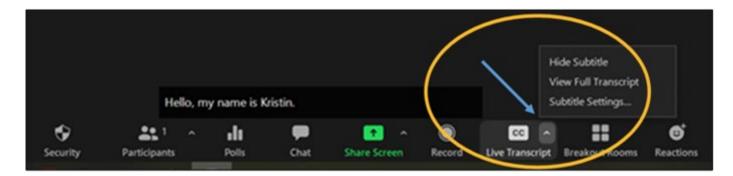
Closed Captions

 Pueden acceder a los subtítulos en español a través del enlace compartido en el chat.

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For English Closed Captions:



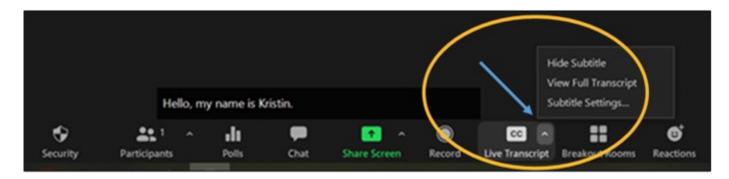
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State Health Assessment Steering Committee Meeting October 21, 2024

Closed Captions

- Pueden acceder a los subtítulos en español a través del enlace compartido en el chat.
- For English Closed Captions:



Click the small arrow next to "CC Live Transcript" to access caption controls. You can hide the subtitles or view the full transcript.

Agenda

- Relationship Building
- Health Topic Priorities of Steering Committee
- Break
- Priorities Continued
- Updates State Health Assessment- Community Engagement, Mini Grants, M/V/V and writing the report

OHA Staff

- Jameela- Steering Committee Lead, Community Engagement
- Rose- Data/Assessment Lead
- Victoria- SHA Lead, Internal Engagement and Communications
- Sara- Manager; Fiscal and Leadership Support









MetGroup Facilitation Team





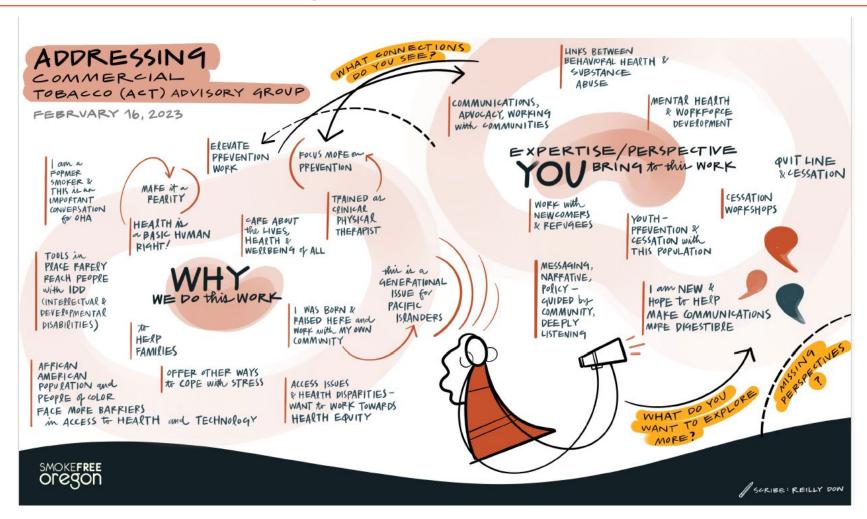


Kirsten Gunst, Senior Director

Debra Clark, Director

Kristin Gimbel, Executive Vice President

Special Guest: Reilly Don, Scribe



Group Agreements

- **1. Lean forward, lean back**. Share space. Allow room for different opinions. Don't be afraid to share your perspective! This is a judgment-free zone.
- **2. Curiosity is queen.** Be open to continuous learning along the way.
- **3. Explain and unpack** *jargon and acronyms.*

- 4. Be present, be authentic. Show up as fully as you can in the way that is most comfortable for you. ("Be present, be authentic", as a way to invite others to feel comfortable being present at the table as themselves, and meet others in the same way?)
- 5. Honor all experiences and expertise.

 Appreciate others as human beings with abundant and interconnected experiences.
- **6. Extend grace to each other and to ourselves.**Assume best intentions.

Relationship Building

What is a data source that you've used in your work? Tell us about it. What did that data help you realize?



Health Topics

OHA Updates

- Mission/Vision/Values
- Roadshow/Community Engagement
- SHIP Development Mini Grants
- SHA Outline

Mission, Vision and Values

Smaller group has finalized input on definitions

 9/6- We presented to public health Tribal Directors and identified next steps. TJ will work with Julie Johnson (OHA's Director of Tribal Affairs) to update Mission to include the 9 Federally Recognized Tribes of Oregon.

SHIP Development Mini Grants

- Ten \$15,000 Grants
- Application available mid-November
- Timeline of work (Anticipated) February 2025-July 2025
- Community Information Gathering: Health Priorities and Strategies
 - Priority funding to groups serving
 - o Black, Indigenous, people of color, and American Indian/Alaska Native people (BIPOC-AI/AN)
 - People with low incomes
 - o People who identify as lesbian, gay, bisexual, transgender, queer and questioning (LGBTQ+)
 - People with disabilities
 - People living in rural areas of the state
 - Additional Non 2018 HTO Categories:- Older adults/Elderly/older adults, Pregnant/Postpartum people, early childhood, caracal community, people who
 are reentering our communities from incarceration, Veterans/Military personal, single parent households, victims/survivors of domestic violence, Migrant
 and Seasonal Farmworkers, immigrant and refugee communities)

Community Engagement

- We're presenting at webinars to inform communities about SHA efforts and set the stage for continued engagement for SHIP development.
 - 25 min- 50 min based on audience preference
 - We are presenting in English and Spanish

If you have a space you'd like us to present at reach out to Jameela

 We also plan to develop materials for Steering Committee members to share with their networks.

SHA Outline Update

State Health Assessment Outline

- ▶ 1) Vision/ Values (October)
- ▶ 2) Members of the steering committee (October, draft, December finalize)
- ▶ 3) Intro/ framework (October)
 - 4) Key findings of the SHA (4-6 top points) (Jan/ Feb)

How healthy is OR

Oregon is the 16th healthiest state in the US in 20241. In previous years, it scored at (refer to the previous SHAs).

What's important to OR

What contributes to health disparities?

What assets improve health?

- ▶ 5) How the SHA was developed: (immediate)
- ▶ 6) Status, possibly part of the SPA here too (OR demographics and changes over time are required by PHAB) (October/ November), Nita/ Victoria
- ▶ 7) Assessments: (November)
- ▶ 8) Community engagement. (October/ November)
- ▶ 9) Data that we want to share with a focus on the SC priorities and organizing metrics through HTO and/or the SPHI (November/ December)
 - 10) What matters about the health of Oregon: (strengths, attributes, opportunities, and etc.). Top line messages that SC wants us to elevate.
 - 11) Any other conclusions or next steps may have to finish by Feb.

We look forward to connecting with you again on October 28, 2024 from 9am-11am.

Jameela Norton, MPH
Health Improvement Strategy

Jameela.norton@oha.Oregon.gov

Public Health Division

Office of the State Public Health Director





Extra/Reference Slides

Acronym Check

- CBO- Community Based Organization
- CHA- Community Health Assessment
- CHIP Community Health Improvement Plan
- LPHA- Local Public Health Authority
- OHA- Oregon Health Authority
- PHD- Public Health Division
- SHA- State Health Assessment
- SHIP- State Health Improvement Plan

Acronym Check Continued

SPA – Starting Point Assessment

REALD- Race Ethnicity, Language and Disability

SOGI- Sexual orientation or gender identity

Census- United States Census

BRFSS- Behavioral Risk Factor Surveillance Survey

OHA's Definition of Health Equity

Oregon will have established a health system that creates health equity when all people can reach their full health potential and well-being and are not disadvantaged by their race, ethnicity, language, disability, age, gender, gender identity, sexual orientation, social class, intersections among these communities or identities, or other socially determined circumstances.

Achieving health equity <u>requires the ongoing collaboration of all regions and sectors of the state, including tribal governments</u> to address:

- The equitable distribution or redistribution of resources and power; and
- Recognizing, reconciling and rectifying historical and contemporary injustices.

HTO operationalizes the collaboration required to advance OHA's goal of eliminating health inequities by 2030.

Anticipated: Phases 2 and 3, the SHA and SHIP (Steering committee can change timeline)

Developing the State Health Assessment 2024-25

September/Oct

Health indicator data review, assessment planning, community engagement

November/ Dec/Jan

Review process so far, develop data themes

Feb/March

Review draft SHA, work toward final

Developing the State Health Improvement Plan 2025

March

Define/ revise SHIP priorities

April

Define draft strategies, metrics

May

Final decisions on SHIP made, OHA works to produce it