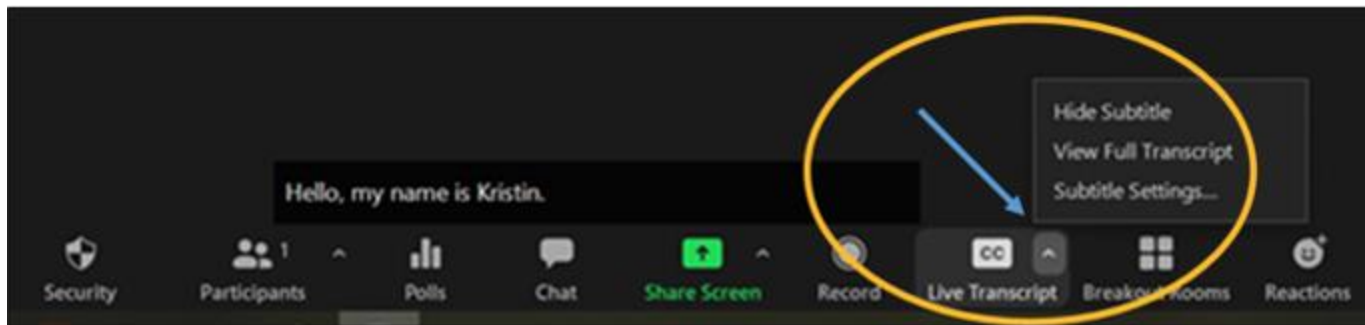


Closed Captions

- 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.



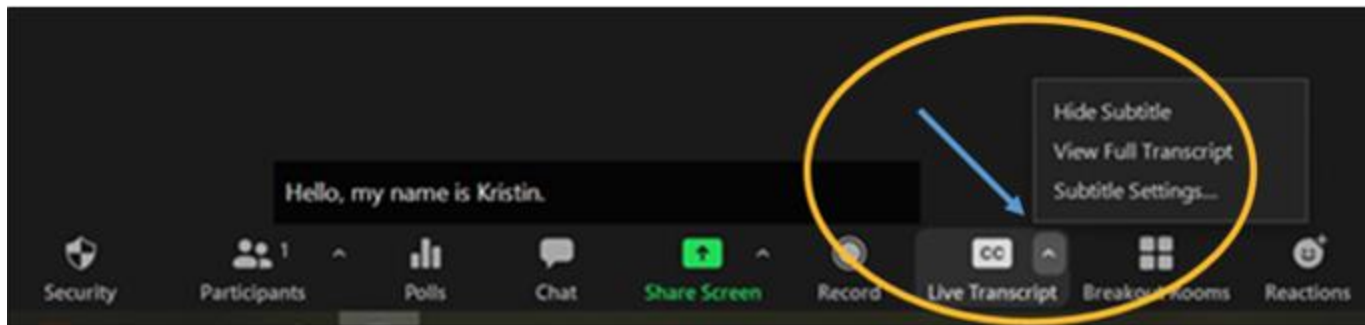
OREGON
HEALTH
AUTHORITY

10/21/24

**State Health Assessment Steering
Committee Meeting
October 28, 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

- Health Topic Priorities of Steering Committee
- Break
- Priorities Continued
- Updates State Health Assessment
- Public Comments

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: Andrea , 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.*

Setting the Stage



OREGON
HEALTH
AUTHORITY

Health Topics

OHA Updates

- Next meetings (subject to change)
 - 11/5: Possible Data Office Hour Conversation
 - 11/6: Community Engagement Subcommittee
 - 11/12: Mapping out State Population Health Indicators
 - 11/18: Finalizing/SHA input

SHIP Development Funds

- Ten awards of up to \$15,000
- Application available mid-November
- Timeline of work (Anticipated) February 2025-July 2025
- Community Information Gathering: Health Priorities and Strategies
 - Priority funding to groups serving
 - Black, Indigenous, people of color, and 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
 - Youth
 - People living in rural areas of the state
 - Additional Non 2018 HTO Categories:- Older adults/Elderly people, Pregnant/Postpartum people, early childhood, carceral 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.

We look forward to connecting with you again on November 12, 2024 from 2-4pm.

Jameela Norton, MPH
Health Improvement Strategy
Jameela.norton@oha.Oregon.gov
Public Health Division
Office of the State Public Health Director





OREGON
HEALTH
AUTHORITY

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 requires the ongoing collaboration of all regions and sectors of the state, including tribal governments 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*