

## **PARTNERSHIP MEETING**

**Monday, August 10<sup>th</sup>, 2020**

1:00 – 3:00pm



**Members in attendance:** Cat Livingston, Katie Harris, Clarice Amorim Freitas, Karun Virtue, Kirt Toombs, Rebeckah Berry, Annie Valtierra-Sanchez, Dawn LeMieux (for Mayra Rosales), Victoria Warren Mears

**Members absent:** David Bangsberg, Jennifer Little, Frank Franklin, Holden Leung, Jim Rickards, Kim Sogge, Dean Sidelinger, Kelle Adamek-Little, Laura Williams

**Facilitator:** Lisa Ladendorff

### **Meeting Objectives:**

- Approve Healthier Together Oregon plan
- Provide role and membership recommendations for next PartnerSHIP
- Provide recommendations for implementation

### **Welcome, introductions and meeting purpose**

Lisa opened the meeting and asked for introductions. OHA director, Pat Allen, provided a few remarks to thank PartnerSHIP for their commitment, and to reiterate importance of the plan to OHA and the state as a whole.

### **Public Comment**

Christy opened the line for public comment. No public comment was provided.

### **Approve Healthier Together Oregon plan**

Christy walked group through outline of the draft Healthier Together Oregon plan which provides background, overview of process used for development, description of health equity framework, overview of priority areas and goals, introduction to implementation framework, strategies for the plan, indicators, definitions, and complete roster of those involved with development. Additional information about the strategies, including activities and short-term measures are detailed in the implementation plans which will be updated annually. The website ([healthiertogetherOregon.org](http://healthiertogetherOregon.org)) will also provide information about the plan, especially about the indicators and for strategy implementation partners.

Lisa asked for any questions, comments or suggested edits.

Karun commented the Frank Franklin is listed twice in a subcommittee.

Cat requested a modification to the following strategy: Expand recommended preventive health-related screenings and interventions in schools.

Lisa asked for formal approval for use of the term BIPOC-AI/AN (Black, Indigenous, People of Color, American Indian/Alaska Native). Christy shared that while the State Health Assessment initially used “people of color” to describe race/ethnicity-based identity, BIPOC was being used in subcommittees during strategy development. To ensure term consistency across the plan, the institutional bias subcommittee was asked to make a formal recommendation about the preferred term. They recommended BIPOC and other subcommittees agreed. Following this recommendation to the

PartnerSHIP, PartnerSHIP members, Kelle Little (Coquille Indian Tribe) and Victoria Warren Mears (Northwest Portland Area Indian Health Board) voiced hesitation about use of BIPOC because it doesn't address the political sovereignty of tribal communities and doesn't resonate with AI/AN identified people. Christy had additional follow up with Kelle and Victoria, and the NPAIHB made recommendation to use BIPOC-AI/AN with the following definition: BIPOC-AI/AN is an acronym that stands for Black people, Indigenous people, people of color and American Indian/Alaska Native people. It is used to emphasize the particular racism they and their communities in the United States experience. American Indians/Alaska Native people in Oregon are citizens of the nine federally recognized tribes in Oregon or from other tribal nations outside Oregon.

Kirt inquired how this term feels to Latinx communities. Clarice and Annie commented that BIPOC is commonly used and understood in their work with Latinx communities.

Dawn commented that as an AI/AN identified person, she appreciates the addition of AI/AN to BIPOC.

The PartnerSHIP approved use of BIPOC-AI/AN for the plan.

The PartnerSHIP then approved the HTO plan.

#### **Provide role and membership recommendations for next PartnerSHIP**

Lisa then moved group to offer their thoughts on serving on the PartnerSHIP. Lisa welcomed highlights of what worked and what could've been done differently. Members shared the following:

What worked: Appreciation for diverse membership and opportunity to connect with other communities around the state, appreciation for inclusion of regional health equity coalitions and disability community. Felt frequency of communication about the process was appropriate

What could be different: Some said Basecamp was a confusing and overwhelming tool for collaboration and would have preferred communication via email. Remote participation was also a barrier to engagement, but it allowed for voices from around the state to participate without travel.

Members were then asked for their recommendation for the next PartnerSHIP which will be reformed for implementation. Christy shared draft ideas on what the PartnerSHIP would be responsible for and asked for feedback and additional suggestions. Annie commented that she thought ideas looked comprehensive. No other ideas were shared.

Lisa then moved group to offer suggestions for who should be on the next PartnerSHIP and considerations for bringing group together.

Members thought targeted invitation would be better than open application process. Members noted difficulty in getting the right people to the table in the midst of COVID and related capacity concerns.

Members voiced support for centering next group in equity and offered the following suggestions for involvement:

- Regional health equity coalitions
- Disability Rights Oregon
- Basic Rights Oregon
- Independent Living Council
- Centers for Independent Living
- All tribes
- Northwest Portland Area Indian Health Board

- Oregon Latinx Leadership Council
- Central Oregon Coast Trans
- African American Health Coalition
- CCOs
- Coalition of Community Health Clinics
- Indian Parent Education Committee
- Educational Service Districts
- Agencies serving kids/families with equity lens
- Elected officials
- Relevant state agencies (that address the social determinants of health) should also be involved.

Group discussed need for compensation and offered that need for this would vary based on agencies. While some agencies may need compensation, others may be able to offer participation without financial support. It was also stated that if offered, compensation should be tied to active engagement and participation.

Group also shared ideas for securing buy-in, commitment and how to frame the invitation for community-based organizations. The following messages may resonate: PartnerSHIP is a mechanism for influencing state policies, priorities, plans and investments, opportunity to elevate community needs and voices into state priorities, opportunity to connect and collaborate with other organizations across the state doing similar work, and share success stories from community. It's also an opportunity to hold the state accountable for action and it creates a communication feedback loop to understand how community feedback is incorporated and used in state plans and policies.

#### **Provide recommendations for implementation**

Lisa then asked members to share their suggestions and thoughts for implementation. Members shared the need to pay attention to the intersectionality of the priority areas and need for cross-sector partnerships, especially those that impact economic drivers of health. Members also want to see affected communities centered in implementation. Christy asked for volunteers to assist with seating and of the next PartnerSHIP, and Victoria, Dawn, Annie and Kirt offered their assistance.

#### **Final thoughts**

Lisa and OHA staff shared final words of appreciation. Christy invited PartnerSHIP members to sign up for the SHIP listserv to stay informed, and to complete an evaluation survey to provide feedback on process of development.