

# State Health Assessment Steering Committee

**October 28, 2024**

**Committee Members:** Taw Foltz, Alisha Overstreet, Annie Valtierra-Sanchez, Cheryl Carter, Christine Kan Lee, Dean Sidelinger, Emily Mosites, Hannah Ririck, Jackie Leung, Jessica Hammer, Julia Brown, Liberty Avila, Lourdes Reyna Alcala, Sadie Siders, Whitney Watson, Dean Sidelinger

**OHA Staff:** Jameela Norton, Sara Beaudrault, Rose Harding

**MetGroup:** Kirsten Gunst, Kristin Gimbel, Debra Clark

## Welcome and Introductions

- Acknowledgement and appreciation of efforts made last week.
- Defining scope of Public Health; while we as public health professionals see public health in everything, governmental public health works in defined foundational areas. In addition to the topics covered during last week's discussion, they also include infectious disease, injury and violence prevention, pregnancy/birth/reproductive health, environmental health and additional behavioral health areas like commercial tobacco and alcohol use. These areas tend to be downstream from prevention and require regular collection and analysis of outcome measures.

**Group Agreements-** Covered. No changes

## Health Topic Priorities, Discussion and Gap Analysis

- Members of the committee continued to discuss Health Topic priorities, with the intent to bring forward topics that had not been mentioned in the Oct. 21 meeting.
- Topics were placed in sub-categories, and topics that were raised frequently were also marked as such.
  - o Visual prepared by Andre Medina, scribe

- Topics were grouped into six main categories:
  - o *Infectious Disease*, which contained Preventable Illnesses and Diabetes
  - o *Chronic Disease*, which contained Sciatica and Heart Disease
  - o *Injury Violence Prevention*, which contained Domestic Violence, Vehicle Accidents, Shootings, Unhoused Women, Homicides, Falls from Older Adults, Suicide and the Incarcerated Population
  - o *Pregnancy / Birth / Reproductive Health*, which included Racial Inequity in Birth Outcomes and Language & Cultural Barriers
  - o *Behavioral Health (as well as Mental Health)*, which contained Substance Abuse, Traumatic Responses for Neurodiverse Communities, Drug use, Suicide and Loneliness
  - o *Social Environmental Health*, which contained Wildfires & drinking Water Scarcity, Blood Lead Levels, Death from Heat & Cold, Access to Health Care, Food Security, Overdose, Language & Cultural Barriers, Emergency Preparedness, Houselessness and Historical Trauma
  
- Additionally, space was made for the following notes that emerged over the course of the conversation:
  - o Community & Connection as Prevention, Culture Includes More than Race and Ethnicity, Provide Opportunities for Long-Term + Holistic Health outcomes, Bring In Traditional Healthcare and Generate Inclusive & Trustworthy Access for All
  - o Houselessness and its associated health / public health indicators was brought forward as an issue that touches on most of the major topics
  - o Tribal Health was also called out as something that touches on all other topics, amplified by historical trauma and social / environmental health factors.

### **OHA Updates**

- Next Meetings (subject to change):
  - o 11/05: Possible Data Office Hour Conversation
  - o 11/06: Community Engagement Subcommittee
  - o 11/12: Mapping out State Population Health Indicators
  - o 11/18: Finalizing / SHA Input

### **Public Comment**

- No comments from public offered