

Clackamas County Public Health Advisory Council
Monday, October 9, 2023, 3:00 – 5:00 p.m.
Minutes

PHAC Members Present: Christina Bodamer, Elizabeth Barth, Ruth Adkins, Yvonne Smith, Pam Bonner, Rebecca Stavenjord, Missy Albrich, Mike Foley, Kelly Streit, Dr. Ryan Hassan, Gianou Knox, Darcee Kilsdonk

PHAC Members Excused: Mitchell Doig, Annie LaVerdure-Weller, Beto Contreras

Others Present: Susan Berns-Norman, Philip Mason-Joyner, Armando Jimenez, Jenny Masculine, Marc Czornij, Dr Sarah Present, Kim LaCroix, Leah Fisher, Carissa Bishop

Topic	Minutes
I. Welcome & Introductions - All	Completed
II. Review of Agenda A. Any new items to be added to the agenda?	No new agenda items were added.
III. Minutes of August 28, 2023	Yonne Smith moved and Gianou Knox seconded. Motion passed.
IV. Public Input 3 minutes per person	N/A
V. By-Laws First/Final Reading	Will review once it has been approved by the County Council
VI. County Health Officer Update	<ul style="list-style-type: none"> • We have been out of the emergency response for a few months, but COVID is still present. • Hospitalizations for COVID has decreased • About 14% of the tests that are done for COVID are showing up positive. • There is an increase in hospitalized individuals who are positive for COVID. • About 12% of hospitalized patients for COVID are needing ICU care.
VII. Committee Updates A. Blueprint Steering Cmte B. Policy, Health Equity Cmte. C. Ethics Cmte.	A. Had a chance to listen to grant recipients and hear about all that they're doing in the community with the Blueprint money and resources. Mary Rumbaugh gave an update about Measure 110 and provided behavioral health and addiction services update. Sessions were recorded if you'd like to watch/listen. Will be looking for new membership and committee chairs.

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	<p>B. This committee will put a pause on actively meeting. Phillip is requesting to work with 2-3 PHAC members that are willing to review the Health Equity Coordinator job position and help with recruitment.</p> <p>C. Dr. Present, Susan, Phillip, and Armando met with Kevin Dirksen from providence in regards to this year's Ethics Deliberation. If there's something that you're aware of, that you think would be a good ethics deliberation topic, please share that with Susan. Working on doing a refresher on Ethics deliberation and if you have any ideas please let Susan know.</p>
<p>VIII. PHAC Retreat / Development pt. 2</p> <p>A. What is health equity? Intro</p> <p>a. TEDx Talk Video; Keeley Gallagher</p> <p>b. Definitions related to equity (slide)</p> <p>c. PHAC Process question; How does PHAC define health equity? (Develop a shared understanding of equity).</p> <p>d. Report back</p> <p>e. Group discussion on PHAC definition.</p>	<p>Why is Health Equity important to PHAC?</p> <ul style="list-style-type: none"> • Assist with the development of a standard definition that can guide PHACs work in Clackamas County and be used potentially within CCPHD • As a Guiding Principle (Health Equity) within the Blueprint Plan, a definition provides a description of what PHAC collectively values and aims to achieve. • A definition guides future funding allocations and commitments. • A definition guides future policy and planning work. • A definition will assist PHAC in creating the conditions where individuals and communities can thrive. • A definition will help guide efforts to address contemporary injustices and eliminate health disparities. <p>What is Health Equity?</p> <p>Robert Wood Johnson Foundation - Health equity means that everyone has a fair and just opportunity to be as healthy as possible. This requires removing obstacles to health such as poverty, discrimination, and their consequences, including powerlessness and lack of access to good jobs with fair pay, quality education and housing, safe environments, and health care.</p> <p>CDC - Health equity is the state in which everyone has a fair and just opportunity to attain their highest level of health. Achieving this requires focused and ongoing societal efforts to address historical and contemporary injustices; overcome economic, social, and other obstacles to health and healthcare; and eliminate preventable health disparities.</p> <p>Achieving health equity requires valuing everyone equally with focused and ongoing societal efforts to address avoidable inequalities, historical and contemporary injustices, and the elimination of health and healthcare disparities.</p>

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	<p>National Academies of Sciences, Engineering, and Medicine. Health equity is the state in which everyone has the opportunity to attain full health potential, and no one is disadvantaged from achieving this potential because of social position or any other socially defined circumstance.</p> <p>Advocate Aurora Health - Health equity is achieved when no one is disadvantaged from achieving their full health potential because of social position or other socially determined circumstances.</p> <p>What is health equality? Equality means each individual or group of people is given the same resources or opportunities.</p> <p>What is the difference between health equality and health equity? Equity recognizes that each person has different circumstances and allocates the exact resources and opportunities needed to reach an equal outcome.</p> <p>Group #1 Notes</p> <p>Why is Health Equity Important? We can adjust to different needs, but we need to consider why the barriers exist. Can we get rid of the barriers altogether? We need a bigger lens to look at health equity. The current medical model is that the patient comes in with a problem, the doctor gives them a solution and tells the patient to “go fix it”. It lays the responsibility on the individual. We are not supporting public health if we don’t address the barriers.</p> <p>We also need to keep in mind intersecting identities. We can’t look at the issues from a single perspective because people can’t just exist in their one identity. Multiple health equity issues will affect them based on their various identities.</p> <p>Policymakers may not have in-depth knowledge of health equity. The PHAC can provide leadership and help navigate others through the issue. We can help policymakers see perspectives that are missing. Using a social-ecological model can help address this.</p> <p>Definition Discussion The CDC definition has two sentences that are almost identical. It is needlessly repetitive and complicated. The Robert Wood Johnson Foundation definition is the only one that states health equity requires action. It actively acknowledges our</p>

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	<p>responsibility to change current inequities. It also seems to address racial inequity which underlies many of the other inequities.</p> <p>Group #2 Notes</p> <p>Why is health equity important to PHAC?</p> <ul style="list-style-type: none"> • Foundational, core value to public health and the county; PHAC role to support/advance • Core to PH to achieve better health outcomes. Centering health equity in our strategies is most just way to get there. • We all agree on PHAC. • Question – our role re: the BCC, how we make headway on their views on equity – has been challenging • Staff input: within PH, help hold us accountable on things like budget and resource allocation – how relates to health equity. PHAC members can ask staff about this, e.g. blueprint \$ allocation. This would be helpful for us. • Focusing internally (work with staff vs BCC) is where we can gain positive traction and improve health equity. <p>Of the health equity definitions shared with PHAC, did any of them capture your values?</p> <ul style="list-style-type: none"> • Goal: identify an existing or modified definition that PHAC can adopt. Good to have a common definition and understanding. • Kelly – brevity is good. Bottom two are shorter. Out in community trying to explain, need more detail. RWJ one includes more detail on what it means, what the social determinants are. Balances specificity on what equity means. • CDC one is really long a bit repetitive. Like that it includes historical and contemporary injustices. But might be more effective to say it concisely via RWJ without getting into the history. Maybe could be more bold in a different political context. • Q from staff – first two seem to define what it means + mechanism to achieve it. Bottom two just description of what it means. Need to decide if we want to include how to get there. • Depends on who audience is. • Leah – RWJ is most plain language/clear. If people are not understanding equity, this was the most specific. The historic inequity piece is implicit. <p>Group #3 Notes</p> <p>Why is health equity important to PHAC?</p>

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	<p>There's the matter of thinking broad more broadly and understanding that there are things we perceive as barriers or that are currently barriers that actually don't need to be barriers at all if we actually broaden our vision of what our society could look like. The problem that we have to contend with is that we continually try to ascribe individual failings to any particular problem and fail to look at the broader picture. Removing the barriers/fence helps everyone.</p> <p>Definition Discussion Robert Wood Johnson is the only one that says it requires action. The other ones say that you'll have health equity when something happens, but not address the fact that we need to do that work? And that it seems to address racial equity which underlies so many of the other inequalities.</p>
IX. Co-Chair election	Ruth Adkins & Yvonne Smith were elected for Co-chair. Darcee Kilsdonk moved and Dr. Hassan seconded. Motion passed.
X. Adjournment Next Meeting: December 11, 2023 3:00 – 5:00 p.m.	