

Minutes

State Health Assessment Steering Committee

February 10, 2025, 10:00 am - 12:00 pm PST

Objective: Discuss proposed priorities

OHA staff: Jameela Norton, Sara Beaudrault, Rose Harding, Cintia Vimieiro, Nita Heimann, Dulce Sanabria,

MetGroup: Kirsten Gunst, Kristin Gimbel

Steering Committee Members: Carrie Brogoitti, Cheryl Carter, Jolene Cawfield, Julia Brown, Annie Valtierra-Sanchez, Liberty Avila, Elisabeth Maxwell, Emily Mosites, Whitney Watson, Mica Contreras, Alisha Overstreet, Dean Sidelinger, TJ Foltz

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- Overview Zoom features, tech support and closed captioning
 - Introduce presenters
 - Agenda
 - Welcome Jolene
 - Status of Public Health and federal policy changes: Dean – There have been many federal executive orders that touch all aspects of our lives. For the State of Oregon, neither the commitment, nor work, has changed. Adding links in chat for update resources (see end of document).
 - Visual timeline overview
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Overview of the SHIP+ Priority Review

- OHA Staff presented on lessons learned from HTO's priorities and steps that they took to propose new possible priorities.
 - Timeline: Steering Committee reviews and proposes changes in Feb 2025. OHA staff and funded partners gather input and share back to OHA in March/April. May 2025 Steering Committee will review community input and will finalize SHIP priorities.

Proposed Priorities that we will edit based on Steering Committee feedback then will share with community:

- Healthy communities, neighborhoods, & environment
 - Life course wellbeing and community health
 - Physical, Mental & Systemic Safety
 - Mental wellbeing & behavioral health
 - Equitable Social Conditions
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Discussion- Priorities

Steering Committee asked questions and provided feedback. Themes included: Discuss drafted SHIP priorities, offer feedback and suggestions

- Question: Should the Steering Committee only focus on the green areas while working through the shell of the SHIP? Also, for the yellow ones, how can those be better
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addressed? Through cross collaboration with other agencies? If that's the case, do we need to add as recommendations for the SHIP later on?

- -With the priorities clearer and aligned with what we can do, it's fine. It's the clarity of the priorities and our ability to work through these. As for the second part, regarding collaboration, that will be a lot of the work Cintia is leading for the potential partnerships. In July, we have some of that component built into hear and connect with other agencies, to see what they're doing around these priorities that don't necessary fit in a centric way in the SHIP.
- Comment: First impression, love how this is much more refined, yet broad enough and accessible. Situational bias not included in regional CHIPs and appreciate that is included here. – Priorities have been refined based on Steering Committee's feedback and guidance.
- - Comment: I like the priorities- I would also like to see the big picture of where they fit into a public health framework (eg the BARHII). I think that would meld the priorities into the concepts of where we have levers for action. (BARHII - Bay Area Health Inequities Initiative: <https://barhii.org/>)

Question:: With as many priorities that our communities have that are not being included, due to OHA's levels of power, will this be added to the introduction?

- Yes, it will be in the introduction framing and in the strategies, the how we're doing it and how we're tracking it.

Comment: Appreciates commitment to funding SBHC for BH/Mental health. Doing the work now and is a critical addition. There are some limitations for place-based services, especially in rural locations. Also, calling out transportation as a need is appreciated.

Feedback: Some added to not sure if it's under changes: Treatment center towards incarcerated prisoners.

- -We will take this feedback and input and will sit and work with it and will provide clarifications.

Feedback: I'm still having some strong reactions around the language regarding firearms.

Question: I see a strong prevention focus, which is wonderful. Does this priority area also include access to healthcare that is not considered preventive?

- Yes we see that aligned with Life course wellbeing and community health along with the mental and behavioral health priority.

Comment: My first reactions are that these priorities are an improvement on the previous ones, and I appreciate bringing the life course and having specific references to age groups called out/brought in.

Comment: I feel "Economic Drivers of Health" is very high priority, especially seeing more food insecurity and high cost of living

Break

Discussion- Break out rooms for each of the proposed SHIP priorities

- 15 min break out
- 15 min break out group 2
- Room Facilitators Report back – captured in separate meeting materials

SHA Update+ Next steps

Will be provided via email

Public Comment

- Jenna App Alzheimer's Association. With the projected growth of Alzheimer's and other dementias and the huge impact this has on Oregonians (patients and caregivers both), I would like to advocate that the SC consider areas where the SHIP could call out the need for naming agism under institutional bias and specifically naming dementia prevention/early diagnosis/caregiver support within the "life Course well being" and adding cognitive/dementia screenings to the bullet that names cancer screening under equitable social conditions.

https://www.oregon.gov/oha/Pages/Federal-Changes.aspx?utm_medium=email&utm_source=govdelivery

<https://www.doj.state.or.us/oregon-department-of-justice/civil-rights/sanctuary-promise/>