

November 1 PartnerSHIP meeting

- Closed captioning is available – select CC from your menu bar.
- Spanish interpretation is available. All attendees asked to select the Spanish or English channel following announcement.
- 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

November 1, 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:

- Reach consensus on focus strategies for 2022

5 minutes	Welcome
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5 minutes	Steering Committee report out
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10 minutes	Revisiting role of PartnerSHIP
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40 minutes	Continue discussing strategies in jamboard
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10 minutes	Break
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40 minutes	Reaching consensus on focus strategies for 2022
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5 minutes	Member updates PartnerSHIP members are invited to share updates from their communities.
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5 minutes	Wrap up and next steps Next meeting is December 6th
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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 language
- 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 or 711 TTY.

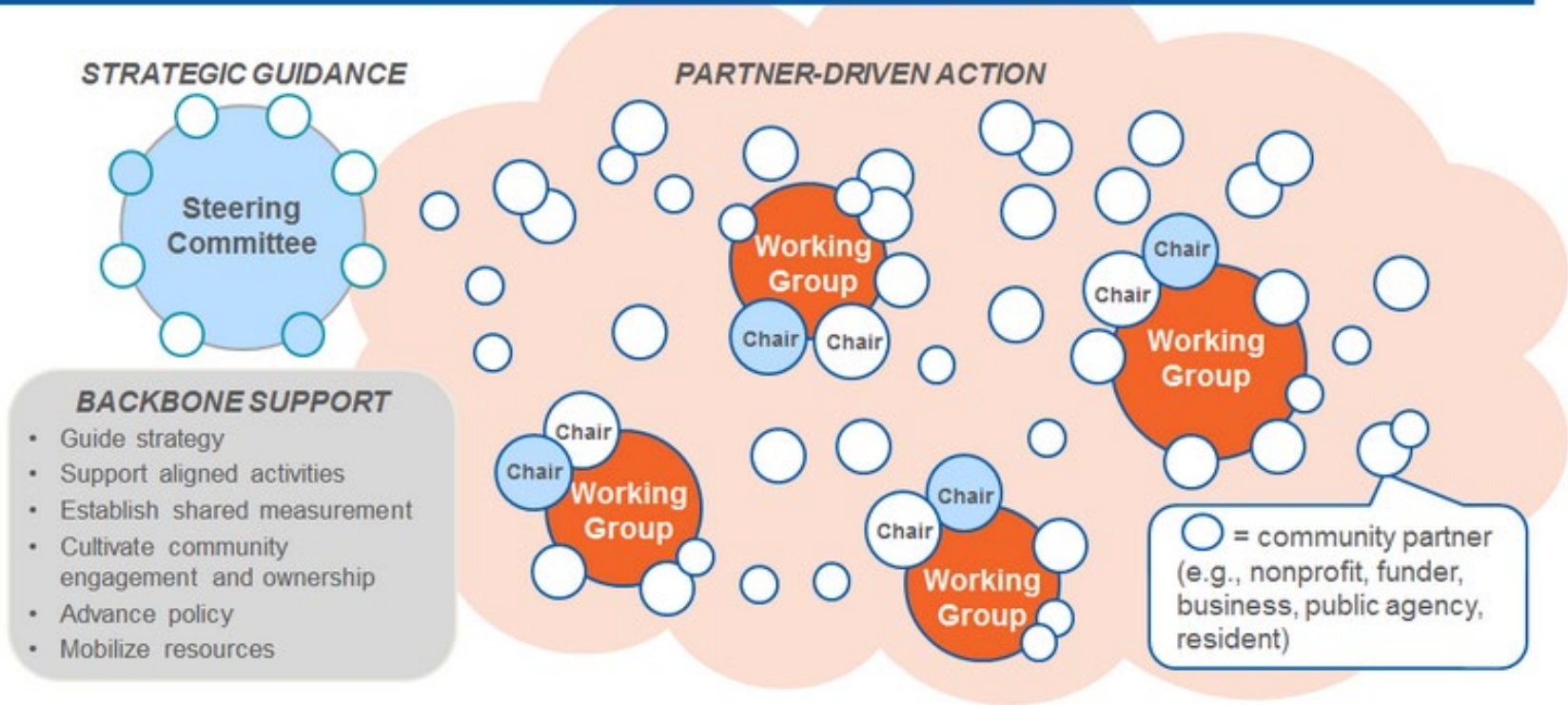
Todos tienen derecho a conocer y utilizar los programas y servicios de la Autoridad de Salud de Oregon (OHA, por sus siglas en inglés). OHA proporciona ayuda gratuita. Algunos ejemplos de la ayuda gratuita que OHA puede brindar son:

- 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 or o 711 TTY.

Clarifying role of the PartnerSHIP

Common Agenda and Shared Metrics



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Implementation area/Strategy	Priorities ¹	Example activities ²	Short term measure ³	Potential implementation partners/existing plans ⁴	PartnerSHIP work plan ⁵
Housing and Food					
1. Increase affordable housing that is co-located with active transportation options.	Economic Drivers of Health	<ul style="list-style-type: none"> Address zoning barriers in rural areas. Incentivize development in higher opportunity areas 	% of people who use active transportation to get to work Baseline: 10% (2017)	Oregon Housing and Community Services Oregon Department of Transportation Statewide Housing Plan and Oregon Transportation Plan	
2. Increase access to affordable, healthy and culturally appropriate foods for people of color and low-income communities.	Economic Drivers of Health	<ul style="list-style-type: none"> Expand awareness of and reduce barriers for programs like SNAP, WIC, school-based food supports 	% of eligible women enrolled in WIC during pregnancy Baseline: 62% (2019)	Oregon Department of Human Services, Oregon Health Authority, Oregon Department of Education, Oregon Hunger Task Force, Partners for a Hunger Free Oregon Plan to End Hunger	
3. Build a resilient food system that provides access to healthy, affordable and culturally appropriate food for all communities.	Economic Drivers of Health	<ul style="list-style-type: none"> Create a state wide food systems map Convene regional food policy councils Support tribal food sovereignty 	Index of factors that contribute to a healthy food environment, from 0 (worst) to 10 (best) Baseline: 7.9 (2015-17)	Oregon Health Authority, Oregon Department of Agriculture, Oregon State University Extension, Oregon Community Food Systems Network	

¹ Priority area/subcommittee where strategy originated during development of the plan. Given interrelatedness of priorities, some strategies originated in more than one subcommittee.

² Example activities that were identified during development by subcommittees and community engagement efforts. Activities were intended to give additional direction/guidance to PartnerSHIP and implementers. In some cases, activities were combined into one strategy. PartnerSHIP to inform, refine and develop activities as desired.

³ Short term measures were identified by subcommittees and OHA staff. Initial measures intended to provide additional communication value about the general intention of strategy and alignment with other plans, and therefore may not fully encompass the strategy in entirety. PartnerSHIP can add/modify measures as needed/desired.

⁴ State agencies that may have a role in implementing the strategy, and/or linkage to related strategic plans. PartnerSHIP to identify additional implementation partners, particularly those at the local level. Implementation would happen via working groups external to PartnerSHIP.

⁵ PartnerSHIP to identify the role you'd like to have in oversight. This could be a range of activities that vary depending on the strategy. Examples include providing feedback/gap and barrier identification to implementation partners, supporting communication/alignment efforts in your communit(ies), and/or contributing to advocacy/policy development at local and state levels.

Prioritized strategies

1. Increase affordable housing that is co-located with active transportation options. (H&F)
2. Increase access to affordable, healthy and culturally appropriate foods for people of color and low-income communities. (H&F)
3. Build a resilient food system that provides access to healthy, affordable and culturally appropriate food for all communities. (H&F)
4. Ensure accountability for implementation of anti-racist and anti-oppression policies and cross-system initiatives. (E&J)
5. 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. (E&J)
6. Strengthen economic development, employment and small business growth in underserved communities. (HC)
7. Invest in workforce development and higher education opportunities for priority populations. (HC)
8. Expand culturally and linguistically responsive community-based mentoring and peer delivered services (HC)
9. Build climate resilience among priority populations. (HC)
10. Increase affordable access to high speed internet in rural Oregon (HC)

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Prioritized strategies

11. Reduce systemic barriers to receiving behavioral health services, such as transportation, language and assessment. (BH)
12. Improve integration between behavioral health and other types of care. (BH)
13. Provide culturally and linguistically responsive, trauma informed, multi-tiered behavioral health services and supports to all children and families. (HY)
14. End school related disparities for BIPOC-AI/AN children and youth through teacher training, monitoring of data and follow-up with teachers, administrators and schools. (HY)
15. Ensure access to and resources for affordable, high quality, culturally and linguistically responsive childcare and caregiving. (HF)
16. Expand reach of preventive services through evidence based and promising practices. (HF)
17. Increase access to pre and postnatal care for low-income and undocumented people. (HF)

Break

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Arriving at consensus

- Have you arrived at consensus?
- If not, what else is needed to feel confident in your selection?

Partner Updates

- HTO and PartnerSHIP related updates from members

Next Steps & Final Thoughts

Next meeting:

Monday, December 6th

Reminders:

- P'SHIP members eligible for compensation – invoice template is posted in Basecamp