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## PartnerSHIP Meeting Minutes

November1, 1:00 – 3:00pm

**Meeting Objectives:**

* Continue team building
* Form steering committee
* Discuss 2022 work plan
* Continue discussion related to ordering of strategies

**OHA staff and facilitators**

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

**Guest**

George, Southern Oregon Jackson Care Connect

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

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

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

<https://youtu.be/x1AkMj43SVg>

|  |  |
| --- | --- |
| (0:00)  (4:06) | **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 does not include a formal public comment period. Public was welcomed to offer comment in the chat and/or via email.  Nhu introduced the days meeting objectives and moved to the first objective.  The group was broken out into groups for team building to discuss the following prompts:   * With the beginning of fall upon us, what do you enjoy most about the season? * As the PartnerSHIP begins to develop a work plan, what is one thing you want us all to be sure to consider?   Upon welcoming the group back Nhu encouraged members to email ideas from the second prompt to later share with the steering committee. |
| (5:35) | **Steering committee report out**  *Stan Baker, PartnerSHIP member representing Oregon's faith communities, Crossroad Christian Fellowship*  Stan thanked the group on behalf of the steering committee for the opportunity given to this group to serve the PartnerSHIP as a whole. He encourage the group to reach out via email or in meeting to any of the steering committee members. He shared that the group met twice since the October PartnerSHIP meeting. He discussed that in the next few meetings they are to continue clarifying the role of the PartnerSHIP and the impact of strategy prioritization and the goals the group wishes to accomplish. They have been discussing last years proposal to recenter focus on planning BIPOC AI/AN as priority populations, concerns were raised of how this affects relevancy for rural areas. There are issues of poverty and ACE's in these predominately white population that affect all folks across racial and ethnic lines. Still want to keep the focus on BIPOC AI/AN when it comes to issues of equity and other issues. In order to maintain transparency between steering committee and PartnerSHIP as a whole, there will be reports of steering committee other relevant meetings/communications. He then offered an opportunity for folks to ask further questions, there were no takers.  Nhu thanked Stan. She reminded the group of the folks that that accepted positions and thanked them again, also inviting the whole to reach out the steering committee as needed.  Nominations/Volunteers were:   * Esther Kim (they/them) * Stan Baker (he/him) * Alisha Overstreet (she/her) * Connie Dillinger (she/her) * Susan Blane (she/her) – starting January 2022   She explained that the consensus voting format will move from a roll call to a poll for anonymity. |
| (10:50) | **Revisiting role of the PartnerSHIP**  *Nhu To- Haynes, Moderator, OHA*  *Christy Hudson, HTO Lead, OHA*  Christy shared that in steering committee meetings she has heard where there is still some confusion in this area. To further clarify and provide context of the role of the PartnerSHIP, Christy presented a graphic from Collective Impact.  Kirt asked a question regarding the term steering committee as it relates to the subcommittee of the PartnerSHIP and the group as a whole.  Christ thanked Kirt for pointing this out and clarified that referring to the subcommittee as a steering committee while the PartnerSHIP itself is also considered the steering committee of the 2020-2024 SHIP could be problematic. She proposed that the subcommittee group identify themselves differently to avoid this confusion moving forward.  Connie asked a question wanting to clarify if the PartnerSHIP defers to the steering committee or if the steering committee refers to the PartnerSHIP.  Christy clarified again that the steering committee in the graphic refers to the whole PartnerSHIP group and that the smaller steering committee within the group is intended to guide the larger body. Other working groups may aske the larger PartnerSHIP steering committee for guidance.  Christy moved to the next slide showing three of the top strategies being discussed by the PartnerSHIP for prioritization. She used these as an example, applying the concepts from the graphic to discuss to various pieces and roles to clarify where working groups come in in the implementation stage.  Connie thanked Christy for the clarification.  Connie brought up the need to discuss food allergies in the context of community food resources bring given. She wondered if it would be the role of the PartnerSHIP to have this conversation.  Nhu replied that the PartnerSHIP's role in this would be on a higher policy level. |
| (30:15) | **Continue discussion related to ordering of strategies**  *Christy Hudson, HTO Lead, OHA*  *Nhu To- Haynes, Moderator, OHA*  Nhu recapped the work done to prioritize last month on Jamboard in smaller groups.  The top 17 strategies that have been identified by the group in the 2 rounds of surveys and discussion at last meeting were shared in no particular order.  The poll was presented. Nhu and Christy confirmed that quorum is present.  Nhu shared out the results – 6 thumbs up, 4 thumbs sideways.  Nhu opened the floor for questions.  Ian asked if there was anyway that we might be able to prioritize 5-7 instead if 17 to not spread the group's focus so thin?  Rachel asked if the group had determined a time frame for achieving these goals?  Nhu responded that it was touched on in October's meeting, then reiterated Ian's suggestion posing that the group prioritize maybe 5 in the first year then spread the rest out over the next few years to make it more bite sized?  Rachel proposed that the group work with those that have already been voted on then spend another session identifying a timeline. Are these the only objectives over the next three years or will others be added on?  Christy responded that there are 62 strategies in total to touch on over the life of the 5 year plan. However, we could have conversations regarding the feasibility of extending longer than 5 years. Offering that it is however up to the partnership to determine of the 62 strategies which ones are the focus of the plan. Ideally we would turn on these 17 this year then have another prioritization process next year, but it'ds really up to this body to make those decisions.  Kirt asked, in regard to the low survey return on prioritization, if the group revisited that?  Nhu responded that folks that did not reply were resent the link to the survey. Christy will follow up with the group on those response numbers.  Toc offered in support if Ian's suggestion and based on capacity that some of the priorities are really large and that the group should assess and size them appropriately to assure the group is set up to succeed.  Alisha shared that she is struggling with some of the strategies, providing the example of Oregon's very low national mental health rankings for adults and youth and the rate of families and providers leaving the state as a result. Landing on her hope that the group revisit this prioritization.  Nhu responded asking the group to identify specific concerns with the current prioritization in order to get the group in a more comfortable spot for what the priorities ultimately are.  Kirt shared that for him the struggle is that the group comes from different backgrounds, places and experiences and hold different biases. We took a survey and landed on some priorities. there really wasn't a root cause analysis to identify if we are address symptoms or root causes. Stating he feels comfortable with the strategies but feels a step may have been missed to really address root causes.  Rachel agrees with Kirt and feels that the group should out strategies that will take longer, such as mental health, to get prioritized first so that movement can be made within the timeframe of the plan.  Alisha agrees with Kirt about the various experiences and feels that community involvement is and integral part of prioritization so that families impacted are able to weigh in on the most urgent needs. She asked that the group look to reach out to community at this point in the process.  Christy discussed the various rounds of community engagement the took place throughout the processes of landing on the initial 5 priority areas and 62 strategies.  Toc agrees with Alisha that there needs to be a community voice. She see's that the assessment has been there but feels the follow through has been lacking in terms of using the feedback meaningfully and has resulted in continued asks of community without providing compensation.  Timur recalled that a few meetings ago, or in the beginning of this PartnerSHIP it was discussed to survey community as well some of the PartnerSHIP's. Asking, what happened with that idea?  Christy responded that the question of whether or not the PartnerSHIP gets additional input into this prioritization decision from community vs deciding enough has already been done and continuing to move forward up to this group to determine.  Nhu reminded the group that there is ability to engage community in the future not just on strategies but future work knowing that strategies.  Alisha stated that that the remarks make a lot of sense. Revisiting the community feedback summary she feels there is a dichotomy between the strategies the group landed on and what the summary states and just hopes this is taken into consideration.  Nhu thanked committee members for sharing their feedback and ideas, and closed the discussion for a break. |
|  | **BREAK** |
| (1:04:00) | **Reaching consensus on focus strategies for 2022**  Welcoming the group back from break, Nhu restated the key points she captured from the discussion before the break as:   * The group needs follow through with the group * If community is asked for additional input what are the incentives for community?? * What can we effectively do to move forward knowing that this list of strategies is large? How we do our goals as a group?   She asked if there were any additions to this list, there was no response from the group.  Nhu offered suggestions for the group to move forward; that the subcommittee chunks what the PartnerSHIP could do for year 1, 2022 then sharing with larger group; or, that the group looks at the list individually and chunks it out, then hands off results to the subcommittee.  Ian suggested that the group looks to align strategies as they chunk them out. He likes the idea of working individually in this.  Rachel suggested that the subcommittee works on as root cause analysis then share it with the group as a tool to collectively group strategies together and prioritize.  Nhu wondered if this root cause analysis may already exist and asked for additional thoughts.  Connie supports Rachel's suggestion, sharing that the group will be meeting the upcoming Wednesday. Kirt and Alisha showed support also.  Connie stated that she felt there are some gaps in these priorities, bigger cities likely had an opportunity to weigh in already and smaller communities may not have, so revisiting these with the steering committee is great idea.  Nhu restated for clarification that a next step is for the steering committee to take a look at the root cause analysis for the purpose of determining which priorities get bumped up in priority as longer-term project that may take more than one year to implement.  Connie shared how root causes can have a chain reaction that may ultimately dwindle the list of prioritized strategies down to a more manageable size.  Nhu suggested that folks might want to try and prioritize the 17 strategies on their own while waiting to hear back from the steering committee.  Ian, in response to root cause analysis, asked for examples of one page root cause analyses for the group to get an idea of a good manageable starting place when the steering committee does this work.  Christy suggested the BARHII method as a method for the steering committee to look at this.  Nhu explained the BARHII method as bay area regional work used as a framework for a lot of social determinants of health (SDOH) in the public health division.  Christy added that this method would help the group pull out all of the strategies that get down to the roots of institutional inequities.  Alisha asked if feedback that is already gathered can be shared with a list of all strategies and a list of the 17 being discussed.  Nhu asked if the group wanted to take a peek at strategies in the Jamboard or move on.  Connie suggested providing this to the steering committee.  Christy broke the group into breakouts asking that they mark strategies they see as being root cause if they come across them.  Rachel shared thoughts from her group, her and Toc. Toc's work at HealthShare, Medicaid/ Medicare provider, highlights that the SDOH were handed down from the state and acknowledged that they are specifically designed to address the priorities that the group is given and that every CCO is required to create a plan to address SDOH. Recognizing that these CCO's are doing similar non coordinated work in silos. She posed the a question; What if the role of the PartnerSHIP is for folks like Toc to come in and share the work they are doing toward these strategies and the PartnerSHIP helps them to identify gaps from a community perspective in those plans. Perhaps the PartnerSHIP has a misunderstanding of its role?  Christy agreed that that the SHIP is intended to be a tool for alignment of health improvement efforts across the state. Toc and Rachel have a geographic overlay working in the metro area and Toc has the perspective as the CCO representative of this body. It's also going to other CCO's across the state and saying "Hey, let's get together on this start moving in the same direction"  Using the strategy about rural internet access as an example,  Rachel asked what the group means by identifying what to work on first? Does it mean we need to figure how to invest in it or find the organizations working on that and highlight their work and back it.  Christy said that was a great example and said its about bringing the organizations and working with them to get their work out and share it across the state with other organizations to help support and align their work. Reiterating that the PartnerSHIP's role is not to do the work but to use their time acting in a guidance role as community liaisons to organizations across the state in an effort to de-silo the work.  Nhu added that these discussions do not have to be about individual topics but would be combined in conversations about other priorities as they are relevant in various spaces and with various organizations.  Alisha shared that she really appreciated Rachel's discussion and brought back the rural vs urban dichotomy wondering how to address the question of access to resources not being equal.  Nhu suggested in the essence of time that this question is posed to the steering committee to discuss further. |
|  | **Member updates**  Kirt shared an update from EOCIL regarding culturally and linguistically appropriate service delivery that come in their partnership evaluation over the past 4-5 years. EOCIL has been advocating with state agencies and vocational rehab has agreed to pay for those services -language line, interpretation and translation - for the contractor that need such services. This eliminates a barrier for contractor and makes more services available to individuals from our minority communities. He shared that for Afghan relocation into Oregon, agencies have been successful in providing materials in languages to support the Afghan community. Another update, they were successful in getting Judy Human from Crip Camp to do a PSA for covid vaccines in Oregon. He will share that with the group. |
| (1:04:14) | **Wrap up and next steps**   * Christy will work with steering committee and provide tools and resources for root cause analysis discussion of the proposed priority strategies at the next steering committee meeting. * Next meeting is Monday, December 6th. |

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 o 711 TTY.