OREGON PARTNERSHIP MEETING

Tuesday, September 18th, 2018
Portland State Office Building
800 NE Oregon St. Portland, OR 97232
September 18, 2017

Members in attendance: Katrina Hedberg, Frank Franklin, Kelle Little, Paul Virtue, Kirt Toombs, Holden Leung, Kim Sogge, Cat Livingston, David Bangsberg, Katie Harris

Members on phone: Victoria Warren-Mears, Annie Valtierra-Sanchez, Clarice Amorim Freitas, Alicia Ramirez, Rebeckah C. Berry, Laura Williams

Members absent: Jim Rickards, Brian K. Gibbs, Erin Schulten, Lee Po Cha, Ernesto Fonseca,

Facilitator and Staff: Lisa Ladendorff, NEON, Christy Hudson, OHA-PHD

Meeting Objectives:

- Get to know other members of the PartnerSHIP
- Understand history, role and landscape of state and community health improvement plans in Oregon
- Understand process for developing the 2020-2024 State Health Improvement Plan
- Determine criteria for identifying strategic issues

Welcome, Introductions and Icebreaker

Members shared a bit about their agency, their role and why they were interested in joining the PartnerSHIP. Members then also shared stories regarding their name as an icebreaker.

Understood history, role and landscape of SHIPs and CHIPs in Oregon

During introductions, most members shared they had involvement with CHAs and CHIPs in their local areas. State staff provided an overview of the purpose and requirements of State Health Assessments and State Health Improvements Plans (SHIP). The SHA and SHIP are required for public health accreditation. Public health accreditation requires a health improvement plan every five years. Coordinated Care Organizations are required to implement a CHIP every five years. Non-profit hospitals are also required to produce a community health needs assessment every three years. The SHIP is aimed to inform state health priorities with potential influence on policies and investments. Changes in CCO contract requirements will increase funding investments for CHIPs. The plan we are currently developing will take effect January 2020 through December 2024.

Priorities of the 2015-2019 SHIP are tobacco, obesity, oral health, substance abuse, suicide, immunization rates, and infection. Member spent time reviewing the current SHIP and provided observation on the organization, strategies and interventions:

- Within suicide priority, David shared appreciation for attention to youth and school-based systems, opportunities within health systems and strategies to reduce legal means to suicide. Gaps in incentives to encourage health systems to move outside the clinic and into population level intervention. Also,

there's a lot of discussion with CCOs about behavioral health integration, but not necessarily suicide prevention.

- Within communicable disease priority, Holden remarked that the priority spanned population level impacts to specific hospitalization issues. Given increase in STIs, question about role of ODE in providing education. Also identified a need for targeted, culturally responsive, Hep C education among Vietnamese communities.
- Within obesity priority, Rebeckah observed that strategies were laid out well. However, it would be helpful if the next SHIP shared specific examples of interventions in place around the state – particularly in areas where improvements are being seen.
- Within alcohol and drug priority, there was an interesting mix of population and system interventions. A lot of attention to payment opportunities within health systems – and less about ensuring access to treatment services – which is a common barrier in the community.

MAPP process and developing the 2020-2024 SHIP

The Mobilization for Action through Planning and Partnerships (MAPP) framework will be used to develop the SHIP. MAPP is an evidenced based model for health assessment and planning and frequently used in CHA and CHIP development around the state. Developed by the National Association of City and County Health Officials (NACCHO), it is comprised of six phases, from assessment through implementation of a plan. The SHA was completed over the first three phases of the MAPP (organizing for success, visioning and completion of 4 assessments). We are now in phase 4 – identifying strategic issues. The intent of using MAPP as a framework, is to shift focus from the public health system alone to the entire community.

Christy shared the timeline and details for development process, including roles of the core group, PartnerSHIP and community at large. A significant community input process will inform the priorities for the next SHIP. OHA will be awarding mini-grants to community organizations interested in soliciting feedback on the strategic issues that will be identified by the PartnerSHIP at the next meeting.

David voiced concern about what doesn't make the list of 12 – what's been forgotten or new. Is there any way to leave an open door for communities to raise attention to issues of concern that aren't on the list of strategic issues created by the PartnerSHIP? Christy shared that this was a common question and concern that had been raised by others, and that yes, there will be an open opportunity for communities to highlight other priorities that aren't on the list.

Adopt vision, values, and charter for the SHIP

Members identified values they would like to use in development of the SHIP:

- Equity
- Empowerment
- Inclusion (culturally responsive)
- Accountability
- Social justice
- Strengths-based
- Authentic community input
- Actionable
- Evidence-based
- Magnitude of impact

These values were compared with the values originally identified last summer by the SHA Steering Committee;

- Equity
- Accountability
- Empowerment
- Transparency
- Inclusion

Discussion followed:

- Lisa observed that some values were shared, others not. Lisa and others proposed values that were combinable.
- Paul shared that the SHA steering committee included accountability and transparency in reference to what was included in the document and the process of being clear about why decisions were being made.
- Katrina likes authentic community input.
- Cat observed that evidence based has not been mentioned – all work should be based in evidence as much as possible. Also – consideration for the magnitude of population health impact. Lisa shared that both of these are also criteria that will be considered later this afternoon.
- Paul suggested that we write out the newly proposed values during lunch and determine consensus once we've seen them written out.

Group used thumb voting to react to Paul's proposal – group agreed.

Members then reviewed the vision statement developed by the SHA Steering Committee which reads:

Oregon will be a place where optimal health is achieved for everyone across the lifespan, regardless of race, ethnicity, ability, gender, sexual orientation, socioeconomic status, nationality and geography.

Initial round of thumb voting used to see how members felt about statement as written. Four members indicated they had a comment or question.

- Kim voiced question about use of gender vs gender identity. To some, these are distinct identities. Paul explained that gender was intended to be inclusive, and only gender was used for simplicity and readability.
- Paul shared concern about word "optimal" – optimal for who? And at what level? Is this the same for everyone or does it depend on where you're starting from? David shared it could be interpreted as an anti-equity statement.
- Kirt inquired about why ability was used vs disability. Provides a tone of "ableism". Katrina responded it was to highlight the positive, vs deficiencies, and that ableism was intended to be more inclusive. Kirt stated that disability does provide a positive spin and that the term is more commonly used and preferred in the disability community. Paul shared that there was disagreement between ability/disability in a disability related work group on which he participated.
- Alicia expressed comment about the values: will culturally appropriate be included within the value of inclusion. Group affirmed this decision. She also inquired about impact of health literacy. Lisa reflected that this is included in "authentic community input"
- Kim asked if it was intended for people to identify with the vision statement. If not, what might be the potential impacts if someone didn't identify with the statement. Lisa reflected that this statement is

not meant to be exclusive and that it is the role of PartnerSHIP members to ensure that priorities and strategies are considering all people and identities.
- Paul added that disability does seem to be the more commonly used term on .gov websites.
- Katrina suggested removing optimal. David agreed with Katrina – and proposed adding wellbeing.
- Alicia voiced concern about word of "regardless" – sounds negative or demeaning.

Lisa asked for voting on the items of discussion related to gender, optimal and ability.
- Gender will remain as is.
- Ability will be changed to disability
- Optimal removed and replaced with "health and wellbeing"
- Regardless of removed.

The vision arrived at consensus on the following (with permission to OHA to wordsmith):

Oregon will be place where health and well-being is achieved for everyone across the lifespan; for all races, ethnicities, disabilities, genders, sexual orientations, socioeconomic status, nationalities and geographic locations.

Group broke for lunch

Through discussion, PartnerSHIP members agreed upon new values of:
- Equity and social justice
- Empowerment
- Strengths-based
- Culturally responsive inclusion to achieve authentic community input
- Accountability to action, evidence base and population impact

Charter was reviewed. Group identified Paul Virtue to be co-chair, in partnership with Katrina Hedberg. Kirt inquired about what consensus means in the context of decision making. Lisa explained that group will be talking about process of consensus in afternoon. Request that determined process for consensus be included in the charter. PHD staff will include language based on decisions after lunch.

Ground rules for the PartnerSHIP
Members identified ground rules for working together
- Respect for differing opinions
- Ouch/oh! - If something is said that you find hurtful or disrespectful – you can say ouch to notify the group that this has happened and that the person who said it can say "oh" and take a step back.
- Be clear when something is open for debate or discussion versus information sharing
- Be present in the meeting (mind use of cell phones, etc.)
- If full consensus is not achieved – those opposing will be unified in voice of the PartnerSHIP

Determining consensus

Members discussed experience of consensus and what method they would like to use to achieve consensus. Consensus leads toward buy-in while still ensuring everyone is heard. Consensus does not necessarily mean "I love it" – but rather "I can live with it". Group determined consensus would be achieved through the following process:

- Following discussion, a poll would be taken: thumbs up (I agree), thumbs down (I disagree) and thumbs sideways (I have a question, comment or need to talk through this more).
- If after three rounds, consensus it not achieved, the discussion will be tabled while co-chairs and facilitators determine best course of action.
- If dissention accounts for 20% or less of those participating, the dissenters can agree to step aside. The dissenters will not publicly denigrate the decision.

Identifying criteria

Members reviewed a list of possible criteria that could be used to determine the strategies of concern. Members then considered these criteria when reviewing the State Health Assessment and State Health Indicators. Group then discussed which criteria were most helpful when reviewing the data: Magnitude and severity, disparity, up-stream determinants, evidence-based practices (EBP). There was some disagreement in the group about usefulness of evidence-based practice. Some raised concern that EBPs had often not been studied in marginalized communities, and therefore it was questionable whether a practice would be effective in all communities. Others felt strongly that issues should only be considered if there was a proven intervention to address it. Consensus was not achieved. Final criteria will be revisited at the next meeting.

Next steps in preparation for October 11th meeting:

There is a change in location of the next meeting. The meeting will be held at the Portland State Office Building, 9th floor. Updated location information will be sent.

Members are asked to read SHA and SHIs before next meeting – and start to pull out issues they'd like to suggest as a strategic issue. Please let Christy Hudson know if you will be unable to attend the meeting as this assists with meeting plans and ordering lunch.