SHA+SHIP Redevelopment Steering Committee Meeting Materials May 2025

This packet is meant to be a resource for the conversation.

We HIGHLY recommend you review materials. We will not be presenting many of these items directly.

Overview of Wednesday and Thursday

Day 1:
- Connection opportunity
- Setting the stage for the conversation
- We will share information we heard about possible priorities
- Reflections
- Steering Committee small group work to select priorities
- Voting

Day 2:
- Connection opportunity
- Reflection and finalize priority recommendations
- Check in about SHIP strategies and next steps

State of Public Health

Dr. Sidelinger

2025 Arc of Work

Oregon State Health Assessment Steering Committee Monthly Focus & Priorities

Start

End

FEBRUARY

Finalize list of priorities for community input

MARCH

Share final SHA

Briefing on OHA Strategic Plan

APRIL

Basic training on OHA strategy development process

Tribal Presentation

MAY

Review community feedback on priorities

Discuss and provide final recommendations on priorities

*Critical meeting for major decision points

**In-person meeting

JUNE

Summer Break!

JULY

Cross Agency strategy discussion

Discuss plan implementation

AUGUST

Review strategies

Steering Committee shares input and framing context of the SHIP

*Critical meeting for major decision points

SEPTEMBER

SHIP Finalized!

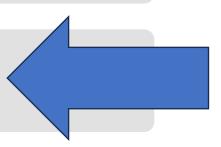**What's our purpose today?**

Overview of SHIP

Framing- Sharing our values, mission and vision for the work. This is where we can talk about equity, access, institutional biases and the current landscape in which we are planning to do the work

Priorities- High-level identification of what matters most or what we're hoping to achieve

Strategies- How we intend on doing the work to address our priorities

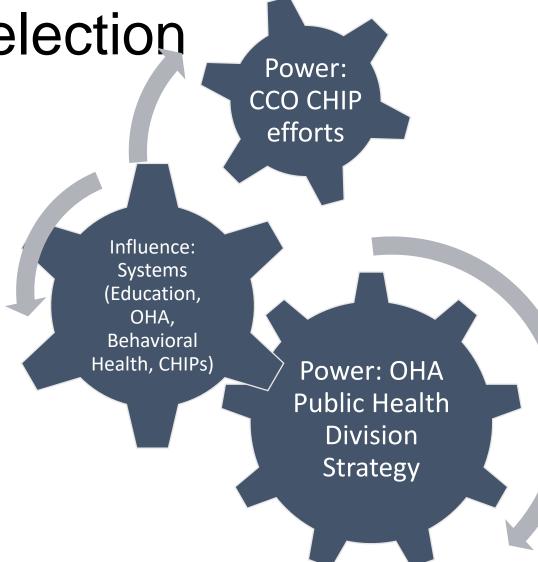Metrics- How we measure the work being done

Who is the audience of the SHIP?

- OHA Staff- Operationalize and implement the plan

- CCO partners- Select strategies to incorporate into CHIPs

- General community- demonstrates our priorities and identifies work being done along with metrics of success

Framework for Priority selection

- Lessons learned from previous SHIP

- Most important health topics- in public health wheelhouse
    - OHA: Gives us guidance on policy, partnerships, and funding efforts

    - External partners: CCOs- must choose 2 strategies identified in SHIP. CHIPs work to align with state efforts. Signals our values and focus of our work.

Power: CCO CHIP efforts

Influence: Systems (Education, OHA, Behavioral Health, CHIPs)

Power: OHA Public Health Division Strategy

What does Oregon's public health system do?

Communicable Disease Control

(respiratory illnesses, sexually transmitted infections and HIV, viral hepatitis)

Environmental Health

(climate and health, restaurant inspections, drinking water services)

Prevention and Health Promotion

(commercial tobacco prevention, substance use disorder prevention, injury and suicide prevention)

Access to Clinical Preventive Services

(immunizations, reproductive health, school-based health centers)

How does public health work to improve health?

Increasing population impact

Increasing individual focus

Education and clinical interventions

Long-lasting interventions; making the healthy choice the easy choice

Social and structural determinants of health

Adapted from Health Impact Pyramid, Tom Frieden

Difference between CHIPs and SHIP

- CHIPs- local collaboration between CCOs and others (LPHAs, hospitals, CBOs, community members).
  - Has health insurers (CCOs) co writing the plans they will be working to implement. Able to directly address topics like access to care (behavioral health, mental health, dental, physical health) and topics related to Medicaid (OHP).

- SHIP- Broadly speaking in the realm of Public Health Division (and LPHAs) implementation.
  - Limited ability to direct care providers/housing policy/food resources.

Lessons Learned

- Too much "lumping"

- Unclear priorities

- Much of priorities and strategies was outside of our scope of control/impact

- People continue to care deeply about these topics and concepts and feel that they are critical components of holistic health

Priority development

Fall 2024 SC input

February 2025 SC input

March-April 2025 community + staff input

May 2025 final SC recommendations

What should the priorities be?

- Max of 5 priorities

- Within scope of public health efforts- reflecting perspectives from SC, staff, and community

- Committee to do identification/grouping/naming through a consensus method.
    - Final decisions on naming conventions and selection- held by OHA/PHD Leadership

Themes from Community Engagement

Community Engagement Strategy

Subcommittees provided guidance and thought partnership

Went to spaces hosted by others

Took notes and uploaded them onto a Smartsheet. This included topics and themes that came up and priorities that folks found important.
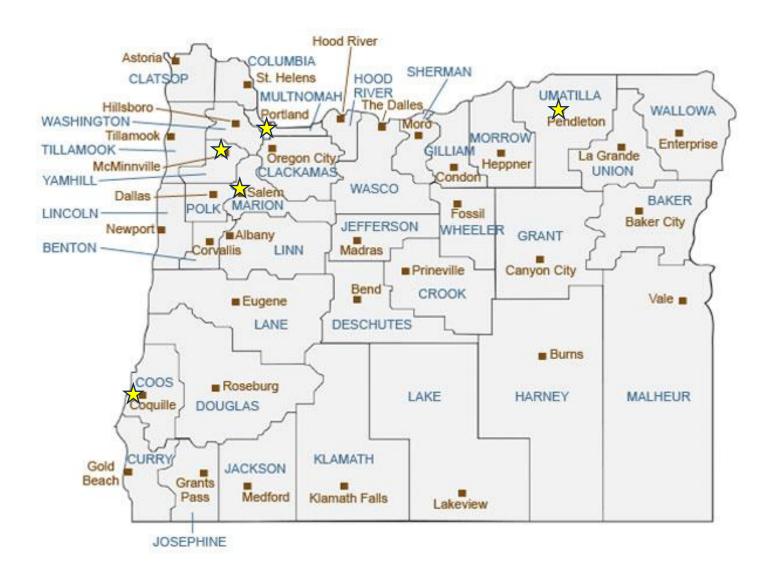
Slides shared widely along with survey information

Community Engagement Activities

❑11 Funded partners
  ❑1760 estimated number of people who participated

❑Internal Engagement (Staff)
  ❑5 internal meetings/presentations- estimate 250 staff

❑External engagement - 34 meetings, estimate 740 people
  ❑First time presentations- rural engagement, local community health plan meetings, Equity office conference
  ❑Returning to previous spaces and following up with SHA updates, info about priorities
  ❑Conference presentations- 3 (Disability Community, Asian Community and General)

❑Survey shared widely

Statewide efforts

- Input from every county

- In person meetings; Coos Bay, Salem, Portland, Pendleton and McMinnville

- Averaged 2-3 presentations a week March-April

Limitations

- No responses on Spanish survey

- Presentation and survey available in English and Spanish

- Geographic input gaps- we did get responses from every county, but some were a low count (1-3)

- This was not data collection (purposely!) It lacks information about specific identity traits like race, ethnicity, age, disability, language, exact location, socio-economic status, educational level.

- Much of the feedback and identification of specific areas is outside scope of Public Health implementation
  Health care provider shortage, mental/behavioral health/addiction treatment care barriers, housing, food insecurity, transportation

Reference slide start

- We don't plan to present these slides in person. We encourage folks to review them prior to the session.

- These will be printed and available.

Vision: A Healthy Oregon

Strategic Goal
Eliminate health inequities in Oregon by 2030

Values

- Health Equity
- Innovation
- Partnership
- Service Excellence
- Integrity
- Transparency
- Leadership

Mission

Ensuring all people and communities can achieve optimum physical, mental, and social well-being through partnerships, prevention, and access to quality affordable health care.

Strategic goal pillars

| Transforming behavioral health | Strengthening access to affordable care for all | Fostering healthy families and environments | Achieving healthy Tribal communities | Building OHA's internal capacity and commitment to eliminate health inequities |

Overview
What is Oregon Health Forward?

Oregon Health Forward
Eliminating health inequities by 2030

Strategic Plan
OHA envisions a healthy Oregon where everyone has the opportunity to thrive. To realize this vision, OHA has set an ambitious yet achievable goal of eliminating health inequities by 2030, as outlined in its strategic plan.

Transparency, Accountability, and Belonging Initiative (TABI)
To fuel progress toward its strategic plan goal, OHA will enact systems, policy, and operational changes to more effectively and accountably meet customer needs, strengthen partner relationships, and improve staff engagement and satisfaction.

Call to Action
Recognizing that collaboration is key to success, OHA will enlist health system partners, nonprofits, and private sector entities – both in and out of health care – to bolster statewide commitment and progress toward its strategic plan goal.

Tribes of Oregon

OHA does not direct the work of Tribes

Collaborating with OHA leaders to support strategic goal of "Achieving Healthy Tribal Communities"

Drafted priorities for community input:

- Healthy environment
- Emergency preparedness and response
- Health across the lifespan
- Disease prevention and health promotion
- Physical, mental, community safety
- Mental well-being and behavioral health
- Equitable social conditions

Acronym List

- CBO - Community Based Organization

- LPHA - Local Public Health Authority

- OHA - Oregon Health Authority

- PHD - Public Health Division

- **SHA** - State Health Assessment

- **SHIP** - State Health Improvement Plan

- **HTO** - Healthier Together Oregon (2020-2024 State Health Improvement Plan)

- CCO- Coordinated Care Organization

Priorities from Healthier Together Oregon

Institutional bias

Adversity, trauma, and toxic stress

Behavioral health

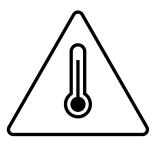Economic drivers of health, such as housing, transportation and living wage jobs

Access to equitable preventive health care

Healthy Environment

- Drinking-water monitoring and treatment required for public water systems

- Healthy fish consumption (i.e. reduce risk from consuming contaminated fish)

- Healthy homes free of environmental hazards (for example, extreme heat, cold, lead)

- Prevent heat and wildfire smoke related illness, hospitalizations or death

- Prevent foodborne illness ("food poisoning") through safe food handling

Emergency preparedness and response

- State, local and community organizations support community planning and collaboration before emergencies happen

- Public Health emergency response systems that are locally and culturally relevant and have resources to respond to the different needs of diverse communities

- Communication practices and systems that include all community members

Health across the lifespan

- Policies and programs that promote and improve health for people for their entire lifespan (pregnancy, postpartum, infancy, childhood, youth, adult, older adult, all people with disabilities)

- Access to culturally relevant foods for Women, Infants and Children on WIC

- Cancer screening: cervical, mammograms, colorectal cancer Screening

- Access to routine immunizations/vaccines (childhood, adolescent, adult)

- Fall prevention among older adults

- Access to preventive health care through school-based health centers

- Access to reproductive health services, prenatal and postpartum care

- Dental visits and screening

Disease prevention and health promotion

- People living in Oregon can access health care and services by working with people who have ties to their communities.

- Culturally tailored and specific disease prevention and interventions.

- Tobacco, alcohol and other drug prevention

- Access to immunizations/vaccines

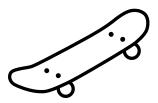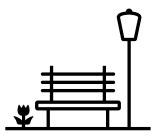- STI testing and treatment

Physical, mental, community safety

- Neighborhoods with nice parks and clean, safe spaces.

- Training for doctors, social workers, police, and public health workers to help them learn better ways to support people who have experienced violence.

- Community specific programs that help prevent abuse and support people who have experienced abuse/trauma in culturally appropriate ways.

- Institutions and systems that are working to remove unfair treatment and treat everyone with respect.

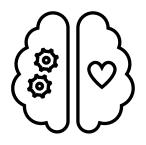- Prevention and intervention in adverse childhood experiences (ACEs)

Mental well-being and behavioral health

- Mental and behavioral health at schools through school-based health centers (SBHCs)

- Home visits for households with pregnant people, infants and young children

- Community specific engagement and education within the public health context supporting local programs on injury and violence prevention

- Suicide prevention

- Substance use prevention, harm reduction, excessive alcohol use

- Overdose prevention
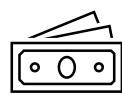
Equitable social conditions

- People can do activities that they want to do (school, work, play, exercise) without barriers based on individual health factors and location barriers

- Access to health insurance

- Language access

- For everyone to have a full opportunity for health, we must ensure all neighborhoods have access to fresh, nutritious foods and expand programs that make healthy food affordable for all

Rural Community Engagement

Primarily Jameela

Rural engagement methods

- Subcommittee provided guidance and connections

Slides, notes, and survey shared with the following groups:

- 13 LCHP meetings- Eastern Oregon (online) *THANK YOU LOURDES

- Pendleton OR- EOCCO Community Advisory Committee

- Yamhill Service Integration Teams- McMinnville (in person)* THANK YOU ALISHA

- Gorge Native Collaborative (online)

- Douglas County- Subcommittee meeting presentation (online)

Rural engagement themes

- Emergency preparedness and response
  - Build local and state systems that work for diverse needs of rural/frontier communities.

- Healthy environment
  - Fire, heat, healthy water, healthy soil, safe and stable housing

- Life course health
  - People have universal but age/stage/ability needs from pregnancy/in utero-older adulthood. Concerns for children, youth and older adults frequently highlighted. Disease treatment/prevention also highlighted but less frequently. Some folks expressed interest in OHP covering holistic health treatments.

Rural engagement themes part 2

- Social determinants of health
  - Housing, livable wages, access to care, language access, food/nutrition, transportation/gas money.
- Mental and behavioral health
  - Lack of services, cultural stigma, substance use treatment

- The systems aren't serving us as well as they should be and "How will you implement this plan?"
  - Many comments highlighted the importance of local control and resources.
  - Examples of policy and systems frustrations(primarily out of scope)- Non-emergency medical transportation, emergency mental health response, HRSN delays, flex funds delays.
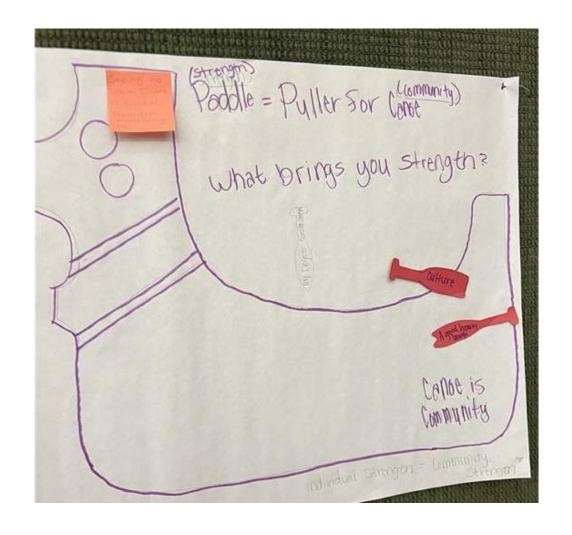
Tribal Engagement

Tribal Engagement

- Tribal Prevention Meeting Coos Bay (in person)

- OHA Tribal Monthly Meeting Salem (in person)

- Tribal Public Health Modernization Meeting (online)

- *TJ and Jessica– Thank you!!!!

Themes Tribal Engagement

SHIP Proposed Priorities

SHIP Proposed Priorities
Healthy environment ⭐ ⭐ ✅ ❤️
Emergency preparedness and response ❤️ ✅
Health across the lifespan ❤️ ⭐
Disease prevention and health promotion ✅ ⭐ ⭐ ❤️ ❤️ ⭐
Physical, mental, community safety
Mental well-being and behavioral health
Equitable social conditions ⭐⭐ ❤️

- Culturally/regionally specific needs are important to consider.

- 2 of the meetings- folks not interested in "ranking"- all proposed priorities are important. Suggestion of a collective focus.
  - Other meeting prioritized healthy environment, emergency preparedness, disease prevention/health promotion.

- Folks had questions about funding, implementation, concerns about staffing/resources. Folks identified social determinants of health needs- youth programs, transportation, food, housing, substance treatment/prevention.

Outreach and Engagement

- Online and in person

- Primarily Dulce with Jameela, Cintia and Victoria supporting

Methods:

- 14 + meeting spaces, both in person and online, reaching 350+ people

- Dates of meetings: 2/26/2025 – 5/01/2025

- Meetings included:
  - Region specific CBO/LPHA collaboratives,
  - Latino/x/a Collaborative (in Spanish online)
  - Black, African, African American serving CBOs (online),
  - Asian specific gathering space (in person-Victoria)
  - Urban Native space (online),
  - Youth Advisory Committee (online),
  - CET FYI Friday (online)
  - Public Health Modernization (online)
  - Disability Collaborative space (in person)

Themes from community conversations

- Health across the lifespan !!!!
    - Importance of language access and plain language usage
    - Emphasis on importance of community education and all it entails (like home visits, THW, CHW)
- Emergency preparedness and response !!!
- Healthy environment
    - Local needs/regionally specific needs are important to address
- Disease prevention and health promotion
    - Visual and hearing, in addition to dental health
    - STIs and Hepatitis
    - SUD and intersections with homelessness
    - Vaccine rates

- Many communities interested in collaborating with counties/hospitals on the local part of the work (CHAs and CHIPs)
- Needing to name the systems that hurt our health. Racism and white supremacy, ableism, sexism, homophobia, transphobia, etc.

Other concerns and questions

- Ensuring schools prepare students for life after high school beyond career prep
  - Ex: how does OHP and/or food stamps work after a student turns 18?
- Increasing access to local fruits and veggies
- What is the role of OHA in urban planning? How can we support self-sufficient communities with resources that are usually only available for the wealthy?
- Increasing caregiving access through workforce
- Increasing access to behavioral health services
  - especially for communities like youth, rural folks, BIPOC, LGBTQIA+ and people with disabilities, including intellectual disabilities

SURVEY

Methods

- Instead of multiple links we created 1 survey for everyone to fill out. Survey was available in English and Spanish.

- Shared widely across internal and external email listservs, on the OHA public website, and after SHIP presentations.

- 154 responses total

- We have sorted and will present data by grouping
  - State Staff
  - LPHA and CCO Staff
  - Community members, CBO staff and other folks 81
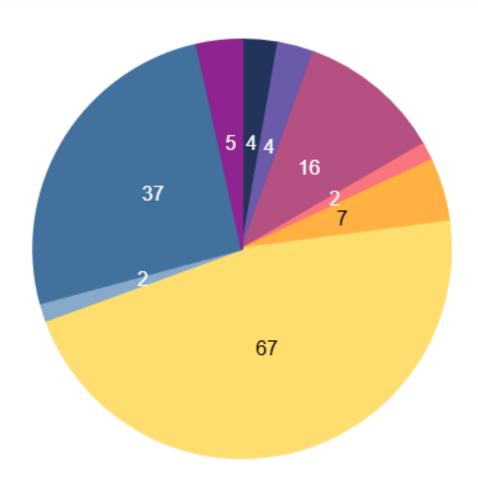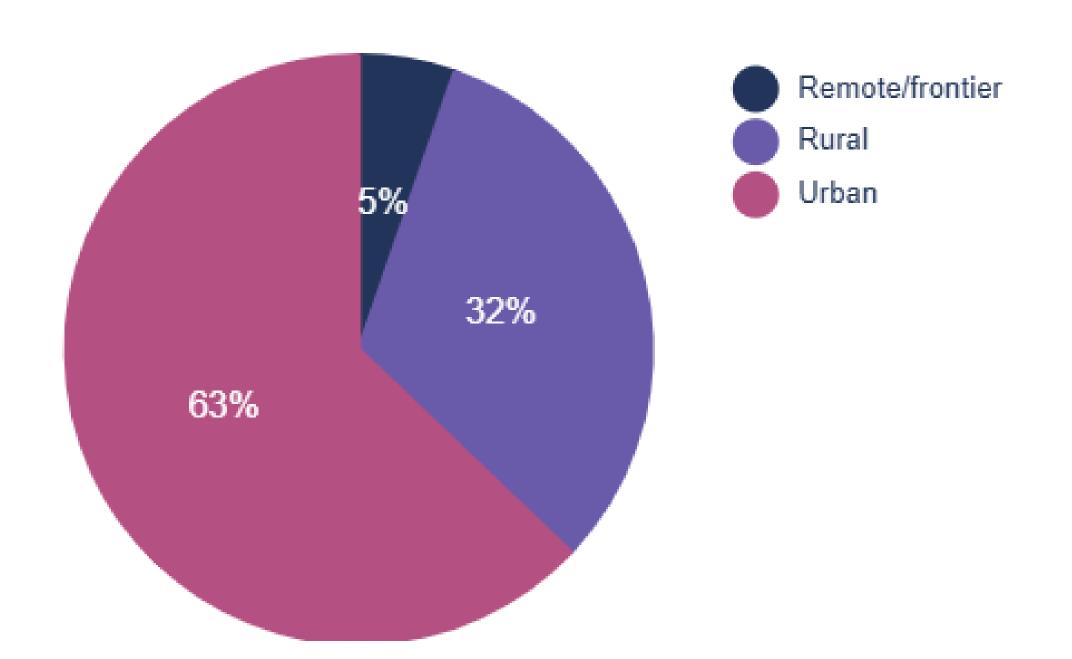
Survey questions

- What is your role in public health?

- What are your top 3 priorities (from list)?

- Is there anything else you would like to share?

- Are there other issues?

- How would you describe the area where you live? Rural/Urban/Remote or Frontier

- Which county do you live in ?

- What is your age (within a range) ?

- Is there anything you would like to share?

submissions by role

Legend:
- I am a community member
- I work for a CCO
- I work for a LPHA
- I work for a Tribal government or health department
- I work for OHA in a Division other than Public Health
- I work for OHA's Public Health Division
- I work for the State of Oregon, in an Agency other tha
- I work with a Community Based Organization (this inc
- None of these

Values shown in chart: 5, 4, 4, 16, 37, 2, 7, 2, 67

State Staff themes

Staff Engagement

Presented to staff in broad meetings twice to provide an overview, each of those had >100 staff (approximately 900 staff in PHD)

Presented to managers separately to raise awareness

Shared directly with staff units (sections)

Responses
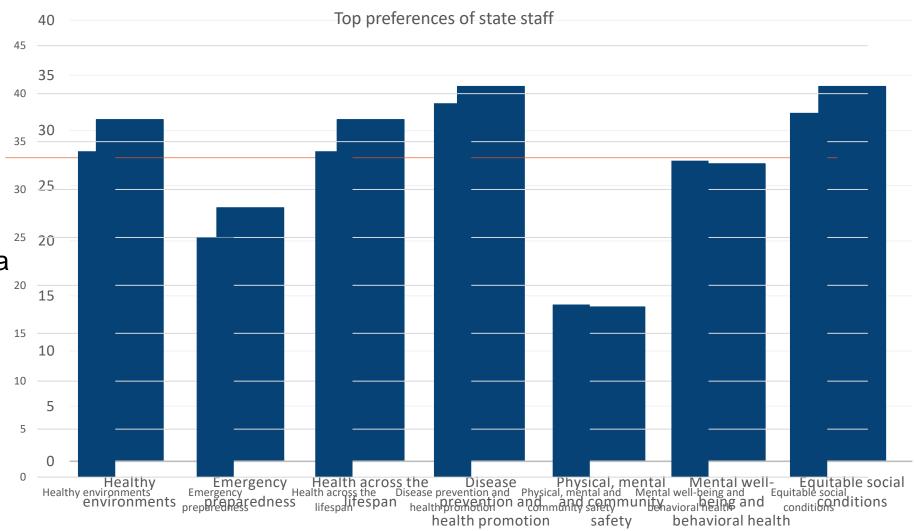
- Approximately 80 responses

- Statewide representation, majority from Portland metro area

- Range of ages

Top preferences of state staff

Top preferences of state staff

Healthy environments — Emergency preparedness — Health across the lifespan — Disease prevention and health promotion — Physical, mental and community safety — Mental well-being and behavioral health — Equitable social conditions

#1 Staff Priority Disease prevention and health promotion

- Oregon has among the worst hepatis C (HCV-related) deaths in the country. HCV is curable and connecting individuals to treatment up diagnosis should be a priority and more resources are needed to provide this care.

- It is critical that we maintain momentum to support core services to address communicable disease, outbreaks, emergencies, prevention.

- I chose these priorities because I think it encapsulates health across the lifespan for all and focuses on physical and mental wellbeing through disease prevention and health promotion. (disease prevention, health across the lifespan, mental well-being)

- Public health requires helping individuals living in the community thrive and these three priorities help to represent the goals of public health workers across the globe. (disease prevention, equitable social conditions, healthy environments)

Staff Priority #2 Equitable social conditions

- This is the root of many of the health disparities we see and tackling these by elevating certain communities while maintaining adequate services to others is key.

- Public health requires helping individuals living in the community thrive and these three priorities help to represent the goals of public health workers across the globe. (with disease prevention and healthy environments)

Staff Priority #3
Healthy environments

- I believe addressing environmental factors (where we live, work, and play; what we eat, drink, and breath; access to inclusive, culturally relevant, and effective services) that have broad impacts is fundamental to addressing all other issues. Instead of being reactive, we need to be proactive.

- What do we have without a healthy environment and healthcare that truly helps people achieve, maintain, or regain their health? Nothing. The State of Oregon should always prioritize OHA's PHD so that Oregonians can benefit. A healthy Oregon benefits the state too. So it's a win-win for all.

- thank for you listing the foundational public health goal of health environments as the number one priority, as it is sometimes taken for granted or overlooked, yet is obviously truly foundational.

Staff #4
Health across the lifespan

- Positive impacts in these three areas (disease prevention, lifespan, healthy environments) lead to lower rates of physical and mental health, community safety, substance use, and ultimately leads to equitable social conditions. Our focus should be on prevention first and then intervention second.

- A focus on prevention and healthy living could have the largest effects on people's health. Dietary choices, exercise, social connectedness, knowledge of available resources, medical screening and education, falls prevention, etc. behavioral health, tobacco, alcohol, and STI education could be folded under this.

- I believe addressing environmental factors (where we live, work, and play; what we eat, drink, and breath; access to inclusive, culturally relevant, and effective services) that have broad impacts is fundamental to addressing all other issues. Instead of being reactive, we need to be proactive.

Staff responses Mental well being

- I see behavioral health support as my community's #1 need. I also see social conditions as a high need - poverty connected to race, immigration status, disability etc is an issue that I would love to see our government pour resources into to support marginalized communities to have stable housing, access to healthcare and support getting all of their needs met.

- I believe mental and behavioral health need to be focused on because of the epidemic of mental health issues that has been spreading across age groups but is especially apparent among young people, at my school we have had 3 suicides in the last year and within my peer group I have seen every type of mental health diagnosis, that is not normal and we need to come up with a more cohesive and specific strategy to combat it.

Staff responses
Emergency preparedness

- PH will always be primary on Healthy Environments and Preparedness, so we should own those.

- I see many of them as overlapping, but as a perinatal public health nurse, I believe babies need a healthy safe place to grow, and that everyone benefits from that. I also know that many families with new babies have no preparations for emergency response.

- It is critical that we maintain momentum to support core services to address communicable disease, outbreaks, emergencies, prevention. This is foundational PH.

Staff responses
Physical, mental and community safety

- These priorities affect me and my family most directly. (this, with emergency preparedness and mental wellbeing)

- I believe addressing environmental factors (where we live, work, and play; what we eat, drink, and breath; access to inclusive, culturally relevant, and effective services) that have broad impacts is fundamental to addressing all other issues. Instead of being reactive, we need to be proactive (votes for healthy environment, health across the lifespan, and this)

Staff | Other concerns

- I think access to housing is the paramount health concern in Oregon.

- I would like to see more reference to communication methods and community engagement. None of these priorities will be achieved if the community cannot access them and is not aware of the resources available...

- While I see that discrimination and racism are somewhat included in 5…. I just don't think it is really highlighting health and racial equity in an intentional way. Perhaps that will be addressed more intentionally in the framing section but feels like a missed opportunity.

Staff | Other concerns

- We have a critical shortage of providers - across the lifespan

- I agree with these priorities, but we are missing the "glue" that is holding it together. Right now, much of Oregon is using paper charting and discombobulated Electronic Medical Records

- Disabled people and other vulnerable populations continue to perish in disasters such as wildfires or have no safe shelter

- Children and people with disabilities program support is lacking as you know. These are the most vulnerable in society, above those adults who choose to take drugs and ruin their brains. I don't see anything related to this vulnerable population group

Suggestion from Medical Leadership Team of the Medicaid Division

Disease prevention and health promotion
Health across the lifespan
Physical, mental and community safety

We chose these three priorities due to:
-Investment in foundational infrastructure
-Core public health function
-Promotion of early intervention and prevention in health care
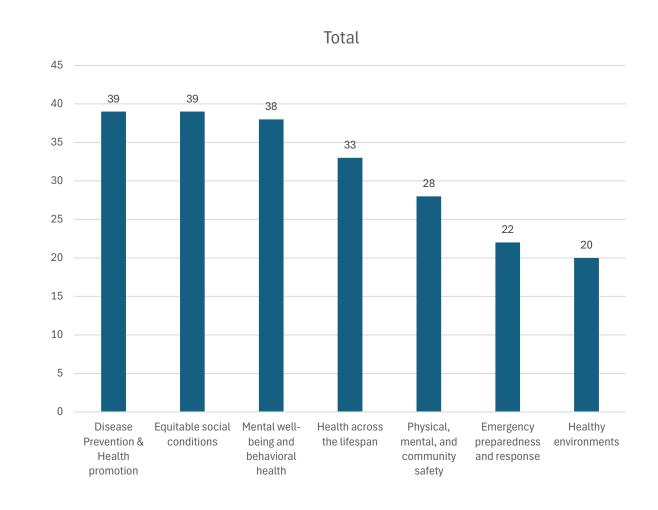
Survey results:

- Community Members + CBOs

- LPHAs and CCOs
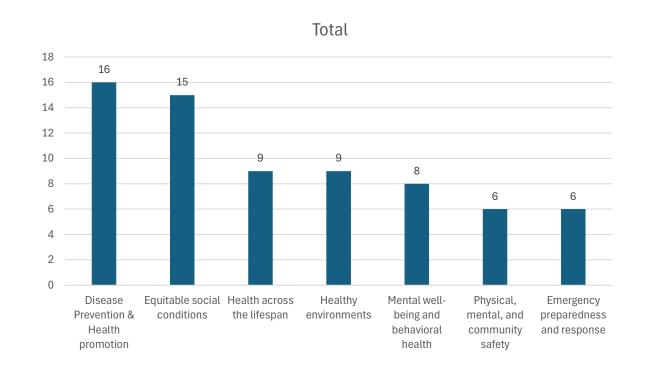
Top 4 priorities from CBOs, Community members and "others"

1. Disease prevention and health promotion

2. Equitable social conditions

3. Mental wellbeing and behavioral health

4. Health across the lifespan

Total

Top priorities for LPHA + CCO + Tribal

1. Disease prevention and health promotion
2. Equitable social conditions
3. Mental wellbeing and behavioral health
4. Health across the lifespan
5. Healthy environments

Total

Themes: LPHA/ CCO/ Tribal

- Emergency preparedness and response
  - Ensuring local partners are prepared to protect/support community members during natural disasters, other pandemics, or civil unrest
- Health across the lifespan
  - In alignment with local CHIPs goal of improving access to care
- Disease prevention and health promotion
  - In alignment with local CHIPs goal of communicable disease control and prevention
  - Vaccinations
  - Ensuring accessible sex education

Themes: LPHA/ CCO/ Tribal (continued)

- Mental well-being and behavioral health
  - Access to mental health services is important towards fighting homelessness

- Equitable social conditions
  - Equity should be guiding the rest of the priorities !!
  - Investing in THWs and support for communities affected by colonialism
  - Ensuring language accessibility for all health services and health education

Other concerns and questions- LPHA, Tribal, CCO

- Support for small businesses (financial wellbeing)
- Workforce capacity and unmet community needs
- Food sovereignty and community control over local food systems
- Transportation barriers to accessing care, especially in rural areas
- Concerns over very high cost of living
  - What is the role of public health in fighting poverty?
- Needing to address access to housing as a factor of health outcomes
- More transitional housing is needed

Themes for CBOs and community members from survey responses

- Emergency preparedness and response
  - Focus on reducing fear and increasing community education so people have plans in case of emergencies
  - Focus on communities disproportionately affected, ie: rural, older folks, people with disabilities, etc.

- Health across the lifespan
  - Increase culturally specific geriatric services and education
  - Mental wellbeing is important to address at all life stages, from young age to isolation as older adults
  - Lack of access to care due to provider shortages in rural areas (especially for multilingual services)

Themes for CBOs and community members from survey responses

- Disease prevention and health promotion
  - Many chronic diseases and SUD are interrelated, education and early intervention is key
  - feeling connected and supported will make people more likely to participate in prevention activities
  - Support for schools through policy and funding to ensure prevention programs and education curriculums especially for things like SUDs and tobacco prevention

Themes for CBOs and community members from survey responses continued

- Mental well-being and behavioral health
  - Mental wellbeing lays groundwork for recovery, resilience and community stability
  - Mental health should be included in all life stages, especially young children given the gun violence at schools

- Equitable social conditions
  - OHA support in culturally relevant materials for smaller organizations wanting to expand their services

Other concerns – CBOs and community members, continued

- Federal level concerns and how this affects our communities' health
  - For safety of people with various identities (LGBTQIA+, immigrants and refugees, etc.)
  - Medicaid cuts
- Access to food through community gardens

Other concerns – CBOs and community members, continued

- Workforce development!!!
  - Demand for BH services are far higher than available providers
  - Transportation barriers to access care
  - Rural hospitals and clinics have limited supplies
- Naming structural racism and colonialism and their influence on health outcomes

Funded Organizations
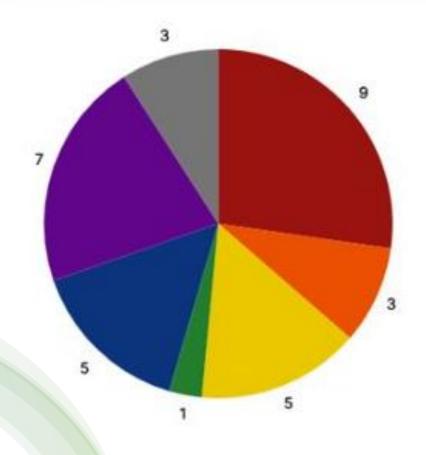
Funded Partners

- Timeline March-April 30
  - Very tight timeline!

- Top 4 priorities
  - Healthy environment
  - Physical, mental, and community safety
  - Health Across the Lifespan
  - Mental well-being and behavioral health
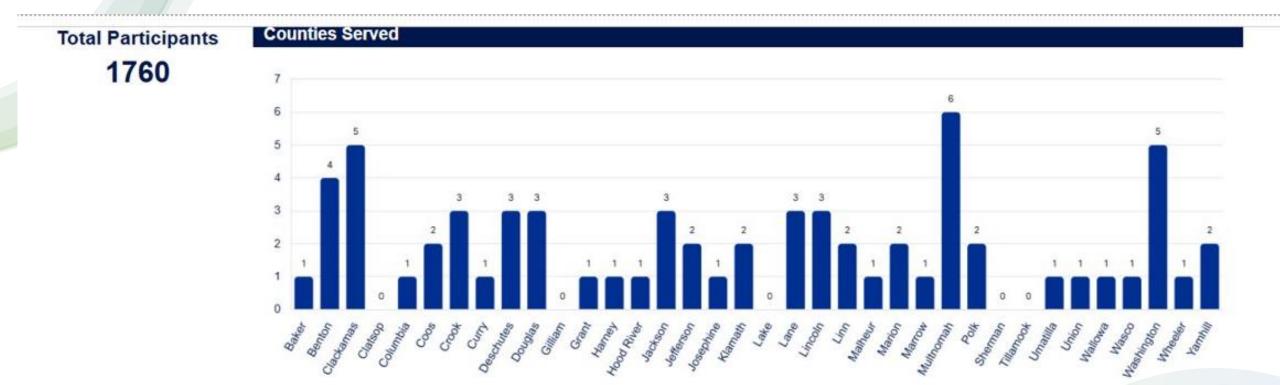
List of CBOs funded

- A.Y.C.O.
- AGE+
- Arcoiris Cultural
- Ashland Climate Collaborative
- Early Learning Hub of Linn, Benton & Lincoln Counties
- Healthy Klamath
- Nurturely
- The Highland Haven
- Upstream Access
- UTOPIA PDX
- Volunteers in Medicine Clinic of the Cascades

Top 3 Priorities

- Healthy Environments
- Emergency preparedness and response
- Health across the lifespan
- Disease prevention and health promotion
- Physical, mental and community safety
- Mental well-being and behavioral health
- Equitable social conditions

Total Participants
1760

Counties Served

Funded Organizations

Other concerns

- Transportation
- Behavioral Health system
- Education
- Financial Education
- Housing affordability
- Food accessibility
- Green and safe spaces
- Job preparedness

A.Y.C.O

A.Y.C.O	The environment plays a crucial role in community well-being. Communities continue to face systemic barriers to essential services, particularly in mental health care and education. Many individuals express a pressing need for culturally responsive mental health support that acknowledges their unique backgrounds and experiences. Traditional mental health campaigns and resources often fail to resonate with diverse communities, creating further disconnection from vital services.
1-Mental **Well-being and behavior health** **3-Equitable social conditions** **3-Healthy Environment** Metro	See "Funded Organizations Priority Summary" document for more information

AGE +

AGE + **1-Physical, Mental, and Community Safety** **2-Health Across the Lifespan** **3-Healthy Environments** Rural	Concerns about mental health services and trauma-informed care. Sentiment echoed across rural and urban areas. The importance of increasing environmental safety (water, air and land). Repeated theme: equity through every life stage. Rural responders - healthy environment choice ranked high among folks living in wildfire-prone areas. The environment is not separate from health. Patterns - Rural counties lack mental health care access and care. Urban areas lack mental health access. Southern Oregon - Importance of whole-life approach. "I live in a home with a private well" "The drinking water sometimes has an odor" "I live in a high-risk fire area. When the smoke is dense, I'm concerned about clean air." See ==“Funded Organizations Priority Summary” document for more information==

Arcoiris Cultural

Arcoiris Cultural **1-Healthy Environment** **2-Disease Prevention and Health Promotion** **3-Mental Well-being and BH health** Coast	Members stressed the need for accessible, culturally relevant education on vaccines, nutrition, tobacco prevention, and routine check-ups. The community highlighted the need for safe, healthy environments for families. Tobacco- and vape-free zones, especially in spaces where families gather, were seen as critical. Youth-focused resources were specifically requested, particularly those educating young people about substance use and disease prevention. Maternal health was a recurring theme, with first-time Indigenous mothers, especially Mam speakers, needing support through culturally rooted prenatal and postnatal education Access to clean water was another key topic. Participants recommended installing water filtration systems in shared housing. Participants called on schools to offer support and information to help students feel secure and emotionally supported in case of family disruptions. See <mark>"Funded Organizations Priority Summary" document for more information</mark>

Ashland Climate Collaborative

Ashland Climate Collaborative	The answers were different depending on the demographics.
1-Healthy Environment	The top three priorities were largely given by those who are in the middle-class range. Of this group, many people said that healthy environments encompass EVERYTHING – and that's why it was the number one choice.
2-Emergency Preparedness	
3-Health Across the lifespan	Many reflected on the Almeda Fire of 2020 and cited the importance of emergency preparedness and response.
	Others had a hard time choosing, saying that ALL the priorities are important.
	Most vulnerable population choose often "Other" or Equity as their top priority
	See "Funded Organizations Priority Summary" document for more information

Early Learning Hub of Linn, Benton & Lincoln Counties

Early Learning Hub of Linn, benton & Lincoln Counties	Respondents noted that "safe spaces begin at home" and that "a safe environment and neighborhood" are fundamental priorities.
1-Healthy Environments **2-Health Across the Lifespan** **3-Physical, mental and community safet**y	The rural nature of the community was highlighted, with one respondent mentioning they live "in a small town with some limited views and resources" which affects environmental health considerations. Emergency preparedness concerns were evident, with observations that "coastal areas will have limited support during an emergency" and "my city is nice but doesn't seem ready for emergencies." Community safety was connected to broader wellbeing, with one respondent noting that "safety and security are so important and should be equal for each individual." See "Funded Organizations Priority Summary" document for more information

Healthy Klamath

Healthy Klamath **1-Healthy Environments** **2-Physical, mental and community safety** **3-Mental well-being and community safety**	The community feedback reveals a complex landscape of interconnected challenges and priorities, with mental health emerging as a central concern. Latinos, parents, and healthcare workers are particularly vocal about the systemic issues affecting their community's well-being. Mental health stands out as a foundational issue, with residents highlighting its profound impact on overall community life. The community is grappling with serious challenges including rising drug use, increasing homelessness, and high suicide rates, which are straining local emergency services. Environmental and public health concerns are deeply intertwined. Residents emphasize the importance of clean air and water, expressing specific worries about wildfire smoke and limited access to healthy outdoor spaces. There's a strong desire for comprehensive support systems that go beyond immediate treatment to provide long-term community healing and integration. See "Funded Organizations Priority Summary" document for more information

Nurturely

Nurturely **1-Physical, mental and community safety** **2-Mental well-being and community safety** **3-Equitable social conditions**	Physical, Mental, and Community Safety are Fundamental for well-being, driven by personal and family experiences, and addressing urgent community needs. Mental Well-being and Behavioral Health are Essential for overall health, shaped by cultural influences, and reflecting a growing awareness of mental health challenges. Equitable Social Conditions and equity supports community thriving, with a focus on broad, lasting impact and personal experiences with injustice. See "Funded Organizations Priority Summary" document for more information

The Highland Haven

The Highland Haven	Respondents emphasized concerns about access to clean water, air quality, environmental safety, and the need for better housing conditions.
1-Equitable social conditions	
2-Mental Well-being and BH health	Community members expressed the urgent need for expanded mental health services that are culturally relevant, trauma-informed, and accessible for youth, elders, and immigrants.
3-Healthy Environments	Systemic inequities were cited as the most significant social factors affecting community health
	See "Funded Organizations Priority Summary" document for more information

Upstream Access

Upstream Access **1-Emergency preparedness and response** **2-Health Across the Lifespan** **3-Mental Well-being and BH health**	Emergency preparedness systems consistently fail Oregon's disabled residents, who face disproportionate risks during climate disasters, power outages, and public health emergencies. The state's response systems are shaped by ableism, environmental injustice, and policy inaction. Evacuation protocols ignore mobility, medical, and communication needs Emergency alerts frequently exclude Deaf individuals, non-English speakers, low-income residents, and those who process information differently Healthcare needs evolve throughout life, yet Oregon's systems remain inflexible and exclusionary. As more people with intellectual and developmental disabilities age and others acquire disabilities later in life, they encounter significant barriers to early intervention See "Funded Organizations Priority Summary" document for more information

UTOPIA PDX

UTOPIA PDX	Responses emphasized the interconnected nature of these priorities. Many community members selected combinations of these three areas, indicating they view mental health, safety, and environmental health not as isolated issues but as complementary elements of a comprehensive approach to community wellness. This integrated perspective suggests that community members understand health holistically, recognizing how these different dimensions of well-being reinforce and influence one another.
1-Mental Well-being and BH health	
2- Physical, mental and community safety	Responses expressed concerns about environmental health broadly, with specific mentions of air and water pollution and their impacts on overall community well-being. Participants emphasized that healthy environments help prevent disease and support people across all age groups.
3-Healthy Environments	
	See "Funded Organizations Priority Summary" document for more information

Volunteers in Medicine Clinic of Cascades

Volunteers in Medicine Clinic of Cascades **1-Health Across the lifespan** **2-Healthy Environment** **3-Emergency Preparedness**	Many of the patients we surveyed live in multigenerational households and given the age range of respondents, they are often responsible for their own health as well as the care of children, aging parents, or other relatives. Access to clean air and water. Environmental factors are especially important for individuals managing chronic conditions or living in underserved areas. Patient often express concern about accessible emergency notifications. Many of our patients have shared challenges because they rely on bilingual or non-English messaging. There is a clear need for improved communication infrastructure and emergency information that is linguistically and culturally accessible to ensure all residents are informed, prepared, and supported during crises. See "Funded Organizations Priority Summary" document for more information

Day 2

Thursday, May 29, 2025

Strategies

Criteria for selecting strategies

Strategies should be

❑ Measurable

❑ Developed with public engagement and/or partnerships, including LPHAs, Tribes, steering committees, boards, end users, members of the public and others.

❑ Work that public health is already doing, plans to do or could do by the 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

❑ Aligns with priority areas

❑ Evidence-based

Steering committee suggestions

❑ Are workable in Eastern OR and/or rural and remote (frontier) areas.

    ❑ Incorporate evidence

❑ Include strategies for different age ranges

Funded partner engagement

Tribal engagement plan

Steering Committee Role

Expertise-driven conversations