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## PartnerSHIP Meeting Minutes

February 7th, 1:00 – 3:00pm

**Meeting Objectives:**

* Approve work plan for 2022
* Receive and discuss subcommittee business
* Receive information about new SPIINE grant to support food systems
* Review and provide feedback on HTO annual report
* Conversation with PHD director, Rachael Banks

**OHA staff and facilitators**

Nhu To-Haynes, Christy Hudson, Heather Owens, Liz Gharst, Cara Biddlecom, Lisa Rau

**Guest**

Rachael Banks, Public Health Division Director, OHA

Meredith Knowles, Program Analyst, OHA

**PartnerSHIP members** (**"**x" indicates present)

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| --- | --- | --- | --- |
| Alisha Overstreet | x | Maria (Kalli) D Morales Donahue | x |
| Amy Thuren | x | Monica Yellow Owl |  |
| Connie Dillinger | x | Rachel Schutz | x |
| Dalia Baadarani |  | Stan Baker | x |
| Esther Kim |  | Susan Blane |  |
| Ian Winbrock | x | Timur Holove | x |
| Jennifer Little | x | Toc Soneoulay-Gillespie | x |
| Jess (Jesse) Gasper | x | Veronica S Leonard | x |
| Kimberly Lane |  | W. Kirt Toombs |  |

Meeting recording available: <https://youtu.be/xd4tNkkfxWU>

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| **Welcome & team building time**  *Christy Hudson, HTO Lead, OHA*  Christy introduced herself and welcomed the group.  Veronica is back after being out on leave. Group members were called on to introduce themselves and respond to provide any updates for themselves, agency, or community, and to share anything members are particularly excited about. |
| **Guidance committee report out**  *Christy Hudson, HTO Lead, OHA*  *Stan Baker, PartnerSHIP member*  *Connie Dillinger, PartnerSHIP member*  Stan :   * There was a retreat on January 27th * Congratulations to member Alisha for completing her Master's in Forensic Psychology * Esther has had to leave the guidance committee due to conflicting responsibilities, * The partnership facilitation contract is still in process. Now in second round due to no qualified applicants in first round, guidance committee will review applicant from this round in hopes that to be able to offer a contract and have it accepted before the next meeting. * Public participation in meetings. The PartnerSHIP values, opening meetings to the public, however concerns have been expressed about all the meetings being open. For now meetings will remain open but public meeting notices will be on pause. A survey will go out on this. * Workplan was reviewed.   + Potential communications committee. Staffing concern was expressed. Call for interest in this committee.   + Partner mapping and identification of expertise/ interest areas of members.   + Need for more members and more gender diversity identified on guidance committee.   + Need to formalize recommendations and input received by members to use for relation sharing, meeting topics, council and policy recommendations.   + In person meeting proposed.   + Communication and finance committee responsibilities proposed.   Questions/ Comments:   * What were concerns about meetings being open? Not every member has been comfortable fully participating in a completely public setting and some issues may be confidential. * Rachael expressed interest in joining guidance committee. * Group agreed to in-person meeting, dates and format discussed. Christy will send out a Doodle poll.   Group voted and approved workplan. |
| **Receive and discuss subcommittee business**  *Christy Hudson, HTO Lead, OHA*  *Amy Thuren, PartnerSHIP member*  Policy Committee – Amy   * OHA will be using our 7 prioritized strategies to inform framework and planning of 2023 Legislative Concepts and Policy Option Packages. * PartnerSHIP and policy committee will focus on relationship building with legislators and other policy makers, The group will develop tools and talking points to share about HTO on local and state levels, possibly putting together legislative days. * Group is encouraged to utilize Smartsheet HTO legislative tracker to note any specific bill that members or members' agencies have interest in.   Finance Committee – Timur   * Meet once a month on last Friday. * First goal is to help allocate $100,000 by October 1st, 2022. – See slide pg. 15 in meeting Packet. Options proposed are:   + (A) Strategic communications plan   + (B) HTO seed funding – pay CBO's to develop and/ or share communication content   + (C) Develop HTO related materials to use in community with policy makers. * Fund in person meetings * Support capacity building   Questions:   * How is finding to CBO's tracked, is it in the form of a grant? * We have a mechanism to pay organizations less than $5000 without a grant contract. This is tracked through the budget. * Is there data on success from previous communication projects in reaching the target audience? * We do not have data on this as material has not yet been shared due to competing with COVID for distribution resources. * What is the difference between the various options. * They are interrelated, an outcome of A could be B or C.   Christy proposed that the finance group continue conversations about this and come back in March with more concrete ideas of what get for our dollars for the larger group to react to.  Callie brought up the topic of highlighting and supporting carceral populations. Christy proposed that we table this topic to the March meeting when we talk about OHA's behavioral health investments, including to folks from the carceral community returning to their communities.  Christy |
| **BREAK – 10 minutes** |
| **HTO Annual report**  *Christy Hudson, HTO Lead, OHA*  Topic moved to March meeting. |
| **State Partnerships Improving Nutrition and Equity Grant (SPINE) program**  *Liz Gharst, HTO Lead, OHA*  *Meredith, Program Analyst, OHA*  Liz  This work came out of work with Oregon community food systems network. There was a meeting in November where the following needs were expressed to support work related to increasing food security and building a resilient food system. One was statewide convenings and another was to do some local work. We talked about ways that we can support them. One way is through the SPINE Grant program. Liz shared the structure and allocation of this grant (see slides 17) in materials packet. She shared that the grant was written to be broad enough for it to be community driven.  Meredith  Over the next 11 months we will be using a modified version of the RE-AIM framework.  This a way evaluate if a program or intervention effectively translates research and intent into practice. We would like to use this with the partnership to really monitor how this  Grant will look over the next year. What we are planning to do, is develop a set of questions, under the framework to use for evaluation in that we will be able to respond to at intervals that make sense, likely be at 6 and 12 months for this one-year grant.   * Is the PartnerSHIP interested in an evaluation role? * If yes, would it be the full PartnerSHIP, or one of the subcommittees.   Questions/ Comments:   * Stan proposed that the finance committee oversee this evaluation work. * The group has a couple months to engage and offer feedback until the work starts. * The ask is for the PartnerSHIP to be involved in holding staff accountable to the grant and that the work is achieving its intent and within the scope of the priorities identified by the PartnerSHIP. Evaluation question will be provided. * Questions can be directed to Liz, Christy and Meredith. * Christy will add to finance and policy subcommittee agendas. |
| **Conversation with PHD director, Rachael Banks**  *Rachael Banks, Public Health Division Director, OHA*  Rachal Banks joined the group to discuss HTO in the context COVID  recovery, of OHA's goal to eliminate health inequities by 2030, and to share a little bit about OHA's vision for what HTO could become with direction of the PartnerSHIP.  The Covid Recovery Response Unit (CRRU) was developed and stood up very quickly in response to the pandemic. It has been moved in to OHA's Public Health Division (PHD) providing an opportunity to analyze lessons learned, how PHD plans for the COVID recovery and resilience phases and how to maintain the work that needs to happen while carrying forward innovation with short and long term strategies. HTO provides exciting opportunities as it lays out a map for the recovery piece and explore the alignment of HTO with recovery goals.  In terms of OHA as a whole and the possibilities with HTO. HTO is very well aligned with the goal to eliminate health inequities by 2030, OHA's work as an anti-racist organization and to align with performance measures and goals and strategies.  Questions/ Comments:   * How is the work to hire providers more reflective of the communities they serve going? * The work is ongoing. Ballot measure 110 efforts are happening and assuring community driven process. The Office of Equity and Inclusion is working with community health workers and interpreters, to make sure that that workforce is inclusive. We have supplemented the Hospital and Health System workforce to acknowledge the diversity of backgrounds of folks joining the workforce and added an orientation process of expectations and goals of the work. * Are there conversations about how we address the specialized needs of Afghan refugees specifically? In terms of the mental health of youth, there is concern of existing trauma as refugees arrive here and if their needs are being addressed. Also, those who have helped our service members and military members, are coming over seeking refuge being able to access needed supports. * At this point we a role as it relates to communicable disease with particular screenings. We can provide additional information about how that conversation is going. In response to trauma, that is a needed conversation in order to understand barriers to reaching holistic health in this community. Christy will add this item to March meeting for follow up. * What are your thoughts about recovery and response being mutually exclusive? Examples given of public restrooms in response to communicable disease prevention (needles and feces in streets) and art installations as it relates to pro-social engagement. Also, are you beholden to calendar dictated funding streams or looking to new funding streams. * Yes, great examples of recovery and response being interrelated and offering multiple benefits and add value to the human experience. There are different funding streams with s=different timelines. We are in the process of identifying strategies and what the scenario is for the work in response and recovery to braid the various streams to be most effective in community.   Christy thanked Racheal and the group and adjourned the meeting. |
| **Wrap up and next steps**  Next meeting is Monday, March 7, 2022. |

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 Heather Owens at 971-291-2568 or [heather.r.owens@dhsoha.state.or.us](mailto:heather.r.owens@dhsoha.state.or.us) or 711 TTY.

Todos tienen derecho a conocer y utilizar los programas y servicios de la Autoridad de Salud de Oregon (OHA, por sus siglas en inglés). OHA proporciona ayuda gratuita. Algunos ejemplos de la ayuda gratuita que OHA puede brindar son:

* + Intérpretes de lengua de señas y lengua hablada
  + Materiales escritos en otros idiomas
  + Braille
  + Letra grande
  + Audio y otros formatos

Si necesita ayuda o tiene preguntas, comuníquese con Heather Owens at 971-291-2568 or [heather.r.owens@dhsoha.state.or.us](mailto:heather.r.owens@dhsoha.state.or.us) or o 711 TTY.