OREGON PARTNERSHIP MEETING

Tuesday, February 12, 2019

Portland State Office Building
800 NE Oregon St. Portland, OR 97232

Members in attendance: Brian K. Gibbs, Cat Livingston, Holden Leung, Katie Harris, Kim Sogge, Paul Virtue, Tom Jeanne (for Katrina Hedberg), Victoria Warren-Mears

Members on phone: Annie Valteirra Sanchez, Erin Schulten, Laura Williams, Rebeckah Berry

Members absent: Alicia Ramirez, Clarice Amorim Freitas, David Bangsberg, Ernesto Fonseca, Frank Franklin, Jim Rickards, Kelle Little, Kirt Toombs, Lee Po Cha

Facilitator and Staff: Lisa Ladendorff (Facilitator, NEON), OHA-PHD: Christy Hudson, Kati Moseley, Sara Beaudrault (via phone)

Guests (phone and in person): Ali Hamade, Dayna Steringer, Tricia Tillman, Taylor Ellis, Bridget Canniff, Christine Ernest, Amanda Peden, Jill Dale, Kristen Tjaden, Laura Mckeane, Laurie Barger Sutter, Samantha Shepherd, Vicky Heppner

MEETING OBJECTIVES:

- Review feedback from communities
- Identify final priorities for 2020-2024 SHIP
- Determine framework for the SHIP
- Organize for subcommittee process

WELCOME, INTRODUCTIONS< AND REVIEW OF LAST MEETING

Lisa opened the meeting by reviewing the agenda and the schedule for the day, outlining the meeting objectives (printed above) and announcing that Rob Cowie, Communications Director, OHA would be joining the meeting in the midafternoon. Each member was asked to introduce themselves by sharing their name, agency, their pronouns, one thing that brought them joy in the past week, and if there were any agency related announcements to share. The members then reviewed the minutes from the 10/11/2018 PartnerSHIP Meeting. There was no feedback for changes or amendments to the 10/11/2018 minutes from members.

REVIEW FEEDBACK FROM THE COMMUNITY

Lisa moved the group forward to begin reviewing the summary of community feedback. The slides were included in the meeting packet that was emailed to members prior to the February 12 meeting. The detailed summaries from the mini-grantees were also emailed to members. Copies of the summaries from the mini-grantees were printed for the meeting and placed on the table to share (each person did not receive their own copy). The summary slides were projected while Christy took the lead in presenting the data acquired from the community feedback surveys.

Christy began review of slides by explaining the process of how the surveys were deployed/information was collected. The intent of the surveys was to gather community feedback on the 14 priority issues that had been defined in the previous PartnerSHIP meeting. Information was collected in three ways:

1. Mini-Grantees
    - Seven Community Based Organizations were able to deploy the surveys in person, via their own social media links, at community events and listening sessions.
2. Oregon Health Authority (OHA)- Deployed two surveys online (one English and one Spanish)
3. Additional Feedback
    - Letters and emails
    - Comments through OHA Facebook and Twitter pages

Overall, had approximately 2,500 respondents, 1,000 of which were through the mini-grantee (community based) organizations. The additional 1,500 respondents were through the OHA survey or through Twitter/Facebook engagement. Christy began the data review with slides that outlined the feedback from each mini-grantee organization. Christy requested that representatives from mini-grantee agencies who were present at the meeting to jump in with any additional insight during the presentation. The priorities from each organization are outlined below:

<u>Eastern Oregon Center for Independent Living (EOCIL)</u>

1. Safe, affordable housing
2. Access to mental health
3. Living Wage
4. Substance Use
5. Access to care
6. Childhood trauma (ACEs)
7. Food Insecurity

<u>Micronesian Islander Community (MIC)</u>

1. Housing
2. Violence
3. Living Wage
4. Food Insecurity
5. Climate Change
6. Access to Care

- Other area of concern: Eligibility for Services (e.g. for Compact of Free Association (COFA) citizens)

<u>Northwest Portland Area Indian Health Board (NPAIHB)</u>

1. Safe, affordable housing
2. Access to mental health
3. Substance Use
4. Adverse Childhood and life Experiences
5. Living Wage
6. Obesity
7. Suicide

- Other area of concern:
    - Underfunded social services

- Culturally responsive, trauma informed services
- Support for elders

Q Center

1. Access to Care
2. Safe, affordable housing
3. Access to mental health
4. Institutional Bias
5. ACEs, trauma, toxic stress
6. Living Wage

- Other Area of Concern (identified during listening sessions):
  - Civil rights (particularly violence against people of color)
  - Isolation (especially for older adults)
  - Need Legal services
  - Mentorship
  - Cross cultural solidarity building

Self Enhancement Incorporated (SEI)

1. Safe, affordable housing
2. Living Wage
3. Violence
4. ACEs, trauma and toxic stress
5. Substance Use
6. Access to Mental Health

- Other Areas of Concern:
  - Homophobia
  - Gang activity (specific resources about how to address)
  - Culturally specific resources
  - Higher Education
  - Bullying

Next Door

1. Safe, affordable housing
2. Living Wage
3. Access to mental health
4. ACEs, trauma and toxic stress
5. Food Insecurity

- Other Areas of Concern:
  - Poverty
  - Safety/Access to services for Latinx community

Unite Oregon

1. Safe, affordable housing
2. Living Wage
3. Mental Health
4. Adverse Childhood and Life Experiences

5. Climate Change
6. Access to care
7. Institutional Bias

- Other Areas of Concern:
    - Increase in hate crimes
    - Diabetes
    - Warming, cooling and support shelters in every city

After presenting the initial information, Christy opened the floor for questions regarding the mini-grantee data. The following questions and answers were recorded:

- Cat asked how the surveys were done. Did respondents have to choose the priorities from a list of the priorities that were already suggested. Did they have a list of the fourteen priorities that were chosen?
    - Christy responded that the community groups were offered to use the OHA surveys. They did not have to use them but many did. Some people modified the survey (ex: NPAIHB started with original survey and modified it to make more sense for their community). In general, the survey did list the 14 priorities and respondents needed to pick five before they were able to continue with the survey. In additional to several demographic questions, survey also contained two open ended questions:
        - What strategies programs or activities in your community could be leveraged to help address the issues you selected?
        - Are there any other issues not identified here that are more important to your community? If yes, please tell us a bit about the issue.
- Tom commented that this is clearly a big effort and it is great to see that we have such good representation from various groups around Oregon and that this representation is very important.

Following the review of the mini-grantee data, Christy shifted the presentation to the results of the survey posted and distributed through the OHA (Public Health Division). English and Spanish versions of the survey were distributed. Highlights from the response are detailed below:

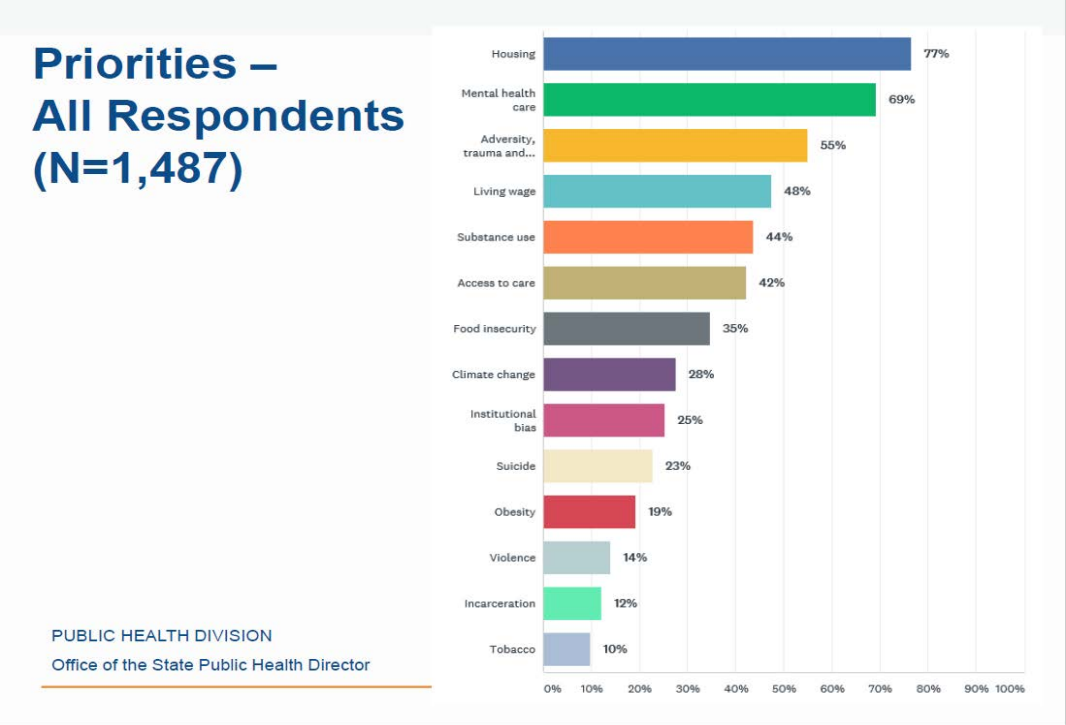
- English survey garnered 1,500 responses
- 41 responses to Spanish version of survey
- Responses are not duplicative of responses that came in through community-based organizations (mini-grantee organizations)
- Context for each of the priority issues was provided in the survey through hyperlinks that survey respondents could click on for a PDF explanation of each issue. A 2/3 sentence summary about each of the issues was embedded into the survey question. PDF included data from the State Health Assessment with details on health indicators
- Survey Distribution:
    - Utilized existing networks within the Public Health Division
    - Specific ask for the survey to be shared with patients, clients, consumers and people that are served by the receiving organization
    - Recipients of survey link included:
        - Local and Tribal Public Health Organizations
        - Coordinated Care Organizations (CCOs)
        - Consumer Advisory Councils (CACs)
        - Federally Qualified Health Centers (FQHCs)
        - Members of the PartnerSHIP

- Members of the State Health Assessment process
- Public Health Advisory Board (PHAB)
- Oregon Health Policy Board
- Office of Rural Health
- Early learning hubs
- Partnerships through the Dept of Education
- Partnerships through Department of Transportation
- Regional Health Equity Coalitions
- Disability Services Advisory Councils
- Other health and human service providers.

Christy presented slides that outlined the demographics of the survey respondents, both the English and Spanish versions. Data on slides were sorted by level of education, age, sexual orientation, gender, disability, county of residence and race/ethnicity. After reviewing the demographics slides, Christy opened the floor to questions. The following questions and answers were recorded:

- Holden commented that at-a-glance it seems that we have good representation from many different groups. However, regarding representation from the Asian American community there is still room to improve. Especially, during the period of helping people apply for Oregon Health Plan through the marketplace, his agency was not able to get involved in survey data collection, but it seems there may not be too many other agencies that can pick up the responsibility of gathering data from the Asian community. There is room to improve for the data to reflect voices from the Asian community.
    - Christy thanked Holden for his comment and commented that she could share the data from the follow up race/ethnicity questions that may have more granular information on who identified as Asian. Christy also acknowledged that there was additional feedback received regarding the timing of this effort (timing for the surveys may not have been ideal- coincided with open enrollment, holidays and winter weather). There was also feedback regarding language barriers as the survey was only provided in English and Spanish.

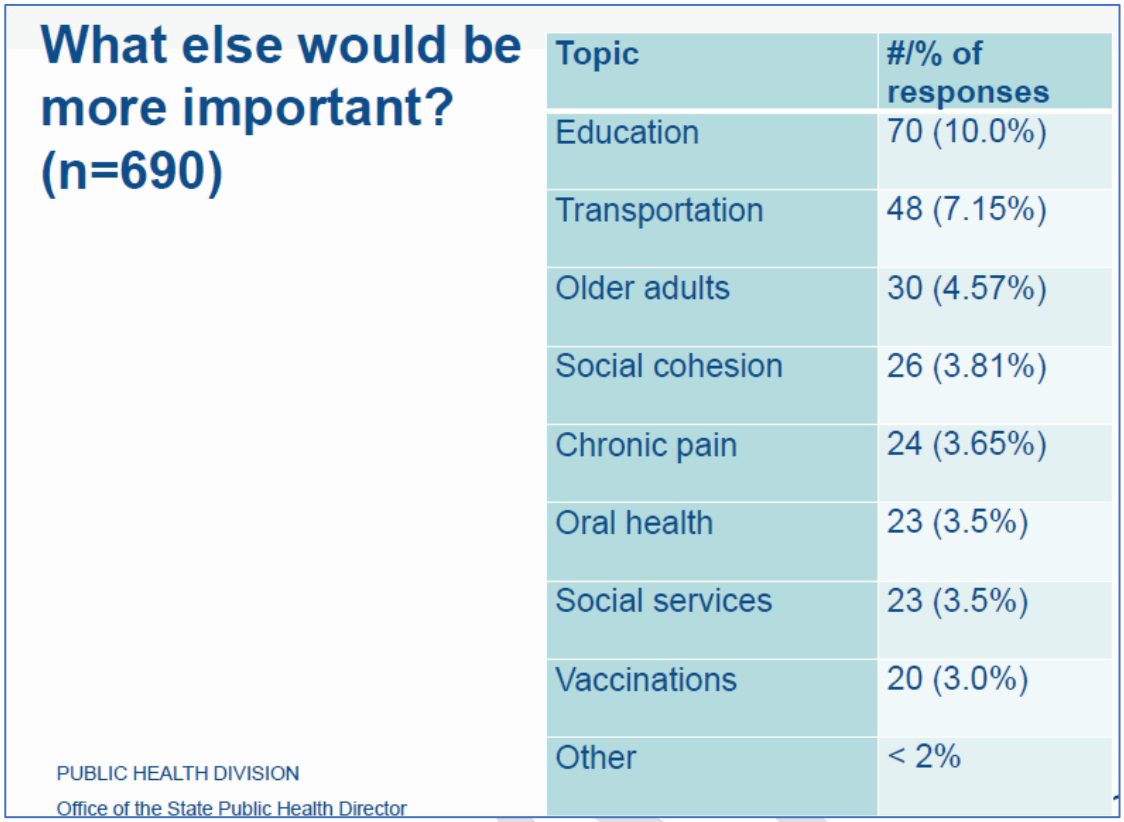
Christy continued the data presentation with a slide that outlined how the priority issues ranked from the survey (pictured below



The following questions were asked regarding the priorities from "All Respondents"

- Cat asked if the survey listed only tobacco and not e-cigarettes and vaping
    - Christy responded that the survey question did ask about tobacco as the issue specifically. The survey included a couple sentences that spoke about tobacco use, including describing it as a preventable cause of death. There was a hyperlink to data, that included information about vaping and e-cigarettes and provided a fuller context about tobacco and nicotine
    - Cat voiced a concern about vaping and e-cigarettes not being included as uniquely defined issues. People may think differently about e-cigarettes and vaping vs tobacco. Particularly among youth, the biggest rise in use is from e-cigarettes rather than tobacco. Changing the language might have resulted in something different
    - Christy voiced appreciation and acknowledged this point and stated that she could go back to the survey to pull out the exact language used on the tobacco issue. Survey read: *Tobacco use is the number one cause of preventable death in Oregon. The tobacco industry targets people with low income and people of color, as seen in higher rates of tobacco use among these communities.*

Christy continued the presentation with a slide detailing response of what other issues were identified (aside from the 14 defined issues). (Slide pictured below)



Topic	#/% of responses
Education	70 (10.0%)
Transportation	48 (7.15%)
Older adults	30 (4.57%)
Social cohesion	26 (3.81%)
Chronic pain	24 (3.65%)
Oral health	23 (3.5%)
Social services	23 (3.5%)
Vaccinations	20 (3.0%)
Other	< 2%

Christy shared that many of the responses reiterated some of the survey responses that had already been defined. Issues that were pulled out to be included on the chart above were those that could be classified as being "new" or in addition to the 14 issues that has been identified. Christy expanded on each of the identified topics from the above chart with the following notes:

Education: Comments included a large range. Included early childhood education to the affordability of childcare. Also mentioned were after school programs, mentoring, vocational and job training and college affordability.
Transportation: Comments were primarily about access to public transportation, particularly in rural areas. Need for active transportation (people want the ability to walk and bike safely)
Older Adults: Many respondents talked about wanting the needs of older adults to be called out more specifically in the SHIP, included concerns about isolation, Medicare policy, need for long term support for older adults with dementia
Social Cohesion: There were many comments about bias and structural racism, themes related to isolation and alienation. A need for connection and cultural exchange. Wanting to address community divisions and fragmentation.
Chronic Pain: Many comments were related to respondents voicing displeasure regarding recent policy changes related to restricting access to prescription opioids.
Oral Health: 23 people felt strongly that oral health should be seen as its own priority, separate from access to care.
Social Services: Many comments related to better coordination among social service providers, easier access to social services, increased services, increased eligibility and some concerns about the services that had been received.

Vaccinations: Most vaccination comments had themes centering on adverse reactions to vaccinations as well as expressing displeasure with mandated vaccinations.

Other: Wide range of issues- emergency preparedness, concern about environmental toxins, gun safety, screen time, general concern about chronic diseases, sexual transmitted infections, sexual harassment and eating disorders were mentioned.

The following comments/questions regarding the "What else would be more important" slide were recorded:

- Paul: Asked a question regarding education. Is there a way to pull (from the people who responded to this) what their level of education was? Paul stated a concern that people who have a higher level of education sometimes view education as the cure. Paul referenced the last PartnerSHIP meeting during which an example of fluoride treatment was discussed (more education is not necessarily an evidence-based approach to kids not getting fluoride treatments). Paul stated that there is a concern in that although we know that there is a correlation between better education and health outcomes, but it may not necessarily be causation. There is still concern about listing education (as a priority), where does this (data) come from and what does it mean?
    - Christy stated that they did not look at open ended responses by level of education, but it is something that could be done. If we only looked at people with less education, it would be looking at responses from 91 people.
    - Paul commented that they didn't know if it was necessary (to go back through the data) but noted that seeing education at the top of this list, wanted to dig into it a little more or at least have some thought about how and what we do going forward.
- Tricia commented that it seemed throughout the survey "substance use" was used and stated that she was curious about how the survey distinguished between "substance use" and "substance misuse"
    - Christy responded by referring to the PDF (linked in survey) that wraps that issue (substance use) into context with data. Christy stated that she believes they did distinguish between substance use, misuse and abuse (including substance use disorder). Christy stated that she did not remember if it was fully painted that way in the survey question, but that that information can certainly be provided.
    - Tricia continued that when it shows up in the priorities as "substance use" that covers a whole host of behaviors that may or may not be a health concern. Tricia stated that she thinks that it is a nuance but it is very important to call out that if what we are doing is focusing on substance misuse or substance use disorder, which substance misuse comes before the disorder and has its own consequences, that we might want to be a little more nuanced about how we put the language out in the public. Survey read: *Use of alcohol, opioids, crystal-methamphetamine and other substances have a significant impact on many families. Substance use is the third leading cause of death in Oregon. For those wanting to seek treatment and recovery, accessing a provider is often challenging due to provider shortages, transportation barriers and stigma.*
    - Christy responded that she appreciated the comment and that the group would get into the context of each issue later in the meeting when the group determined the priorities.

Christy continued the presentation with slides that listed the top issues by priority population. She stated that most of the time, the top six issues remained the same, (housing, mental health, access to care, living wage, trauma/aces/stress, and substance use) with noted differences (detailed below):

Priorities by Education *(defined as high school diploma, GED or less than high school-91 respondents)* Top six were the same except for food insecurity as food insecurity came into the top six issues instead of substance use.
Priorities by Sexual Orientation *(defined as non-straight identified-332 respondents)* Top six were consistent, except bias came into the top six instead of substance use.
Priorities by Youth *(defined as younger than eighteen-17 respondents):* Christy noted that the priorities from this group were quite different. Climate change was their second priority, followed by suicide and bias also came into the top six.
Priorities by Older Adults *(defined as sixty five or older- 181 respondents*): Top six issues were the same in comparison to all respondents.
Priorities by Gender *(defined as non-binary-63 respondents)*: Top six were consistent except bias came into the top six instead of substance use.
Priorities by Gender *(defined as trans identified-13 respondents)* *Note there was a change in the survey halfway through (reason for two charts on slides). Results were consistent, although we do see suicide, bias, climate change and food insecurity come up.

- Paul requested that Christy email the two questions to the PartnerSHIP group (to reflect the survey change)
    - Christy further explained what happened with the question. They worked closely with the Q center in developing these questions. The first survey just had one question about how you identify your gender with the options of male, female, trans female, trans male, other, and non-binary. After survey distribution, PHD received community feedback about the way the question was being asked. With this feedback, a follow up question was included. The first question still asked how gender was identified (but removed answer options for trans male and trans female. The follow up gender question then asked all respondents if they identify as cisgender, transgender, other or decline to answer. Christy stated that the process was a great learning opportunity and would be happy to further discuss details.

Priorities by Disability *(defined as physical, mental or emotional condition limits activities-349 respondents)* Top six consistent except food insecurity came up higher than substance use
Priorities by Language *(defined as respondents to Spanish speaking survey- 41 respondents)*: Obesity and violence ranked in top six instead of access to care and substance use.
Priorities by Incarceration Status *(defined as those who are currently incarcerated-18 respondents*): Top priority was incarceration, violence also in the top six.
Priorities by Race/Ethnicity *(defined as those who identified as African American/Black-36 respondents*)- Bias ranked as number 4 and food insecurity ranked as number 5.
Priorities by Race/Ethnicity *(defined as those who identified as Native Hawaiian/Pacific Islander-10 responses)* Suicide and obesity came into the top six instead of living wage and access to care
Priorities by Race/Ethnicity *(defined as those who identified as Asian-43 respondents)* Priorities came out consistently (in comparison to all respondents), with a difference of bias ranking in top six instead of living wage.
Priorities by Race/Ethnicity *(defined as those who identified as Latinx-116 respondents)* Top priorities consistent in comparison to all respondents with exception of bias being ranked in top six instead of substance use.
Priorities by Race/Ethnicity *(defined as those who identified as American Indian/Alaska Native- 65 respondents)*: Food insecurity ranked in top six instead of access to care.

Christy continued by reviewing data by geography (including Portland Metro, Colombia/Eastern Oregon, Coastal Communities, I-5 Corridor and Central Oregon). Priorities remained consistent through each region. Christy presented a slide that highlighted additional feedback received outside of the surveys (Twitter/Facebook/other emails). Themes included needs related to homelessness, cost of care, changes in opioid prescription guidelines, mental health and substance use prevention, wildfires, violence, vaccination and the consideration of "public health modernization" as a unique priority. Christy continued to share feedback from additional groups pictured below:

OYCSHCN	MAC
Access to mental health ACEs/trauma/toxic stress Access to care Institutional bias Safe, affordable housing Other area of concern: Injury	Living wage Access to mental health Access to care Safe, affordable housing ACEs/trauma/toxic stress Substance use Food insecurity

Lisa led the group in discussion of general reactions to the data/themes of data, the following questions and comments were recorded:

- Christy began with reflections on the data that included that over 2,500 people responded, more women than men responded, data racially representative of the state, areas outside of I-5 represented, many consistent themes emerged regarding social and structural determinants, issues are interrelated and interconnected. Respondents tended to be grateful to provide feedback but also hesitant in expecting change to come from SHIP process.
- Lisa reflected that she had already heard themes from the group that: there could be better information breakdown and information seeking from the Asian population and reflected on comments that we have heard on tobacco vs vaping.

- Victoria commented that respondents to the state survey were a well-educated population but thinks the issues that were identified as different for priority population groups need to be considered if this (effort) is really going to be for all Oregon citizens. She continued that we really need to be considering those things that are popping to the top for different groups. Victoria added that food insecurity looks like it may be an income related issue, but also important that people are well nourished. Bias was also mentioned in a lot of the communities. Victoria also noted that it was interesting that the youth picked up on climate change and it is a problem to not have enough youth respondents to the survey. Victoria mentioned that it would be also great to go a little deeper into the health concerns within the system of incarceration, which would form a nice partnership with the incarceration system in general. She stated that we need to keep in mind that most of the respondents were more educated and looked to be more affluent (income levels) than the general population of the state.
- Brian wanted to know if there was a way to contextualize the way in which a question is posed. He provided the example of housing-given the observation about income and education levels of the participants-is housing their individual (concern) or the perception of things going on that impact their surroundings? He provided another example regarding access to care- Is it their personal experience or is it the concern in general of the broader population (that is reflected in the survey response)?
    - Christy responded by clarifying that the question asked in the OHA survey was "select the top 5 issues that you think need to be addressed in order to improve the health of your community." Respondents could define what community meant to them.
    - Taylor (who led implementation of the mini-grantee survey at NPAIHB) gave further context on their survey results. This included mentioning feedback on a provider shortage that has resulted in increased wait times, which has made it difficult for people to navigate systems that are in place when it comes to healthcare.
    - Lisa continued the conversation by highlighting that open-ended survey responses included both community and individual level responses.
    - Brian questioned if there is some context for those that are more oppressed and really can't think about much beyond their personal circumstances and the ways those questions would be prioritized when thinking about community and relationship to self vs community in relationship to a general population.
- Paul commented that they wondered if the way that we worked out the survey that most adults responded in the way of "what are the immediate issues that I am experiencing" versus youth who focused on long term future of the state of Oregon (including discussion of climate change). Paul referenced the group of high school students who are suing the state to address climate change. Paul mentioned that climate change needs to become a part of the fabric that everything we do, especially in order to answer to future generations. Paul addressed the issue of both highlighting immediate problems while also using a lens to look at the issues that will be important to future generations as well as stressed the urgency of climate change as an issue.
    - Christy reinforced Paul's comment by adding that climate change and the direct impact of it was also a theme regularly brought up in the narrative responses from the Micronesian Islander community.
- Cat commented that the most striking thing about the data was the emphasis on the social determinants of health. Cat pointed out that it will also be a challenge to balance the emphasis on the social determinants with other elements of health. Cat referenced the priorities of the prior SHIP that were more focused on clinical interventions. Cat stated that if we produce something that doesn't have real relevance to the healthcare sector that we would be missing a tremendous opportunity. It is very important as we move forward with this work to determine how to balance focusing on the social

determinants of health (which should be a clear focus) while also working on priorities that make sense to partners in the healthcare sectors.
    - Lisa mentioned that these conversations would be further considered in discussions regarding framework.
    - Kati added that we are seeking a state health improvement plan in which a lot of sectors can start to find their way/role in improving health. Kati continued that it is a challenge to the Health Authority to find their role in the process while also inviting in partners to focus on being a true state improvement plan rather than a plan describes how the health sector is intervening in these areas.
    - Lisa commented that one of the afternoon exercises of the meeting will be to identify the cross sectors partners that will need to be involved in the process.
- Holden commented that the survey seems to be missing the voices of immigrants. He provided the example of access to care and how the response may be different from the perspective of an immigrant.
    - Christy commented that it is the intent for community voices, including those of immigrants, to be included and highlighted in the subcommittee groups.

REMARKS FROM ROB COWIE, COMMUNICATIONS DIRECTOR OF OREGON HEALTH AUTHORITY

Rob Cowie made remarks on behalf of Patrick Allen. Rob's comments included expressing gratitude for the leadership, time and expertise that have been brought to the PartnerSHIP process. He outlined the ways that this work of the PartnerSHIP aligns with the overall Oregon Health Authority priorities, especially in that Health Equity is a key focus. His comments also touched upon the CCO 2.0 process that mirrors the process of the PartnerSHIP in engaging community feedback and ensuring that there is representation on councils. He mentioned the importance of working with local health improvement plans and setting clear outcomes on reducing disparities. He also acknowledged that Adverse Childhood Experiences (ACEs) are a critical issue facing communities and families and that OHA is looking at a variety of ways to strengthen services for children and their families. He closed his comments by thanking the PartnerSHIP for their work and expressed excitement to see where the process leads.

BREAK

- A fifteen-minute break was given prior to beginning discussion on proposed priorities for the 2020-2024 State Health Improvement Plan (SHIP)

IDENTIFYING PRIORITES

- Following break Lisa led the group in discussion regarding the below priorities utilizing the following questions as a guide (1) What priorities will lead to our vision of health equity and (2) What priorities would create the biggest difference for communities that need it most:

- Lisa also prompted the group with the following questions (1) Is this the list that you want to work with? (2) Is there anything that rises to you that needs to be addressed/removed from the list?
- The following responses/discussion were recording to proposed priorities/question prompt:
    - Paul brought up the question of the use of substance use or substance abuse (possible change of language) and provided the suggestion of changing food Insecurity to access to healthy food.
    - Lisa reviewed the use of straw polls which were utilized during discussion for consensus (Thumbs up-yes, Thumbs sideways- I have a question or comment, Thumbs down-no). Not a formal voting mechanism, utilized as a consensus gauge during the meeting.
    - There was discussion regarding the use of substance use vs substance misuse. Binge drinking may not be considered as substance misuse, but is a concern from a public health perspective. However, the term substance misuse is consistent with the Alcohol and Drug Policy Commission. A Show of thumbs showed consensus for "substance misuse" Christy reminded the group that the subcommittees would invite subject matter experts into the conversations to give clarity and context to the issue areas.
    - There was further discussion regarding the use of the term "Food Security", Lisa suggested further discussion in the subcommittees on use of term.
- Lisa prompted the group to give feedback on whether any of the issues needed to be removed or added from the list:
    - Katie suggested removing education and transportation from the list, with the comment that they are very important and play into all the other priorities, but that due to our focus, it makes sense to leave them off as issues, but to consider them as strategies.
    - Paul commented that those terms may be too broad and may not express what was reflected in the surveys. For example, transportation may be viewed differently in different areas of Oregon.
    - Lisa conducted straw poll to remove transportation and education as issues. The following comments were recorded in response to poll:
        1. Victoria commented that if a significant portion of the state have expressed concern (about transportation and education) it needs to be woven in somehow
        2. Cat commented that transportation and education should be thoughtfully woven in as strategies for some of the priorities

3. Christy confirmed that the goal is for priorities to be cross-cutting. Subject matter experts from other sectors (such as transportation and education) would be invited to be on subcommittees to identify key strategies within their sectors.

- Lisa led the group in discussion of Food Insecurity and Institutional Bias- should these be kept as priorities/on the radar
    1. The group discussed Institutional Bias as a standalone issue including:
        - Refence to discussion during PartnerSHIP #2 meeting in which Institutional Bias was determined to be a priority issue. Brian commented that the premise around equity needs to be more specifically conveyed and that it is important to think critically about the six priorities and how they were formed. He explained that there is an opportunity for the group to define for themselves what the equity algorithm will be and how it will be used to identify the top six priorities.
        - Cat commented that the goal is to decease disparities and address institutional bias and commented that there would need to be clear/cross cutting themes that each workgroup needs to address.
        - Paul referenced the example of an access to care issue that was brought up during the Partnership #2 meeting: African Americans with the same exact medical diagnosis may receive less medical care. Paul's comments also included that it isn't enough to ask people to "drop their implicit bias at the door, but there is a systems issue in the state that won't be overcome just by adding institutional bias a category"
        - Further comments included that Institutional Bias needs to be continually addressed in conversations and that a framework for equity is key.

FRAMEWORK FOR THE SHIP

- Lisa and Christy led the conversation towards proposed frameworks that may assist in leading with an equity mindset. Christy reviewed the following potential frameworks:
    1. **Example 1- 2015-2019 SHIP**
        - Population Interventions, Health Equity Interventions, and Health System Interventions
    2. **Example 2- Socioecological Model**
        - Circles of Intrapersonal, Interpersonal, Institutional, Community and Policy level interventions
    3. **Example 3- Health Impact Pyramid**
        - Pyramid that builds on base of Socioeconomic Factors and builds to Changing the Environmental Context, Long-Lasting Protective Interventions, Clinical Interventions, topped with Counseling and education
    4. **Example 4- VicHealth Framework for Equity**
        - Roadmap of Social Position with the consideration of the factors of "Socioeconomic, Political and Cultural Context", "Daily Living Conditions", and "Individual, Health Related Factors" that lead to differences in Health and Wellbeing Outcomes"

- The following discussion in relation to proposed frameworks was recorded:

- Paul stated preference and familiarity with the VicHealth framework, as Australia's context is comparable to the U.S. in many ways.
- Tom stated that the Health Impact Pyramid may be his favorite, it may help in aligning with the previous SHIP
- Kati commented that it is important that the framework will need to be accessible to people not immersed in health. To keep in consideration that we need to support the workgroups leads to make sure that the framework is accessible to everyone that is in the workgroup
- Brian mentioned the importance of working with benchmarkable conditions and systems. He also mentioned that while more granular work needs to be done to concretize the framework (and strategies) that the VicHealth framework could be preferable due to the inclusion of elements related to social position.
- Tricia mentioned the importance of health level connection and the importance of utilizing a framework that understands root issues.
- Several meeting participants expressed that they liked the Health Impact Pyramid and the VicHealth model. Comments included that a framework needs to be simple, visual and specific and that measurable and attainable goals will need to be identified.

- Lisa commented that the decision of the framework does not need to be decided during the meeting.

LUNCH

- The group broke for a 30-minute lunch period

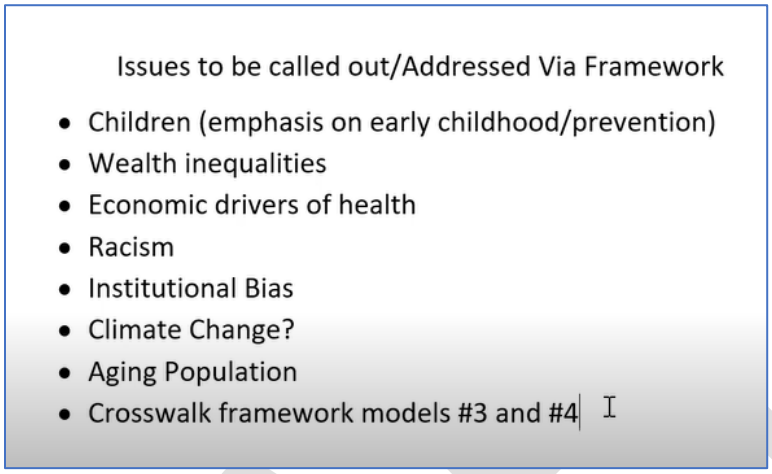
PUBLIC COMMENT

- Check for public comment was held, there were no comments from the public at this time

IDENTIFY FINAL PRIORITES FOR 2020-2024-SHIP

- Lisa led the conversation back to proposed priorities for the SHIP. Lisa led the group in a brainstorm to identify what issues needs to be addressed via the framework.
  - Cat commented that she wanted to make sure that there is an emphasis on children (aside from ACEs) and to make sure that there is an emphasis on early childhood and prevention
  - Tricia brought up the issues of wealth inequality and the economic drivers of health
    - Brian agreed that wealth inequality and economic drivers of health need to be included (as focus issues). He elaborated (with a preface that he was relatively new to Portland/Oregon) that he doesn't know if these elements get to equity if we don't have a steady concentrated focus on racism. The group agreed that this is not redundant and it very important for it (conversation about racism) to be heard.
  - Further discussion was held on institutional bias, the group agreed that institutional bias needs to be included on the list.
  - Paul brought up the issue of climate change-is there a way for that to be worked into the framework?
  - Making sure that there is support for the aging population was mentioned
- Lisa took the pulse of the group about framework #3 and #4 (which were identified as possible preferences earlier in the meeting)
  - Majority of the group expressed preference for Framework for (VicHealth)
  - There was a suggestion of utilizing aspects of Framework #3 (Health Impact) as a guide for strategies and interventions within Framework #4 (VicHealth). Is there a way to crosswalk both framework #3 and #4?

- Brian stressed the importance of benchmarking and having a specific goal (or change strategy) in mind- that will define which specific strategies will lead us to which outputs. He commented on the need for measurable outcomes and stated that we must adhere to that expectation. Stressed the importance of a realistic and attainable goals.
- The group agreed to a follow up webinar to discuss frameworks options to be scheduled during end of March/Early April 2019. Group would like framework to incorporate the following:

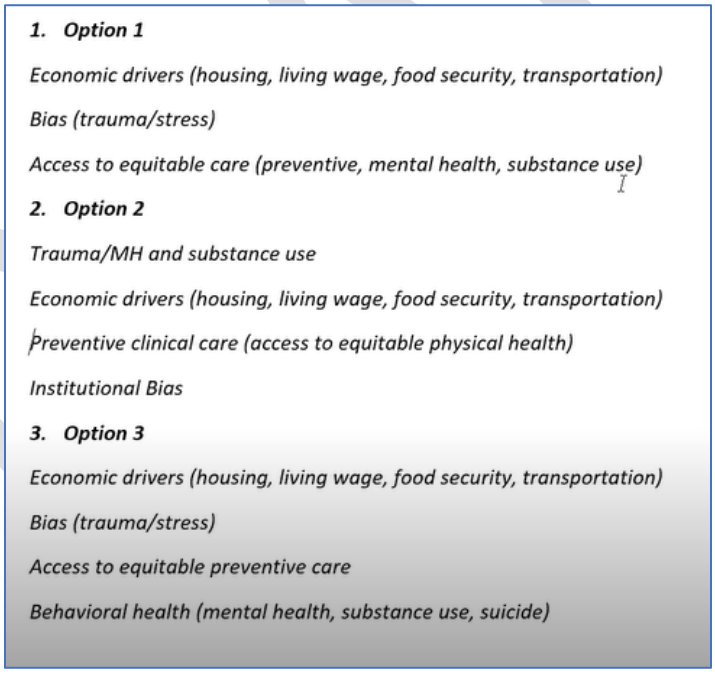


- Lisa brought the group back to continue to consider the proposed priorities to identify the 5 or 6 priorities that will be included in the 2020-2024 SHIP. The following comments were recorded
  - Paul mentioned the importance of diversity in the staff that are leading the work on each priority issue, especially on how this impacts the crosswalking of frameworks. Who would this work be led by?
    - Kati clarified that Christy is the lead OHA staff for the SHIP. This can be further discussed at the framework webinar and referenced the possibility that a subcommittee can work with Christy on crosswalking the framework model. Kati clarified that she is Christy's manager and will supporting her and is open to guidance (including alternative approaches) from the PartnerSHIP about how to proceed.
    - Paul referenced that they would like to support the direction that was brought up by Brian at the PartnerSHIP #2 meeting
  - Brian elaborated on his viewpoint of the priorities. Regarding institutional racism and institutional bias that he is referring to a "both/and" as it is both a strategy and tactic. It is also a concentrated priority that involves so many different dimensions. If you try to crosscut it you are not going to get to the level of robust specificity around all the different things that align with and perpetuate (institutional bias and institutional racism)
- Lisa led the group in conversation regarding re-wording of the priorities. The following comments were recorded:
  - Tom asked how it was determined that six priorities would be defined, Christy responded that the MAPP framework recommends approximately five priorities.
  - Paul suggested that access to care be changed to access to health
  - Annie stated that when her coalition talks about transportation and housing as interrelated issues, especially in relation to access to care to medical appointments in rural settings and affordable housing in urban areas. Lisa noted that education and transportation would be folded in as strategies for all the priorities

- Victoria mentioned the suggestion of changing access to care to access to preventive and clinical services. (addresses the traditional public health functions such as immunization, diabetes and obesity and ensuring that these issues fold into the upstream approach)
- Tricia added that changing the language around care to prevention and treatment and support, creates an alignment opportunity for physical health, mental health and substance abuse.
- Lisa commented that the SHIP is intended to allow sectors and actors to find their way towards the priority areas that the community and the PartnerSHIP have identified. This doesn't mean that traditional public health work/health system work will be disrupted, but that it is important to translate our practice frameworks and contributions that are meaningful towards these community health priorities that are articulated by the community.
- Victoria commented that during in-person surveys it may have been clear what is meant by access to care but asked if this was framed clearly in survey money.
    - Christy noted that access to care was defined within the survey by a link that led to a PDF that defined access to care. Expressed the value of the listening sessions from the community based organizations. She also noted that if a priority falls off the list as an issue, that current public health work will not stop. The SHIP is intended to be a driver of collective impact for the state for example: If food insecurity is defined as a priority, it may help move forward initiatives that address it.
- Cat commented that there also needs to be an emphasis on physical health. If (the plan) is put out with no engagement related directly to physical health (obesity, diabetes etc) that it would be a disservice. There is a lacking focus on physical health.
- Paul mentioned their work with the Medicaid Advisory committee and working with the local CAC, one of the factors that this advisory committee looked at is whether someone had consistent affordable housing as a child and how this impacts their health decisions later in life. Stable housing is a predictor of health behaviors. Is there way that we can move the conversation (to consider more upstream tactics-without asking doctors to stop caring about obesity and diabetes) to trying to get ahead of the issues?
- Laura commented that focusing on the root cause is why we are seeing ACEs come up as a priority in the state. ACEs have a huge impact on physical health as well.

- The group had a conversation about combining and splitting as some issues seem to be closely tied together and did not want to lose the richness of each issue. (Lumping vs Splitting). Comments included
    - Victoria suggested access to mental health with ACEs included together as a natural grouping
    - Brian suggested creating lumped priority of "Access to equitable physical health, healthcare and preventative services" (with an intersection between mental health and preventative health)
    - Rebekah suggested that physical health is a part of issues like food insecurity, substance use, ACEs and mental health, with embedded behavioral healthcare. Food insecurity impacts chronic disease, and much of the time this starts in primary care. (Embedded behavioral health consultants within a primary care setting).
    - Tricia identified three possible categories- economic drivers of health (includes housing, living wage, food insecurity and transportation), access to preventative and clinical services, institutional bias (potentially include trauma and toxic stress that has been created because of institutional bias and institutional racism)
    - Katie commented that she would like to keep mental health separate (while acknowledging that it also has been a systemic issue for mental and physical health to be separated). However, due to a high suicide rate and a low ranking of mental health care in the state that we

don't want to do a disservice of lumping mental health and losing the momentum of calling out mental health as a standalone priority.
    - Annie commented that substance use could be lumped with ACEs, trauma and toxic stress as some people may self-medicate with substance use (which can lead to mental health struggles). However, mental health issues can be induced by a trauma or the results of disparities. Would like to see mental health and ACEs as separate although there is overlapping
    - Brian commented that integrating and holding health systems more responsible for the delivery of efficacious mental health treatment is a place where it needs to be embedded and grown.
    - Tom commented that we need to call out mental health separately. Physical and mental health are huge priorities, suicide was called out specifically by several groups within the surveys. Often mental health and substance use go together under the umbrella of behavioral health.
    - Brian encouraged the thought that if an individual is attempting and/or has committed suicide and within a 6-month window they would have had an appointment with a primary care doctor-there is a strong correlation that intervention can and should occur if there are tools for evaluation and tools to help those that are at risk for suicide.
    - Paul commented that the discussion would be useful as gathered in the minutes in use for building strategies. It is the intention to come in alignment with what other groups are doing. Medicaid delivery in our state involves the medical home model (which integrates mental health and physical health), as workgroups are developed strategies will fall into place within priorities.
- Lisa summarized three options based on what was heard during the conversation:


1. ***Option 1***

Economic drivers (housing, living wage, food security, transportation)

Bias (trauma/stress)

Access to equitable care (preventive, mental health, substance use)

2. ***Option 2***

Trauma/MH and substance use

Economic drivers (housing, living wage, food security, transportation)

Preventive clinical care (access to equitable physical health)

Institutional Bias

3. ***Option 3***

Economic drivers (housing, living wage, food security, transportation)

Bias (trauma/stress)

Access to equitable preventive care

Behavioral health (mental health, substance use, suicide)

- Lisa led a vote on options:
    - Option #3 was agreed upon with the following revisions
        - **Institutional bias**
        - **Adversity, trauma and toxic stress**
        - **Economic drivers of health (including issues related to housing, living wage, food security and transportation).**
        - **Access to equitable preventive health care**

- **Behavioral health (including mental health and substance use)**

ORGANIZE FOR SUBCOMMITEE PROCESS

- Each of the five issues identified will be addressed by a subcommittee workgroup. These give workgroup names were placed on large pieces of paper across the room. Lisa asked members to place their names on the sheets and to also identify partners that they would engage in this work. The recruitment will continue beyond this meeting.
- Lisa reviewed the subcommittee charter which outlined meeting expectations including that the meetings will be remote for one to hours at a time with a hopeful start date of April 2019. These workgroups are tasked with working on strategies, objectives and measures for each subcommittee. Subject matter experts, cross sector partners and people with lived experienced will be important members of the subcommittees. The SHIP is expected to launch in January 2020.
- **Lisa prompted the group with the following questions 1) What organizations, agencies or individuals should be invited to participate in a subcommittee? 2) How do we balance open and inclusive access with efficient and effective workgroups? (ideal # of people in subcommittee? Open invitation vs closed invitation?) The following questions comments were recorded regarding the subcommittee process**:
    - PartnerSHIP members agreed that subcommittee group membership should be capped at 15 members
    - PartnerSHIP members agreed on an initially closed and targeted recruitment process
    - Brian asked about the number of people expected to be on each subcommittee. Depending on the level of expertise, how will (the expertise) be deployed and streamlined? Depending on how robust the subcommittees actually are, and the functional process of the deliverables, it may be that the committee structure (number of members) needs to be rethought.
    - Christy clarified that she hopes the PartnerSHIP members will express their interest in a subcommittee during the meeting and asked PartnerSHIP members for guidance on how subcommittees should be formed and recruited for. The following discussion was held on how to reach out to possible subcommittee members/who to reach out to:
        - Paul asked if OHA would staff all the subcommittees. Kati clarified that it would be helpful for this staffing to happen administratively but that there also needs to be subject matter experts and community partners as part of the committee.
        - Cat suggested a targeted outreach to community organizations that are actively wrestling with and dealing with these issues.
        - Paul commented that it is important for organizations to send people who can self-advocate, people with lived experience that are receiving care, need care or are experiencing behavioral health issues
        - Brian asked how we can ensure that the “non-prioritized” areas (such as violence and suicide, which were identified as priorities by minority groups) will be crosscut into the priorities and how do these priorities end up being connected into the workgroups so that they do not fall by the wayside. Especially given the community input on these priorities.
            - Christy responded that it will be important for the subcommittees to include and address these issues. PartnerSHIP members input on the subcommittees to make sure that these issues are addressed is also very important.

- Brian stated that the subcommittees are where the siloed work takes place, but somewhere there needs to be a more cogent framework to assure that these strategies are discussed.
- Christy responded that OHA leads for each subcommittee will also be included in the Core Group. There is also an opportunity and expectation for the PartnerSHIP members to look holistically at the plan and to make sure that we have drawn those lines where they need to be
- Brian brought up a possible challenge: "If the subject matter expert/subcommittee lands us in this direction and it doesn't include X, Y, or Z- from the outside looking at it, not knowing what the process was to rule out X, Y or Z out (and really be in this direction)- you don't want to take that group all the way back to have to contemplate and perhaps consider integrating something that they already left off the list"
- Christy commented that the PartnerSHIP members and people who have been engaged in the process will be looked at to help carry the narrative of how the issues have been identified and formed. It is encouraged that PartnerSHIP members suggest or provide names of people who have lived experience or are subject matter experts.

EVALUATION, WRAP UP AND NEXT STEPS

NEXT STEPS:

- Christy will take the names and contact information that has been collected at this meeting (and through follow up emails) to compile a list for outreach. PartnerSHIP members will be kept in the loop to ensure that no one is missed.
- After initial outreach, polls will be sent out to identified subcommittee members to begin to schedule the workgroup subcommittee meetings.
- Framework webinar will be scheduled in March/April to review the framework and to provide update on subcommittee structure and status of recruitment.
- A doodle poll will also be sent out for PartnerSHIP #4 Fall 2019

EVALUATION:

- Nametags for OHA staff and double-sided nametags were appreciated