

State Health Assessment Steering Committee

April 14th, 2025

Committee Members: Taw “TJ” Foltz, Dean Sidelinger, Elisabeth Maxwell, Emily Mosites, Hannah Rarick, Jessica Hamner, Julia Brown, Liberty Avila, Sadie Wade, Cheryl Carter, Whitney Watson

OHA Staff: Jameela Norton, Sara Beaudrault, Rose Harding, Valori Fleisher, Cintia Vimieiro, Dulce Sanabria, Victoria Demchak

MetGroup: Kirsten Gunst, Debra Clark

Next steps for the group:

- May meeting reminder: In-person SC meeting will be May 27th-29th, Tues-Thurs, in downtown Eugene. We’ll be discussing community feedback to the draft priorities to determine the final set of priorities.
- Staff will return with updated considerations for SHIP strategies.

Public Health Updates

- OHA leadership shared updates on funding and policy changes to OHA’s public health work
 - Given proposed removal of \$117 million in federal funding due to expire in summer 2026, OHA is pausing the work supported by these grants pending litigation.
 - While the large cuts to staff at federal agencies (i.e. the Center for Disease Control) have removed staff who supported OHA’s programs and provided needed expertise, OHA is still able to reach out to agencies for support and information.
 - OHA is still committed to improving the health of the people in Oregon and eliminating health inequities.
- OHA’s federal issues tracker is here: [<https://www.oregon.gov/oha/Pages/Federal-Changes.aspx>]
- Other public health concerns:
 - Flu season in Oregon is ending, COVID is relatively low (but individuals who are at risk are recommended to get two of the annual vaccine), RSV is at moderate and decreasing levels, and no reported cases of measles in Oregon so far this year.

Public Health Strategies for the SHIP

- Reviewed timeline and context for this portion of work using a graphic describing 2025’s work for the committee. This proposes that the committee shapes the strategies that perform the work of the priorities. Presentation reviewed context for SHIP strategies:

strategies are measurable, 5-year lanes of work that would be accompanied by indicators and metrics to demonstrate improvement.

- Strategies would be linked to priorities. Staff propose that they would reflect work organized at the state and local levels.
- By maintaining metrics, we can track work that is in-progress to see if it's getting closer or further from our goals.
- Staff are compiling strategies to identify strategies within public health and identify complementary strategies happening outside of it.
 - Plans and strategies will include plans from outside of Public Health (e.g.; Behavioral Health, Equity and Inclusion, Alcohol and Drug Policy Commission, Housing and Community Services).
- Discussion today to develop criteria like what this SC did toward developing state population health indicators, where OHA was provided with feedback and returned to the SC with a summary. Those considerations were used to inform how SPHIs were chosen and presented.
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- Committee discussed staff-proposed criteria for strategies.
- introductory selection criteria proposed for strategies:
 - Measurable
 - Acceptable to people in Oregon
 - Work that public health is already doing, plans to do or could do by end of 2029
 - Advances health equity
 - Led with or by state public health, either directly or through influencing the work of other partners or sectors.
- **Committee feedback to criteria:**
 - Committee member was positive on criteria, and that having something measurable in plans like this allows them to actively show progress occurring with regards to state and local public health entities' efforts and programs. However, criteria leans heavy on in-progress efforts with little space for generative ideas for strategies.
 - Committee member raised that "acceptable to people in Oregon" does not include the federally recognized tribes, and should be changed to "acceptable to people in Oregon and the nine federally recognized Tribes of Oregon" to reflect this.
 - OHA team member explained the methods that OHA is planning to assess whether the strategies put forward are acceptable to the people of Oregon and take in feedback. This included through looking at whether community members and community partners were involved in the planning process, providing groups opportunities to provide feedback to fill gaps where community members may be absent, leaning on public health division programs to understand where PHD is working directly with communities.
 - Committee member raised that "acceptable" in different regions and different demographics (e.g.; west of the Cascades / east of the Cascades, 20-30's / older adult populations)

- Committee member suggested starting in smaller communities and branching out, to ensure that the most vulnerable people are not lost due to a focus on a larger mass populations.
- OHA staff response:
 - Clarified aspects of criteria, namely that “acceptable to people in Oregon” involves ensuring that people proposing strategies / work for the SHIP are tangibly and effectively listening to the needs of the affected communities in their decision-making processes, as opposed to surveying across Oregon with regards to acquiring feedback on strategies. Example given related to Healthy Homes project.
 - Committee member agreed with how this criterion would be operationalized, staff committed to rewriting.

Next steps related to strategy:

- OHA is working towards gathering strategies, getting input and compiling the strategies into a shareable format for the steering committee in July and August

Tribal Presentation

Julie Johnson, OHA’s Tribal Affairs Director presented on the ways in which OHA works with the Nine Federally Recognized Tribes of Oregon, including important political and historical context that underpins the nature of these relationships.

- Next Steps:
 - Due to lack of time, any follow-up questions for Julie Johnson to be collected as needed.

Public Comment

- Member of the public from the Alzheimer’s Association raised for consideration a focus on aging Oregonians when re-visiting the SHIP, with a higher-than-national-average 65-or-older population that is actively growing. Stressed a need for support in the public health process, both for the aging population and for the health of their caregivers.