

State Health Assessment (SHA) Steering Committee Orientation

April 4, 2024 11:00 am – 1:00 pm

Steering Committee Attendees: Ailiah Schafer, Alisha Overstreet, Annie Valtierra-Sanchez, Ben Sanford, Bob Lloyd, Carrie Brogitti, Elijah Penner, Elisabeth Maxwell, Joy Alise Davis, Julia Brown, Kathryn Hart, Krystal Perkins, Liberty Avila, Mica Contreras, Sadie Siders

MetGroup Attendees: Debra Clark, Kirsten Gunst, Kristin Gimbel, Matt Baer

OHA Attendees: Victoria Demchak, Kim Townsend, Sara Beaudrault, Kirsten Aird, Jameela Norton, Nicholas Sievers

Welcome and introductions

- Overview Zoom features, tech support and closed captioning.
- Introduce presenters.
- Common acronyms were shared with the group.

Group Agreements

- Lean forward, lean back. Share space. Allow room for different opinions. Don't be afraid to share your perspective! This is a judgment-free zone.
- Curiosity is queen. Be open to continuous learning along the way.
- Explain and unpack jargon and acronyms.
- Be present, be authentic. Show up as fully as you can in the way that is most comfortable for you. ("Be present, be authentic", as a way to invite others to feel comfortable being present at the table as themselves, and meet others in the same way?)
- Honor all experiences and expertise. Appreciate others as human beings with abundant and interconnected experiences.
- Extend grace to each other and to ourselves. Assume best intentions.

Relationship building among steering committee members

- Why did you decide to join the SHA? What sparks your interest? Responses included:
 - Desire to include a rural perspective.
 - Interest in including perspectives around caregivers, families and those with disabilities.
 - To provide a voice to include age into the health equity discussion.
 - To promote the idea that houselessness is a system issue, not a personal issue.
 - Would like the group to consider the social determinants of health for refugees.

- To represent urban natives.
- To discuss data justice and who is represented or not represented.
- Looking for making connections.
- A desire to build equity and community care.

SHA Overview and process

- State Health Assessment (SHA) is a process and it is a product. OHA performs this assessment every five years that reviews health, priorities, health disparities and the capacity for changing health outcomes. This is done through:
 - Reviewing the previous state health assessment and improvement plan: what worked, what did not work, and what can be learned from that.
 - Administering three assessments: quantitative, qualitative, and health improvement capacity.
- State Health Improvement Plan (SHIP) is a priority plan created following the completion of the assessment.
- This steering committee was formed to connect OHA with community members and as a way to better understand the different areas of the state where the steering committee members are from. The hope is for steering committee members to help OHA know how to engage and to help invite others into this space to develop and share data.
- Mobilizing for Action through Planning and Partnerships (MAPP) 2.0
 - This tool highlights community partnerships, health equity and continuous quality improvement and will be used to aid the steering committee in its work.
 - The group will be using this tool to:
 - Phase 1: Build a community health improvement foundation by developing a mission, vision, and values and by reflecting on past assessments.
 - Phase 2: Determine how it wants to define and perform the three assessments.
 - Phase 3: Develop the priorities and strategies that will become the SHIP.
- Cadence of work by phase
 - Phase 1 (May – August or September 2024) will include monthly meetings with a break in summer.
 - April meetings are to orient and focus the group.
 - May meeting will focus on developing a shared mission and vision and reviewing the draft charter.

- June meeting the committee will continue developing the mission and vision, begin the starting point assessment by reviewing past SHA committee member feedback, and complete the charter.
 - July/August/September meetings (this may be two meetings) will finalize the starting point assessment, mission, vision and values.
 - Phase 2 (October 2024 – January 2025) will include monthly meetings with a break in winter.
 - Phase 3 (February – May 2025) will include monthly meetings.
- Discussion
 - Someone asked if all of the meetings would be virtual or would there be any opportunities for the group to meet up in person.
 - Victoria replied that the meetings have been planned to be virtual to maximize the number of people participating but if people have interest, in person meetings could be arranged.
 - Bob shared that he committed to this process a while ago and asked if the expectation was for committee members to commit to participate through all three phases.
 - Victoria replied that there was a delay in the steering committee starting and understands if someone is unable to commit to all three phases.
 - Sara added that it is expected for transitions to occur throughout a process that will last for a year or longer and suggested people speak personally with Victoria to work that out.
 - Annie commented that she felt meeting in person would be beneficial.
 - Alisha asked if all of the meetings would be two hours in length and expressed concern that with a group of this size it may not be able to accomplish much in that amount of time.
 - Victoria shared that she has a similar concern and has based this committee timeline around previous SHA templates and some of the MAPP 2.0 materials which both assume the work is done in person. She asked committee members that have recently worked on a SHA or SHIP about the amount of time they needed to complete these projects.
 - Sadie shared that what Alisha stated resonated with her SHA/SHIP experience. She added that they meet for two hours monthly and sometimes that is not enough time to brainstorm and ensure that equity and inclusion were being considered. She thinks the group should consider meeting longer and cancelling meetings when the extra time is not needed.
 - Kathryn shared that they utilized MAPP 2.0 to do their community health assessment and had a monthly steering committee meeting and several ad hoc

meetings for more intensive work sessions with people joining if they were able to. During slow times they would cancel monthly meetings.

- Alisha voiced support for monthly and ad hoc meetings, as needed.
- Victoria shared that she would like to discuss this with the facilitation team. She expressed support of smaller, ad hoc meetings.
- Alisha asked if there was a quick guide to review for MAPP 2.0 for those that are not familiar with it.
- Victoria offered to send the long form to anyone that has interest and can re-send the three page overview of the process they are forecasting.
- Kathryn included a link in the chat that her group has been using that discusses using MAPP 2.0, [Community Tool Box, Center for Community Health and Development](#).
- Krystal shared a link in the chat to a two page [Intro to MAPP 2.0](#) on the National Association of County and City Health Officials (NACCHO) website.
- Annie suggested starting with longer meetings and adjusting the time the committee meets as time goes on. She promoted the idea of meeting in person but understands that can be a challenge for some people.
- Victoria expressed gratitude for people sharing their experiences and asking questions.

OHA's previous SHA/SHIP cycles and how the current work fits in

2018 SHA

- The committee worked to assess health, priorities, health disparities and capacity for system to change outcomes.
- The committee developed its own vision and values.
- 13 committee members.

2020-24 Healthier Together Oregon/SHIP

- The committee developed five upstream priorities for change through community engagement.

2024 SHA

- The goal is for an increased focus on community-specific access and more opportunities to increase health equity by considering culturally specific ways and regionally specific information and assets as well as the perspectives of a broader, richer steering committee.
- This committee will determine its vision and values.
- 25 committee members.

2025-2030 SHIP

- The committee should be open to developing revised and new priorities.
- The committee will choose strategies, metrics and anticipate investments to improve health outcomes in Oregon.
- The SHIP is for everyone but is focused on:
 - Black, Indigenous, People of Color, and American Indian/Alaska Native
 - People with low incomes
 - People who identify as LGBTQIA+
 - People with disabilities
 - People living in rural areas
- OHA definition of health equity main elements:
 - Focus on a health system that creates health equity, including intersecting systems that engage with effecting health and health inequities.
 - Achieving health equity requires the ongoing collaboration of all regions of the state, including tribal governments to address:
 - The equitable distribution or redistribution of resources and power.
 - Recognizing, reconciling and rectifying historical and contemporary injustices.
- Discussion
 - Julia shared that she feels discomfort that elders/older adults are not listed as a priority population that the SHIP focuses on. In her experience there is systemic and internal bias around older adult populations, particularly around people of color or those in rural communities.
 - Annie shared she served on the Health Equity committee for OHA and the Oregon Health Policy Board (OHPB) and that the group spend a lot of time considering age and what that meant. The committee decided to keep the terminology broad (to use the term "age") to include both minors and older adults. She expressed appreciation for Julia's comments and thinks this is a good group to make a case to expand on what age means.
 - Alisha shared discomfort with the OHA definition of health equity. She asked if this steering committee could only utilize the first part of the definition and not focus on the last two bullet points that focus on the operational definition of OHA's perceived ideal.
 - Victoria did state that the bullet points can be a place where people get stuck and that the group may want to focus on the collaborative aspect of the health equity definition.
 - Ben shared that he agrees with the statement around collaboration but appreciates that the bullet points recognize that historical injustices have led to

current health inequities and power imbalances and felt that it is important to have discussions around that.

- Victoria noted that the meeting is at time but would encourage future discussions around values and definitions.

Preview of next orientation meeting

- Continue relationship building.
- Share the values that guide your work and the priorities that the group want to see.
- Work through MAPP 2.0 exercise called “Defining the Community”.
- Consider the mission and vision of the group.