

September 13 PartnerSHIP meeting

- Closed captioning is available – links are in the chat.
- Spanish interpretation is available. All attendees asked to select the Spanish or English channel
- No formal public comment period will be held. Public invited to comment in the chat and/or email publichealth.policy@state.or.us.



Healthier Together Oregon

PartnerSHIP Meeting

September 13, 1:00 – 3:00pm

Zoom: <https://www.zoomgov.com/j/1609047098?pwd=UGd2aGcyNXBSblZRejc5ZktUNFpvUT09>

Meeting ID: 160 904 7098

Passcode: 806191

One tap mobile

+16692545252,,1609047098# US (San Jose)

+16468287666,,1609047098# US (New York)

Meeting Objectives:

- Team and trust building
- Reach consensus on charter
- Take strategy survey
- Identify next steps for prioritizing strategies

15 minutes **Welcome & team building time**

20 minutes **Reach consensus on charter**

35 minutes **Break and survey**

40 minutes **Review survey results and determine next steps**

10 minutes **Member updates**
PartnerSHIP members are invited to share relevant updates from their agency and/or communities.

5 minutes **Wrap up and next steps**
Next meeting is October 4th

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@dhsosha.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@dhsosha.state.or.us or o 711 TTY.

Team Building Time

- What is one way or thing that you do for yourself to keep healthy?

- What is one value that is important to you as we do this work together on the PartnerSHIP?

Charter modifications

- Addition of immigrant and refugee community as priority population
- Centered values in process
- Member expectations related to attendance: 4 year term limits, and use of delegates
- Formation of steering committee with co-chairs
- Clarified role of public in meetings
- Consensus based decision making when quorum of 51% is present.



Healthier Together Oregon

PartnerSHIP Charter

Adopted: Month, Day, 2021

MISSION

The PartnerSHIP provides guidance and oversight for implementation of [Healthier Together Oregon \(HTO\)](#), the 2020-2024 State Health Improvement Plan. The purpose of HTO is to advance health equity in Oregon. HTO serves as the basis for taking collective action on health improvement for priority populations: Black, Indigenous, people of color and tribal communities, people with disabilities, people with low-income, people who identify as LGBTQ+, immigrant and refugee communities, and people who live in rural areas. HTO is a collaborative process that relies on cross-sector partnerships and the experiences of communities that experience health inequities.

BACKGROUND

Per Standard 5.2 of the Public Health Accreditation Board, Standards and Measures (i.e., “Conduct a Comprehensive Planning Process Resulting in a Tribal/State/Community Health Improvement Plan”), an accredited health department encourages and participates in community collaborative implementation of the health improvement plan and participates in its revision as public health priorities are addressed and revised. The implementation of the health improvement plan is tracked and revised as needed.

The process of development and implementation of the Healthier Together Oregon is guided by the [Mobilizing for Action through Planning and Partnerships \(MAPP\)](#) framework, as developed by the National Association of County and City Health Officials (NACCHO). The [State Health Assessment](#) was developed over the first three phases of the MAPP (Organize for success, visioning and four MAPP assessments), and the SHIP is developed and implemented over the second three phases of the MAPP (i.e., Identify Strategic Issues, Formulate Goals and Strategies, and the Action Cycle). The work is also informed by the conditions of [collective impact](#) e.g., common agenda, shared measurement, mutually reinforcing activities, continuous communication, and backbone support.

MEMBERSHIP

The PartnerSHIP is comprised of representatives from a wide range of sectors and communities that are able to partner with HTO in implementation. Members of the PartnerSHIP use their experience, expertise, and insight to implement HTO. Members have a foundational understanding of health equity, are genuinely interested in the success of HTO, and able to actively participate in the process.

Members who miss more than three meetings in a year without notification will be contacted by PartnerSHIP leadership and/or OHA staff to assess barriers to attendance and commitment to the PartnerSHIP. Alternatives to a missed meeting include viewing recording of meeting and following up with other members or OHA staff regarding what was missed.

New appointees will be chosen by application and appointed by OHA. Terms will end at four years. A member who is not able to attend a meeting(s) will be authorized by the Steering Committee to send one non-voting delegate in their place on a case-by-case basis (e.g., medical leave, parental leave).

LEADERSHIP

The Oregon Health Authority Public Health Division (OHA-PHD) convenes the PartnerSHIP. Staff from the Policy and Partnerships team within the Office of the State Public Health Director provide meeting support. The PartnerSHIP will be led by a five person steering committee, consisting of two co-chairs and three other members of the PartnerSHIP. The steering committee will be formed by volunteering of self and/or nomination from another member. Co-chairs will be identified by the steering committee.

To provide consistency, the Steering Committee will consist of two members elected to two-year terms and three members elected to one-year terms. Members may be nominated and/or volunteer for re-election at the end of their terms with all terms ending at conclusion of the four-year term for PartnerSHIP members.

SCOPE

The PartnerSHIP provides leadership and engages the public health community in the following efforts to implement the State Health Improvement Plan. Activities include but are not limited to:

- Providing long term strategic direction for implementation
- Prioritizing strategies
- Holding OHA and other partners accountable
- Determining changes to plan
- Directing investments for the work
- Initiating and supporting two-way communications with community
- Champion for Healthier Together Oregon
- Building supportive partnerships and momentum

- Directing community engagement processes

The following outcomes are out of scope for the PartnerSHIP:

- OHA's strategic planning
- COVID-19 response and recovery work, including vaccine distribution

DECISION-MAKING PROCESS

Decisions will be by consensus and can only be made when a quorum of 51% of the PartnerSHIP members are in attendance. Three rounds of thumb voting will be used to determine consensus on a particular issue:

- Thumbs up (I agree),
- Thumbs sideways (I have a question, comment or need more discussion),
- Thumbs down (I disagree).

During thumb voting the chat room will be used for dialogue and to support this process. If after three rounds of voting consensus is still undetermined, facilitators and PartnerSHIP leadership will discuss and propose a course of action. In situations where consensus cannot be achieved due to 20% or less of members in disagreement, the 80/20 rule will be enacted where the person(s) blocking consensus will agree to step aside from the decision for purpose of moving forward.

PUBLIC PARTICIPATION

Meetings of the PartnerSHIP will be open to the public. and documented on the PartnerSHIP website: www.healthoregon.org/ship.

- A public meeting notice will be provided to the public and media at least seven days in advance of each regular meeting.
- Meetings will be recorded and publicly posted. A written summary of attendance, decision points, and action items will be documented.
- Members of the public can provide comment via writing to publichealth.policy@state.or.us. The Steering Committee will be responsible for overseeing and directing the timely response to all written comments received.
- Public participation will be online access and via written comment
- Written comment will be compiled at the direction of the Steering Committee and shared with the PartnerSHIP through Basecamp. Meeting content will be made available to the public in a timely manner.

COMPENSATION

Members who participate on the PartnerSHIP without payment from an agency or organization for their time can receive compensation at a rate of \$40/hour (to include time in and out of meetings).

For meetings held in person, lunch and refreshments will be provided and parking will be reimbursed. For members travelling more than 70 miles to in-person meetings, mileage reimbursement or airfare and the cost of lodging and meals at Federal per diem rates will be provided.

CHARTER REVIEW

Charter will be reviewed annually.

DRAFT

APPENDIX A

Position Description: PartnerSHIP Steering Committee Member

DRAFT ROLE AND RESPONSIBILITIES

- Develop strategies for furthering the vision that “Oregon will be a place where health and well-being are achieved across the lifespan for people of all races, ethnicities, disabilities, genders, sexual orientations, socioeconomic status, nationalities and geographic locations.”
- Ensure HTO values of equity and social justice, empowerment, strengths-based, authentic community input, and accountability are maintained and applied in all PartnerSHIP activities and decisions.
- Ensure adherence to strategies advancing health in the five priorities of (1) institutional bias; (2) adversity, trauma, and toxic stress; (3) behavioral health; (4) economic drivers of health; and (5) access to equitable preventive health care.
- Ensure focus of the PartnerSHIP on the HTO priority populations including Black, indigenous, people of color, American Indian/Alaska Native people (BIPOC-AI/AN), people with low incomes, people who identify as lesbian, gay, bisexual, transgender, queer, and questioning (LGBTQ+), people with disabilities, and people living in rural areas of the state.
- Ensure that the PartnerSHIP aims to affect change in complicated, persistent social problem and that effective oversight and direction throughout HTO’s implementation is provided to the OHA.
- Oversee and, when approved by the PartnerSHIP, publish an annual report including a summary of actions undertaken in strategy implementation, updates to measures and indicators, and revisions to work plans.

Position Description: PartnerSHIP Co-Chairperson

DRAFT ROLE AND RESPONSIBILITIES

- Standing member of the Steering Committee
- Ensures that there is clear and effective communication within the PartnerSHIP, Steering Committee, OHA personnel, agencies, and sectors
- Standing member of all subcommittees and working groups
- Leading and ensuring the effective functioning of the Steering Committee and PartnerSHIP
- Addressing conflict to help create the best possible operating environment
- Ensures effective management of the PartnerSHIP
- Acts impartially at all times. This includes acting in the best interests of the PartnerSHIP overall without bias for any individual or group
- Spokesperson effectively and clearly communicating the vision and decisions of the PartnerSHIP with feedback to the PartnerSHIP
- Build relational coalitions between the PartnerSHIP and agencies helping to ensure the adaptation and implementation of PartnerSHIP decisions
- Ensure that decisions are made efficiently and effectively, including the follow-up on decisions to make sure that they are implemented

Initial survey results: most important strategies

- Provide culturally and linguistically responsive, trauma informed, multi-tiered **behavioral health services and supports to all children and families.**
- Increase **affordable housing** that is co-located with active transportation options.
- Ensure access to and resources for affordable, high quality, culturally and linguistically responsive **childcare and caregiving.**
- Implement **standards for workforce development** that address bias and improve delivery of equitable, trauma informed, and culturally and linguistically responsive services.
- Improve **integration between behavioral health** and other types of care.
- **Build upon and create BIPOC-AI/AN led, community solutions** for education, criminal justice, housing, social services, public health and health care to address systematic bias and inequities.
- **Expand use of telehealth** especially in rural areas and for behavioral health.
- Expand culturally and linguistically **responsive community-based mentoring and peer delivered services.**
- **Develop community awareness of toxic stress**, its impact on health and the importance of protective factors.

How do you define important?

Possible definitions....

- Strategy advances health equity
- Strategy identified as important to communities
- Strategy is achievable or feasible (consider costs and resources, political environment, etc.) in current environment
- Strategy needed for COVID-19 recovery
- Strategy creates a multiplier effect and helps to advance other strategies
- Something else?

Break and Survey

PUBLIC HEALTH DIVISION

Office of the State Public Health Director

Oregon
Health
Authority

Discussion

- As you review this data – what stands out to you?
- What do you make of the results?

Next steps for ordering strategies

- How would you like to keep moving towards a final list of 10-15 strategies?
- What do you need to feel confident in your selection?

Community engagement proposals

Shorter term methods (1-2 months):

- Compare ordered strategies with past community feedback responses
- Survey community (as is or modified version of the survey) with targeted outreach and incentives
- PartnerSHIP led key informant interviews
- Other ideas?

Longer term methods (5-6 months and \$\$)

- CBO led engagement (focus groups, surveys, etc.)
- Other ideas?

Partner Updates

- HTO and PartnerSHIP related updates from members

Next Steps & Final Thoughts

Next meeting:

Monday, October 4th

Reminders:

- P'SHIP members eligible for compensation – invoice template is posted in Basecamp
- Next HTO in Action is September 22nd, 10 – 11:30am. Focus on Housing and Food strategies
- Please submit Conflict of Interest form to heather.r.owens@state.or.us