



# STATE PARTNERSHIPS

— IMPROVING —

# NUTRITION & EQUITY



## Background

### **Overall Goal:**

To establish stronger channels of communication and collaboration between Oregon Health Authority (OHA) and community-led food systems and nutrition security work. Oregon Community Food Systems Network (OCFSN), as a collaboration of 56 non-profits, allies, and community groups, is a network of leaders in our state championing a vision where all Oregonians thrive with healthy affordable foods within a resilient food system. OCFSN will be a key collaborative partner in this work.

### **Alignment with Oregon's State Health Improvement Plan Healthier Together Oregon:**

Healthier Together Oregon (HTO), the 2020 – 2024 State Health Improvement Plan, functions under the framework of collective impact. The work with OCFSN, including under the SPINE grant, will form the basis of some implementation activities for two strategies within the Housing and Food implementation area of HTO, specifically:

- Increase access to affordable, healthy, and culturally appropriate foods for people of color and low-income communities.
- Build a resilient food system that provides access to healthy, affordable, and culturally appropriate food for all communities.

### **Leading with Equity:**

The Oregon Health Authority is fostering a partnership with Oregon Community Food Systems network, the state's largest food policy council. OCFSN brings people and organizations together to broaden understanding of issues, build relationships and trust, develop common purpose, and create collective capacity to realize a shared vision: All Oregonians thrive with healthy, affordable foods from an environmentally and economically resilient regional food system. OCFSN acknowledges that our food system is built and maintained on a foundation of oppression and systemic racism of Native peoples, people of color, and immigrants. Through a

coordinated statewide network, they address this historic and systemic inequality in land ownership, food access, and labor by prioritizing the allocation of resources, decision making and power to historically excluded communities. They aim to hold themselves accountable by building relationships, seeking inclusive participation, and practicing transparency.

OHA met with OCFSN in November to better understand their needs and how best to support them. Oregon’s SPINE grant application was developed based on the identified needs. **The SPINE activities are community-designed and community-led.** The Oregon Health Authority is providing support and technical assistance throughout the process; however the direction of the work is defined by OCFSN itself.

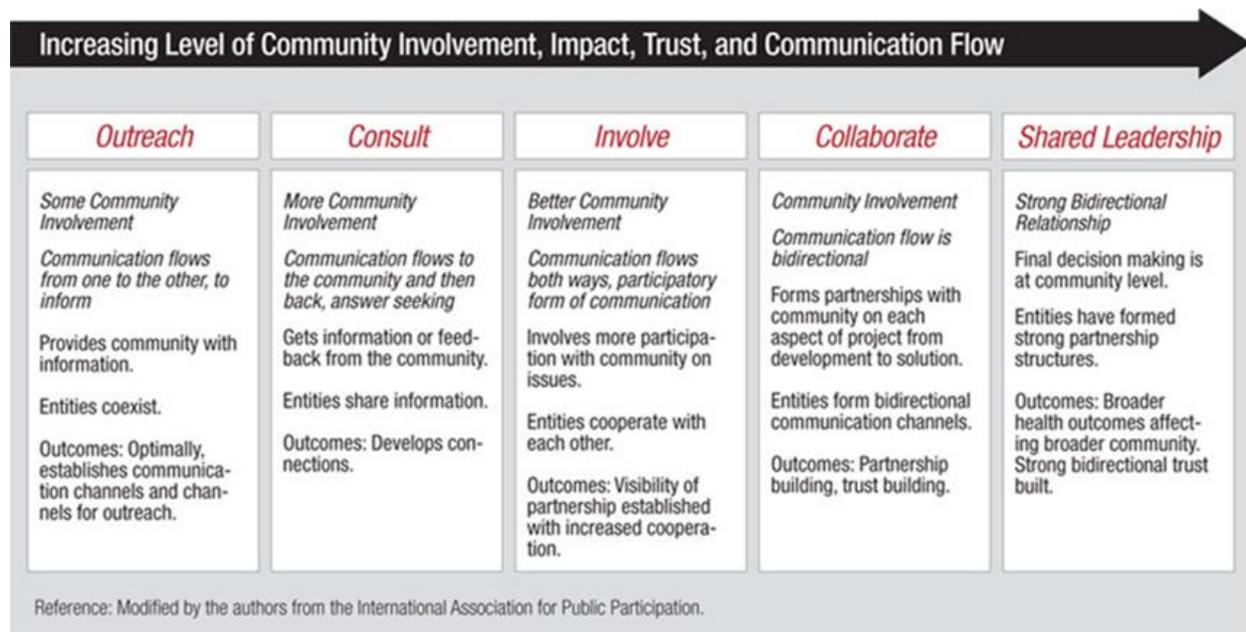


Figure 1.1. Community Engagement Continuum

The work with OCFSN aligns with a larger shift and culture change across the Oregon Health Authority toward the Shared Leadership end of the community engagement continuum whereby power is redistributed by positing decision making outside of the State where it has traditionally been held. Rather than consult with the community, the community holds the power in the distribution of resources. OHA believes communities themselves are the solutions, and with resources and structure, communities can implement programs and activities that are designed and led by them to reach their desired outcomes.

# State Partnerships Improving Nutrition & Equity (SPINE)

## State Action Plan | Oregon Health Authority

### Section 1: Key Program Areas

#### SPINE Policy, Systems and Environment (PSE) Outcomes

Please note that all SAPs must include and address the required outcome. You can include and address the other outcomes in your plan if they are pertinent to your SPINE project.

- At least 75% of established partnerships, existing and/or new, support the achievement of community- or systems-level improvements (including community clinical linkages) in states and communities that increase sustainable and equitable access to affordable, safe, and nutritious food using a community-based participatory approach and “lived experience” approach. (**Required outcome**)
- Increased number of community sites with implemented food service guidelines or healthy nutrition standards.
- Increased new or enhanced places providing geographic or financial access to healthier foods.

**Estimated Reach.** Please state the estimated number of people you anticipate reaching/impacting through your food and nutrition security efforts: \_\_\_\_660\_\_\_\_

**Please describe below how you are estimating the number of people that will be reached (e.g., population or geography of focus, data source, and/or methodology).**

In the grant application, the request was for at least one statewide convening and one local convening through OCFSN. As outlined in initial discussions, the estimates are that 19 statewide and 5 local convenings will be held.

Larger statewide convening – Estimated 150 people with organizations led-by or serving people with lived experience in food and nutrition insecurity and people working toward building a resilient food system.

Smaller statewide convenings of workgroups. Estimated 2 convenings at 20 people each:

- Farming for the Future Working Group and its four subgroups:
  - Beginning Farmer and Rancher
  - Land Access, Connection, & Succession Technical Assistance
  - Farm & Land Viability

- Oregon Food Hub Network
- Diversity, Equity, and Inclusion Committee
- Policy Committee

Nine workgroups at 20 people each for 2 convenings, 360 total.

Local convenings - Five peer to peer technical assistance convenings at 30 people each. 150 total.

Tribal convenings - are not yet estimated, dependent upon the decisions made by Northwest Portland Area Indian Health Board (NPAIHB) and its NW Tribal Food Sovereignty Coalition. SAP will be updated as those estimates are available.



**Please describe your approach to addressing inequitable food and nutrition security.**

Healthier Together Oregon (HTO), the 2020 – 2024 State Health Improvement Plan, functions under the framework of collective impact. The work under the SPINE grant will leverage the work of HTO and the strategic guidance from OHA’s community-led Steering Committee, the PartnerSHIP, to implement partner-driven actions and mutually reinforcing activities. This work forms the basis of implementation activities of two strategies that aim to improve nutrition security and prioritize addressing the disproportionate barriers vulnerable populations experience:

- Increase access to affordable, healthy and culturally appropriate foods for people of color and low-income communities.
- Build a resilient food system that provides access to healthy, affordable and culturally appropriate food for all communities.

These two food and nutrition strategies were prioritized by the PartnerSHIP in December 2021.

In addition, an internal workgroup that works across all divisions of OHA, the Social Determinants of Health Coordination workgroup, has been focusing on food and nutrition security work and aligning OHA’s internal touchpoints and priorities since July of 2021. That outcome of that work is an implementation plan for the two strategies listed above.

Working with statewide and local food policy councils is a prioritized strategy within that work as well. Oftentimes in public health we hear and promote messages about the importance of a healthy diet, but the emphasis to “do better” to improve health outcomes is messaged to the individual. Instead, under this progressive framework, our approach to nutrition security acknowledges the influential role of institutions, biases, inequitable consequences of policy, and the built environment. Under the SPINE program, we will collaborate across sectors, elevate community knowledge and leadership, and validate both evidence-based-practice and practice-based-evidence.

Our three overarching activities emphasize facilitating cross sector collaboration and building collective capacity to address nutrition security in our state, and these activities support a broader effort at OHA to create policy, systems, and environmental change in the food systems and nutrition security landscape. This multisector approach integrates key perspectives to work together towards solutions where all Oregonians thrive with healthy, affordable foods from an environmentally and economically resilient regional food system. A visual outlining this work is included at the end of this SAP. The activities covered under the SPINE program are designed to: support and strengthen a statewide network of community leaders and experts, support the growth of policy and systems change capacity within community leadership, and elevate equity framing in food and nutrition security, specifically with regards to First Foods, food sovereignty, and building relationships with tribes and tribal organizations in Oregon.



**Please describe your approach to integrating health equity into your efforts.**

Oregon's State Health Improvement Plan (Healthier Together Oregon/HTO) reframes the role of public health, seeking to eliminate health inequities in our state by 2030, and examines institutional, structural, environmental, and economic drivers of health to develop upstream interventions for the plan's priority populations.

OHA defines health equity as follows:

*Oregon will have established a health system that creates health equity when all people can reach their full health potential and well-being and are not disadvantaged by their race, ethnicity, language, disability, gender, gender identity, sexual orientation, social class, intersections among these communities or identities, or other socially determined circumstances.*

*Achieving health equity requires the ongoing collaboration of all regions and sectors of the state, including tribal governments to address:*

- *The equitable distribution or redistribution of resources and power; and*
- *Recognizing, reconciling and rectifying historical and contemporary injustices.*

Under the SPINE program, we will be prioritizing these values. The implementation plan supported by SPINE resources was developed in direct response to the call from the community-based leadership PartnerSHIP to prioritize food strategies; OHA will remain accountable to the PartnerSHIP as they monitor program progress. Our workplan centers community and relationship first a foremost.

SPINE resources will be used to support the collective PSE change capacity, starting with the emphasis on relationships between OHA, OCFSN, and NWAHIB. Historically, OCFSN has not been deliberately a policy council, but following initial discussions and their annual membership meeting, has decided to grow in the direction of being a policy leader in the state. PSE changes as a result of the convening activities will be those partnerships developed and strengthened and systems changes led by OCFSN and NWAHIB. As these changes become more clearly defined over the SPINE project period, the SAP will be updated accordingly.

This work will be thoughtfully incorporated into the larger OHA Food and Nutrition Security Landscape detailed in Section 3 ensuring sustainable and meaningful relationships are built to last well beyond this grant program.



## Major Action Step 1 : Statewide Convenings Facilitated by OCFSN

Sub Action Step (who, what, where, how, when)	Responsible Party/Partners <i>(Agency or the individual responsible for achieving the action step. Include partner(s) if any)</i>	Expected Output <i>(Provide expected output(s) for each action step, such as an MOU, a toolkit, training materials, 2 partners, 3 meetings attended, etc.)</i>	Additional Comments <i>(Added comments or resources useful for achieving the action step)</i>
<u>Sub Action Step 1.1:</u> Initial meeting with OCFSN to understand greatest needs  November 2021	OHA co-program leads	Identified actions to include in grant application	
<u>Sub Action Step 1.2:</u> Meeting with OCFSN to identify grant opportunities  January 2022	OHA	Next steps confirmed; Scope of Work meeting scheduled	OCFSN is having a leadership retreat in February to determine 2022 priorities and will decide what convening or convenings to fund based on priorities identified.
<u>Sub Action Step 1.3:</u> Notify PartnerSHIP of award and request grant monitoring role  February 2022	OHA co-program leads/PartnerSHIP	PartnerSHIP agreement to take on a grant monitoring role	Initial conversation outline grant goals and discussing PartnerSHIP involvement in grant monitoring. Discussion around if whole committee or subcommittee should take on the role
<u>Sub Action Step 1.4:</u> Meeting with OCFSN to clarify Scope of Work for subcontract	OHA co-program leads	Draft scope of work	Based on outcome of retreat, determine Scope of Work for subcontract.
<u>Sub Action Step 1.5:</u> Finalize subcontract agreement with OCFSN	OHA Program co-leads/OCFSN	Finalized subcontract with OCFSN through contract agreement and MOU	



<u>Sub Action Step 1.6:</u> Develop plan for statewide convening(s)	OCFSN	Meetings to prepare for statewide convening	
<u>Sub Action Step 1.7:</u> Informal 6 month evaluation from PartnerSHIP	Co-program leads, HTO PartnerSHIP	Meeting with PartnerSHIP and completion of RE-AIM framework survey to evaluate progress	
<u>Sub Action Step 1.8:</u> Implement one or more community-led statewide convening	OCFSN	Host Convening	
<u>Sub Action Step 1.9:</u> Offer technical assistance support in relation to the statewide convening	OCFSN	TA Hours provided by OCFSN	
<u>Sub Action Step 1.10:</u> End of year evaluation with PartnerSHIP	OHA co-program leads/PartnerSHIP	Meeting with PartnerSHIP and completion of RE-AIM framework survey to evaluate progress	
<b>Major Action Step 2: Local convening facilitated by a community-based organization identified by OCFSN</b>			
<b>Sub Action Step</b> <i>(who, what, where, how, when)</i>	<b>Responsible Party/Partners</b> <i>(Agency or the individual responsible for achieving the action step. Include partner(s) if any)</i>	<b>Expected Output</b> <i>(Provide expected output(s) for each action step, such as an MOU, a toolkit, training materials, 2 partners, 3 meetings attended, etc.)</i>	<b>Additional Comments</b> <i>(Added comments or resources useful for achieving the action step)</i>
<u>Sub Action Step 2.1:</u> Meeting with OCFSN to identify local/regional community partner(s)	OHA co-program leads/OCFSN	Identified local/regional community partner(s)	OCFSN will identify one (or more) of their 57 member organizations to subcontract with OHA and center BIPOC-led organizations. <i>(*Conversation is in progress for OCFSN to recommend member leaders to participate in a policy panel as part of Oregon Nutrition Day in May 2022, hosted by the Moore</i>



			<i>Institute. This panel will not be in lieu of a local convening, but in addition to. This panel will not be funded directly by the SPINE program, however OCFSN member and policy leader participation is in direct result to the relationship built thus far and supports the goal of building policy capacity with community experts and leaders.)</i>
<u>Sub Action Step 2.2:</u> Meeting with local/regional community partner to clarify scope of work for subcontract	OHA co-program leads	Draft scope of work	Based on conversations between OCFSN, member/partner organization, draft scope of work for subcontract
<u>Sub Action Step 2.3:</u> Finalize subcontract agreement with local/regional community partner	OHA co-program leads/community partner	Finalized subcontract agreement	OHA and community partner will finalize subcontract agreement for SPINE scope of work. *An alternative arrangement discussed with NACDD technical team includes combining scopes of work for OCFSN and this local/regional community partner into one single subcontract agreement.
<u>Sub Action Step 2.4:</u> Develop plan for local/regional convening using a community based participatory approach	Community partner - TBD	Meetings to prepare for local convening	OCFSN and OHA will support the community partner to be announced as they plan for a local convening.
<u>Sub Action Step 2.5:</u> Implement community-led local/regional convening	Community partner - TBD	Convening	OHA and OCFSN will support a community partner in a community based participatory approach in leading a local convening.
<u>Sub Action Step 2.6:</u> Offer technical assistance support in relation to the local/regional convening	Community partner - TBD	TA hours	The local community partner will develop a plan for and offer technical assistance support to members, attendees, and community groups following convening outcomes.
<b>Major Action Step 3: Convening led by one or more tribes or tribal-serving organizations</b>			



<b>Sub Action Step</b> <i>(who, what, where, how, when)</i>	<b>Responsible Party/Partners</b> <i>(Agency or the individual responsible for achieving the action step. Include partner(s) if any)</i>	<b>Expected Output</b> <i>(Provide expected output(s) for each action step, such as an MOU, a toolkit, training materials, 2 partners, 3 meetings attended, etc.)</i>	<b>Additional Comments</b> <i>(Added comments or resources useful for achieving the action step)</i>
<u>Action Step 3.1:</u> Notify tribes that SPINE grant has been applied for and that OHA will follow up on whether grant was received  December 2021	OHA Tribal Liaisons	Talking points for Tribal Liaisons from OHA co-program leads	OHA has a standing monthly meeting with the Tribes on the second Friday of every month
<u>Action Step 3.2:</u> Meet with Northwest Portland Indian Health Board to talk about collaborative work including food security.  January 2022	OHA Tribal liaisons/Healthier Together Oregon Lead	Meeting with next steps confirmed	Initial conversation outlining 2022 project focus areas for the NWPaiHB
<u>Action Step 3.3:</u> Meeting with NWPaiHB to clarify Scope of Work for subcontract	OHA co-program leads	Draft scope of work	Based on conversations between OHA Tribal Liaisons and follow up, determine Scope of Work for subcontract
<u>Action Step 3.4:</u> Finalize subcontract agreement with NWPaiHB	OHA Program co-leads/NWPaiHB	Finalized subcontract agreement with NWPaiHB	OHA and NWPaiHB will finalize subcontract agreement for SPINE scope of work.
<u>Action Step 3.5:</u> Develop plan for tribal convening honoring lived experience and food sovereignty	NWPaiHB/OHA co-program leads	Meetings to prepare for convening	OHA will support NWPaiHB in leading a local convening around food sovereignty, honoring lived experience and practice-based-evidence.
<u>Action Step 3.6:</u> Implement tribal convening	NWPaiHB	Convening	NWPaiHB will lead a local convening around food sovereignty, honoring lived experience and practice-based-evidence.
<u>Action Step 3.7:</u> Offer technical assistance support in relation to the tribal convening	NWPaiHB	TA hours	NWPaiHB will develop a plan for and offer technical assistance support to members,



			attendees, and community groups following convening outcomes.
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# State Partnerships Improving Nutrition & Equity (SPINE)

## State Action Plan | Oregon Health Authority

### Section 2: Partnerships

Partner Name	New, Existing, or Strengthened Partnership	How Partner Will Help to Implement SAP and Influence PSE Changes	Progress <i>Progress column(s) will be completed during quarterly reporting to describe progress in planned partnership activities and how efforts may have pivoted to address equitable food and nutrition security.</i>
Oregon Community food Systems Network (OCFSN)	New	OCFSN will lead a statewide convening and identify one of their 57 member organizations as a local/regional community partner	
Northwest Portland Area Indian Health Board (NPAIHB)	Strengthened	NPAIHB will lead a local convening/learning opportunity honoring lived experience and practice-based-evidence regarding nutrition security, food sovereignty, and First Foods.	
Moore Institute	Strengthened	The Moore Institute will host a Policy Panel Discussion at their May 2022 Oregon Nutrition Day for their public health and nutrition professionals, with OCFSN member leaders participating on the panel.	



# State Partnerships Improving Nutrition & Equity (SPINE)

## State Action Plan | Oregon Health Authority

### Section 3: Additional Information

1. **Challenges/Barriers:**

As this is an emerging body of work with food policy councils for PHD, it is difficult to know the range of challenges that will emerge. HTO represents a shift to an innovative and upstream approach to public health. OHA trusts in the agency's strong leadership and know that the work to implement HTO is, and will continue to be, strongly supported and celebrated.

OHA anticipates, though seek to take head on, challenges working with tribes. OHA aspires to prioritize food sovereignty and first foods under HTO's nutrition security and food systems strategies. OHA knows that intergovernmental work with tribes is different than working with CBOs. OHA needs to respond to the call to take time to prioritize relationship-building as a main objective and do so while building trust, accountability, and respect. OHA has already begun strategizing approaches to this challenge as outlined above.

2. **Solutions, if any, related to challenges/barriers above:**

Although OHA is specifying the preference that one of the convenings will be tribal led, OHA acknowledges that the feasibility won't be known until OHA establishes those relationships. To ensure OHA can engage with tribes in a meaningful way, the request has been made and OHA has received permission to subcontract beyond the 6-8 week window from the funding award, but well within the 12 month grant period. If the tribes or tribal organizations do not wish to implement the activity, OHA will pivot to work with one of the other member organizations of OCFSN on the second convening.

3. **The state-level plan being leveraged for SPINE (please provide a description of the plan):**

Healthier Together Oregon (HTO) is the 2020–2024 State Health Improvement Plan for Oregon. HTO is a five-year plan that identifies our state's health priorities. It includes strategies that will lead to better health outcomes. HTO is a tool for anyone wanting to improve their community's health. It is meant to inform community health improvement plans and state agency policies, partnerships and



investments. HTO's primary goal is to achieve health equity. Its vision reads: *Oregon will be a place where health and well-being are achieved across the lifespan for people of all races, ethnicities, disabilities, genders, sexual orientations, socioeconomic status, nationalities and geographic locations.*

Grounded in data and community voice, HTO identifies strategies to advance equity for these priority populations: Black, Indigenous, people of color, and American Indian/Alaska Native people (BIPOC-AI/AN), people with low incomes, people who identify as LGBTQ+, people with disabilities, and people living in rural areas. In early 2019, the PartnerSHIP identified five priorities:

- Institutional bias
- Adversity, trauma and toxic stress
- Behavioral health
- Economic drivers of health, and
- Access to equitable preventive health care

COVID-19 has worsened the trend in each of these priorities. The pandemic has exacerbated unjust racial disparities. HTO is a tool for our state to recover from COVID-19 and increase resilience in our communities. More than 100 partners gathered to identify goals, strategies and measures for the five priorities. They identified 62 strategies and wove them across an implementation framework that speaks to the interconnectedness of our health priorities. HTO will report key indicators and short-term measures each year to help track and communicate our progress.

Although HTO is a key initiative of OHA, we are not alone in this effort. OHA seeks to partner with a wide variety of partners and allies in the following sectors: health care; community based organizations; philanthropy; transportation; land use and planning; state, tribal and local public health; elected officials; criminal justice and law enforcement; elected officials; housing and human service providers; faith-based organizations; education; and employers. HTO welcomes new and existing partners to collectively and equitably improve Oregonians' health.

#### 4. **Other Leveraged Funds:**

In-kind staff support will be provided by two positions:

- Lead Program Contact: Meredith Knowles, Nutrition and Physical Activity Policy Specialist, Health Promotion and Chronic Disease Prevention Program; and
- Program Support: Elizabeth Gharst, Social Influences on Health Strategist, Policy and Partnerships, Office of the State Public Health Director.



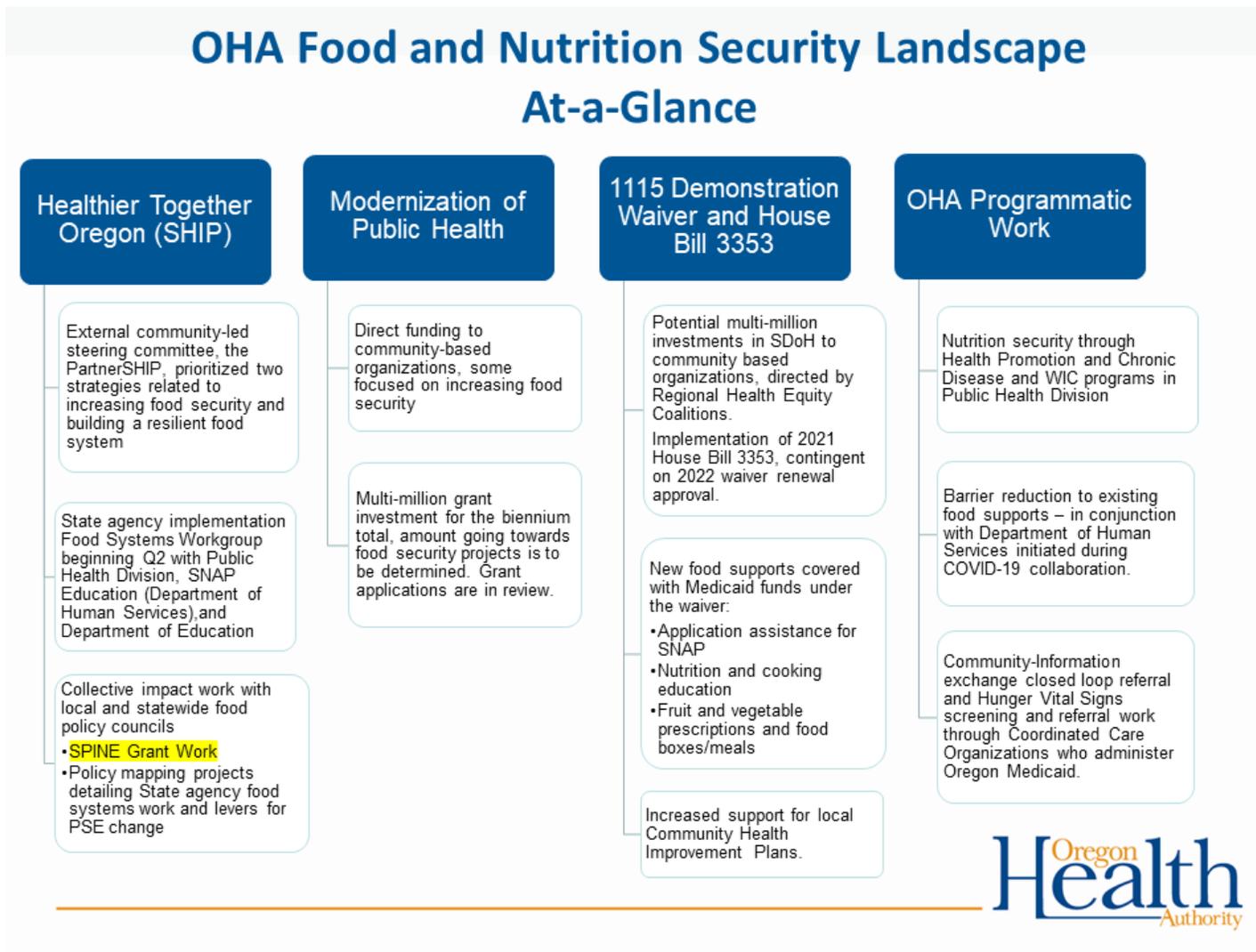
Fiscal Lead will be Luci Longoria, State Policy, Systems and Environmental Change Manager, Health Promotion and Chronic Disease Prevention Section

Leveraging of existing funds: Leveraging of funds through in-kind staff support. In addition, there are emerging opportunities outlined below.

5. **Other Comments:**



The work under the SPINE grant is part of broader effort at OHA to create policy, systems, and environmental change. A snapshot of the different components of PSE change is below:



The SPINE grant provides a crucial point of funding of the food policy council work, which cannot be currently funded under the other structures, but will support this broader body of PSE change work as it evolves.

#### Further Detail on the Policy Mapping for Food Systems Programs in State Agencies

This is a specific project requested by OCFSN to assist them in their advocacy and systems barrier reduction work including providing direct contacts to work with in implementing their desired PSE changes. They asked OHA to map state agencies that have programs with touch points to food systems. For purposes of the project, OHA is defining food systems at the broadest possible level, so programs related to individual food supports and access to nutritious foods, building or sustaining a resilient food system, those designed to affect PSE changes, and/or upstream interventions related to the social determinants of health. This information is being collected as a part of the Office of the State Public Health Director Safety Net VISTA project and will be completed by July 2022.

The mapping project will collect programs, populations served, grant funding, policy recommendations, and state agency contacts. Agencies included in the project will be Oregon Department Human Services, Oregon Health Authority, Oregon Department of Agriculture, Oregon Department of Education, Department of Environmental Quality, Business Oregon, Oregon Department of Fisheries and Wildlife, and Oregon Department of Veteran Affairs. Though this work does not fall under the SPINE grant, it is another important component of building the capacity for PSE change within OCFSN.

