBO awardees in 2023-25.

On September 26, the PHAB workgroup agreed to the following methods for LPHA involvement in CBO awardee decision-making:

- Each CBO grant application will be reviewed by two LPHAs:
  - One from a similar sized LPHA not located in the region.
  - One from the LPHA in which the CBO is proposing to work.
    - If a LPHA cannot contribute a reviewer, then OHA will request a neighboring county or a county also listed in the applicant's service area participate in the review.

Public Health Division

Health Equity Framework Project

Project Updates

- Workgroup recruitment status
- Workgroup timeline status
- Workgroup structure status
- Project status

Workgroup Recruitment Status

- The team is recruiting and confirming members by **November 22nd**. Workgroup will include:

PHAB
2-4 Members

OHA
1-2 Members

CBOs
2-4 Members

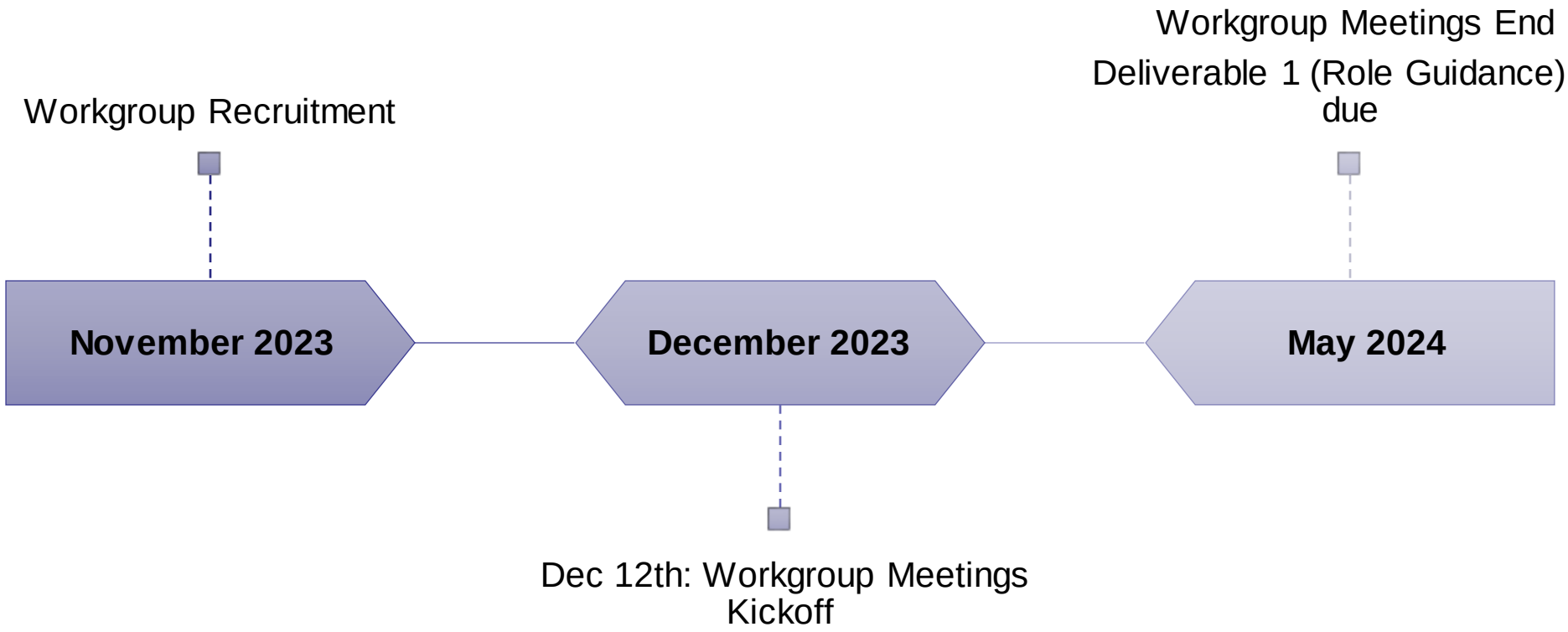
Tribal
1-3 Members

LPHAs
1-3 Members

Requesting representatives from each partner type:

- Rural
- Urban
- Small organization
- Large organization

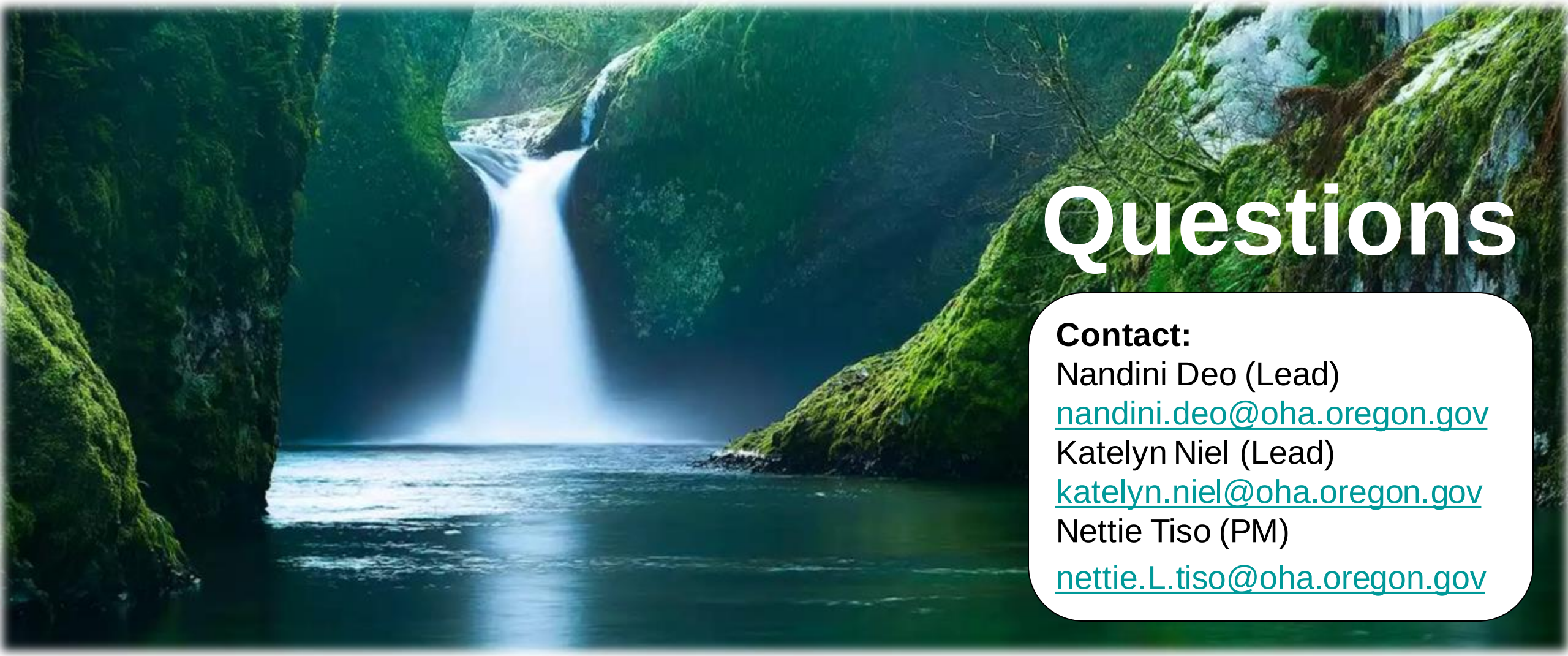
Workgroup Timeline



Workgroup Structure

Project Status

- Project charter and plan are being finalized.
- Internal project team is being finalized.



Questions

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Member onboarding

1. What do you wish you had known or had when you joined PHAB?
2. What are your suggestions for successful onboarding?
3. How can we build connections among members?