



# Healthier Together Oregon

## PartnerSHIP Meeting Minutes

September 13, 1:00 – 3:00pm

### Meeting Objectives:

- Team and trust building
- Reach consensus on charter
- Take strategy survey
- Identify next steps for prioritizing strategies

### OHA staff and facilitators

Nhu To-Haynes, Christy Hudson, Heather Owens, Liz Gharst, Cara Biddlecom, Lisa Rau

### PartnerSHIP members ("x" indicates present)

Alisha Overstreet	x	Lauren Gottfredson	x
Amy Thuren	x	Maria (Kalli) D Morales	x
Connie Dillinger	x	Monica Yellow Owl	
Dalia Baadarani	x	Rachel Schutz	
Esther Kim	x	Stan Baker	x
Ian Winbrock	x	Susan Blane	x
Jennifer Little		Timur Holove	x
Jenny Pool Radway		Toc Soneoulay-Gillespie	x
Jess (Jesse) Gasper	x	Veronica S Leonard	
Kimberly Lane		W. Kirt Toombs	

Timestamps included reference topics as they are discussed in meeting recording available at:

<https://www.youtube.com/watch?v=1xumziOYe9U>

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(0:00)

### Welcome & team building time

*Nhu To- Haynes, Moderator, OHA*

Nhu opened the meeting and discussed meeting logistics and supports including closed captioning and interpretation services. This meeting did not include a public comment period. Public was welcomed to offer comment in the chat and/or via email.

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Nhu introduced team building activity. The group was assigned into breakouts to discuss the following prompts:

- What is one way or thing that you do for yourself to keep healthy?
- What is one value that is important to you as we do this work together on the PartnerSHIP?

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(12:20)

**Reach consensus on charter**

Nhu welcomed group back from breakouts and moved to reviewing the most recent charter modifications:

- Addition of immigrant and refugee community as priority population  
Centered values in process
- Member expectations related to attendance: 4 year term limits, and use of delegates
- Formation of steering committee with co-chairs
- Clarified role of public in meetings
- Consensus based decision making when quorum of 51% is present.

Nhu led the group into the process to meet consensus on acceptance of the charter. She explained that a thumbs-up is to accept, a thumbs-down was to reject and that a thumbs-sideways would indicate that a member had questions that need to be addressed before making a final decision.

There was a 51% quorum in attendance at the meeting. Some absent members submitted their vote to Christy and Nhu prior to the meeting, Nhu called committee members one at a time to vote.

(14:40)

Alisha Overstreet	Thumbs-up
Amy Thuren	Thumbs-up
Connie Dillinger	Thumbs-up
Dalia Baadarani	Not present
Esther Kim	Thumbs-up
Ian Winbrock	Thumbs-up
Jennifer Little	Not present – thumbs-up by proxy
Jenny Pool Radway	Not present
Jess (Jesse) Gasper	Thumbs up
Kimberly Lane	Not present to vote.
Lauren Gottfredson	Thumbs-up
Maria (Kalli) D Morales	Thumbs-up
Monica Yellow Owl	Not present
Rachel Schutz	Not present – thumbs-up by proxy
Stan Baker	Thumbs-up
Susan Blane	Thumbs-up

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Timur Holove	Thumbs-up
Toc Soneoulay-Gillespie	Thumbs-up
Veronica S Leonard	Not present
W. Kirt Toombs	Not present

(17:30) Nhu acknowledged collective approval of charter and thanked members for participation.

Next step is the formation of a steering committee within the PartnerSHIP. The steering committee will consist of 5 members and be responsible for proposing updates to charter, putting together agendas, and looking at the vision and work plan for the next year. Nhu asked members who were interested in nominating themselves or others to submit formal nominations to her or Christy over the next month prior to the October meeting. Nhu and Christy will contact nominees and assure that those nominated agree and have the capacity to participate. The group was asked how they felt about this process, all agreed that this was good.

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(20:30) **Take strategy survey and break**

Over the past few months and in preparation for strategy prioritization, OHA has provided various tools and opportunities for learning more about the various strategies in the plan as well as similar work happening across the state. As a next step, the group was provided 30 minutes for members to collectively complete the survey prepared for prioritization of strategies on their own. OHA members stayed back in order to answer any questions that may arise during this time.

Members were also encouraged to use this time to take a break as needed.

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(24:20) **Review survey results and determine next steps for strategy prioritization**

Nhu welcomed the group back. She providing an opportunity for members to share asking the question, how did you determine importance of priorities for yourself?

Stan responded that he defined importance by that which would be the best for the community and people. For building healthy people that have food to eat, good mental health, strong supportive community, and equity and justice while making sure that all people are treated equally and with equity in order for there to be good health in our state.

Connie shared that her responses were focused on what she would like to see in rural communities due to that population being neglected and larger communities often having many of the services in the survey already provided.

(27:54) Christy shared results of the survey on screen and she and Nhu guided the group through review and discussion about ranking of implementation areas.

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Initial results showed the following ranking order for implementation areas (highest priority to lowest):

1. Housing and food
2. Equity and justice
3. Healthy communities
4. Behavioral health
5. Healthy families
6. Healthy youth
7. Workforce development
8. Technology

Members engaged in dialogue about what the results actually meant and to share thoughts on which priorities they thought should have ranked higher on the list and reasons why.

Amy shared that she felt in regards to housing, food and shelter you could not have anything else if you don't have land and so that is important.

Alisha shared that as someone who lives in Yamhill county, a rural county, that she sees equity and justice being accomplished through healthy families, healthy communities and supporting youth. She feels that peer support is needed - particularly in her area - to accomplish this priority especially for youth in the middle school age. She reiterated that equity and social justice cannot be accomplished without a focus on healthy families and youth supports.

Nhu responded by asking, is Equity and Justice more of a value that the partnership holds as opposed to a separate focus?

Esther commented in support of Equity and Justice as part of implementation.

Connie offered that until we can get past equity and justice, these other things are going to be secondary acknowledging that there is an issue in this state. After that, everything should fall into place like the housing and the food. There is a lot of people who are marginalized because of their color, religion, or their preference. Housing and food is important, but we have to attack equity and justice first for things to fall into place.

Lauren commented in the chat that she agreed with Esther, that there is an underlying need to truly address other issues. Timur agreed that Equity and Justice are woven throughout strategies. If the root-cause is not being addressed, approaching the strategies separately becomes non-sustainable band aids and a continued approach of being reactive.

Stan shared examples of racial bias between his black grandchildren vs. his white grandchildren and of his daughter-in-law having to give "the talk" in regards to

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driving as they come of age. He stated that while it is critical to eat, with institutional injustice their worldview, how they see life and hope for the future is all impacted. Concluding that he's not sure if some of the healthy use is able to happen without an environment of equity and justice.

Timur brought up a question about the number of results seeming inconsistent and if there was a skip pattern. Christy responded there was not and said she would investigate further and could resend results in another clearer format.

Alisha commented that it's very difficult to implement programs that create equity if we cannot say to put equity and justice at the center and forefront. Giving an example, if we say we need to expand the traditional health workers in every community and we need to expand access to traditional health workers in every community that would be placing equity in the forefront. That the focus could happen by acknowledging that not everyone has the same or similar access to a traditional health worker while simultaneously acknowledging that there is a need in every community. She went on to share that while hearing the talk about equity and justice and being able to see it in metropolitan areas, it is not seen in rural communities like hers. She described it as more of a pamphlet conversation in rural areas. The equity view seems to be through the lens of Portland, a metro area, rather than Oregon as a whole. She posed the question, of those who felt that equity has to be first, how is putting equity first going to actually going to change family's access to services, peer supports and safe, inclusive spaces within their community?

Nhu asked two questions:

- Should folks who are not present be able to take the survey?
- How do you want to narrow down the priorities as a group and try to get feedback from other community groups or other parts of your constituency?

The group agreed to allow absent members to weigh in. She posed some ideas for potential processes to narrow down the ordering of strategies.

Christy let the group know that she had pulled the results again and that resent them inclusive of all responses, overall results had not changed.

Connie asked if the decision could be part of a steering committee to tackle? Equity and justice for example, that group could bring back back what is going on with bills, what the governor has signed or not, etc. We are not able to answer these in the next 15 mins. Could we place this in the parking lot and think about and approach it later as low hanging fruit?

Nhu responded that it could and that OHA

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Timur commented that in the beginning of the meeting, the group voted to also prioritize the immigrant and refugee communities. Asking, is that's going to be getting added to these documents? What is going to happen with that?

Nhu answered that her understanding was as the partnership worked on these strategies that those communities would be part of the priority populations. She added that it's important to not lose sight who the strategies are intended to serve and reach. She encouraged members to continue to bring this topic back up with each other moving forward.

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(57:45)

**Member updates**

PartnerSHIP members are invited to share relevant updates from their agency and/or communities and about how they are sharing info about HTO within their communities.

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(1:04:14)

**Wrap up and next steps**

- Send nominations for steering committee through September to Christy and Nhu
  - Absent members will be sent survey to complete to review next meeting
  - Next meeting is October 4<sup>th</sup>
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Everyone has a right to know about and use Oregon Health Authority (OHA) programs and services. OHA provides free help. Some examples of the free help OHA can provide are:

- Sign language and spoken language interpreters
- Written materials in other languages
- Braille
- Large print
- Audio and other formats

If you need help or have questions, please contact Heather Owens at 971-291-2568 or [heather.r.owens@dhsoha.state.or.us](mailto:heather.r.owens@dhsoha.state.or.us) or 711 TTY.

Todos tienen derecho a conocer y utilizar los programas y servicios de la Autoridad de Salud de Oregon (OHA, por sus siglas en inglés). OHA proporciona ayuda gratuita. Algunos ejemplos de la ayuda gratuita que OHA puede brindar son:

- Intérpretes de lengua de señas y lengua hablada
- Materiales escritos en otros idiomas
- Braille
- Letra grande
- Audio y otros formatos

Si necesita ayuda o tiene preguntas, comuníquese con Heather Owens at 971-291-2568 or [heather.r.owens@dhsoha.state.or.us](mailto:heather.r.owens@dhsoha.state.or.us) or 711 TTY.