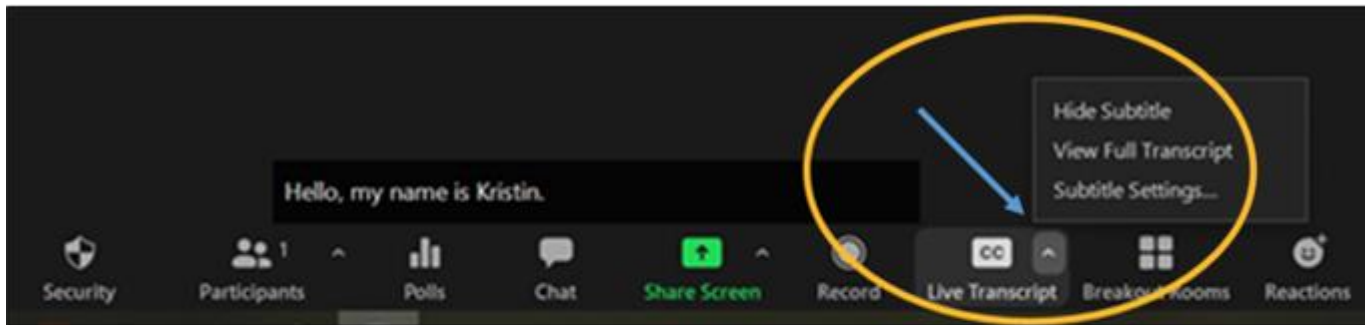


Closed Captions

- 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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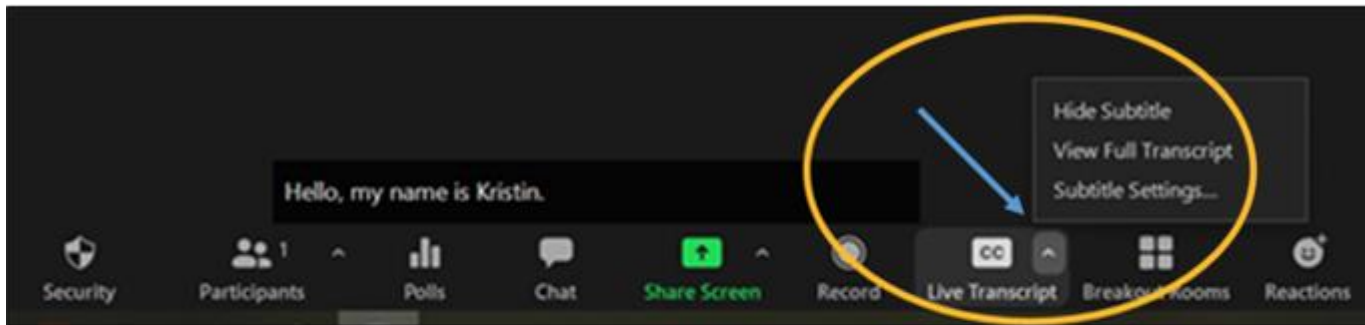
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01/07/2025

**State Health Assessment Steering
Committee Meeting
January 13, 2025**

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.

Public Meeting

Members of the public welcome!

- Conversation space is held for committee members
- We will hold space for public comments in the final 10 minutes of the meeting.
 - If there are multiple members of the public who would like to speak we will limit speaking time to 2 minutes per person

Agenda

- Welcome back! Relationship Connection Opportunity
- Arc of the 2025 Work
- SHA Update
- SHIP Overview/ Role of Steering Committee
- Lessons Learned: CHIP/ Previous SHIP
- Next steps, public comments

OHA Staff

- Jameela- Steering Committee+ Community Engagement Lead
- Rose- SHA Data/Assessment Lead
- Victoria- SHA Lead, Internal Engagement and Communications
- Sara- Manager; Fiscal and Leadership Support
- Cintia- Healthier Together Oregon Strategist



MetGroup Facilitation Team



Kirsten Gunst, Senior Director



Debra Clark, Director



Kristin Gimbel, Executive Vice
President

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 Opportunity

What is your motivation or inspiration related to this work as we enter 2025 ?

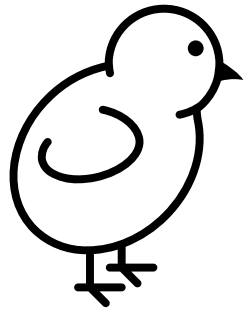


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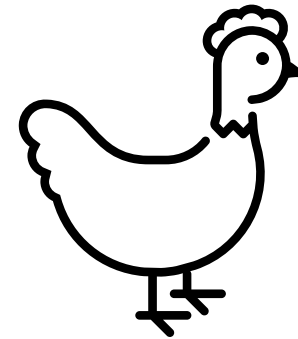
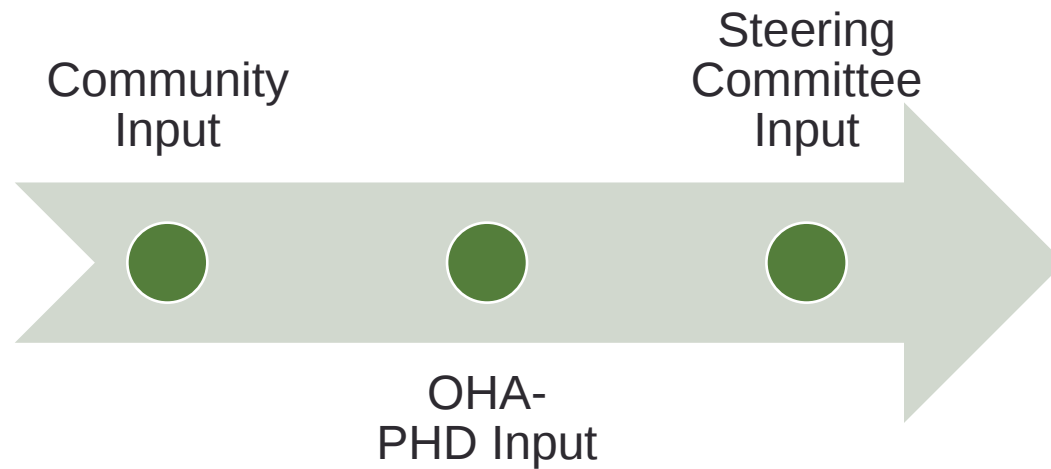
Arc of our work: SHIP Redevelopment 2025

2025: SHIP redevelopment

We're updating the previous SHIP and not creating a brand-new product



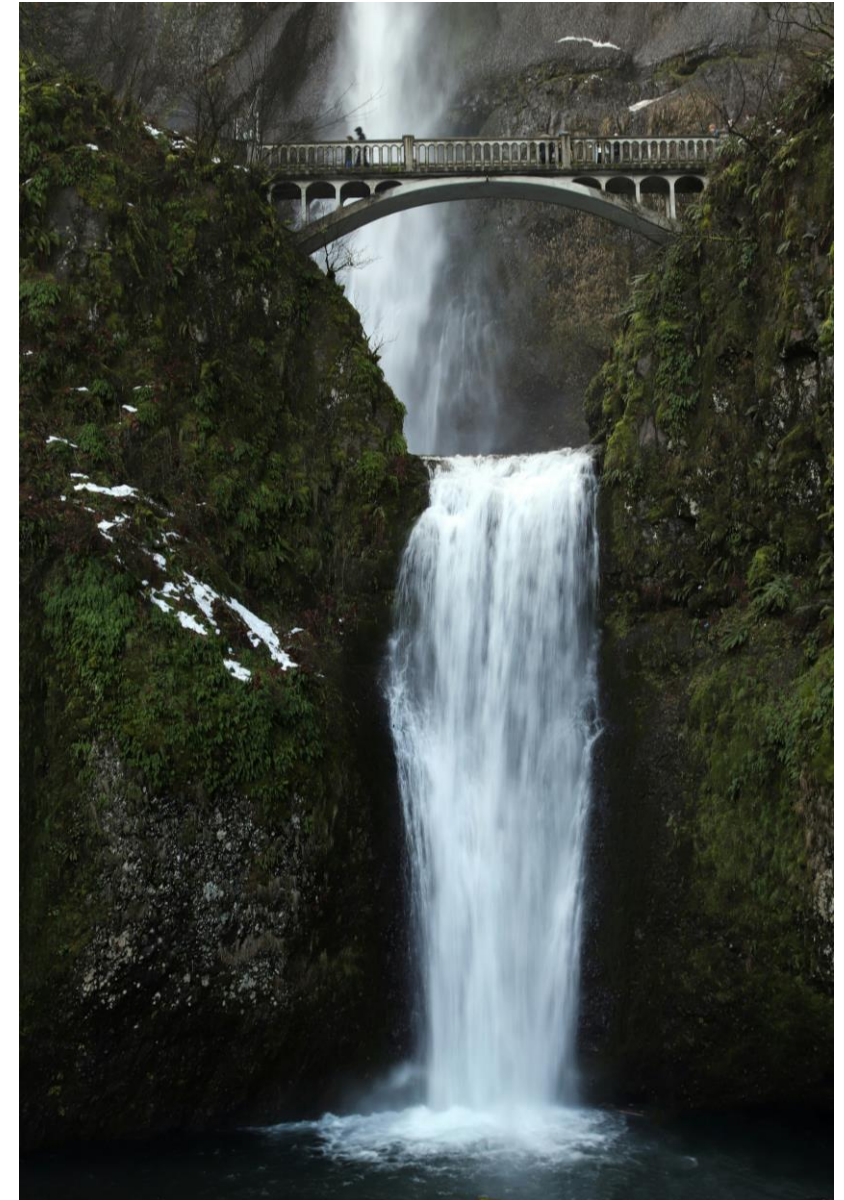
2020-2024 SHIP



2025-2029 SHIP

Late Winter/Early Spring

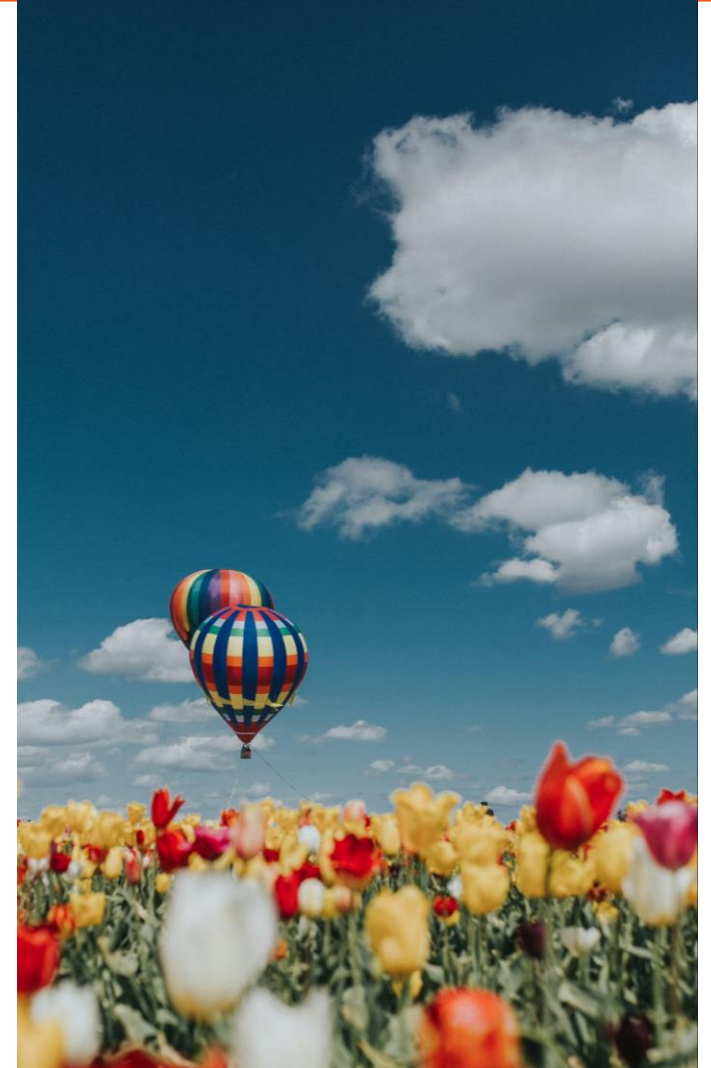
- Feb 2025: Discuss and finalize proposed Priorities
 - This will go out to community for input
- Engage with Subject Matter Experts
 - Discuss and identify strategies that address shared health priorities and goals
 - Possible overview of Tribes in Oregon presentation
 - OHA Strategic Plan Alignment



Late Spring/Early Summer

- Community input about priorities will be shared with the Steering Committee
- Steering Committee will finalize recommendations on SHIP Priorities
- Compose list of SHIP strategies for community input

*Possible in-person meeting



Summer 2025

Discuss Indicators aligned with
Priorities

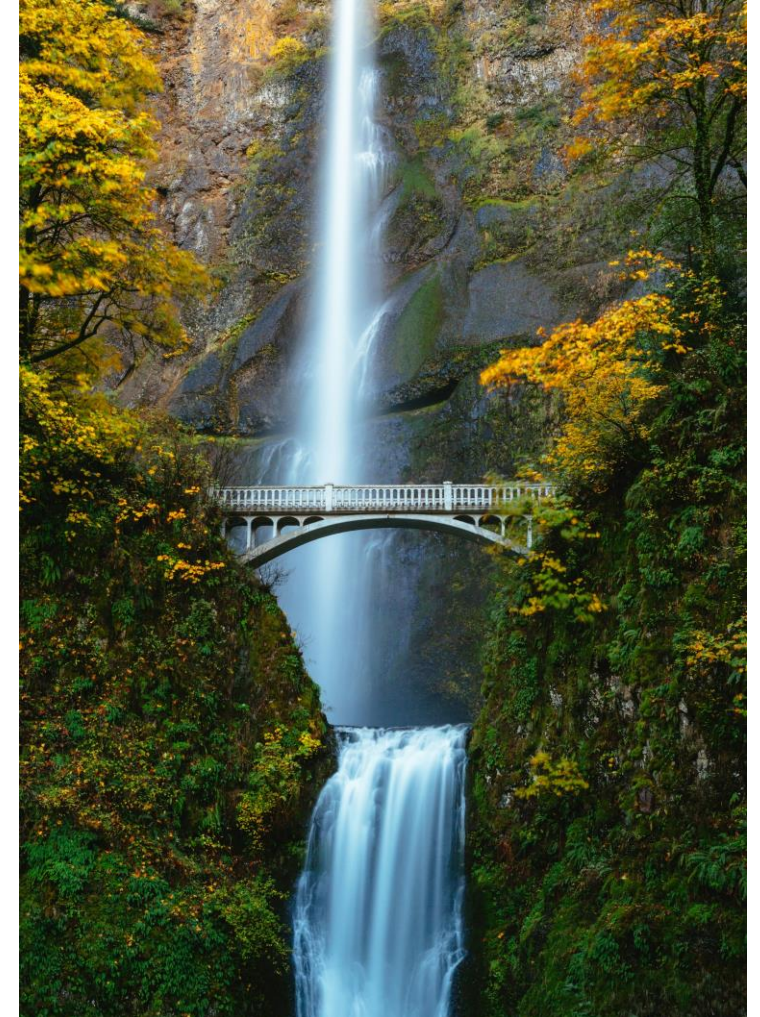
Community engagement/input
about possible strategies

Final recommendations SHIP
Strategies



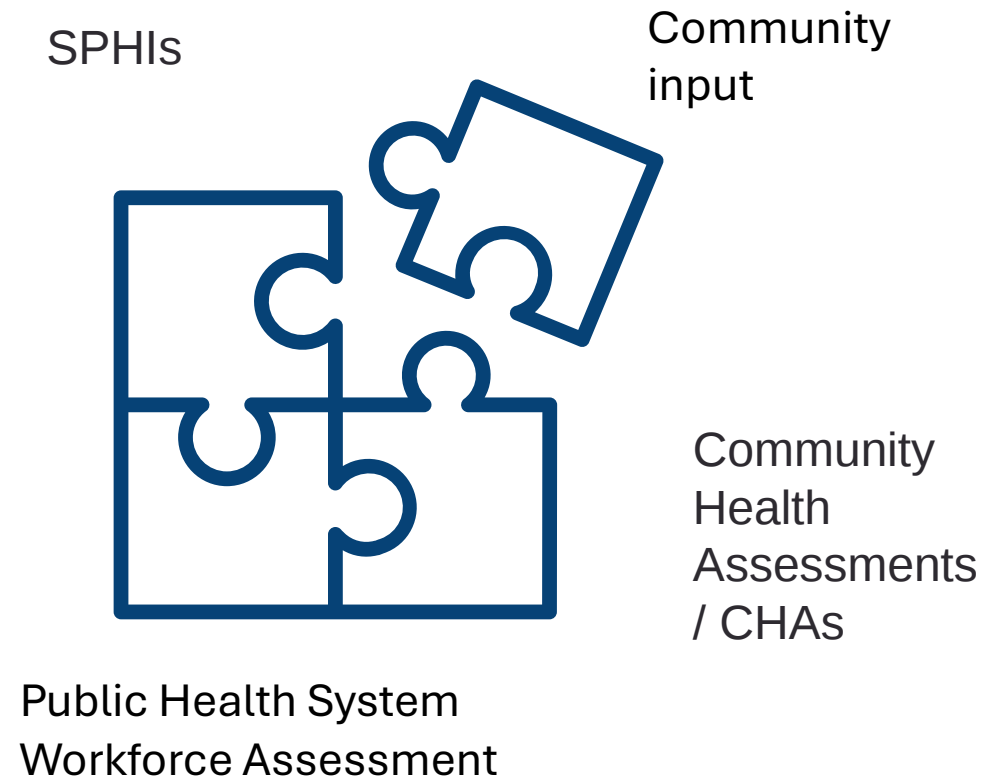
Early Fall 2025

- Finalize SHIP recommendations
- Reflections and celebration



SHA Update

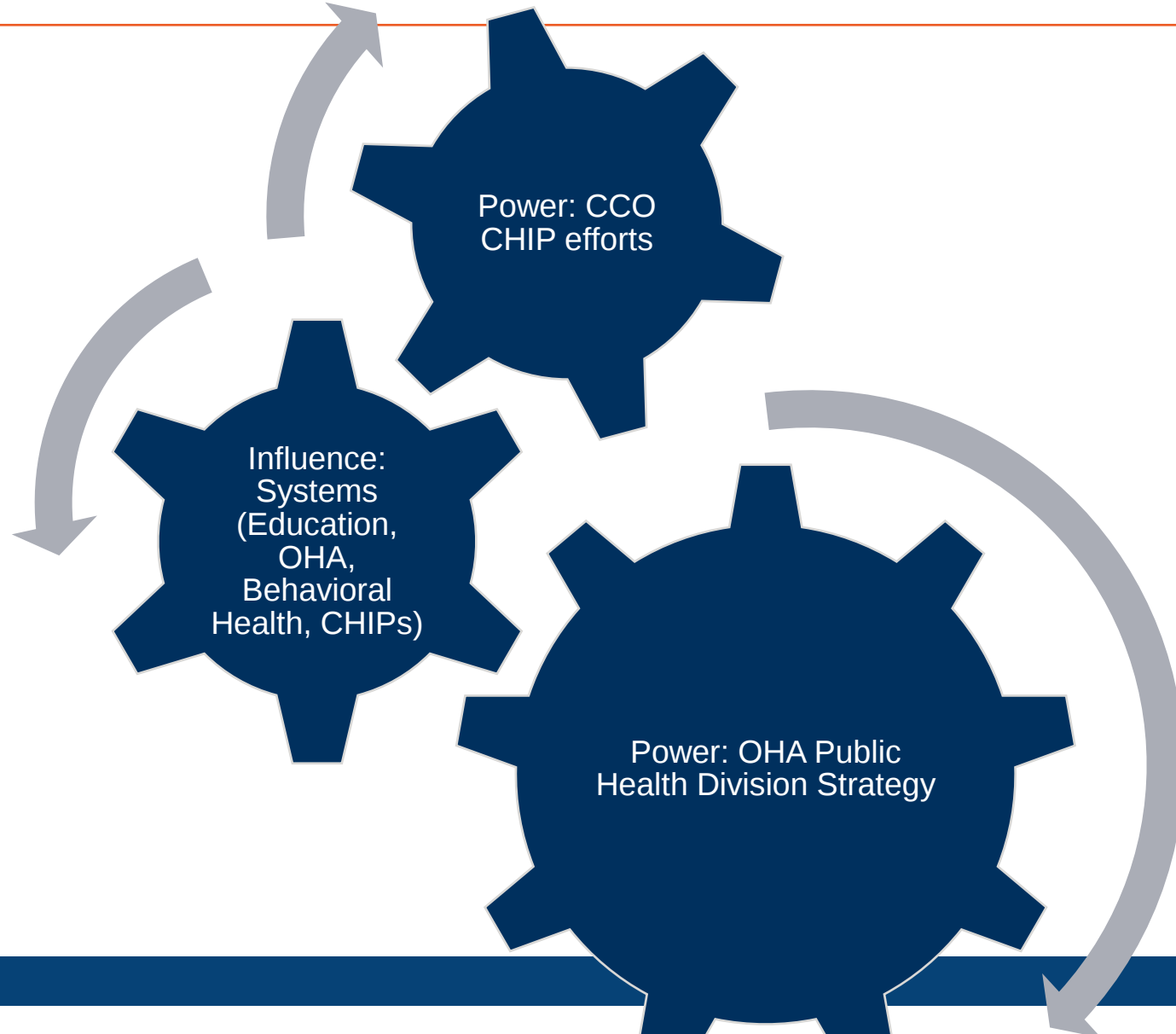
- Based on Steering Committee feedback- we've changed how we are writing and framing out our SPHIs
- We hope to provide a draft to the SC in February



State Health Improvement Plan

- A roadmap that outlines strategies to address our state's biggest health priorities
- Inform policy, partnerships, and investments for OHA and other state agencies. Alignment with OHA's strategic Plan.
- **Healthier Together Oregon (HTO)** was the first time this process prioritized community voice

Power and Influence of SHIP



Healthier Together Oregon (HTO)



2020-2024 SHIP Priorities

- Institutional bias
- Adversity, trauma, and toxic stress
- Behavioral health
- Economic drivers of health, such as housing, transportation and living wage jobs
- Access to equitable preventive health care

What happened:

- COVID-19
- Established a PartnerSHIP- Community Oversight Group
- Provided small grants to partners for CHIP projects
- In partnership with Benton County - Provided 20 CHW scholarships
- Many lessons learned related to capacity, scope and opportunities for deeper collaboration

Role of this Steering Committee

- Using your individual, personal and professional lens/networks provide guidance and recommendations to OHA Staff
- Establish Priorities for 2025 SHIP
- Identify preferred Strategies



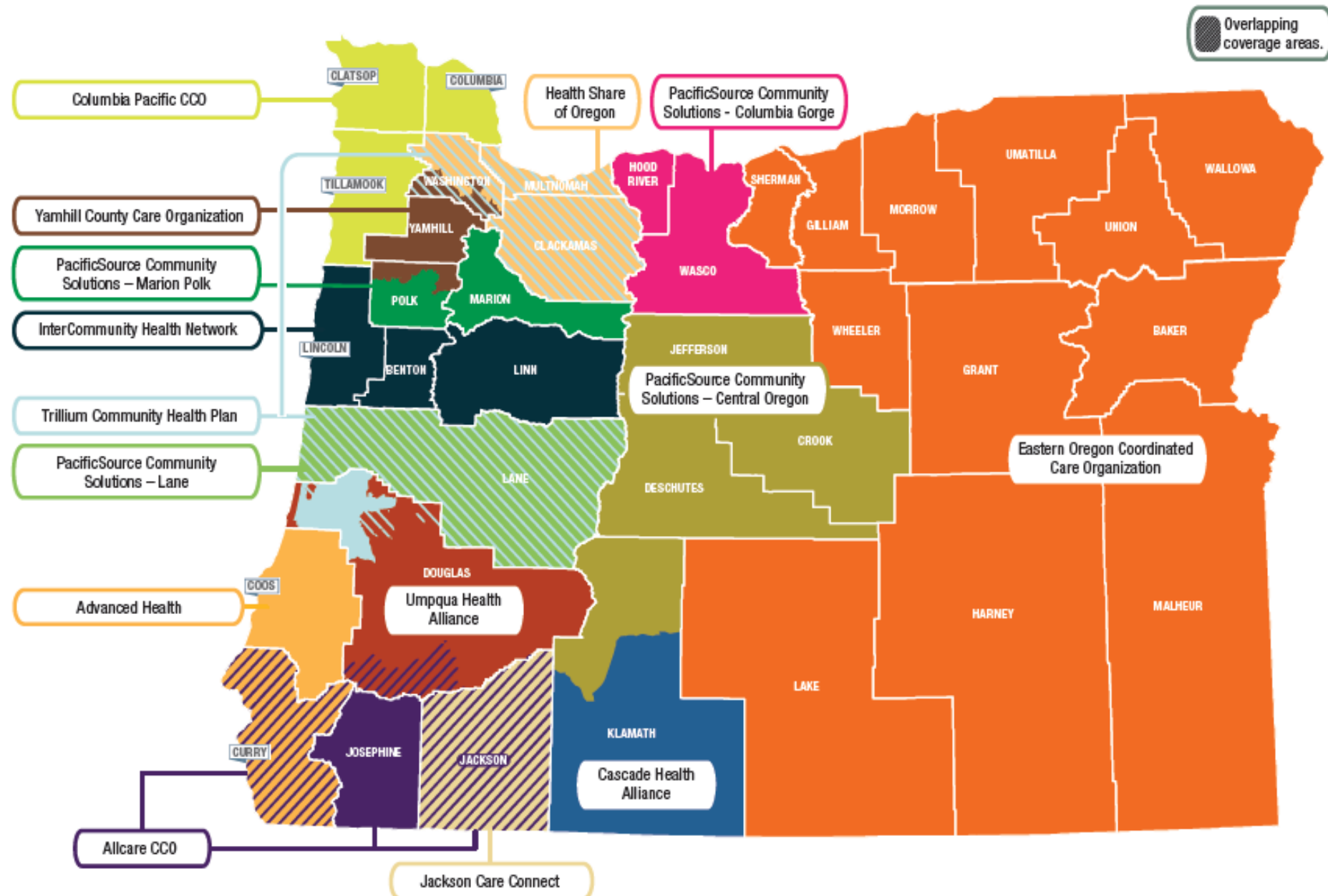
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Let's talk about CHA/CHIPs

Community Health Improvement Plan

- Every 3-5 years CCOs, Local Public Health Authorities, Hospitals and community members come together to do community health assessments and then they develop community health improvement plans
- CCOs are required to perform certain activities to align with the SHIP.

Coordinated Care Organization 2.0 Service Areas



Let's talk!

Many folks from the Steering Committee are members of their local Community Health Assessment (CHA) and/or Community Health Improvement Plan(CHIP) teams. Many of you have shared that this is what brought you to SHIP work.

We'd love to hear from you!!

Discussion/Break Out Rooms

What reflections and insights would you like to share about CHIP work?

- What was your experience? What worked well when designing your CHIP ?
- Lessons learned?
- What are some areas of opportunity or places for better alignment with the SHIP?

How does SHIP impact your efforts on a local level?

Lessons Learned; review of CHA/CHIPs

- The priority areas of alignment with HTO that was present among the CHAs and CHIPs are:
 - **Behavioral health**
 - **Economic drivers of health**
 - **Access to equitable preventive healthcare**
- The priority areas with little to no alignment with HTO are:
 - **Institutional bias**
 - **Adversity, trauma, and toxic stress**

Lessons Learned; review of CHA/CHIPs

- Potential emerging priorities:
 - Sense of connection and belonging
 - Cross-sector collaboration
 - Environmental health

Lessons learned: Public Health Division

Starting Point Assessment

- Engaged two groups for feedback:
 - The PartnerSHIP (HTO implementation SC)
 - OHA PHD leadership
- PartnerSHIP – More resources needed; long-term focus on aligning community level work with SHIP priorities.
- PHD leadership – Division leadership and program staff must be engaged early and sustained throughout.

Next up

- January 29, 2025- Community Engagement Subcommittee Conversation
- February 2025: SHIP proposed Priorities (we will take these and get community input)

Public Meeting

- Members of the public welcome!
- Conversation space is held for committee members
- We will hold space for public comments in the final 10 minutes of the meeting.
 - If there are multiple members of the public who would like to speak we will limit speaking time to 2 minutes per person

Thank you!

Contact Jameela Norton with any questions, concerns, thoughts, or feedback you'd like to share jameela.norton@oha.Oregon.gov



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Extra/Reference Slides

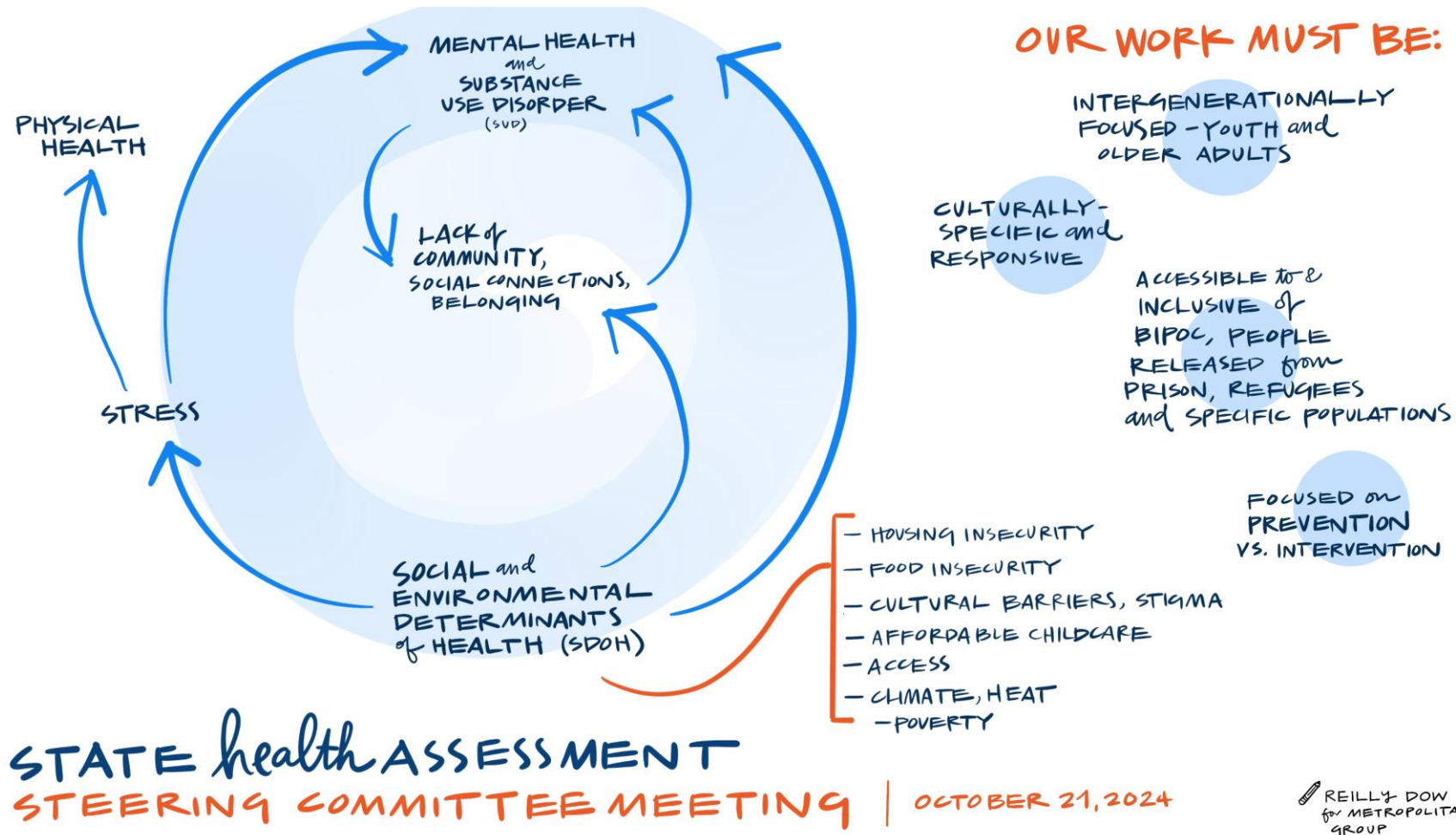
Acronym Check

- 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
- SPHI- State Population Health Indicator

Health Topic Priorities



GAP TOPIC AREAS

INFECTIOUS DISEASE

- PREVENTABLE ILLNESSES
- COVID

CHRONIC DISEASE

- AUTOIMMUNE INFLAMMATION DISEASES
- SCIATICA
- ARTHRITIS
- DIABETES
- LUNG DISEASES
- HEART DISEASE
- RESIDUALS OF STROKE

INJURY VIOLENCE PREVENTION

- YOUTH VIOLENCE
- SHOOTINGS
- DOMESTIC VIOLENCE
- VIOLENT CRIMES & HOMICIDES
- HOMELESS WOMEN
- INCARCERATED POPULATION
- MOTOR VEHICLE ACCIDENTS
- FALLS FROM OLDER ADULTS
- SUICIDE

BEHAVIORAL HEALTH (GAP TOPIC AREAS)

- TRAUMATIC RESPONSE FOR NEURODIVERSE COMMUNITIES
- SUBSTANCE ABUSE

MENTAL HEALTH

- OVERDOSE
- DRUG USE
- SUICIDE
- LONELINESS

PREGNANCY/BIRTH/REPRODUCTIVE HEALTH

- RACIAL INEQUITY IN BIRTH OUTCOMES
- ✓ LANGUAGE & CULTURAL BARRIERS

SOCIAL & ENVIRONMENTAL HEALTH

- CHILDHOOD LEAD EXPOSURE
- BLOOD LEAD LEVELS
- AIR QUALITY
- ✓✓ WILDFIRES & DRINKING WATER SCARCITY
- CLIMATE CHANGE
- DEATH FROM HEAT & COLD
- ✓✓ FOOD SECURITY
- ✓ ACCESS TO HEALTH CARE
- ✓ EMERGENCY PREPAREDNESS
- ✓ LANGUAGE & CULTURAL BARRIERS

- HISTORICAL TRAUMA
- HOUSING & SHELTER
- ✓✓ HOMELESSNESS ✓✓
(INFLUENCES ALL OF THE ABOVE)

✓
COMMUNITY & CONNECTION AS PREVENTION

✓
UNDERSTANDING OF CULTURE BEYOND RACE & ETHNICITY

✓
BRING IN TRADITIONAL HEALTH CARE

✓
GENERATE INCLUSIVE & TRUST WORTHY ACCESS FOR ALL!

✓
PROVIDE OPPORTUNITIES FOR LONG TERM ⊕ HOLISTIC HEALTH OUTCOMES



STATE health ASSESSMENT

STEERING COMMITTEE MEETING | OCTOBER 28, 2024

✍ ANDRE MEDINA
for METROPOLITAN GROUP

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.

We look forward to connecting with you again in 2025

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

