

Clackamas County Public Health Advisory Council  
Monday, February 12, 2024, 3:00 – 5:00 p.m.  
Minutes

PHAC Members Present: Ruth Adkins, Yvonne Smith, Pam Bonner, Rebecca Stavenjord, Missy Albrich, Mike Foley, Kelly Streit, Dr. Ryan Hassan, Gianou Knox, Darcee Kilsdonk, Mitchell Doig  
PHAC Members Excused: Annie LaVerdure-Weller, Beto Contreras, Elizabeth Barth, Christina Bodamer  
Others Present: Susan Berns-Norman, Philip Mason-Joyner, Armando Jimenez, Jenny Masculine, Dr. Sarah Present, Carissa Bishop, Jamie Zentner, E Dominguez

Topic	Minutes
I. Welcome & Introductions - All	Completed
II. Review of Agenda	No new agenda items were added.
III. Public Input 3 minutes per person	N/A
IV. Ethics Deliberation Notes from December 11, 2023 A. Review B. Next Steps	<ul style="list-style-type: none"> <li>• Received written summary of recommendations and thoughts from our partners at Providence Clinical ethics teams in December</li> <li>• There's a lot of great conversation around motivational interviewing, which could be a tool that could be used to find shared values and identify differences in a productive fashion that can move shared goals and outcomes together forward.</li> <li>• One of the recommendations is to identify trainings for public health staff specific on motivational interview.</li> <li>• Next deliberation will be in December 2024</li> </ul>
V. Updates A. Membership announcements. B. Bylaws Update C. PHAC Advocacy	<p>A. Open co-chair position available. There are currently 5 open positions. Need: Business rep, Rural rep, Urban rep, Food &amp; Nutrition rep, CBO. Announcement will come out next week in different languages.</p> <p>B. Currently in negotiations with County Council regarding Bylaws to make sure that it's a good fit. We have to revert back to the bylaws that were originally approved by the Board accounting commissioners in 2021.</p> <ol style="list-style-type: none"> <li>a. A minimum of six meetings will be held during a year.</li> <li>b. Meetings will be held either in person or via Zoom. Considerations will be made regarding the environmental impact on how and where meetings are conducted.</li> </ol>

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	<ul style="list-style-type: none"> <li>c. At least one of these six meetings will be an ethics deliberation.</li> <li>d. Members shall attend a minimum of four meetings during a calendar year. If a member has not attended a minimum of four meetings during a calendar year, the member can be removed. Every attempt will be made to keep the member engaged in the work of PHAC. Staff will check-in with the PHAC member after two missed meetings to gauge continued involvement and interest in PHAC.</li> <li>e. All meetings are open to the public.</li> <li>f. Attendance at sub-committee meetings is optional but highly encouraged.</li> </ul> <p>C. CLHO (Coalition of Local Health Officials) it's an organization that that focuses on advocacy. CLHO committee always looks for stories/things that are happening again on the ground that we can include in letters or in narratives that people are providing testimony at sessions and work sessions. Also, would like to provide a work group or study group around EMS and providing oversight at the State level for Emergency Medical Services.</p>
VI. PHAC Group Agreements	<ul style="list-style-type: none"> <li>• Ground Rules for Meetings: <ul style="list-style-type: none"> <li>○ Show up on time and come prepared</li> <li>○ Stay mentally and physically present</li> <li>○ Contribute to meeting goals</li> <li>○ Let everyone participate</li> <li>○ Listen with an open mind</li> <li>○ Think before speaking</li> <li>○ Stay on point and on time</li> <li>○ Attack the problem, not the person</li> <li>○ Close decisions and identify action items</li> <li>○ Record outcomes and follow up</li> </ul> </li> <li>• It would be helpful if they are easily accessible (possibly atop meeting minutes/agenda)</li> <li>• Suggestions to add: <ul style="list-style-type: none"> <li>○ Assume best intent.</li> <li>○ Recognize impact.</li> <li>○ If you step up, you can also help somebody step back.</li> <li>○ Learning from previous experiences and focus on moving forward</li> <li>○ Slow down to support full participation by all group members.</li> <li>○ Stay engaged, speak your truth and hear the truth of others.</li> </ul> </li> </ul>

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	<ul style="list-style-type: none"> <li>○ Expect and accept non-closure.</li> <li>○ Experience discomfort.</li> <li>○ Name and account for power dynamics</li> <li>○ Move up and move back</li> <li>○ Acknowledge intent, but center impact.</li> <li>○ Ouch and oops hold grace around challenges of working in a virtual space.</li> <li>○ Remember our interdependence and interconnectedness and share responsibility for the success of our work together.</li> <li>● Have a mechanism where someone can reach out to Susan, one of the leads, or the chairs if they don't feel comfortable speaking in front of everyone.</li> <li>● It is very important to announce who you are when you speak.</li> <li>● Susan will draft a document and share it with Phillip, Jamie, and Armando and then the co-chairs. It is an ongoing document.</li> <li>● Will discuss again in April</li> </ul>
<p>VII. Health Equity Definition Wrap Up</p> <p>A. Review Definition Option</p> <p>B. Review Next Steps</p>	<p>A. What is Health Equity?</p> <p>a. 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. (Preferred definition, October 9, 2023)</p> <ul style="list-style-type: none"> <li>i. Suggestion: add to second sentence to read "This requires removing obstacles to health such as poverty, discrimination, systemic barriers, and their consequences...[rest remains the same]"</li> <li>ii. It is important to call out racism, discrimination, and stigma.</li> </ul> <p>b. 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</p>

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	<p>eliminate preventable health disparities. 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> <p>c. Dr. Hassan’s definition- Health Equity requires recognizing that the quality of life and health outcomes of individuals are most influenced by societal structures that determine how resources are allocated across the population; recognizing that the disparate allocation of resources in the United States is a direct result of white supremacist racism that has crafted legal and social ideologies such as libertarianism, free market capitalism, personal responsibility, and neoliberalism that have been weaponized to advance drained pool politics; refuting the lie that health disparities are due to individual, genetic, or cultural differences within the population; and taking local, state, and federal actions to create a representative democracy that advances policies that advance the best interests of all members of society.</p> <p>d. Darcee- 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, systemic barriers [inclusive of racism, stigma and white supremacy] 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>e. Carissa- 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, systemic barriers including racism, stigma and white supremacy, and their consequences of powerlessness and lack of access to good jobs with fair pay, quality education and housing, safe environments and health care.</p> <p>i. Motion passed to utilize the above definition. 2 abstained</p>

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	<p>B. Next Steps/Why is Health Equity important to PHAC? (PHAC Discussion from October 9, 2023)</p> <ul style="list-style-type: none"> <li>a. Assist with the development of a standard definition that can guide PHACS work in Clackamas County and be used potentially within CCPHD.</li> <li>b. As a Guiding Principle (Health Equity) within the Blueprint Plan, a definition provides a description of what PHAC collectively values and aims to achieve.</li> <li>c. A definition guides future funding allocations and commitments.</li> <li>d. A definition guides future policy and planning work.</li> <li>e. A definition will assist PHAC in creating the conditions where individuals and communities can thrive.</li> <li>f. A definition will help guide efforts to address contemporary injustices and eliminate health disparities.</li> </ul>
<p>VIII. Blueprint Steering Cmte. A. Blueprint Priority Focus thru 2025</p>	<p>Blueprint Steering Cmte History</p> <ul style="list-style-type: none"> <li>• Blueprint Plan approved for 2020 - 2025</li> <li>• RFQs in 2021, 2022: <ul style="list-style-type: none"> <li>○ Funding available for 12 objectives,</li> <li>○ 10 Blueprint Community Grants awarded, \$641,353</li> </ul> </li> <li>• Implement remaining 16 objectives, <ul style="list-style-type: none"> <li>○ Select objectives from a process of prioritization</li> </ul> </li> <li>• Blueprint Steering Cmte responsible for <ul style="list-style-type: none"> <li>○ Oversight / Input on Blueprint Plan</li> <li>○ Advisory on development of CHNA and CHIP</li> </ul> </li> </ul> <p>Blueprint Funding</p> <ul style="list-style-type: none"> <li>• \$72K "Planning" dollars <ul style="list-style-type: none"> <li>○ No deadline for use</li> <li>○ Can be rolled over to subsequent years</li> <li>○ Cannot be used for direct services</li> <li>○ Can be used for CBO capacity building, training, consultants, etc...</li> <li>○ Could include CHNA community engagement (\$28K)</li> </ul> </li> <li>• \$174K - Health Share grant dollars <ul style="list-style-type: none"> <li>○ No deadline for use</li> <li>○ Can be rolled over to subsequent years</li> </ul> </li> </ul> <p>Community Health Needs Assessment (CHNA) Proposal</p> <ul style="list-style-type: none"> <li>• Multnomah County PH facilitating community engagement</li> <li>• Online survey August - October 2024 <ul style="list-style-type: none"> <li>○ CCPHD &amp; partners promote survey</li> </ul> </li> </ul>

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	<ul style="list-style-type: none"> <li>• Focus groups October - November 2024 <ul style="list-style-type: none"> <li>○ CCPHD facilitate engagement in rural Clackamas County (Beavercreek, Canby, Colton, Estacada, Molalla, Mulino, Sandy, Stafford)</li> <li>○ \$28K dedicated funds</li> </ul> </li> <li>• CHNA report will be released October 2025</li> </ul> <p>Review &amp; Discussion</p> <ul style="list-style-type: none"> <li>• Blueprint Steering Committee focus on one option: CHNA or current Blueprint objective</li> <li>• Recommend to PHAC that it focus on the CHNA in coordination with CCPHD staff &amp; Steering Cmte focus on the current Blueprint Plan priorities.</li> <li>• Other (?)</li> </ul>
IX. PHAC Recruitment & Timeline	If you're interested please reach out to Susan.
X. Adjournment Next Meeting: April 8, 2024, 3:00 – 5:00 p.m. (In person)	