



## SHIP SUBCOMMITTEE MEETING

Bias     Trauma     Economic Drivers     Access to Care     Behavioral Health

June 29, 2020 | 1:00 p.m. – 3:00 p.m. | Call: (669) 900-6833, Access: 393-128-009

**Members Present:** Senna Towner, Rebeckah Berry, Nina Fekaris, Tim Menza (OHA Lead), Katie Harris, Cable Hogue, Catherine (Cat) Livingston, Tom Jeanne, Bridget Canniff

**Members Absent:** Kelle Little, Patricia Patron, Muriel DeLaVergne-Brown, Frank Thomas, Chiqui Flowers, Laura McKeane, Char Reaves, Heidi Hill, Jim Rickards, Danielle Sobel, Tim Svenson, Marty Cardy, Marc Overbeck

**OHA Staff:** Christy Hudson, Krasimir Karamfilov, Tatiana Dierwechter, Erin Corrigan, Emily Elman, Alison Babich

**Members of the Public:** Melino Gianotti (Northwest Portland Area Indian Health Board), Heather Oberst (Columbia Pacific CCO), Kristen Johnson (Oasis Center of the Rogue Valley), Sara Andersen (Oregon Office of Rural Health), Lexi Stickel (Columbia Gorge CCO), Sandy Kosik (Borland Free Clinic), Barbara Gladu (Northwest Portland Area Indian Health Board), Dana Stringer (Willamette Dental Group), Kim Calloway

### Welcome & Agenda Overview

Tim Menza welcomed the subcommittee members to the meeting. He asked the members to introduce themselves. The attending subcommittee members introduced themselves.

### Healthier Together Oregon & Implementation Framework

Christy Hudson reminded the subcommittee that today was its second to last meeting. Next month, the subcommittee will wrap up the details about the implementation plan (in terms of the activities) and discuss the short-term measures. The meeting in August will most likely be canceled.

Christy Hudson introduced Healthier Together Oregon, a new website and brand to host, promote, and share the SHIP work. Launch date is September 1, 2020. The website is intended to speak to communities across the state that are interested in this work, in learning more, and in getting involved. The website presents eight plan areas that comprise the implementation framework and speak to the intersectionality of the priority areas. The framework helps remove redundancies in strategies across priority areas, makes the plan more actionable and achievable, and communicates work across broader audience. In the consolidation of strategies, one of the subcommittee's strategies related to food merged with a strategy by the Economic Drivers subcommittee.

### Review Community Feedback

Christy Hudson remarked that OHA received a lot of feedback from a lot of people via different ways on the subcommittee's drafted strategies. Two avenues were used to collect the feedback. The first one was through seven community-based organizations that worked with priority populations. Feedback was collected through a survey and focus groups. OHA shared the survey with state agencies and local partners. There were 1038 responders (42% response rate) to the English version of the survey, with around 80% of the responders being white, straight, educated women. The Spanish version of the survey received 21 responders (76% response rate).

Melino Gianotti shared that the Northwest Portland Area Indian Health Board (NPAIHB) took the survey that it received from OHA and modified it. They noticed that there were some terms that were not well known by the general public. They made the survey easier to understand. They put the survey on NPAIHB's website and Facebook page. To motivate people to fill out the survey, NPAIHB gave out gift certificates and did a drawing.

Barbara Gladu added that if NPAIHB had more time to do outreach and explain to people what the survey was about and its importance, there would have been a lot more responses. The feedback included a lot of out-of-the-box ideas.

Christy Hudson stated that the themes that emerged from the feedback included community support of the strategies, a need for increased messaging about Collective Impact, interest in supporting activities to better understand implementation, interest in measurement and transparency in accountability, concern for feasibility, the difference between equity and equality, call to center priority populations in planning and implementation, concern that the strategies are Portland metro centric, strengthen attention to language-related needs, concern about a white savior complex, strengthen strategies for incarcerated, LGBTQ+, disabled, homeless, or immigrant/refugee, and older adults.

Barbara Gladu noted that during one of the listening sessions at NPAIHB, it was voiced that Native American and indigenous populations in Oregon were sovereign nations and they needed a line item as a priority population. As sovereign nations, they have their own political status. Tribes should be mentioned as a priority, instead of being placed under the umbrella of a more generalized title.

Sandy Kosik asked if it had been discussed how free clinics figured into the plan. The clinics serve many marginalized individuals.

Tim Menza answered that the subcommittee had not called out free clinics specifically. He invited Sandy Kosik to propose ways to include the free clinics into the strategies as the subcommittee discussed them.

### **Incorporate Feedback and Finalize Strategies**

Christy Hudson reiterated that the task for today's meeting was to recommend final language through an equity lens (i.e., who is most impacted), incorporate the community feedback, and consider the current environment (i.e., COVID-19, anti-racism protests). Based on the community feedback, four strategies

were suggested for modification: (1) Increase patient health literacy, (2) Increase access to dental care in schools, (3) Improve electronic health record coordination, (4) Expand use of telehealth in rural areas.

The subcommittee discussed the four strategies and finalized them. The subcommittee members agreed on including a tribes-specific strategy that would allow the tribes to work on issues specific to their needs and address the disparities in their communities.

Cat Livingston expressed a concern that there were no specific strategies around COVID-19 and its impact on the community. For example, school inequities are worsening, due to the fact that a lot of kids are not able to get full-time schooling. This is a massive gap that can worsen disparities in the state. Other issues related to COVID-19 include lack of chronic disease management, the increase of mental health crises, and the worsening of potential disparities among educational, behavioral, and physical impacts on children, due to COVID-19 and quarantine.

Cable Hogue agreed with Cat Livingston and suggested for the strategy to not be specific to COVID-19, but to be related to a pandemic response in general. A general strategy could apply to any kind of future instance that might come up.

Christy Hudson suggested that Cat Livingston could submit a COVID-related strategy in Basecamp for the subcommittee to discuss. Another opportunity for a discussion could be at the PartnerSHIP meeting on July 9, 2020.

### **Public Comment**

Tim Menza thanked the subcommittee members. He invited members of the public to provide comments and ask questions.

There was no public comment.

### **Next Steps**

- Christy Hudson will work with Bridget Canniff on the language of the tribe-specific strategy
- Tim Menza will work with Sara Anderson to modify the workforce strategy

### **Adjourn**

Tim Menza adjourned the meeting at 2:59 p.m. The next meeting will be on July 27, 2020.