

State Health Assessment (SHA) Steering Committee Make-up

April 10, 2024 10:00 am – 12:00 pm

Steering Committee Attendees: Cristy Munoz, Elisabeth Maxwell, Emily Mosites, Joy Alise Davis, Julia Brown, Sokho Eath

MetGroup Attendees: Debra Clark, Kirsten Gunst, Matt Baer

OHA Attendees: Victoria Demchak, Grace Tumwebaze

Welcome and introductions

- Introduce presenters.
- A list of common acronyms was shared. Refer to the meeting materials.
- Debra shared draft group agreements. Refer to the meeting materials.
- Icebreaker question: What is a song that is symbolic of a value you are bringing into this work or a song that inspires you that change is possible? Responses included:
 - "Keep on Truckin'" by Eddie Kendricks
 - "Mind Power" by James Brown
 - "Black Rhythm Happening" by Eddie Gale
 - "The Story" by Brandi Carlile
 - "Time to Rise" by VannDa
 - "Como Fuego" by Reyna Tropical
 - "I Won't Back Down" by Tom Petty
 - "Blackbird" by Beyonce

SHA Overview and process

- State Health Assessment (SHA) is performed every five years. The steering committee will determine how it wants to proceed, what populations to prioritize, and the capacity available for the State Health Improvement Plan (SHIP). 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.

- Utilize Mobilizing for Action through Planning and Partnerships (MAPP) 2.0 process. The tool highlights community partnerships, health equity and continuous quality improvement. See the meeting materials previously send out for more information.
- 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 reviewing structures, mission and the SHA.
 - June meeting the committee will gather and review lessons from the past assessment and complete the charter.
 - July/August/September meetings (time may be added) will finalize the starting point assessment and start to define the mission, vision and values of the new SHA.
 - Phase 2 (October 2024 – January 2025) will include monthly meetings with a break in winter. The committee will meet with another group to develop the SHA and its priorities by reviewing data to determine the form and final version of the SHA.
 - Phase 3 (February – May 2025) will include monthly meetings. The committee will develop the priorities and strategies that will become the SHIP.
- Group Reflections
 - Emily asked about the length of meetings and if there is an expectation that work will occur outside of meeting times.
 - Victoria replied the initial idea was to meet once a month for two hours. Staff would support the committee in between meetings by developing the quantitative assessment and use existing resources for a later assessment. However, feedback was provided in a previous steering committee orientation from members that have recently completed this process at the local level that more time would be needed and that some in-person meetings would be beneficial. Victoria is now considering adding two in-person, day-long meetings.
 - Sokho asked how much does the current SHA inform the new one.
 - Victoria replied that the goal, in alignment with MAPP 2.0, is to gather all the lessons learned from the previous SHA and the state health improvement plan known as Healthier Together Oregon (HTO). Currently, interviews are taking

place to gather that information from leadership and the PartnerSHIP, the oversight board that implemented HTO, and after analyzing that information it will be presented to this steering committee.

- Cristy cited interconnectedness and asked how the non-profit sector will be impacted by the SHA and the SHIP and what that may look like between local public health departments and non-profits.
- Victoria shared that there is no official perspective from OHA. She added based on her previous experience, they are now trying to recruit non-profits to assist in carrying out the work and are looking to restructure what that would look like as part of the SHIP. The desire is to uplift and align with non-profits rather than making them conform to the way OHA's public health division (PHD) does the work.
- Cristy added that the process and building relationships is important. She wants to make sure that actionable items are being established to integrate public health and the non-profit sector and to remove silos to reach shared goals.
- Emily shared that scheduling is easier for her with more frequent, shorter meetings which allow her to keep on task without losing momentum between meetings.
- Victoria shared that this part of the process feels like an investigation where the group is trying to determine the implications of the previous SHA and SHIP, how does that help determine the current work, and what does that look like in terms of accountability or in connecting the SHA and the SHIP. She shared appreciation for the feedback provided by the group.

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

2018 SHA

- The 13 member committee worked to assess health, priorities, health disparities and capacity for systems across the state to change outcomes.

2020-24 Healthier Together Oregon/SHIP

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

2024 SHA

- The current goal of the 25 committee members is an increased focus on community-specific access and opportunities to improve health equity. This will be done by reflecting on the process of the 2018 and 2020-24 SHA/SHIP.

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.

SHA/SHIP Related definitions

- The previous SHIP vision and priorities were shared. Refer to the meeting materials for these statements.
- The OHA definition of health equity was shared with the group. Victoria stated that the group can use this, leverage it, or create definitions and areas of focus and build upon that. Refer to the meeting materials to see the complete health equity definition.
- Group Reflections
 - Julia shared that she felt that the vision of the former SHIP would be complete if “people of all ages” was included.
 - Cristy stated that the term “health equity” is not often used in non-profit work. She asked if the steering committee could advocate to inform urban and rural public health departments to educate the community about health equity and the language around it. She added that it is challenging to do the work when people do not understand the terminology.
 - Victoria replied that should be within the scope of this committees work but they may not be able to require how that information is communicated. She will look into that further.
 - Cristy added that her organization struggles across counties to understand what equity outcomes look like and some people confuse “equality” with “equity”. She feels that education and communication should be a priority to make sure community partners are able to fully participate in the process.
 - Julia suggested trainings or a presentation before the Conference of Local Health Officials (CLHO) around health equity.
 - Victoria responded that there has been an effort to ensure that the health equity training that occurs within the OHA public health division synchronizes with training opportunities offered to CLHO with the goal of system-wide education.
 - Victoria expressed appreciation for the groups comments.

Exercise – Defining the Community

- The goal of this [Jamboard](#) activity is to help define what community is and to set the foundation to define the mission and values of the committee. Topics to consider in the breakout rooms include:
 - How do you define community?
 - Who is in our community? Why does this group exist?
 - Why do we need this group to improve community health? Why is that important? Why should people care?
 - Who is part of the community that MAPP is designed to serve?
 - What must be in place to ensure that our process centers on the needs of those affected by inequalities?
- Group Reflections
 - Julia shared that the group struggled to define “community”; they felt it depends on the context.
 - Elisabeth shared that the group discussed equity and the importance of community connection. They discussed the short timeline for the steering committee and that it makes the task feel insurmountable.
 - Julia added that they discussed “why does this group exist” and the value in gathering people from various regions that represent different populations to do the work to overcome past economic and health inequities.
 - Emily shared that in her role with the health department they are working on a community engagement plan. Through this process she has discovered that there is a need to be as clear and specific as possible in the objectives and in communications with community members and groups to maintain connectedness. She suggested this group aim to be clear and specific in its methods and messaging.
 - Julia stressed the importance of the public health department reaching out to the community rather than the community reaching out to the public health department. She believes this need became clear during the pandemic and that this approach is something the group can address.
 - Kirsten shared they will review the Jamboard notes from the breakout room session and expressed gratitude for those that shared.

Exercise – Mission and Vision

- The mission and the vision are anchored in values. The goal of this [Jamboard](#) activity is to co-create a set of core values that will guide, ground and drive the work of the committee. Values shared include:
 - Compassion
 - Making a real difference
 - Equity
 - Justice
 - Inclusivity
 - Collaboration
 - Listening and understanding
 - Improved health and well-being for ALL
 - Clear communication
 - Recognition of historical injustice and the impact on people’s lives today
 - Validation of life experience
 - Balance
 - Transparency
- Group Reflections
 - Elisabeth stated that it appears that the group is in agreement around core values.
 - Joy Alise shared that it was nice to see the group is in agreement and excited to discuss and define these values further.
 - Julia responded to a comment she did not write by sharing that when she read “listening and understanding” she thought about deep listening and listening without commenting. When she read the comment “recognition of historical injustice and the impact on people’s lives today” she thought of the injustices that continue to happen today.

Wrap up and next meeting

- Staff will review and cluster similar values together. A feedback form will be emailed to committee members so they can prioritize top values and provide any additional thoughts.
- Meeting invites for Phase 1 will be sent out several days after this meeting.